

Clinical trial protocol – Implementing clinical practice guidelines for cancer pain in adults to ensure equitable, cost-effective, evidence-based, person-centred care: A phase III pragmatic stepped wedge cluster randomised controlled trial of guidelines and screening with implementation strategies versus guidelines and screening alone to improve pain in adults with cancer attending outpatients oncology and palliative care centres

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BACKGROUND

Pain is a common and distressing symptom in people with cancer that is under-treated. An Australian cancer pain guideline and clinical pathway was launched at COSA 2013, providing potential to improve the quality of care for cancer pain and patient and caregiver outcomes, yet there are barriers at the healthcare system, provider and patient levels to their implementation. Evidence supports implementation of guidelines by means of health professional and patient education and audit and feedback.

AIM

To evaluate the effectiveness and cost-effectiveness of a suite of cancer pain guideline implementation resources designed to improve pain outcomes for patients attending ambulatory oncology and palliative care centres and their caregivers.

METHODS

Design: A stepped-wedge cluster randomised controlled trial

Sites: Eight participating ambulatory oncology and palliative care services in metropolitan, regional and rural regions of Australia.

Sample: Patients with cancer and pain, their caregivers and centre staff.

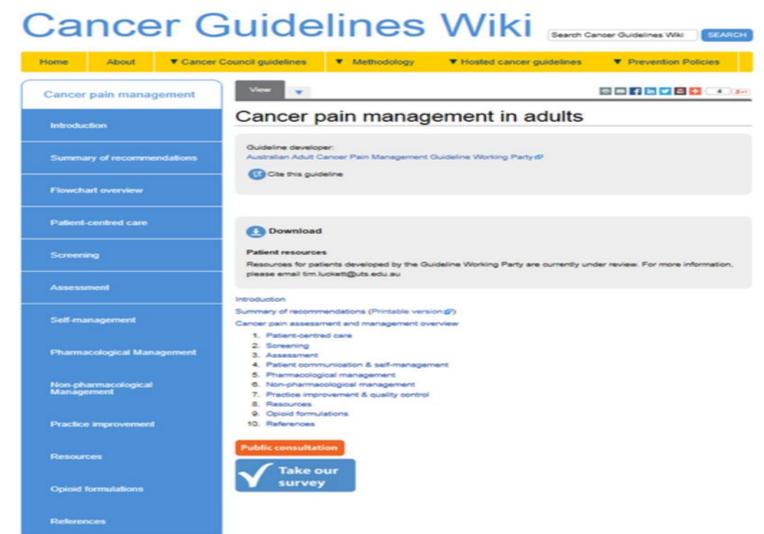
Phases:

- Control: Services will screen patients for pain.
- Training: Clinical champions and clinical staff will be supported to tailor the implementation resources to their centre's needs.
- Intervention: Services will be supported to feed back screening results to medical teams prior to consultation and use: 1) a patient goal setting tool, pain management plan and diary; 2) QStream health professional education program; and 3) audit and feedback on centre performance on key guideline recommendations.

Primary outcome: patients' pain severity one week after presenting with moderate pain, defined as ≥ 5 on a 0-10 numerical rating scale.

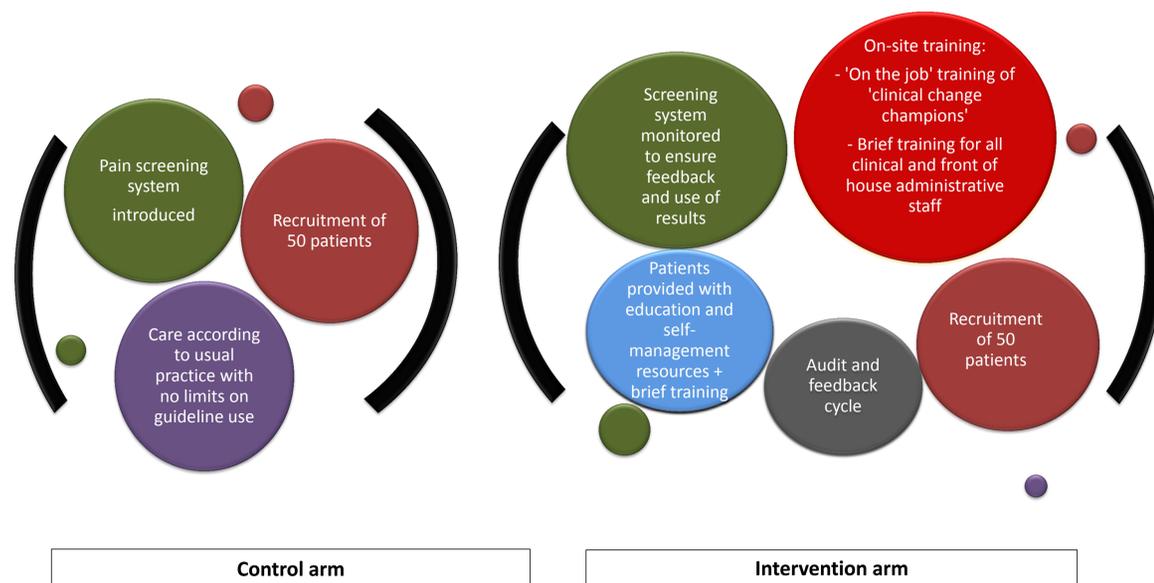
Secondary outcomes: quality of life, carer experience and cost-effectiveness.

A **qualitative sub-study** will explore aspects of the intervention that worked well or could be improved from patient, carer and staff perspectives.



http://wiki.cancer.org.au/australia/Guidelines:Cancer_pain_management

STUDY FLOW DIAGRAM



CONCLUSION

Better management of pain has potential to improve quality of life for most people with cancer and their caregivers, and reduce healthcare costs.

If found effective, the strategies evaluated in this trial will be made freely available on the Cancer Council of Australia Cancer Guideline Wiki.

ACKNOWLEDGEMENTS

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