

Evidence-to-Decision table 2.1

In adults (including older persons) and adolescents with pain related to active cancer and who are taking a single opioid, what is the evidence for the practice of opioid rotation or opioid switching as compared to continuing use of one opioid in order to maintain effective and safe pain control and minimize adverse effects?

POPULATION:	Adults (including older persons) and adolescents with cancer-related pain	<p>Background:</p> <p>Patients with cancer pain may not respond to increasing doses of opioids because they develop adverse effects before achieving an acceptable level of analgesia, or the analgesic response is poor, despite a rapid dose escalation. It is supposed that opioid switching might improve the balance between analgesia and adverse effects⁵⁴. There was interest from the GDG and historical external interest that the practice be considered in the guidelines under development (e.g. ⁵⁵).</p> <p>Current WHO recommendation: None.</p>
INTERVENTION:	Opioid rotation or switching	
COMPARISON:	Continued use of one opioid	
MAIN OUTCOMES:	<ul style="list-style-type: none"> • Pain relief • Pain relief speed • Pain relief maintenance • Quality of life (QoL) • Functional outcomes • Sedation (adverse event) • Respiratory depression (adverse event) 	
STRATIFICATIONS:	<ul style="list-style-type: none"> • Age (adults, older persons, adolescents, children) • History of substance abuse • Refractory pain 	
SETTING:	All	
PERSPECTIVE:	Population	

	CRITERIA	SUPPORTING EVIDENCE & ADDITIONAL CONSIDERATIONS
PROBLEM	Is the problem a priority?	Opioid switching is a common practice that gained prominence since the publication of the 1996 WHO cancer pain guidelines. If possible, WHO should provide evidence-based global guidance on this common where none hitherto exists.

BENEFITS & HARMS

Do the desirable effects outweigh the undesirable effects?

Yes No Uncertain

- **No randomized controlled trials**

BENEFITS and HARMS

- **No trial** reported on **pain relief**.
- **No trial** reported on **pain relief speed**.
- **No trial** reported on **pain relief maintenance**.
- **No trial** reported on **QoL**.
- **No trial** reported on **functional outcomes**.
- **No trial** reported on **sedation**.
- **No trial** reported on **respiratory depression**.

STRATIFICATIONS

- Studies conducted in adults with a wide age range, without stratification into adolescent, non-older persons, and older persons.
- Studies provide no data regarding history of substance abuse.
- Studies provide no data regarding refractory pain.

SUMMARY

No eligible trials were found that address this sub-question.

ACCEPTABILITY & PREFERENCES	<p>Is there important uncertainty or variability about how much people value the options?</p> <p>Major variability <input type="checkbox"/></p> <p>Minor variability <input type="checkbox"/></p> <p>Uncertain <input type="checkbox" value="Yes"/></p> <p>Is the option acceptable to key stakeholders?</p> <p>Yes No Uncertain <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox" value="Yes"/></p>	<p><u>Research Evidence</u> None</p> <p><u>Additional considerations</u> None</p>

FEASIBILITY / RESOURCE USE

How large are the resource requirements?

Major Minor Uncertain Yes

Is the option feasible to implement?

Yes No Uncertain Yes

Source: ¹²	Number of Countries Where Available for Free	Number of Countries Where Available	Price of one 30-Day Opioid Treatment			
			Median	IQR	Mean	SD
Morphine oral immediate release (tablet, capsule)	11	35	\$ 49.70	\$ 80.50	\$ 78.50	\$ 92.00
Morphine oral slow release (tablet, capsule)	15	44	\$ 56.80	\$ 110.50	\$ 83.80	\$ 90.70
Morphine oral (liquid)	9	26	\$ 41.90	\$ 96.50	\$ 67.58	\$ 63.60
Morphine injectable (ampoule)	19	49	\$ 88.50	\$ 167.30	\$ 167.20	\$ 225.30
Fentanyl (transdermal patch)	15	47	\$ 81.20	\$ 263.40	\$ 144.60	\$ 154.10
Methadone oral solid (tablet, capsule)	9	22	\$ 26.50	\$ 38.30	\$ 40.50	\$ 29.10
Methadone oral (liquid)	9	26	\$ 13.10	\$ 70.90	\$ 58.80	\$ 103.40
Oxycodone oral immediate release (tablet, capsule)	6	19	\$ 202.90	\$ 156.80	\$ 198.10	\$ 125.20
Oxycodone oral slow release (tablet, capsule)	6	21	\$ 237.20	\$ 473.70	\$ 312.40	\$ 252.10
Hydromorphone oral immediate release (tablet, capsule)	2	7	\$ 103.45	\$ 115.60	\$ 78.30	\$ 61.50
Hydromorphone oral slow release (tablet, capsule)	3	10	\$ 14.97	\$ 89.10	\$ 51.60	\$ 54.90
Hydromorphone oral (liquid)	0	2	\$ 146.20	NA	\$ 150.30	\$ 146.20
Hydromorphone injectable (ampoule)	2	4	\$ 101.10	NA	\$ 73.20	\$ 101.10

Additional considerations

		None
	<p>Would the option improve equity in health?</p> <p>Yes No Uncertain</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p><u>Research Evidence</u> None</p> <p><u>Additional considerations</u> None</p>

Recommendation	<p>Current recommendation: None</p> <p>New (draft) recommendation: None</p>
Strength of Recommendation	
Quality of Evidence	
Justification	<p>The GDG could not make a new recommendation in the absence of evidence.</p>
Subgroup considerations	
Implementation considerations [incl. M&E]	
Research priorities	<p>The GDG believed there were few studies on this subject potentially due to ethical restrictions.</p>