The Current Australian Landscape of Breakthrough Cancer Pain Management – A Gap Analysis

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INTRODUCTION

Despite the high prevalence of breakthrough cancer pain (BTcP), guidelines specific to the assessment and management of BTcP are relatively limited. Identifying existing gaps and challenges in BTcP care is essential to advancing high-quality research and improvement strategies to inform the development of relevant guidelines and policies.

AIM

To identify the current gaps and challenges of BTcP diagnosis and management in Australia and generate practical next-step actions to inform potential solutions.

METHODS

Participants: BTcP expert working group



12 Palliative care BTcP expert clinicians (medical + nursing) and researchers from various Australian geographical and health service settings

Gap analysis:

Three 3-hrly roundtable hybrid meetings (Sep 2023 – Sep 2024) exploring current and ideal states of care, the perceived gaps and next-step actions for improvement (Lauder [2013] approach).



RESULTS

CURRENT STATE			NEXT STEPS		
BTcP definition varies in	DEFINITION	SCREENING & ASSESSMENT	MANAGEMENT	IMPLEMENTATION	MEDICATION ACCESS
literature Lacks BTcP-specific screening and assessment tools Knowledge gap of current and optimal BTcP approaches for certain populations (e.g. older adults, organ failures, culturally and linguistically diverse, homeless, substance misuse) Implementation challenges for rapid-onset opioid titration Variability in opioid access and utilisation	Qualitative and Delphi studies to facilitate BTcP definition consensus	Qualitative studies exploring screening and assessment methods that differentiate potential analgesic and toxicity responses, validating them in clinical trials	Mixed methods study exploring clinician care approaches and clinical trials characterising intervention responses for different BTcP subtypes in various subpopulations using inclusive and low-burden strategies to better engage consumers and caregivers	Quality improvement process developing specialised prescribing forms for rapid-onset opioids titration through co-design with palliative care multidisciplinary team clinicians, industry, and regulatory bodies	Collaborative discussions involving palliative care professional bodies, research collaboratives, pharmaceutical industry, government regulatory bodie health services, and pharmacies to achieve reliable opioid access, minimising essential medicine shortages
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CONCLUSION

INDIVIDUALISED APPROACH



A personalised & tailored approach in clinical care and research that addresses specific BTcP subtypes and considers individual variability in the context of local health service resources and policies is needed

COLLABORATION WITH KEY STAKEHOLDERS



Better collaboration between clinicians, researchers, the pharmaceutical industry and government regulatory bodies may facilitate progress in this field.

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REFERENCES

TARGET STATE

- Consistent BTcP definition in literature
- BTcP-specific screening and assessment methods that enable personalised medicine, matching analgesic options to **BTcP** subtypes
- Knowledge of the current and optimal approach to care for. older adults, organ failures, culturally and linguistically diverse, homeless, and substance misuse populations based on high-quality evidence
- Implementation of titration of rapid-onset opioids with nomenclature clarity and prescribing flexibility, conforming to regulatory requirements
- Reliable opioid access with ethical, timely, and transparent liaison strategies established between clinicians, researchers, the pharmaceutical industry and regulatory bodies

Lauder, B. (2013). Conducting a gap analysis. In R. F. Levin & H. R. Feldman (Eds.), *Teaching* evidence-based practice in nursing (2nd ed., pp. 75-84). Springer Publishing Company.

ACKNOWLEDGEMENT/ **AFFILIATIONS**

