



From Europe to Ireland: Adapting international guidelines to inform the development of national guidelines for the pharmacological management of cancer pain in adults.



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Background

The 2012 EAPC recommendations for the treatment of cancer pain, informed by the supporting evidence from published EPCRC systematic reviews, challenge us to translate the new evidence and knowledge for our own countries. The ADAPTE Collaboration provides a validated framework to enable local customisation of guidelines through scientific methodology.

Aims

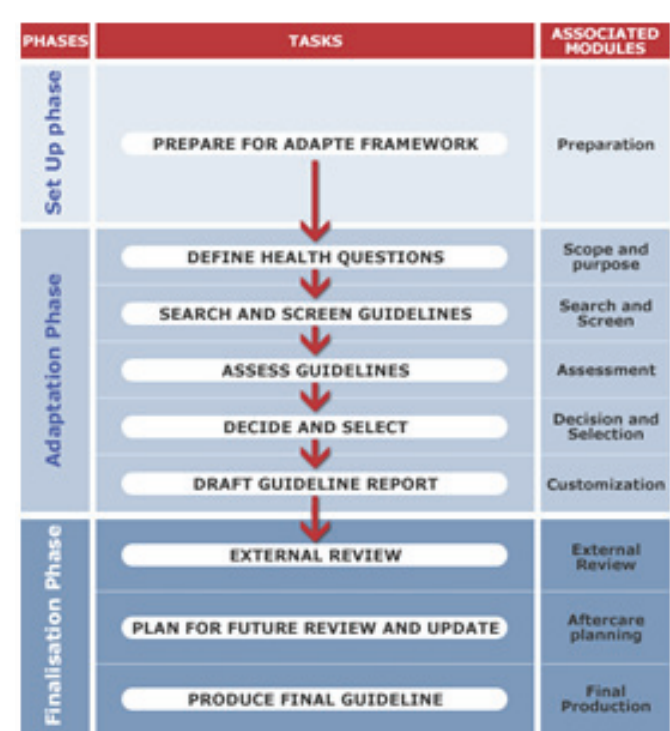
The National Palliative Care Programme aimed to produce evidence-based clinical guidelines for the pharmacological management of cancer pain in adults in the Republic of Ireland.

The additional evidence generated from systematic searches for 41 health questions, and appraisal of identified primary studies, was significant.

The resulting guideline development strategy represents a hybrid (adaptation plus de novo) approach, which required advanced methodological skills and extended resources.

From the evidence presented, 42 graded recommendations were formulated.

Methods



The principles of the ADAPTE tool for guideline adaptation were followed. Core steps included: determining health questions; assessing existing guidelines; executing search strategies; appraising evidence; and achieving consensus.

Results

As determined by the AGREE II analysis, the Scottish Intercollegiate Network Guidelines (2008) were identified as a baseline for this guideline. Three further guidelines were deemed of sufficient quality for inclusion; NCCN, ONS and PANG guidelines.

A comprehensive recommendation matrix was produced, which consists of a collation of clinical recommendations from the four 'approved' guidelines, as assessed by Agree II tool.

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Health Questions:

(*Refines the search to recent evidence since the publication of the SIGN guidelines in November 2008).

Pain and principles of pain management:

1. Is there any new evidence on pain assessment*?
2. Is there any evidence that the use of pain assessment tools improves patient's pain scores?
3. Is there any evidence to support the association of cancer pain with psychological distress*?
4. What is the evidence to support the continued use the WHO analgesic ladder?

Opioid Medication:

5. What is the evidence to support the use of codeine in a cancer pain setting*?
6. What is the evidence to support the use of tapentadol in a cancer pain setting*?
7. What is the evidence to support the use of fentanyl in a cancer pain setting*?
8. What is the evidence to support the use of alfentanil in a cancer pain setting*?
9. What is the evidence to support the use of buprenorphine in a cancer pain setting*?
10. What is the evidence to support the use of topical opioids in cancer pain?
11. What is the evidence to support the use of opioid/opioid antagonist products in a cancer pain setting?

Specific patient populations:

12. What is the best evidence to guide the management of cancer pain in patients who have a history of opioid dependence?

Non opioid medication:

13. What is the evidence to support the addition of paracetamol to regular opioid in cancer pain?
14. What is the evidence to support the use of NSAIDs in cancer pain*?
15. Is there any evidence to support the use of different routes of administration of NSAIDs in cancer pain?
16. What is the evidence to support the use of proton pump inhibitors as gastric protection when NSAIDs are prescribed in a cancer setting*?
17. What is the evidence to support the use topical capsaicin in cancer pain*?
18. What is the evidence to support the use of lidocaine in a cancer setting*?
19. What is the evidence to support the use of ketamine in a cancer setting*?
20. What is the evidence to support the use of benzodiazepines in a cancer pain setting*?
21. What is the evidence for the use of bisphosphonates in a cancer pain setting*?
22. What is the evidence for the use of steroid medication in a cancer pain setting*?

In addition, the following health questions were suggested by the group, however, these had recently been addressed by the EPCRC as part of the guideline development process for the EAPC and as such no additional systematic searches were performed by the group. However, the evidence of the EPCRC studies as published were recorded and included as evidence in the guideline document.

1. What is the evidence to support the use of tramadol in a cancer pain setting*?
2. What is the evidence to support the use of morphine in a cancer setting*?
3. What is the evidence to support the use of oxycodone in a cancer pain setting*?
4. What is the evidence to support the use of hydromorphone cancer pain setting*?
5. What is the evidence to support the use of methadone in a cancer pain setting*?
6. What is the evidence to support the use of spinal opioids in a cancer pain setting*?
7. What is the evidence to support the use of different routes of administration for opioid treatment in the management of cancer pain?
8. What is the evidence to support the bioequivalence of opioids in a cancer pain setting*?
9. What is evidence for equianalgesic equivalencies in a cancer pain setting?
10. What is the evidence to support the use of combination step 3 opioids in cancer pain?
11. What is the evidence for the management of cancer breakthrough pain*?
12. What is the evidence to support best practice for opioid titration in cancer pain*?
13. What is the evidence to support opioid rotation / switching in a cancer pain setting*?
14. What is the evidence to support best practice in the management of opioid toxicity/ overdose*?
15. What is the evidence to support the best practice in the management of opioid induce side effects (pruritis, nausea, constipation)?
16. What is the evidence to guide the use of opioids and management of cancer pain in patients with renal failure*?
17. What is the evidence to guide the use of opioids and management of cancer pain in patients with hepatic failure?
18. What is the evidence to support the use of anticonvulsants in a cancer pain setting*?
19. What is the evidence to support the use of antidepressant in a cancer pain setting*?

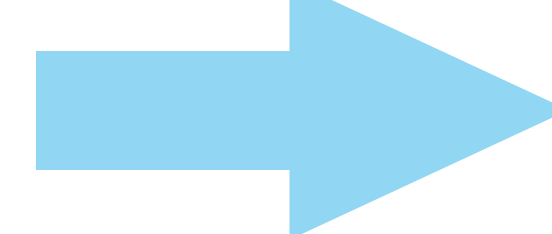
Recommendation Matrix



SIGN
Scottish International
Guidelines Network



Evidence from
Health Questions



Our Guideline



Conclusions

The formulation of high standard clinical guidelines using a combination of existing guidelines and de novo clinical question and evidence generation is highlighted.

The development and updating of high-quality practice guidelines to promote optimal, consistent healthcare requires substantial resources; this knowledge has led to a reformulation of adaptation methodology and an emphasis on improved resource-sharing.

This template for guideline development is now being used nationally by the Clinical Care Programme in Ireland.

Domain	SIGN	ESMO	GAIN	NCCN	Oncology Nursing Society	PANG
Domain 1: Scope and purpose	100%	7.4%	77.7%	63.9%	63.9%	25.9%
Domain 2: Stakeholder involvement	96.3%	3.7%	61.1%	41.7%	41.7%	31.5%
Domain 3: Rigour	89.5%	7.6%	22.9%	41.7%	64.9%	34%
Domain 4: Clarity of presentation	92.6%	9.2%	85.2%	97.2%	50%	85.2%
Domain 5: applicability	83.3%	0%	37.5%	39.6%	22.9%	27.8%
Domain 6: Editorial independence	100%	22.2%	19.4%	66.7%	100%	25%
Overall Quality Average score out of 7	6.3	2	5.3	6	3	5.3