THE INCIDENCE OF PATIENT REPORTED CHRONIC PAIN AFTER DIAGNOSIS AMONG PATIENTS WITH NON-METASTATIC INVASIVE CANCER

Basmadjian R, ¹ Cheung W,¹ Cuthbert C^{1,2} 1. Cumming School of Medicine, University of Calgary, Canada. 2 Faculty of Nursing, University of Calgary, Canada

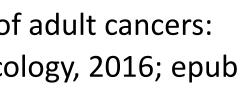
Background

- Patients with cancer may experience chronic patience lasting > 3 months)¹
- Chronic pain impacts multiple outcomes includ treatment adherence and supportive care need
- The incidence of chronic pain is not well descri non-metastatic cancer patients
- Aims:
 - To describe incidence of chronic pain and as factors

Methods

- Retrospective population-based cohort of adu patients aged \geq 18 in Alberta Canada
- Newly diagnosed between Jan 1, 2016-Jan 31, with stage I-III non-hematological cancers
- Completed PRO (ESAS-r) within 90 days of dia; (baseline) + 2 subsequent surveys
- Incident chronic pain defined as ≥ 1 point incre pain score compared to baseline that was sust or worsened for > 90 days.
- Multivariate logistic regression to evaluate participation characteristics and chronic pain

	No Chronic Pain	Chronic Pain	Overall
	n=1022	n=516	n=1538
Age at diagnosis			
Mean (SD)	60.8 (12.7)	59.1 (12.1)	60.2 (12.5)
Sex			
Male	314 (30.7%)	126 (24.4%)	440 (28.6%)
Female	708 (69.3%)	390 (75.6%)	1098 (71.4%)
Residence			
Rural	298 (29.2%)	162 (31.4%)	460 (29.9%)
Urban	713 (69.8%)	349 (67.6%)	1062 (69.1%)
Missing	11 (1.1%)	5 (1.0%)	16 (1.0%)
Tumor site			
Breast	419 (41.0%)	268 (51.9%)	687 (44.7%)
Digestive	263 (25.7%)	104 (20.2%)	367 (23.9%)
Gynecologic	100 (9.8%)	54 (10.5%)	154 (10.0%)
Intrathoracic	69 (6.8%)	36 (7.0%)	105 (6.8%)
Male Genitalia	64 (6.3%)	28 (5.4%)	92 (6.0%)
Other	107 (10.5%)	26 (5.0%)	133 (8.6%)
Stage			
I	392 (38.4%)	181 (35.1%)	573 (37.3%)
11	300 (29.4%)	159 (30.8%)	459 (29.8%)
	330 (32.3%)	176 (34.1%)	506 (32.9%)
	Sex Male Female Residence Rural Urban Missing Tumor site Breast Digestive Gynecologic Intrathoracic Male Genitalia Other Stage I	Sex 314 (30.7%) Female 708 (69.3%) Residence 708 (29.2%) Rural 298 (29.2%) Urban 713 (69.8%) Missing 11 (1.1%) Tumor site 8 Breast 419 (41.0%) Digestive 263 (25.7%) Gynecologic 100 (9.8%) Intrathoracic 69 (6.8%) Male Genitalia 64 (6.3%) Other 107 (10.5%) Stage 1 I 392 (38.4%) II 300 (29.4%)	Sex Junction Junction Male 314 (30.7%) 126 (24.4%) Female 708 (69.3%) 390 (75.6%) Residence





Results

Chronic Pain

Characteristic	Odds Ratio	95% Confidence Interval	p-value
Age at diagnosis			
Continuous	.99	0.98-0.99	<mark>0.03</mark>
Sex			
Male	1.(ref)		
Female	0.89	0.62-1.28	0.55
Tumor site			
Breast	1.00 (ref)		
Digestive	0.46	0.31-0.67	<mark><0.001</mark>
Gynecologic	0.77	0.52-1.12	0.17
Intrathoracic	0.66	0.40-1.10	0.11
Male Genitalia	0.55	0.30-1.00	0.05
Other	0.33	0.20-0.54	<0.001
Stage			
Ι	1.(ref)		
II	1.29	0.98-1.69	0.07
111	1.66	1.23-2.26	0.001

Conclusions

- Chronic pain typically arose within 1 year of diagnosis and was more likely to be moderate-severe
- Specific patient sub-groups may be more at risk of developing chronic pain
- Further investigation is needed to explore how underlying comorbidities and cancer treatments impact pain and subsequent supportive care needs



NAVIGATING TOWARD HEALTH AND WELLNESS



Table 2: Mutually Adjusted Associations between Patient Characteristics and

Dr. Colleen Cuthbert cacuthbe@ucalgary.ca www.cuthberlab.com Twitter: @cuthbert_lab Instagram: @cuthbert_lab

References

^{1.} Paice JA, Portenoy R, Lacchetti C et al. Management of chronic pain in survivors of adult cancers: American Society of Clinical Oncology Practice Guidelines. Journal of Clinical Oncology, 2016; epub ahead of print. Doi:10.1200/JCO.2016.68.5206