



# THE SOCIETY FOR INTEGRATIVE ONCOLOGY-AMERICAN SOCIETY FOR CLINICAL ONCOLOGY CLINICAL PRACTICE GUIDELINES FOR PAIN: IMPLEMENTATION AND FUTURE PROJECTS



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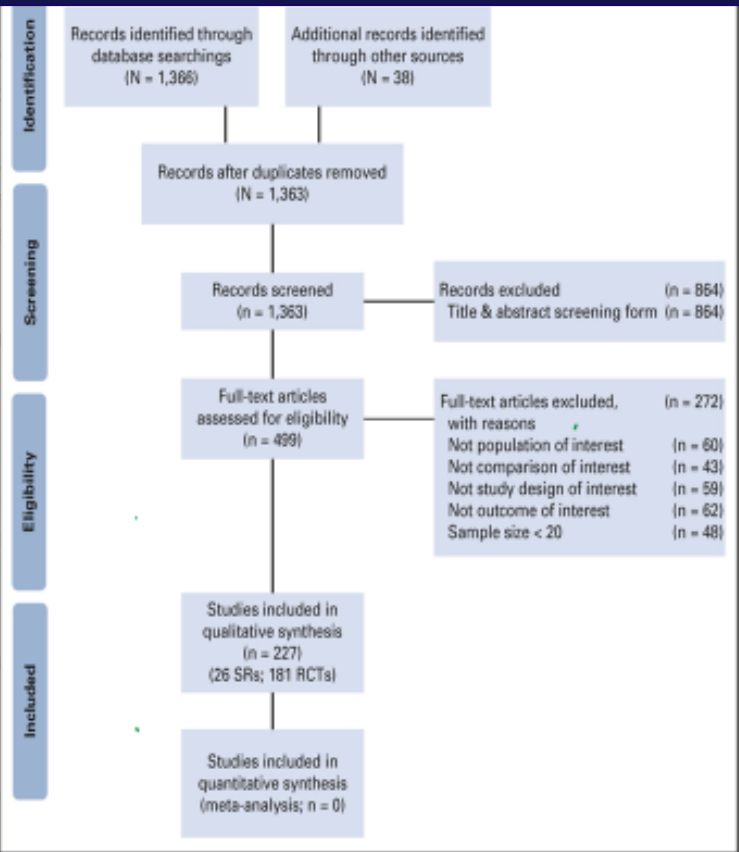
## ABSTRACT

A key priority of the Society for Integrative Oncology (SIO) is to develop disseminable and actionable clinical practice guidelines on the evidence-based use of integrative medicine in oncology settings. Here we describe this process, and the first published guideline on integrative approaches to pain management.

## METHODS

A grant from the Samuelli Foundation was awarded to the SIO to develop a series of clinical practice guidelines. SIO has developed a collaboration with the American Society of Clinical Oncology (ASCO) to extend the reach of these guidelines. To date, SIO and ASCO have partnered in developing three joint guidelines on the following topics: i) treatment of pain, ii) anxiety/depression, and iii) fatigue for people with cancer. The guidelines follow the ASCO guideline development processes (Figures 1-3) and are based upon data from randomized, controlled clinical trials. SIO-ASCO has assembled diverse panelist representation across professional disciplines, geography, institution type, race and ethnicity, gender, and career stage for each guideline.

Figure 1: The Process and Clinical Question



This clinical practice guideline addresses two overarching clinical questions:

1. What mind-body therapies are recommended for managing pain experienced by adult and pediatric patients diagnosed with cancer?

2. What natural products are recommended for managing pain experienced by adult and pediatric patients diagnosed with cancer?

### Target Audience

Clinicians who provide care to patients with cancer, cancer survivors, and family caregivers.

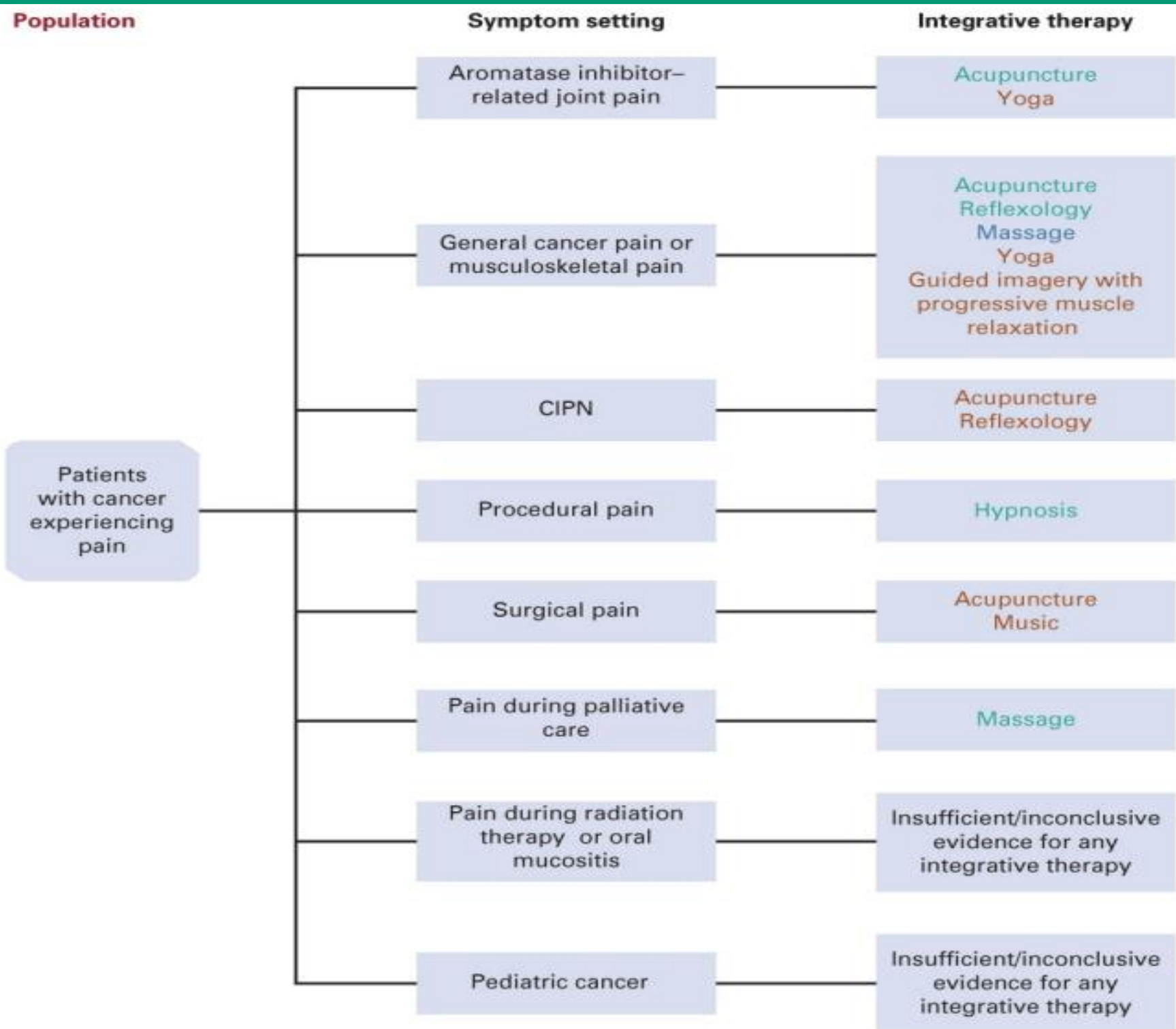
Figure 2: Quality of Evidence and Rating Definitions

Quality of Evidence	Definition
High	High confidence that the available evidence reflects the true magnitude and direction of the net effect (e.g., balance of benefits versus harms) and further research is very unlikely to change either the magnitude or direction of this net effect.
Intermediate	Intermediate confidence that the available evidence reflects the true magnitude and direction of the net effect. Further research is unlikely to alter the direction of the net effect, however it might alter the magnitude of the net effect.
Low	Low confidence that the available evidence reflects the true magnitude and direction of the net effect. Further research may change the magnitude and/or direction of this net effect.
Insufficient	Evidence is insufficient to discern the true magnitude and direction of the net effect. Further research may better inform the topic. Reliance on consensus opinion of experts may be reasonable to provide guidance on the topic until better evidence is available.

Figure 3: Definitions and Strength of Recommendations

Strength of Recommendation	Definition
Strong	There is high confidence that the recommendation reflects best practice. This is based on: a) strong evidence for a true net effect (e.g., benefits exceed harms). b) consistent results, with no or minor exceptions. c) minor or no concerns about study quality; and/or d) the extent of panelists' agreement. Other compelling considerations (discussed in the guideline's literature review and analyses) may also warrant a strong recommendation.
Moderate	There is moderate confidence that the recommendation reflects best practice. This is based on: a) good evidence for a true net effect (e.g., benefits exceed harms) consistent results with minor and/or few exceptions. b) minor and/or few concerns about study quality; and/or c) the extent of panelists' agreement. Other compelling considerations (discussed in the guideline's literature review and analyses) may also warrant a moderate recommendation.
Weak	There is some confidence that the recommendation offers the best current guidance for practice. This is based on: a) limited evidence for a true net effect (e.g., benefits exceed harms). b) consistent results, but with important exceptions. c) concerns about study quality; and/or d) the extent of panelists' agreement. Other considerations (discussed in the guideline's literature review and analyses) may also warrant a weak recommendation.

Figure 4: SIO® -ASCO® Treatment Algorithm to assist implementation of guidelines into clinical practice



### Notes:

Intermediate quality of evidence; moderate strength of recommendation  
Low quality of evidence; moderate strength of recommendation  
Low quality of evidence; weak strength of recommendation

## RESULTS

The current status of the guidelines are as follows: The pain guideline was published in September 2022 in the Journal of Clinical Oncology. The anxiety and depression guideline co-chairs and panellists have been identified, evidence reviewed and recommendations have been drafted. The guidelines are due to be published in Mid-2023. The fatigue guidelines are underway and anticipating a similar publication date. The recommendations from the pain guideline (table 1) provide the basis for implementation processes and development of education material. Key knowledge translation products for the pain guidelines will also be shared with the audience based on the SIO-ASCO Treatment Algorithm (Figure 4).



Integrative Medicine for Pain Management in Oncology: SIO-ASCO Guideline				
Category	Recommendation	Type of Evidence	Evidence Quality	Strength of Rec.
Aromatase Inhibitor-Related Joint Pain	1.1. Acupuncture should be offered to patients experiencing aromatase inhibitor-related joint pain in breast cancer.	EB	I	M
	1.2. Yoga may be offered to patients experiencing aromatase inhibitor-related joint pain in breast cancer.	EB	L	W
General Cancer Pain or Musculoskeletal Pain	1.3. Acupuncture may be offered to patients experiencing general pain or musculoskeletal pain from cancer.	EB	I	M
	1.4. Reflexology or acupressure may be offered to patients experiencing pain during systemic therapy for cancer treatment.	EB	I	M
	1.5. Massage may be offered to patients experiencing chronic pain following breast cancer treatment.	EB	L	M
	1.6. Hatha yoga may be offered to patients experiencing pain after treatment for breast or head and neck cancers.	EB	L	W
	1.7. Guided imagery with progressive muscle relaxation may be offered to patients experiencing general pain from cancer treatment.	EB	L	W
Chemotherapy-Induced Peripheral Neuropathy	1.8. Acupuncture may be offered to patients experiencing chemotherapy-induced peripheral neuropathy from cancer treatment.	EB - IC	L	W
	1.9. Reflexology or acupressure may be offered to patients experiencing chemotherapy-induced peripheral neuropathy from cancer treatment.	EB	L	W
Procedural or Surgical Pain	1.10. Hypnosis may be offered to patients experiencing procedural pain in cancer treatment or diagnostic workups.	EB	I	M
	1.11. Acupuncture or acupressure may be offered to patients undergoing cancer surgery or other cancer-related procedures such as bone marrow biopsy.	EB - IC	L	W
	1.12. Music therapy may be offered to patients experiencing surgical pain from cancer surgery.	EB	L	W
Pain During Palliative Care	1.13. Massage may be offered to patients experiencing pain during palliative and hospice care.	EB	I	M

Notes. Definitions for the quality of the evidence and strength of recommendation ratings are available in the guideline publication; accessible via [ascopubs.org/survivorship-guidelines](https://ascopubs.org/survivorship-guidelines).

Abbreviations. EB, evidence based; IC, informal consensus; I, intermediate; L, low; M, moderate; Rec., recommendation; W, weak

## CONCLUSIONS

Developing and disseminating evidence-based clinical practice guidelines for integrative medicine modalities to manage common cancer related symptoms has the potential to improve uptake. The pain guidelines inform the integration of evidence-based non-pharmacological approaches to cancer related pain whilst identifying gaps requiring ongoing studies.

## REFERENCES

### Integrative Medicine for Pain Management in Oncology: Society for Integrative Oncology–ASCO Guideline

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