

Evidence Profile 1.1. Analgesics at Initiation of Pain Management

Certainty assessment							No of patients		Effect		Certainty	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Opioids, NSAIDs, or Paracetamol (Acetaminophen)	Other Opioids, NSAIDs, or Paracetamol	Relative (95% CI)	Absolute (95% CI)		
Pain relief (categorical) (follow-up: 7-28 days)												
2 <sup>1,2</sup>	RCT	serious <sup>A</sup>	N/A	not serious	serious <sup>B</sup>	single study per comparison	Opioid, high potency 83/110 (75%)	Opioid, low potency 49/117 (42%)	1.80 (1.42, 2.29)	<b>336 fewer per 1000</b> (from 215 to 456 fewer)	Very Low	CRITICAL
							Opioid, low potency + NSAID 47/83 (57%)	NSAID 33/79 (42%)	1.36 (0.98, 1.87)	<b>149 fewer per 1000</b> (from 4 more to 301 fewer)		
Pain relief (continuous) (28 days, assessed with Numerical Rating Scale from: 0 to 100 [worst] <sup>C</sup> )												
1 <sup>1</sup>	RCT	serious <sup>A</sup>	N/A	serious <sup>D</sup>	serious <sup>B,E</sup>	single study	Opioid, high potency 110	Opioid, low potency 117	-13 (-87, 60)		Very Low	CRITICAL
Pain reduction maintenance												
0									not estimable		-	CRITICAL
Quality of life												
0									not estimable		-	CRITICAL
Functional outcomes												
0									not estimable		-	IMPORTANT
Adverse events: Respiratory depression												
0									not estimable			IMPORTANT
Adverse events: Confusion (follow up: range 14 days to 1 year)												
3 <sup>3,4,5</sup>	RCT	not serious	not serious	not serious	serious <sup>E</sup>	none	<b>Morphine CR:</b> 69/276 (17% <sup>F</sup> )	<b>Oxycodone CR:</b> 73/282 (21% <sup>F</sup> )	<b>RR 0.85</b> (0.50, 1.44)	<b>26 more per 1000</b> with oxycodone CR (from 75 fewer to 85 more)	Moderate	IMPORTANT

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1 <sup>3</sup>	RCT	not serious	N/A	not serious	serious <sup>E</sup>	single study	515 total <sup>G</sup>		Other Medications <sup>G</sup> All NS <sup>H</sup>		Low	IMPORTANT

**Abbreviations:** **CI:** confidence interval; **CR** = controlled release; **NS:** nonsignificant; **NSAID:** Nonsteroidal anti-inflammatory medication; **RCT:** randomized controlled trial(s).

### Explanations

- A. Lack of blinding.
- B. Small studies.
- C. Scales transformed to 0 to 100, as necessary.
- D. Estimated effect based off of median and range data.
- E. Wide confidence intervals.
- F. Meta-analyzed value.
- G. Buprenorphine, Fentanyl, Morphine CR, Oxycodone CR.
- H. All pairwise analyses between the 4 medications listed in footnote C are statistically nonsignificant, with 95% CI ranging from 0.58 to 1.27 across estimates of RR.

### Trials

1. Bandieri E, Romero M, Ripamonti CI, et al. Randomized Trial of Low-Dose Morphine Versus Weak Opioids in Moderate Cancer Pain. *J Clin Oncol*; Feb 2016.
2. Strobel E. Drug therapy in severe tumor pain. Comparative study of a new combination preparation versus diclofenac-Na. *Fortschr Med*. 1992.
3. Zecca, E., Brunelli, C., Bracchi, P., et al. Comparison of the Tolerability Profile of Controlled-Release Oral Morphine and Oxycodone for Cancer Pain Treatment. An Open-Label Randomized Controlled Trial. *J Pain Symptom Manage*; Dec 2016.
4. Riley, J., Branford, R., Droney, J., et al. Morphine or oxycodone for cancer-related pain? A randomized, open-label, controlled trial. *J Pain Symptom Manage*; Feb 2015.
5. Corii, O., Floriani, I., Roberto, A., et al. Are strong opioids equally effective and safe in the treatment of chronic cancer pain? A multicenter randomized phase IV 'real life' trial on the variability of response to opioids. *Ann Oncol*; Jun 2016.