

Guidelines conflict for long-term opioid therapy in cancer survivors

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National Comprehensive Cancer Network guidelines used by oncology clinicians, with the latter recommending long-acting opioid formulations and supplemental short-acting opioids in combination with long-acting opioids. The CDC opioid guidelines prefer non-pharmacologic therapy and non-opioid pharmacologic therapy for chronic pain, but robust evidence is lacking on the role of non-pharmacologic interventions in patients with cancer.

"This lack of evidence, coupled with conflicting and competing contemporary guidelines from diverse authoritative agencies and organizations, carries the potential to confuse, if not seriously jeopardize, pain management for patients with cancer who are living with moderate-to-severe pain, adding to an already appalling burden of unrelieved cancer [pain](#)," the authors write.

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(HealthDay)—Evidence is lacking about the need for and outcomes of long-term opioid therapy in cancer survivors, and contemporary guidelines offer conflicting recommendations, according to a viewpoint article recently published online in *JAMA Oncology*.

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Noting that long-term [opioid therapy](#) use is prevalent among [cancer survivors](#), Salimah H. Meghani, Ph.D., and Neha Vapiwala, M.D., from the University of Pennsylvania in Philadelphia, report on areas where the U.S. Centers for Disease Control and Prevention guidelines for prescribing opioids cause confusion for oncology clinicians.

The authors note that the CDC opioid guidelines distinguish between patients with [cancer](#) undergoing treatment, to whom the guidelines do not apply, and those who have completed treatment, to whom they do apply, although pain levels are similar for both groups. Inconsistencies are noted in the CDC opioid guidelines and the

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