

Is Race / Ethnicity Related to the Presence or Severity of Pain in Colorectal and Lung Cancer?

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Reference: Martinez KA, Snyder CF, Malin JL, Dy SM; J. Pain & Symptom Management, 2014, 48:1050-59

Abstract: The authors surveyed participants from the Cancer Care Outcome Research and Surveillance Consortium which is a joint collaboration between the National Cancer Institute and the Department of Veteran Affairs. Participants were newly diagnosed (within 3 months) colorectal and lung cancer patients between 2003 and 2005. The patients were from “seven geographically diverse sites” that the authors claim are nationally representative. The survey used two questions to assess presence of pain (Have you had pain in the past 4 weeks? Are you taking any medication for pain?) and the Brief Pain Inventory (3 questions: at worst, at least and average) to evaluate the severity of pain. Control measures included SES status, health, age, gender, education, marital status, depression, fatalism and disease severity (stages I-III vs. stage IV). 5761 patients were in the sample. 56% had CRC, 44% had lung cancer. 2746 were assessed to have had pain. Ethnicity was self reported and broke down as 64% white, 14% black, 7% Hispanic, 6% Asian/Pacific Islander, 3% multiracial. Results were reported as odds ratios for incidence of pain. Patient’s that were more likely to report having pain were multiracial, older, self reported poor overall health status, more advanced cancer and were depressed. Lung cancer was also associated with a higher incidence of pain. Black, multiracial, female, 55-74 year olds, less educated, less wealthy, poorer health and depressed patients reported increased severity of pain to a $p < 0.05$.

Strengths

- Well designed study.
- Use of validated measures

Weaknesses

- Didn’t report response rate to the survey.
- Ethnicity self reported, only 3% reported multiracial.

Applicability

- The minority experience may be quite different between Canada and the US and this may change the patient’s pain experience, limiting the generalizability to Canadian patients.
- Pain is treated on an individual basis and generalizing based on ethnicity isn’t the best patient-centered approach.