



National Comprehensive  
Cancer Network®

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Deborah Dowell, MD, MPH  
Chief Medical Officer, National Center for Injury Prevention and Control  
US Centers for Disease Control and Prevention  
1600 Clifton Road NE, Mailstop S106-9,  
Atlanta, Georgia 30329

RE: CDC Request for Comment on Experiences with Pain Management Docket Number:  
CDC-2020-0029

Dear Dr. Dowell:

The National Comprehensive Cancer Network® (NCCN®) is pleased to respond to the United States Centers for Disease Control and Prevention (CDC) request for comment on experiences with pain management as it relates to NCCN's mission to improve and facilitate quality, effective, efficient, and accessible cancer care so patients can live better lives. NCCN will focus our comments on the recommendations and appropriate use of related NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) including the NCCN Guidelines® for Adult Cancer Pain and NCCN Guidelines® for Survivorship. Additionally, NCCN will share our understanding of common challenges experienced by patients attempting to access pharmacologic and non-pharmacologic pain management interventions.

### **NCCN Background**

As an alliance of 30 leading academic cancer centers in the United States that treat hundreds of thousands of patients with cancer annually, NCCN's mission is to improve and facilitate quality, effective, efficient, and accessible cancer care so patients can live better lives. NCCN develops and maintains guidelines covering cancer prevention, screening, diagnosis, treatment, and supportive care that is widely used by clinical professionals throughout the spectrum of oncologic management, and apply to 97 percent of cancers affecting patients in the United States.

NCCN Guidelines and Library of Compendia products help ensure access to appropriate care, clinical decision-making, and assessment of quality improvement initiatives. Since 2008, CMS has recognized the NCCN Drugs & Biologics Compendium (NCCN Compendium®) as a mandated reference for establishment of coverage policy and coverage decisions regarding the use of drugs and biologics in cancer care. Commercial payers that represent more than 85 percent of covered lives in the United States also utilize the NCCN Guidelines and Library of Compendia products. The NCCN Guidelines are transparent, continuously updated, available free of charge online for non-commercial use, and are available through a multitude of HIT vendors. NCCN works with HIT vendors through permissions and licensing arrangements to allow for use of the NCCN Guidelines

### **NCCN Member Institutions**

Abramson Cancer Center  
at the University of Pennsylvania

Fred & Pamela Buffett  
Cancer Center

Case Comprehensive Cancer  
Center/University Hospitals  
Seidman Cancer Center and  
Cleveland Clinic Taussig  
Cancer Institute

City of Hope National Medical Center

Dana-Farber/Brigham and  
Women's Cancer Center  
Massachusetts General Hospital  
Cancer Center

Duke Cancer Institute

Fox Chase Cancer Center

Huntsman Cancer Institute  
at the University of Utah

Fred Hutchinson Cancer  
Research Center/  
Seattle Cancer Care Alliance

The Sidney Kimmel  
Comprehensive Cancer  
Center at Johns Hopkins

Robert H. Lurie Comprehensive  
Cancer Center of Northwestern  
University

Mayo Clinic Cancer Center

Memorial Sloan Kettering  
Cancer Center

Moffitt Cancer Center

The Ohio State University  
Comprehensive Cancer Center -  
James Cancer Hospital and  
Solove Research Institute

O'Neal Comprehensive  
Cancer Center at UAB

Roswell Park Comprehensive  
Cancer Center

Siteman Cancer Center  
at Barnes-Jewish Hospital  
and Washington University  
School of Medicine

St. Jude Children's  
Research Hospital/  
The University of Tennessee  
Health Science Center

Stanford Cancer Institute

UC San Diego  
Moore's Cancer Center

UCLA Jonsson  
Comprehensive Cancer Center

UCSF Helen Diller Family  
Comprehensive Cancer Center

University of Colorado  
Cancer Center

University of Michigan  
Rogel Cancer Center

The University of Texas  
MD Anderson Cancer Center

University of Wisconsin  
Carbone Cancer Center

UT Southwestern Simmons  
Comprehensive Cancer Center

Vanderbilt-Ingram  
Cancer Center

Yale Cancer Center/  
Smilow Cancer Hospital

and the NCCN Compendium when supporting decision making that impacts patient access to appropriate therapy.

In November 2018, following a JAMA Oncology article highlighting perceived variability among clinical practice guidelines for cancer related pain, NCCN and the American Society of Clinical Oncology (ASCO) held a meeting entitled “Bridging the Critical Divide Among Clinical Practice Guidelines for Cancer Pain and Sickle Cell Disease”. Attendees included representatives from the CDC, the United States Food and Drug Administration (FDA), NCCN, ASCO, the American Society of Hematology (ASH), and the authors of the JAMA Oncology article. Subsequently, an article titled “Bridging the Gap among Clinical Practice Guidelines for Pain Management in Cancer and Sickle Cell Disease” was published in both the Journal of NCCN and the Journal of Clinical Oncology-Oncology Practice (Appendix 1).

NCCN would like to express our thanks to Dr. Deborah Dowell and Dr. Lisa Richardson at the CDC for their participation and contributions to the meeting and paper. In this comment letter, NCCN will highlight common challenges for patients in need of pain management as discussed at this meeting as well as the appropriate use of relevant NCCN Guidelines. NCCN notes that the paper also addresses the needs of patients with sickle cell disease but NCCN defers to the American Society of Hematology’s recommendations in this area.

### **NCCN Guidelines Relevant to Pain Management**

NCCN thanks the CDC for acknowledging that the *CDC Guideline for Prescribing Opioids for Chronic Pain* is “not intended to deny any patients who suffer with chronic pain from opioid therapy as an option for pain management”. Unfortunately, the guideline has been misapplied by numerous payers, legislators, and regulators resulting in one-size-fits-all policy approaches. NCCN believes that a clarification directing readers to the appropriate clinical practice guidelines for specialty populations may help to ensure appropriate patient access to pain management tools.

Clinical practice guidelines that are evidence-based and nationally recognized play a key role in ensuring patient access to safe, effective, and appropriate pain management interventions. This is particularly important for special populations including: people in active cancer treatment, palliative care, end of life care, and cancer survivors. The CDC recognized this in a February 2019 letter (Appendix 2) that states “*for select groups of cancer survivors with persistent pain due to past cancer or past cancer treatment, the relationship of benefits to risks in use of opioids for chronic pain is unique. Clinical practice guidelines addressing pain control for cancer survivors, such as the 2016 American Society of Clinical Oncology Clinical Practice Guideline on Management of Chronic Pain in Survivors of Adult Cancers and the 2018 National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology: Adult Cancer Pain, have been published subsequent to release of CDC’s Guideline for Prescribing Opioids for Chronic Pain. Such guidelines provide useful guidance on unique considerations for use of opioids for pain control in cancer survivors.*” In alignment with this communication, NCCN encourages the CDC to acknowledge the important role of nationally recognized clinical

practice guidelines for populations outside of the CDC Guideline's scope within any updated version of the *CDC Guideline for Prescribing Opioids for Chronic Pain*.

The NCCN Guidelines for Adult Cancer Pain and the NCCN Guidelines for Survivorship are each developed by a panel of interdisciplinary representatives from 30 leading academic cancer centers in the United States that treat hundreds of thousands of patients with cancer annually. These guidelines contain recommendations on the use of pharmacologic, including opioid and non-opioid, and non-pharmacologic pain management interventions for patients. The appropriate patient populations and prescriber audiences for these guidelines vary and are outlined in detail below. All NCCN Guidelines are updated at least annually, with many updated more frequently as available scientific evidence evolves.

#### *NCCN Guidelines for Adult Cancer Pain*

The NCCN Guidelines for Adult Cancer Pain identify central principles for the assessment and management of cancer pain in adults including aspects of opioid, non-opioid, adjuvant analgesics and broad multi-modal care. The target audience of the NCCN Guidelines for Adult Cancer Pain is health care practitioners who provide care to people with cancer and the patient population covered by the Guidelines is adults with cancer-related pain.

#### *NCCN Guidelines for Survivorship*

The NCCN Guidelines for Survivorship provide a framework for general survivorship care and management of potential long-term and/or late effects of cancer and its treatment. This guideline is intended as a survivor-specific supplement to the recommendations within the NCCN Guidelines. As such, the target audience of the NCCN Survivorship Guideline is health care practitioners who provide care to cancer survivors and the patient population it covers is adult cancer survivors with long term effects of treatment including chronic pain.

### **Common Challenges for Patients in Need of Pain Management Tools**

Patients with pain management needs often experience a variety of barriers to accessing both pharmacologic and non-pharmacologic pain management tools. As highlighted above, the misapplication of prescribing guidelines has led to improper denials and significant access issues for patients for whom opioids are the most appropriate intervention. Patients may also experience challenges when attempting to access non-opioid pain management techniques. While all clinical practice guidelines published by the CDC, NCCN, and ASCO endorse the use of non-opioid pharmacologic and non-pharmacologic therapies, low rates of insurance coverage or limits on coverage for these pain management options often lead to greater affordability issues and access issues for patients.<sup>1,2,3</sup> Additional coverage across

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<sup>1</sup> Page, R, Blanchard, E. Opioids and cancer pain: Patients' needs and access challenges. *Journal of Oncology Practice* May 1 2019; 15(5): 229-231. doi: 10.1200/JOP.19.00081

<sup>2</sup> Lin DH, Jones CM, Compton WM, Heyward J, Losby JL, Murimi IB, Baldwin GT, Ballreich JM, Thomas DA, Bicket M, Porter L, Tierce JC, Alexander GC. Prescription Drug Coverage for Treatment of Low Back Pain Among US Medicaid, Medicare Advantage, and Commercial Insurers. *JAMA Netw Open*. 2018 Jun 1;1(2):e180235. doi: 10.1001/jamanetworkopen.2018.0235

<sup>3</sup> Heyward J, Jones CM, Compton WM, Lin DH, Losby JL, Murimi IB, Baldwin GT, Ballreich JM, Thomas DA, Bicket MC, Porter L, Tierce JC, Alexander GC. Coverage of Nonpharmacologic Treatments for Low Back Pain Among US Public and Private Insurers. *JAMA Netw Open*. 2018 Oct 5;1(6):e183044. doi: 10.1001/jamanetworkopen.2018.3044

payers for non-opioid pain management therapies in benefit plans could help make these options more available and accessible. As the CDC considers updating the *CDC Guideline for Prescribing Opioids for Chronic Pain* NCCN encourages the highlighting of this important access issue.

NCCN would also like to highlight the need for additional guidance and education on the appropriate tapering of opioid therapy. Additionally, it is important to note that prescribers should not abruptly end relationships with patients when an inappropriate substance use issue is identified. Prescribers may need additional guidance and training to appropriately transition patients with an inappropriate substance use issue to ensure patients are connected to appropriate treatment services.

### **Recommendations to Improve Patient Experiences of Pain Management**

NCCN appreciates the efforts to revisit the *CDC Guideline for Prescribing Opioids for Chronic Pain*. As the CDC engages in this initiative, NCCN respectfully recommends the following for inclusion:

- Clarification regarding the populations included and excluded and language directing readers to clinical practice guidelines for specialty populations
- Highlighting the role of and common barriers to accessing to non-opioid pain therapies
- Guidance on appropriate tapering of opioids
- Guidance discouraging the abrupt termination of relationships when dependence or inappropriate use is identified/suspected, and information regarding substance use disorder guidance, training, and referral

NCCN appreciates the opportunity to comment on the CDC's request for comment on experiences with pain management. We again thank Dr. Deborah Dowell and Dr. Lisa Richardson of the CDC for their previous collaboration and for their commitment to ensuring appropriate and safe patient access to effective pain management interventions. We would welcome the opportunity to discuss our comments further and look forward to working together to ensure access to appropriate pain management tools for patients with or in survivorship from cancer.

Thank you for your time and consideration of our comments.

Sincerely,



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