Finding the best management for breakthrough cancer pain

Last year, the *European Journal of Palliative Care* (*EJPC*) carried a supplement on the treatment of breakthrough cancer pain. It provoked all sorts of comments. In the main, concerns were expressed regarding the influence that the pharmaceutical industry may have had on the content: there is good documentation that the main element of bias in medical literature is the source of funding. Could this bias have extended to the novel medications for breakthrough pain mentioned in the *EJPC* supplement?

Between 15 and 20% of adults suffer from chronic pain, a figure that rises to 50% in those aged over 65. Among patients with cancer, up to 70% suffer from pain caused by their disease or treatments.[1] Even a small part of this market represents a potentially huge financial gain for drug companies. Given the extent of chronic pain, it is a surprise that so few new analgesics have been launched over the past decades.

However, bearing in mind the rigour of governing bodies such as the US Food and Drug Administration and the UK's Medicines and Healthcare products Regulatory Agency, it is small wonder that new medicinal products with the potency of opioids are slow to appear. I wonder if aspirin and morphine would have had any chance of gaining official approval, had they been put through the robust processes and procedures of clinical trials that exist today.

Perhaps this explains why the pharmaceutical industry has focused on new delivery systems for 'old' drugs. Doing so enables the drug companies to gain new licences, which result in new streams of revenue, without having to get new medications through the approval process. Having said that, it is undeniable that these new preparations have been a godsend to many patients. Transdermal delivery systems are essential to the dysphagic patient and the weekly preparations are enormously convenient for the elderly and those who do not wish to take numerous tablets.

Over a short period of time, there has been a plethora of publications, teaching and training sessions on all the new delivery mechanisms of tried and tested opioids. Currently, no validated tool exists to measure breakthrough pain. Evidence of the need for these rapidly absorbed, fast-acting opioids is limited, and we ignore their potential for abuse and addiction at our peril.

At a time when the two principal impediments to opioid availability worldwide are restriction (both political and legal) and cost, we need clarity and guidance about the appropriate use of these new preparations. Even when drugs are available, it is well known that chronic pain persists throughout the world. Perhaps our efforts would be best used to overcome barriers to basic pain management using affordable opioids, rather than to promote costly new preparations.

Let us hope that the forthcoming European Palliative Care Research Collaborative (EPCRC) guidance on opioids in cancer pain will shed some light on the management of breakthrough pain. In the meantime, in this journal, we present David Hui and Eduardo Bruera's review of the various opioids, old and new, used to manage breakthrough pain (pages 58–67), which says that there is a need for more evidence and greater consideration of comparative drug costs.

We also feature Adam Burkey and Jane Ballantyne's article focused on the rapid-onset fentanyl preparations (pages 88–90), which highlights the uncertainties surrounding their use in clinical practice, including their potentially higher risk of addiction.

Pain is a global problem and it requires a global solution. Essentially, there are two key questions that we, as palliative care professionals, should ask ourselves. Have these new 'designer opioids' been created by industry, for industry? Have we, in the profession, created a syndrome to suit these new drugs?

Evidence of the need for these rapidly absorbed, fast-acting opioids is limited, and we ignore their potential for abuse and addiction at our peril

Julia Riley, *EJPC Editor, Consultant in Palliative Medicine, Royal Marsden Hospital, London, UK*

Reference
1. Brennan F, Carr D, Cousins M. Pain management: a fundamental human right. *Anesth Analg* 2007; **105:** 205-221.