COMMENTARY

Addressing Cancer Pain Inequities Through Intervention

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The Power Over Pain–Coaching (POP-C) intervention was developed to improve functional status and decrease pain and pain-related distress among ambulatory African American patients with cancer. By bypassing the effects of disparities, the POP-C intervention may help to decrease suffering among African American patients with cancer pain; consequently, it contributes to improving quality of life and addressing social and other determinants of health among members of this population.

Pain management is difficult to attain, and its solution is elusive, as has been seen with the emergence of the opioid crisis. Among a complex of causal factors, patient race certainly contributes to pain disparities (Goyal, Kuppermann, Cleary, Teach, & Chamberlain, 2015; Lee, Lewis, & McKinney, 2016; Moskowitz et al., 2011; Sabin & Greenwald, 2012; van Ryn & Fu, 2003), and cancer pain is no exception (Meghani et al., 2012). Although upstream solutions to address factors leading to these disparities are a long way off, available approaches toward decreasing race-based disparities in pain control include employing interventions, such as the one discussed by Vallerand, Hasenau, Robinson-Lane, and Templin (2018) in the article "Improving Functional Status in African Americans With Cancer Pain: A Randomized Clinical Trial."

In an earlier work, Vallerand, Hasenau, Templin, and Collins-Bohler (2005) identified perceived control over pain as a potential mechanism to bypass the effects of race-based health disparities and improve distress and functional status. The Vallerand et al. (2018) article in this issue of *Oncology Nursing Forum* describes and evaluates the Power Over Pain–Coaching (POP-C) intervention to improve functional status among African American patients with cancer-related pain in the outpatient setting.

The project is a two-arm randomized, controlled trial measured at three time points with perceived control over pain as a mediator between the intervention and pain, pain-related distress, and functional status outcomes. The intervention arm consisted of three individualized biweekly home visits (weeks 2, 4, and 6) addressing medication management, pain advocacy, and living with pain. The intervention also included telephone calls in the weeks between the home visits (weeks 3 and 5). Primary measures were collected at each of these five time points. Intervention and control arm participants had intermediate measure data collection at weeks 1, 7, and 12. All outcome measures showed improvement between baseline and end of the intervention (week 7) in both study arms, and pain continued to improve at the durability assessment (week 12). Although no difference in pain improvement was noted between the two groups, the intervention group did experience a statistically significant improvement in distress and functional status over the control group.

The findings of this study (i.e., improved function and decreased distress because of perceived control over pain) and their potential applications are exciting. However, some limitations should be noted. The intervention group was older and had an almost 50% longer time since diagnosis than the control group. In addition, those in the intervention group tended to be more likely than members of the control group to be disabled and to have metastases. More than 25% of the participants at enrollment (32% in the intervention group, 22% in the control group) were lost from the study. Although attrition is expected, it was affected by a greater number of participants with metastases in the intervention arm.

Despite these potential limitations, the intervention shows promise. Pain during and after cancer treatment can be one of many chronic conditions experienced by patients, and patients and their families can only benefit from more available tools to ease the burdens associated with cancer. Improved function and decreased distress do not mean that the effects of pain are overcome, but improvements in various areas of health-related quality of life may ease some of the suffering.

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