

A photograph of two men in a clinical or office setting. The man on the left is older, wearing glasses and a dark suit jacket. The man on the right is younger, wearing a white shirt and a patterned tie. They are both looking down at a device or document. The image is overlaid with a semi-transparent green filter. A thick blue curved line separates the top half from the bottom half of the page.

ASCO[®] answers

Managing Cancer-Related Pain

A Guide for Patients, Families,
and Caregivers

ASCO[®] Cancer.Net

Doctor-Approved Patient Information



ABOUT ASCO

Founded in 1964, the American Society of Clinical Oncology (ASCO) is committed to making a world of difference in cancer care. As the world's leading organization of its kind, ASCO represents more than 40,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at www.ASCO.org, explore patient education resources at www.Cancer.Net, and follow us on Facebook, Twitter, LinkedIn, and YouTube.

ASCO® Cancer.Net

ABOUT CANCER.NET

Cancer.Net provides timely, comprehensive, oncologist-approved information from the American Society of Clinical Oncology (ASCO), with support from the Conquer Cancer Foundation. Cancer.Net brings the expertise and resources of ASCO to people living with cancer and those who care for and about them to help patients and families make informed health care decisions.

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Managing Cancer-Related Pain

Table of Contents

Introduction	4	Other Ways to Manage Pain	20
Understanding Cancer-Related Pain	5	Self-care methods	20
The importance of pain relief	6	Support methods	22
Causes of pain	6	Communicating With Your Health Care Team	24
Diagnosing pain	8	How pain tracking helps	25
Types of pain-relief strategies	10	Resources	27
Managing Pain With Medication	12	Glossary	29
Type of pain medication	12	Sample Pain Tracker	32
Common concerns about pain medication	13		
Taking pain medication correctly	15		
Managing multiple prescriptions	17		
Storing and disposing of medications	18		

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Introduction

Many people diagnosed with cancer experience pain during or after treatment. But nearly all cancer-related pain can be managed successfully for most people. Relieving pain—with or without medication—is an important part of overall cancer care.

Just as no two cancers are alike, each patient's experience with pain is different. The goal is to find pain-relief solutions that are acceptable to the patient and the health care provider and that allow for the best possible quality of life. Pain management is most effective when it starts as soon as possible. It should continue through all phases of treatment and into follow-up care.

This booklet is designed to help people diagnosed with cancer, their families, and their caregivers understand the importance of pain relief. It includes different kinds of pain management options and ways patients can communicate their pain clearly to their doctors. You will also find important resources, such as a sample pain-tracking log.

With all of the pain-relief options available, there is no reason for anyone to suffer from uncontrolled cancer-related pain. Together, you and your health care team can develop an individualized pain management plan that can help make your diagnosis, treatment, and follow-up care easier and more effective.



Understanding Cancer-Related Pain

No matter what type of pain you experience, it is crucial that you tell your doctor, nurse, or another member of your health care team. Preventing pain from developing or getting worse is one of the most effective ways to manage it. Your health care team's role in managing pain is to listen to your concerns and offer safe solutions. This approach is called palliative care, symptom management, or supportive care.



Some patients do not want to tell their doctor they are experiencing pain. They may think the pain means that the cancer has worsened or spread. Others feel like pain is simply a part of living with cancer and that they should not complain. Although these thoughts are understandable, there are many reasons pain occurs—and you do not need to suffer from it.

You can play an active role in managing your pain by:

- Being open with your health care team about your pain
- Sharing any concerns you have about pain-relief options with the team
- Letting the team know if your pain lessens or worsens
- Following the suggested treatment plan

Remember, every patient has the right to live with as little pain as possible.

More information about pain and other side effects can be found at www.cancer.net/pain.

The importance of pain relief

It can be difficult to talk about pain. It can be hard to find words to describe unpleasant or overpowering feelings and sensations. But there are several important reasons to tell your health care providers about any pain you have.



Regardless of what is causing your pain, your health care providers can likely relieve it. Finding a solution can help you remain active, sleep better, and improve your appetite. It will also help you enjoy activities and time spent with family and friends.

Pain can make other symptoms or side effects of cancer seem worse or cause new ones. Managing your pain can help you avoid experiencing unnecessary fatigue, depression, anger, worry, or stress.

The pain might tell your health care team something about how you're experiencing side effects of treatment or about how your cancer is responding to that treatment. In either case, the pain could be a signal that tells your health care providers how to adjust or change your cancer treatment to make it more effective.

To find the best pain-relief strategies, you need to share your symptoms with your health care team. Also, consider sharing any concerns you may have about the different types of pain relief strategies available. For example, some people may worry that a specific medicine is addictive or will make them sleepy or groggy. However, your health care providers can help you find a pain relief plan that works for you. That plan might include other methods of pain relief in addition to or in place of medication.

Causes of pain

There are different types of cancer pain. Pain may last just a short time and be triggered by a procedure, treatment, a certain position, or movement. Pain may only occur from time to time. Or, pain may be long-lasting and constant. Pain may also increase suddenly even

RUDY'S STORY

Rudy, a grandfather of 10, was diagnosed with prostate cancer the year he turned 65. Rudy was not sure if he should tell his doctor or nurse about the pain caused by his treatment. He thought it was a normal side effect and doubted that they could do anything about it. But, the holidays were coming and he wanted to travel to his daughter's house. He did not want his family to see him suffering. He also did not know if he could withstand the long drive. When Rudy realized the pain was affecting his quality of life, he decided to talk with his health care team. His doctor did an evaluation of his pain, called a pain assessment, and then offered several strategies to try to control it. Rudy found relief by wearing a patch on his skin that delivered pain medication. He also found relief through physical therapy, an approach he had not considered until his doctor suggested it. Rudy was thankful that he was able to spend the holidays with his loved ones.

though it is being treated. This is called "breakthrough pain." Breakthrough pain typically occurs between scheduled doses of pain medicine. It is not necessarily linked to a specific movement or time of day.

A good pain management plan will help relieve pain from all causes, including:

The tumor. A tumor growing in an organ, such as the liver, may stretch part of the organ. This stretching can cause pain. If a tumor grows and spreads to the bones, it may weaken the bones and damage them, causing pain. If a tumor spreads or grows around the spinal cord or a nerve, it can cause nerve pain, also called neuropathic pain.

Surgery. It is normal to experience pain from cancer surgery, and most pain goes away as someone recovers from surgery. However, pain may persist over the long term due to damage to the nerves or the development of scar tissue.

Radiation therapy. Pain may develop after radiation therapy and go away on its own. It can also develop months or years after treatment, especially after radiation therapy to the chest or spinal cord.



Chemotherapy. Some chemotherapy can cause pain, along with numbness and tingling in the fingers and toes, also called peripheral neuropathy. This pain may go away when a person finishes treatment. However, sometimes the damage is long-lasting and can continue to cause pain and other side effects.

Hormonal therapy. Hormonal therapy, or endocrine therapy, may cause muscle and bone pain. These treatments can increase a person's risk of osteoporosis and bone fractures, which also cause pain.

Stem cell/bone marrow transplant. Transplantation may cause pain, particularly if the patient develops a serious side effect of this treatment called graft-versus-host disease.

Other causes. People with cancer can have pain from other causes, such as migraine headaches, arthritis, or chronic lower-back pain. The treatment plan your health care team develops with you should include these kinds of pain, because any pain can affect your quality of life.

Diagnosing pain

It is important to tell your doctor if you are experiencing pain. It is also important to let your doctor know about new pain or if pain gets worse. According to ASCO recommendations, your health care team should discuss your level of pain with you and your family or caregivers during every visit.

Your doctor may do a physical examination to learn more about your pain and ask questions like:

- Where does it hurt?
- When does the pain stop and start?
- How long has the pain been there?
- How intense is the pain?
- What does the pain feel like, in your own words?

- What makes the pain better or worse?
- Is your pain affecting your ability to work, sleep, eat, do household chores, socialize, or perform other everyday actions?

You may be asked to describe how much pain you have by using a scale from 0 to 10. Or the doctor may offer words that help you describe the pain, such as “stabbing,” “dull,” “shooting,” “burning,” “tingling,” “sharp,” or “throbbing.” You can also use emotional words like “sickening,” “discouraging,” “depressing,” “nerve-wracking,” and “tiring.” All of these words are good because they can help explain your experience of your pain.

Talking about how the pain affects you is important because it puts a face on the pain; it gives health care providers a sense of what it’s like to live with that pain. Along with this information, your doctor will consider several other factors when deciding how to best manage your pain, such as:

- The type of cancer
- Where the cancer is located
- The stage of your cancer
- How your body feels pain
- Your personal preferences and concerns about treatment
- Previous treatments for pain and how well they worked



Depending on whether the pain is new or has worsened or changed, your doctor may recommend medical tests to learn more about the cause. This may include ordering imaging tests, such as a computed tomography (CT) scan, positron emission tomography (PET) scan, bone scan, or x-ray.

For information on how to talk about your pain effectively, read “Communicating With Your Health Care Team” on page 24.



Types of pain-relief strategies

After thoroughly assessing your pain, your doctor will help you develop a pain-relief plan. This may also be called a pain-management or pain-treatment plan. Some hospitals have pain specialists and palliative care specialists available. These experts focus on treating the physical and emotional side effects of cancer. They help patients who have pain that is hard to control.

Your health care team can treat or manage cancer-related pain in different ways:

Treat the source of the pain. For example, a tumor putting pressure on nerves can cause pain. Removing the tumor with surgery or shrinking it with radiation therapy, chemotherapy, steroids, or other medications could reduce or eliminate the pain.

Change the perception of pain. Some medications, such as opioids, change how your body feels pain, making it more tolerable.

Interfere with pain signals sent to the brain. If medication does not work, your doctor may need to refer you to a pain specialist for specialized medical procedures. These include spinal treatments or pain medication injected into a nerve or tissue surrounding a nerve to interfere with a pain signal.

Different strategies take different amounts of time to work. Some, like anesthetic procedures or opioid medications, can work within a matter of minutes to a couple of days. Other medications, like antidepressants and medications used to prevent seizures (anticonvulsants), may take a couple of weeks to be effective. Still others, such as radiation therapy or chemotherapy, can take weeks to work. Ask your health care providers when you can expect relief and how long you should expect the treatments to be effective.



It's also important to know that the most complete and potentially successful approach to pain control often combines several methods.

JEAN'S STORY

Jean was diagnosed at age 30 with stage III invasive breast cancer. She had a bilateral mastectomy with implant reconstruction, chemotherapy, and radiation therapy. At age 40, her cancer came back. A small tumor formed between her skin and implant. During treatment, she suffered from acute pain caused by small fractures in her ribs. Her oncologist prescribed medication to relieve the pain. After several weeks and three separate medications, Jean still suffered. Concerned by Jean's continued discomfort, her doctor referred her to a pain specialist in the palliative care unit at the center where Jean was being treated. After reviewing Jean's medical file and talking with her about her pain, the specialist recommended an outpatient procedure that would be performed by an interventional radiologist. After the procedure, Jean's pain finally subsided and she was able to return to her normal activities. "Living with severe, ongoing pain can be debilitating," Jean said. "Normal, everyday activities are anything but normal when you feel constant discomfort. Thankfully, I was able to put this behind me with the help of my doctor and move on with my life."

Managing Pain With Medication

Medication is an option for pain management. There are many different types of medication your doctor can choose from based on whether your pain is mild, moderate, or severe and based on the cause of your pain. In some cases, you may be prescribed more than one pain medication.



When using medication to treat pain, patients usually receive it at regular, scheduled times. Taking or receiving pain medications regularly is important because it helps maintain a steady level of medicine in the body. This is the most effective way to relieve pain.

Doctors also use “rescue” or extra doses to help control breakthrough pain if it occurs. Your doctor should look at the amount of medicine used for breakthrough pain at every visit and adjust your usual dose if needed. Breakthrough pain is pain that suddenly increases, even though it is being treated.

Type of pain medication

Many different pain-relief medications, called analgesics, are available. Depending on the drug and the patient’s condition, doctors give them in different ways. Some are taken by mouth, while others are injected into a vein or given through a skin patch.

Non-opioid pain relievers. These may be options for mild or moderate pain. Doctors sometimes prescribe them along with other pain medicines for severe pain. These include:

- Non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil, Motrin)
- Acetaminophen (such as Tylenol)

Medications commonly used for other conditions. Some medications used more commonly for other health conditions may help relieve pain, particularly nerve pain. Some are also approved for certain types of pain. These include:

- Some antidepressants, such as duloxetine (Cymbalta)
- Medications originally developed to prevent seizures, such as gabapentin (Gralise, Neurontin) and pregabalin (Lyrica), which are widely used to treat neuropathic, or nerve, pain

Opioids, also called narcotics. These are often taken with non-opioid medications. Opioids include the following, many of which have multiple brand names:

- Hydrocodone (Hysingla, Zohydro)
- Fentanyl (Sublimaze)
- Hydromorphone (Dilaudid)
- Methadone (multiple brand names)
- Morphine (multiple brand names)
- Oxycodone (multiple brand names)
- Oxymorphone (Opana)



Medical cannabis (marijuana) or cannabinoids. Several states have approved the use of cannabis and cannabinoids for chronic pain. Currently, there is not enough evidence for ASCO to recommend cannabis as an initial option. However, if it is legal in your state, it may be an option, along with other methods for unrelieved pain.

Common concerns about pain medication

Some people with cancer worry about becoming addicted to pain medication. This is a valid concern, but it is uncommon. Your cancer care team is trained to carefully monitor people taking pain medication. Your team will also help safely end your pain treatment when you no longer need it. This may need to be done by slowly decreasing your pain medication dose over time.

It is also normal for patients to worry about the side effects of medications. Although some medications, particularly those for moderate or severe pain, can cause side effects

such as constipation, nausea, sleepiness, or confusion or hallucinations, not everyone experiences them. In addition, all of these side effects can be treated effectively, so it is not necessary for you to suffer because of them. Discussing any side effects that you are experiencing with your health care team will usually make it possible to continue using your pain medicine(s).

If you are concerned about a specific side effect, talk with your doctor about whether it is manageable or if there are other pain management options. Also, tell your doctor if a side effect does not go away. Changing the timing, dose, or type of the medication may help.

A NOTE ON OPIOIDS

Doctors may consider prescribing an opioid for some people with cancer when other pain-relief options have not worked. Opioids can be taken safely by most people, if used correctly. Having a personal history or a family history of an addiction—including addiction to nicotine, alcohol, marijuana, prescription drugs, or illegal drugs—is the strongest indicator that someone is at risk for developing an addiction to opioids. It is very important to be open and honest with your health care providers about this.

A warning sign to discuss with your health care provider is if you want to take the medicine just because it changes the way you feel rather than because it helps with the pain. Another warning sign you should discuss with your doctor is feeling like you are losing control over your use of the medicine. In other words, if you think you would want to keep taking the medicine even if your pain totally went away, you should talk with someone on your health care team.

Also, some people may want to use your opioid pain medicine, which is dangerous and potentially life-threatening. Take steps to safely and securely store your prescription. To learn how, read “Storing and Disposing of Medications” on page 18.

Taking pain medication correctly

A doctor, nurse practitioner, or physician assistant writes a prescription for a specific pain medication because he or she feels it will treat your pain in a specific way. Carefully following the medication instructions will help ensure you get the most benefit from the drug. When patients do not take medication according to the instructions, they often experience more side effects and a lower quality of life. How well the medication works may also be affected.



With any new pain medication prescription, remember to:

Create a complete list of all the medications you already take. Include all prescription medications, over-the-counter drugs, and dietary supplements, such as vitamins or herbal supplements. Share and discuss this list with your health care team, including your pharmacist, to ensure that all of the medications remain effective.

Keep taking the medication as prescribed, even if you do not notice an improvement in your symptoms right away. Many medications take a few weeks to start working. However, if you feel like the medicine just is not working, do not hesitate to talk with your doctor.

Keep taking the medication as prescribed, even if you notice an improvement in your symptoms right away. Ask your doctor how long you should continue to take it.

Contact your doctor if you start to feel worse while taking a medication. Share any new symptoms you notice.

Talk with your doctor about medication cost concerns that might lead you to reduce or skip a dose. Ask about local and national resources for financial help.

Keep the information about the medication that comes with your prescription. This paper describes the drug, its possible side effects, and any potential drug interactions. Before you start a new medication, go over this information with a member of your health care team.

You may also want to consider filling all of your prescriptions at the same pharmacy. By doing this, your pharmacist can keep a complete list of the medications you take and alert you to possible drug interactions. Drug interactions can happen when a medication reacts with another medication or supplement you take. This interaction can cause unexpected side effects, some of which can be very serious, or reduce or increase the medication's strength.

QUESTIONS TO ASK ABOUT PAIN MEDICATION

- What is this medication used for?
- How much of the medication will I need to take? How often should I take it?
- How long will I get pain relief from a dose of the medication you are suggesting?
- How long will it take before I know how effective this medicine will be?
- Is there a certain time of day I should take the medication?
- Do I need to take this medication with food? Or should I take it on an empty stomach?
- Are there any foods, drinks, or other drugs that can change the strength or effectiveness of this medication?
- Can I crush or cut my pills to make them easier to take?
- How long will I need to take this medication? Are there any reasons why I should stop taking it?
- What should I do if I miss a dose?
- What are the most common side effects of this medication? How can they be managed?
- What should I do if I experience an unexpected side effect of the medication?
- What follow-up tests will I receive to monitor the medication's effectiveness?
- If I am worried about managing my medication costs, who can help me?
- Whom should I call with questions or problems?

Managing multiple prescriptions

You may be prescribed several medications by different health care providers during your cancer care. Tracking which medications to take and when, including pain medications, may seem like an overwhelming task. But there are steps you can take to keep you on an effective medication schedule. These tips may help:

- Read the entire medication label on the container to make sure you take the right dose, on the right schedule.
- Take your pills at the same time every day, such as first thing in the morning or with lunch.
- Use a chart, pill calendar, or your phone's calendar reminders to set a schedule and track when you take your medication.
- Use a weekly pill case so you know whether you have taken each day's medication.
- Ask family members or friends to remind you.
- Ask your doctor what to do if you miss or skip a dose.
- Ask your pharmacist to use easy-to-read, color-coded labels to make it easier to identify which medications to take and when.

ASCO's patient education website, Cancer.Net, also offers a free mobile app that can help patients and caregivers with keeping medications organized and with questions to ask. Learn more under the section on "Tracking Pain Using a Mobile Device" on page 26.



Storing and disposing of medications

Although pain medications are very effective at managing and relieving cancer pain, they are dangerous if another person or pet accidentally swallows them. It is important to safely and securely store your prescription pain medication, particularly opioids.



Store your pain medication in a bottle that has a child-resistant lid. You should also keep all of your opioid medication in a location where a pet, child, teenager, or stranger would not easily see it or get to it. Do not store your pain medication in many different places around the house or leave it sitting out. Finally, only share details about your prescription(s) with your caregiver or others who need to know.

Once your pain treatment is complete, talk with your doctor, nurse, or pharmacist about how you should safely dispose of leftover pain medication. The U.S. Food and Drug Administration (FDA) recommends that some opioid medications be flushed down the toilet. However, some communities have rules and restrictions against this. Another option is to take any unused or expired drugs to a prescription medication take-back program collection site.

If you cannot take your medication to a collection site or flush it, you may need to put it in the trash. To do this safely, take these steps:

1. Take all of the medication out of its container and put it in a sealable plastic bag or coffee can.
2. Mix the medication with an undesirable substance, such as cat litter or used coffee grounds.
3. Seal the container. Be sure to put it in the trash, not the recycling bin.

If your doctor prescribes a fentanyl skin patch, make sure that used patches are kept away from others. According to the FDA, too much fentanyl can cause severe breathing problems and even death in babies, children, pets, and adults. Even after you have used a patch for several days, there is still fentanyl in the patch, and it can be enough to cause serious

problems. After using a patch, fold it in half so the sticky parts are sealed together and use one of the disposal methods described above.

Ask your doctor what you should do if a pet or family member accidentally comes in contact with your medication. Some doctors will give you a prescription for a medication called naloxone, which can be used to rescue someone who is accidentally exposed to opioids.



MEDICATION DISPOSAL RESOURCES

Drug Enforcement Administration Drug Disposal

www.deadiversion.usdoj.gov/drug_disposal/takeback

800-882-9539

National Association of Drug Diversion Investigators Rx Drop Box

www.rxdrugdropbox.org

410-321-4600

MedReturn Drug Collection Unit

www.medreturn.com

877-218-0990

Other Ways to Manage Pain

Medication or medical interventions can play an important role in relieving cancer-related pain. There are also several self-care and support options you can explore. For example, some patients find physical therapy or occupational therapy helpful in reducing pain. Or, they may choose to use therapies such as acupuncture, meditation, or breathing exercises.

These therapies use different techniques and methods to help ease the discomfort of many physical symptoms. They may also help reduce stress, depression, and anxiety to help you cope with the emotional side of cancer.

You may find that using more than one self-care or support method helps relieve your pain. Some people also find that a pain treatment plan that combines some of these methods with medication works best for them and may let them use less medication to relieve pain.

Self-care methods

Self-care methods are things you can do on your own. In some cases, you may find that learning certain techniques from a specialist and then continuing them at home may help you use them more effectively. Talk with your doctor before trying methods that have not been recommended by your health care team.



Breathing exercises/meditation. Gentle breathing exercises can enhance relaxation, reduce tension, and decrease pain. You can do them while sitting up in a chair and relaxing your arms gently at your side. Or, you can do them while lying down in a reclining chair or bed. Try breathing in through your nose while you slowly count to three in your head. Then breathe out through your mouth, once again counting silently to three. Continue for five minutes, gradually working up to 20 minutes. You

can also try meditation exercises. Meditation exercises include softly repeating a calming word, or they may involve imagining breathing heat, coolness, or a feeling of relaxation in and out of painful areas.

Distraction. Certain activities can distract your mind from pain, including:

- Taking a warm bath
- Reading a book
- Watching television or a movie
- Drawing or painting
- Doing needlework, such as sewing or knitting
- Listening to music
- Taking a short walk outdoors

Heat and cold. Try applying hot or cold compresses, heating pads, or ice packs to aching, sore, or painful areas of the body to help decrease discomfort. Discuss this approach with your doctor first, and follow any special instructions, particularly during or after radiation therapy or chemotherapy. Start with short applications of five to 10 minutes at moderate temperatures. Do not apply heat or cold directly to bare or injured skin, areas that are numb, or areas that recently received radiation therapy. Wrap ice packs and compresses in a towel to protect the skin. Use heating pads over clothing, a sheet, or a towel. Experiment with temperatures to find a method that provides relief comfortably.



Imagery and visualization. Many imagery techniques are useful for pain and discomfort associated with treatment. For example, with the "magic glove" technique, you imagine putting on a glove before getting a needle stick. Then you visualize that the glove protects your hand from the feeling of pain. Or, you may benefit from imagining a peaceful scene, replaying a favorite memory, or creating a mental picture of healing light taking the pain away. A trained therapist can teach you different exercises to do at home.

Support methods

In addition to methods you can do on your own, there are methods that require you to work with a licensed or certified specialist. You may want to ask your doctor about:

Acupuncture. This ancient form of Chinese medicine involves inserting special needles into specific areas of the body. Some research has shown that it can relieve cancer-related pain. Make sure to see a licensed practitioner who only uses sterile needles.

Biofeedback. This technique helps you control your body's functions, such as your heart rate. In this method, painless sensors placed on your skin gather information about your body's processes. A trained biofeedback therapist uses this information to help you focus on making small changes or adjustments to your body to get the results you want. These changes may include relaxing specific muscles to reduce pain.

Counseling and support groups. Talk with a trained counselor or attend a cancer support group to learn about pain management techniques that have worked for others. Discussing concerns and getting support may also relieve some of the physical and emotional tension that often makes pain worse.



Massage. A qualified massage therapist who has experience working with people with cancer can provide gentle therapeutic massage. This may help relieve tension, discomfort, and pain. A caregiver can do simple massage techniques at home, including gentle, smooth, circular rubbing of the feet, hands, or back. You can also massage yourself by applying light, even pressure to your hands, arms, neck, and forehead.

Nutritional support. Cancer and cancer treatments sometimes cause mouth sores or nausea. These side effects make it difficult to maintain proper nutrition. Not getting enough vitamins, minerals, and other important nutrients from food can cause pain or discomfort or worsen these sensations. A dietitian (a food and nutrition professional) or your doctor may

recommend that you take certain supplements or change your diet to address those side effects.

Physical therapy or occupational therapy.

A physical therapist evaluates nerve, muscle, and fitness problems that make it difficult for a person to function well on a daily basis.

He or she can teach you how to relieve pain using simple exercises or devices, such as splints or braces. An occupational therapist helps people prevent and live with illness, injury, and disability. For example, an occupational therapist may help someone avoid lymphedema after cancer surgery that affected the lymph nodes.

Lymphedema is a painful buildup of fluid caused when lymph nodes are removed. It results in swelling, often in an arm or a leg. You may also want to consider seeing a certified lymphedema therapist (CLT). A CLT is a health professional who specializes in managing lymphedema.



Integrative medicine is a combination of medical treatments for cancer and complementary therapies to cope with symptoms and side effects, such as pain. It includes treatments like acupuncture, massage, physical therapy, and more. For more information about integrative medicine, visit www.cancer.net/integrative.

Communicating With Your Health Care Team

Once your doctor diagnoses your pain and you have started your pain management plan, maintaining open and honest communication is a critical part of your care. In fact, research shows that people who have a good relationship with their doctor tend to be more satisfied with the care they receive.

The most important thing you can do to manage your pain is to keep the members of your health care team informed about how treatment is working. Do not hesitate to communicate that a method is not effective. The doctor can help figure out why it is not working and find an option that works better for you.

The type, intensity, and location of pain is different for everyone. But consistent teamwork between you and your health care team can help you find an effective solution.



BARBARA'S STORY

Barbara is a 55-year-old working mother of three and an avid runner. After a routine chest x-ray, followed by additional tests, she was diagnosed with lung cancer. She told her doctors and nurses that she was very worried about the side effects of chemotherapy. It was important to Barbara to try to maintain as much of a normal routine as possible, despite her aggressive cancer treatment plan. When she started experiencing joint and muscle pain, Barbara shared her symptoms with her doctor. Her pain started the moment she got out of bed each morning and continued throughout the day. She worried that she might not be able to finish chemotherapy. She also worried that the pain was due to her cancer, rather than a side effect of her treatment. Barbara's doctor assured her that her pain was treatment-related and that there were ways to manage her discomfort. "My doctor alleviated my fears and we found a medication that worked for me. I was not able to run during my treatment, but I managed to finish my chemotherapy. Plus, I was able to keep up with my busy family."

How pain tracking helps

To make it easier to talk with your doctor about how you feel, consider tracking your pain and the results of any pain management methods you try. You can use what is called a pain chart, pain log, or pain diary. Tracking your pain, even for a few days, sometimes can reveal patterns in the pain that can be used to improve pain control.



Helpful information to track includes:

- The date and time you experience the pain and how long it lasted
- What activities you were doing when the pain started
- Where in your body the pain started and if it was specific to one area or moved to other parts of the body

- The intensity of the pain
- How the pain felt, such as burning, stabbing, aching, or throbbing
- The pain control methods you tried and how effectively they worked. Include any methods you are using that might not have been prescribed or recommended by your health care team.
- Information about pain caused by other health conditions you may have, such as diabetes or arthritis

Use the sample chart on pages 32 and 33, make your own paper chart, or ask your doctor for a chart. Another option is to search the internet for “pain management chart” or “pain tracking chart” and several options will appear. You can save the chart you prefer to your computer and print it out.

TRACKING PAIN USING A MOBILE DEVICE

Cancer.Net Mobile, a free app for iOS (iPhone, iPad) and Android, features a symptom tracker that allows you to record the time and severity of symptoms and side effects, such as pain. An interactive tool also lets you keep track of your questions to ask health care providers and record voice answers. In addition, there’s a place to save information about prescribed medications, including photos of labels and bottles (on camera-enabled devices). To learn more about the features of Cancer.Net Mobile and to download it, visit www.cancer.net/app.

Resources

You can find additional information about pain management and links to patient support and resource organizations on Cancer.Net (www.cancer.net). The following national organizations also provide resources about the topics addressed in this booklet.

American Academy of Hospice and Palliative Medicine

www.palliativedoctors.org
847-375-4712

American Cancer Society

www.cancer.org
800-227-2345

CancerCare

www.cancercares.org
800-813-4673

Cancer Support Community

www.cancersupportcommunity.org
888-793-9355

Caregiver Action Network

www.caregiveraction.org
202-454-3970

Center to Advance Palliative Care

www.getpalliativecare.org

International Association for Hospice & Palliative Care (IAHPC)

www.hospicecare.com
866-374-2472

National Cancer Institute

www.cancer.gov
800-422-6237

National Hospice and Palliative Care Organization

www.caringinfo.org
800-658-8898

Programs and services continually change, so visit www.cancer.net/support to find the most current information.

Glossary

Acupuncture: The use of very tiny needles and pressure to stimulate points on the body.

Addiction: A chronic disease characterized by drug seeking and use that is difficult to control despite awareness of the harmful consequences.

Analgesics: Medications that relieve pain.

Antidepressants: Medications that treat depression.

Biofeedback: A method in which painless sensors are placed on a person's skin to gather information about the body's processes.

Breakthrough pain: Pain that increases suddenly even though it is being treated.

Chemotherapy: The use of drugs to destroy cancer cells.

Dose: The amount of a medication that a person should take at one time.

Drug interactions: Unexpected side effects that occur when a medication reacts with another medication.

Hormonal therapy: Treatment that removes or blocks hormones to destroy or slow the growth of cancer cells. Also called hormone therapy or endocrine therapy.

Integrative medicine: A combination of medical treatments to treat cancer and complementary therapies to manage the patient's symptoms and side effects.

Lymphedema: A painful buildup of fluid caused when lymph nodes are removed. Lymphedema causes swelling, often in an arm or a leg.

Medical cannabis: Marijuana that is approved for medical use.

Medication take-back program: A program that collects unused or expired prescription medicines.

Meditation: A way for a person to learn to focus attention to calm the mind and relax the body.

Non-opioid pain relievers: Pain relievers such as non-steroidal anti-inflammatory drugs (ibuprofen and others) and acetaminophen prescribed for mild or moderate pain.

Oncologist: A doctor who treats cancer.

Opioid pain relievers: Pain relievers used to treat moderate to severe pain that work by attaching to specific proteins called opioid receptors. Also called narcotics.

Over-the-counter drugs: Medications that you can buy without a prescription from a health care provider.

Pharmacist: A health care professional who dispenses medications.

Pain assessment: A way for the health care team to determine a person's level of pain and to help guide decisions about how to treat it. There are a number of tools used to do a pain assessment. The assessment may measure the pain's frequency, severity, location, causes, and more.

Pain management plan: A personalized plan that the doctor recommends to help relieve a patient's pain from all causes.

Pain tracking log: A chart or journal that a person uses to track pain and the results of pain management techniques.

Palliative care: Any form of treatment that concentrates on reducing a patient's symptoms or treatment-related side effects, improving quality of life, and supporting patients and their families. Also called symptom management and supportive care.

Rescue doses: Extra doses of pain medicine used to control breakthrough pain.

Stem cell/bone marrow transplant: A type of cancer treatment in which a patient receives new stem cells.

Quality of life: An overall sense of well-being and the level of satisfaction with life.

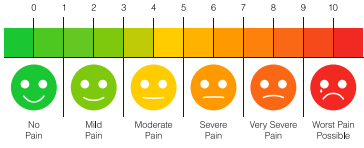
Radiation therapy: The use of high-energy x-rays or other particles to destroy cancer cells. Also called radiotherapy.

Side effect: An undesirable result of treatment, such as pain, fatigue, nausea, vomiting, or hair loss.

Surgery: The removal of cancerous tissue from the body during an operation.

Tumor: A mass that forms when healthy cells change and grow out of control. A tumor can be cancerous or benign. A cancerous tumor is malignant, meaning it can spread to other parts of the body. A benign tumor means the tumor can grow but will not spread.

Sample Pain Tracker

Date	Time	<p style="text-align: center;">Pain score</p>  <p style="text-align: center;"> <small>0 1 2 3 4 5 6 7 8 9 10</small> <small>No Pain Mild Pain Moderate Pain Severe Pain Very Severe Pain Worst Pain Possible</small> </p>	<p style="text-align: center;">How does the pain feel? <i>(aching, sharp, shooting, throbbing, etc.)</i></p>
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Looking for Other Patient Information Resources?

ASCO ANSWERS GUIDES

ASCO Answers Guides feature comprehensive information about the diagnosis, treatment, side effects, and psychosocial effects of a specific cancer type, as well as practical information for patients and families.

ASCO ANSWERS FACT SHEETS

ASCO Answers Fact Sheets provide a one-page (front and back) introduction to a specific type of cancer or cancer-related topic. Each includes an overview, illustration, terms to know, and questions to ask the health care team. Cancer.Net has more than 65 fact sheets available (including some in Spanish), covering different cancer types, diagnosis and treatment, and side effects.

ASCO ANSWERS BOOKLETS

ASCO Answers Booklets provide in-depth, practical guidance on specific topics in cancer care.

For Patients and Caregivers: If you are interested in additional educational materials, visit www.cancer.net/ascoanswers to find all of our available materials in electronic format.

For Oncology Professionals: Bulk quantities are available for purchase. Bundled versions are also available for purchase. Bundles include guides for oncology professionals and patient guides. Available bundles cover survivorship, weight management, and tobacco cessation. Visit www.cancer.net/estore or call 1-888-273-3508 to place your order. To request free promotional materials for your practice, please send an email to contactus@cancer.net.



WE WANT TO HEAR FROM YOU

If you found this material helpful or if you have comments or suggestions about how they could be better, please let us know at contactus@cancer.net.



American Society of Clinical Oncology

2318 Mill Road, Suite 800 | Alexandria, VA 22314

Phone: 571-483-1300 | Fax: 571-366-9530

www.asco.org | www.cancer.net

For more information about ASCO's patient information resources,
call toll-free 888-651-3038 or e-mail contactus@cancer.net.

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