

Journal Watch

Development of a cancer pain prognostic scale.

Hwang SS, Change VT, Fairclough DL, Kasimis B.
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Abstract:

The purpose of this study was to develop a Cancer Pain Prognostic Scale (CPPS) which could predict the likelihood of pain relief within two weeks for cancer patients with moderate to severe pain. Seventy-four (74) consecutive patients who presented with cancer-related pain were managed in accordance with the guidelines for pain management developed by the United States Agency for Health Care Policy and Research (AHCPR). Patients were followed weekly using the Brief Pain Inventory (BPI), and medications were recorded weekly for 3 weeks. Baseline scores from the Functional Assessment of Cancer Therapy (FACT-G), Mental Health Inventory (MHI), Karnofsky Performance Status (KPS), and Memorial Symptom Assessment Scale Short Forum (MSAS-SF) at initial interview served as explanatory variables in a logistic regression model. Pain relief $\geq 80\%$ at the end of weeks 1 and 2 were used as outcomes in this model. From this analysis, we developed a predictive formula, the CPPS, which includes the worst pain severity, FACT-G emotional well being, daily opioid dose, and pain characteristics. The rule yields a numerical score that ranges from 0 – 17. Higher scores correspond to a higher probability of good pain relief. The CPPS has the potential to rapidly identify patients with poor pain prognosis. It can be used as a research tool to characterize pain in cancer patients.

Comments:

Strengths/uniqueness:

This is a well-designed comprehensive study to improve pain assessments and management outcomes. A variety of instruments were used to assess a range of variables that may affect cancer pain prognosis. Results were compared to the Edmonton Staging System for cancer pain, the only previously validated similar tool.

Weaknesses:

This is a relatively small biased patient population with analysis of multiple variables. The definition for variables such as alcoholism and breakthrough pain is not clear. The multiple assessments and complexity of the model would likely limit everyday clinical acceptance.

Relevance to Palliative Care:

This study should provide further stimulus for the need to discuss and develop a clinical tool that could have wide international acceptance as a method to compare clinical and research outcomes in cancer pain patients.