



A British Pain Society Press Release

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The dark side of cancer and its treatment – rise of cancer-related pain

“I fought to beat my cancer. Now I have to live with the pain.” A cancer survivor.

Sadly for many cancer patients, overcoming the illness is not the end of their suffering. Silently, they may continue to have pain for years. The British Pain Society is now making their plight visible.

Professor Sam Ahmedzai, researcher in supportive care, says *“Medical science is making great advances against most types of cancer, shrinking tumours and prolonging life with technologies that were unimaginable 20 years ago. But there is a dark side to this progress – **more patients surviving cancer, means more people living longer with cancer-related pain.**”*

Cancer-related pain includes the pain caused by direct tissue and organ damage from cancer as it grows in the body and also from cancer treatments such as chemotherapy. The areas associated with the worst forms of cancer-induced pain are the bones and especially where there are dense collections of nerves, such as in the pelvis, abdomen, head and neck region.

Professor Tony Dickenson, neuroscientist specialising in pain mechanisms, says *“Laboratory studies are showing us how cancer causes abnormal nerve growth which causes burning or shooting types of pain deep in the tissues. Current research is focused on finding new ways to target these nerves.”*



As cancer treatments such as radiotherapy improve, many of these pains caused directly by cancer are better managed. **But in the past 10 years, we now recognise ‘cancer treatment-induced pain’ and this type of pain is proving to be a much more difficult challenge.**

Dr Paul Farquhar-Smith, specialist in pain medicine, says *“Drugs used for chemotherapy – even the newest ‘targeted’ treatments from ‘precision medicine’ – can damage nerves leading to numbness, pins and needles and severe pain in the feet and hands. Chemotherapy-induced nerve damage pain can even prevent many patients from having a full course of anti-cancer treatment.”*

Women taking hormone treatment for breast cancer develop aching muscles and joints. Children who have been cured of cancer by bone marrow transplants can find their joints and bones breaking down years later because of the treatments used. **Cancer survivors are having to cope with not only the psychological and social traumas but also disabling forms of pain for years.**

“Cancer and cancer treatments, including surgery, cause acute pain but in up to 40% of cases this becomes persistent and lasts for years, preventing ‘cured’ patients from returning to normal life. Long-term medication is unwelcome because of side-effects, so interventional pain procedures such as nerve blocks and spinal techniques can help to reduce this burden.” says **Dr Arun Bhaskar**, Consultant in Pain Medicine.

Once cancer recurs and progresses, pain increases again for most patients – up to 50-90% depending on the tumour site. Management of cancer-related pains towards the end of life varies to an unacceptable degree, with hospices achieving the best results and hospitals and home care lagging behind.

Dr Andrew Dickman, Consultant Pharmacist in palliative care, says *“In the UK we pride ourselves on having some of the best end of life care in the world. But even in the best centres and hospices, some patients are being denied the latest powerful medical treatments because of concerns over cost or lack of research evidence.”*

The **British Pain Society’s PAIN:LESS campaign** this month highlights cancer-related pain in all these forms. A poster showing a cancer patient saying *“I beat cancer – now I’m fighting the pain”* will be widely circulated.

“The aim is to make pain from cancer and cancer therapies, and inequalities of access to the best modern treatment, visible for all to be aware of.” says **Dr Paul Wilkinson**, leader of the BPS PAIN.LESS campaign.



Next year the **British Pain Society** is updating its landmark 2010 report on cancer-related pain to show healthcare professionals, commissioners and health service planners and the public, where we are currently successful but also where more research, investment and improved access needs to be directed.

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Opportunity to meet the experts quoted in this statement

On Monday 27th November 2017 the British Pain Society will be hosting a Cancer Pain Study Day, with keynote lectures and masterclasses delivered by foremost UK experts in the field.

- Professor Sam H Ahmedzai: supportive care for oncology patients
- Professor Anthony Dickenson: laboratory research on pain mechanisms
- Dr Paul Farquhar-Smith: clinical research on chemotherapy-induced neuropathic pain
- Dr Arun Bhaskar: interventional techniques for pain to help reduce medication use
- Dr Andrew Dickman: pain medicines at the end of life.

To hear and interview these experts, we have arranged a press conference to be held at 12.30-13.00, 27th November. The venue is The Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London WC1R 4SG.

Please contact the BPS secretariat to book a place.

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The British Pain Society

The British Pain Society (BPS) is the oldest and largest multidisciplinary professional organisation in the field of pain within the UK. It is the British chapter of the International Association for the Study of Pain. It is a registered Charity.

Chronic pain is suffered by over a quarter of the population. It is commonly distressing and can be highly disabling. It is devastating for individuals who suffer it. Many cannot work and lose their jobs.



Treatment of pain is a fundamental human right, yet sadly there is an enormous gap between the care people require and what happens in practice. We also do not know enough about the cause and treatment of pain. Our alliance of professionals works collaboratively with patients and industry partners to advance the understanding and management of pain. We strive to reduce the suffering of people enduring daily pain.

Our multidisciplinary nature is pivotal in making The British Pain Society a uniquely relevant representative body on all matters relating to pain. It aims to promote education, training, research and development in all fields of pain.

The Society is involved in all aspects of pain and its management through the work of the Council, various Committees, Special Interest Groups and Working Parties and via its publications, Annual Scientific Meeting and educational seminars.

British Pain Society PAIN:LESS Campaign

The British Pain Society aims to make pain visible and to treat it better. Pain is the most common reason that people attend their GP and affects 1 in 4 people.

Persistent pain can be a major source of suffering for many and can present in many ways, for example after road traffic accidents, burns and war injuries. Pain also occurs with illnesses such as cancer, arthritis and back problems. Pain is not visible.

Outwardly people may look 'normal' but are left with life-long severe pain that can affect their mood, relationships with family and friends and their ability to work or relax. We strive to help these people who suffer in silence - without support.

Useful publications produced by, or in association with the British Pain Society covering cancer-related pain

[Cancer Pain Management \(2010\)](#)

A multidisciplinary perspective from the British Pain Society, supported by the Association for Palliative Medicine and the Royal College of General Practitioners.

[Managing cancer pain - Information for patients \(2010\)](#)

A version of the Cancer Pain Management document from the British Pain Society, specially written for patients and public.

[Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain \(2016\)](#)

This resource, developed by UK healthcare professionals and policymakers, provides the information to support a safe and effective prescribing decision. Please note [Opioids Aware](#) is a web-based resource, funded by Public Health England and hosted by the Faculty of Pain



Medicine, Royal College of Anaesthetists. It can be accessed here:
<http://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware>



[Intrathecal drug delivery for the management of pain and spasticity in adults; recommendations for best clinical practice \(2015\)](#)

Reviews recent evidence base of ITDD use in pain and spasticity, address the issues of drug pump compatibility following the latest manufacturer/MHRA recommendations as well as provide an update on the indications and complication management particularly endocrine complications and intrathecal granuloma formation.

[Standards of good practice for spinal interventional procedures in pain medicine \(2015\)](#)

This is a joint British Pain Society and Faculty of Pain Medicine of the Royal College of Anaesthetists publication.

[Use of medicines outside of their UK marketing authorisation in pain management and palliative medicine \(2012\)](#)

This document summarises the views of the Association for Palliative Medicine (APM) and the British Pain Society in relation to the use of drugs outside of their UK marketing authorisation beyond their product licence in clinical practice. The publication has recently been reviewed in accordance with the Society's publication review policy.

Further reading from our speakers:

Ahmedzai SH (2014). Cancer pain for the 21st century: stepping off the ladder, stepping up to new challenges. *Br J Pain*. 2014 Nov;8(4):131-2.

Boland EG, Ahmedzai SH. Persistent pain in cancer survivors. *Current Opinion in Supportive and Palliative Care*. 2017 Sep;11(3):181-190.

Brown M, Farquhar-Smith (2017) Pain in cancer survivors; filling the gaps. *British Journal of Anaesthesia*. 119 (4) 723-36

Farquhar-Smith P, Brown M (2016) Persistent pain in cancer survivors; Pathogenesis and treatment options. *IASP Pain Clinical Updates* 24 (4)

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