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## Editorial Comment

# An international multicentre validation study of a pain classification system for cancer patients

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Pain is a key symptom at all stages of cancer. It may be the first sign experienced by the patients, it may be a sign of relapse after curative treatment and many patients with metastatic disease may suffer for years due to suboptimal pain treatment. Cancer patients are reporting that pain is the symptom they mostly fear and that they hypothetically may consider to ask for euthanasia in a state of unbearable pain.<sup>1</sup>

During the last decade much attention has been given to improve pain treatment in cancer care; however, despite these efforts epidemiological studies are indicating that as many as 50% suffer from untreated pain.<sup>2</sup> These data are in contrast to 'older' validation studies which have documented that as many as 90% may achieve acceptable pain control.<sup>3,4</sup> Several explanations of the gap between best clinical practice and what happens in 'real life' have been put forward such as inferior diagnosis (pain classification), inferior follow up (evaluation of the pain treatment), lack of use of multi model treatment strategies and patient's compliance to strong opioids.

One fundament of medical science is to apply the existing knowledge about the use of diagnostic instruments such as biopsy, imaging, clinical examination and patient's physical performance status in an appropriate and systematic manner. For cancer pain, international consensus does not exist

on how to diagnose (classify) cancer pain.<sup>5</sup> It is expected that a common system may improve pain treatment in cancer care.

Already from the start of the palliative care programme in Edmonton, Canada, in 1989, the development of a cancer pain classification system was initiated. Thereafter the Edmonton Classification System for Cancer Pain (ECS-CP) has systematically been improved under the lead of Dr. Robin Fainsinger and his team, and new versions of the system have been published. Despite the high quality and the systematic approach, few outside Edmonton have applied this system in clinical practice or in research. In an article in this issue of the journal, the Edmonton team is presenting results from a large international study with patients from six different countries with the aim to validate the ECS-CP in patients with problematic pain who are referred to specialised palliative care services.<sup>6</sup> In this study earlier findings are confirmed in that incident pain (breakthrough pain), neuropathic pain, psychological distress, pain intensity and addictive behaviour are significant classifiers of the complexity of pain management and that they predict the time needed to achieve stable pain control.

The strength of this report is the large sample size, the robustness of the domains identified as key classifiers of

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cancer pain with different outcomes and the international multicentre sample. However, only one of the institutions was a non-English speaking centre.

In the model evaluated, the importance of cancer diagnosis and the stage of disease (for example metastatic burden) do not seem to be explored. One may speculate how these kinds of indicators may further improve a cancer pain classification system. Since modern symptomatic cancer treatment may further be improved by a combined approach of tumour-directed treatment, i.e. chemo- and radiotherapy with symptomatic treatment such as analgesics and other approaches, a broader set of indicators may help to guide multidisciplinary treatment.

The content of the ECS-CP could be considered as the basic standard of today. However, there are some questions that can be asked and some answers may be given:

- (1) How should we proceed to have the system implemented into research protocols and clinical practice? Concerning the first part of the question the system needs to be shown to be useful in clinical studies as well as in clinical practice.
- (2) Is it appropriate to base the assessment of the key domains on health care provider ratings or should we rely more on the patients' ratings? According to the most common recommendations on pain as well as health-related quality of life assessment, patients' ratings are proposed as the standard.
- (3) How could an international endorsement of the system by official bodies such as WHO, EAPC, ESMO and ASCO

contribute to implement a cancer pain classification system into clinical practice and research in the future? Such recommendations as well as guidance from journal editors may contribute to a new common standard for cancer pain classification.

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### Conflict of interest statement

None declared.

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