



AMERICAN SOCIETY OF HEMATOLOGY

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2020

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Re: Management of Acute and Chronic Pain: Request for Comment (Docket No. CDC-2020-0029)

Dear Ms. Lee,

The American Society of Hematology (ASH) appreciates the opportunity to submit comments to the Centers for Disease Control and Prevention (CDC) in response to the Agency's Request for Comments on the Management of Acute and Chronic Pain (Docket No. CDC-2020-0029).

ASH represents over 18,000 physicians, scientists, and medical trainees committed to the study of blood and treatment of blood-related diseases. ASH members include clinicians who specialize in treating children and adults with hematologic disorders and researchers who investigate the causes of disease and potential new treatments and therapies. Many of ASH's members care for individuals with hematologic conditions that are associated with severe acute and chronic pain complications, such as sickle cell disease (SCD), blood cancers, and other bleeding disorders. Additionally, ASH members also include researchers who investigate the causes and potential treatments of pain associated with hematologic conditions.

The Society recognizes that the opioid epidemic in the United States is a public health emergency that requires immediate attention. As our nation continues to address this crisis, ASH wants to promote cautious, thoughtful consideration in order to avoid unintended consequences for patients with chronic diseases who are treated by hematologists. In 2018, ASH released a Statement on Opioid Use in Patients with Hematologic Diseases and Disorders. The Society is concerned about potential adverse effects that policy changes could have on the administration of necessary and appropriate pain medicine for patients with hematologic conditions. The Society supports a public health approach that improves the way opioids are prescribed and reduces misuse and overdose yet safeguards access to these drugs for acute and chronic pain treatment for individuals with certain clinical conditions. Patients, including those with severe hematologic diseases, who rely on opioids to treat their debilitating pain, should be able to have opioids prescribed safely with proper follow-up.

ASH commends the CDC for seeking public input to better understand stakeholders' values and preferences regarding pain management to help complement the Agency's ongoing efforts to assess the need for updating or expanding the CDC *Guideline for Prescribing Opioids for Chronic Pain*. As we have conveyed to CDC in past meetings and

written correspondence,* pain in individuals with hematologic conditions is often multifactorial and multiple mechanisms may be contributing to pain. Therefore, the ability to use opioids or other methods to control pain in patients with hematologic conditions is critical. As the CDC considers whether to develop new opioid guidelines, revise the Agency's current guideline and/or take other actions, **ASH encourages the Agency to protect the special treatment status allowing opioids to be prescribed for chronic pain in patients who have SCD, are under active cancer treatment, or who are receiving palliative or end-of-life care.**

The Society has appreciated the dialogue with CDC and other partner groups over the past few years regarding the challenges and unintended consequences the CDC's *Guideline for Prescribing Opioids for Chronic Pain* have had on the management of pain in individuals with hematologic conditions. The following activities highlight some of these interactions.

- CDC sent a [key clarification letter in February 2019](#) to ASH, the American Society of Clinical Oncology (ASCO), and the National Comprehensive Cancer Network (NCCN) noting that the guideline was developed to provide recommendations for primary care clinicians who prescribe opioids for patients with chronic pain outside of active cancer treatment, palliative care and end-of-life care. The letter further clarified the guideline was not intended to deny clinically appropriate opioid therapy to any patients who suffer acute or chronic pain from severe conditions, such as cancer and SCD.
- CDC, ASH, ASCO, and NCCN representatives co-authored a recently published article on [Bridging the Gap Among Clinical Practice Guidelines for Pain Management in Cancer and Sickle Cell Disease](#). The article shares the findings from a late 2018 meeting where the groups addressed the perceived variance among clinical practice guidelines for disease management in patients with cancer and those with SCD. The article notes that clinical practice guidelines addressing pain control for cancer and SCD provide important guidance on the unique considerations when using opioids to control pain in individuals with these diseases.

ASH recommends that CDC more explicitly encourage health care providers to utilize current and forthcoming clinical practice guidelines specifically addressing pain in these special populations to help guide treatment and reimbursement practices. ASH would be pleased to work with the CDC to promote the use of these more focused guidelines for special populations. In fact, ASH's *2020 Guidelines for Sickle Cell Disease: Management of Acute and Chronic Pain* will be published in *Blood Advances* later this week. ASH has started to work with the Division on Blood Disorders in the National Center on Birth Defects and Developmental Disabilities on developing a lay-friendly version of all of ASH's SCD guidelines. We welcome additional ways to work together to better promote these guidelines, while also clarifying the SCD exemption in the CDC's guideline.

As the Agency continues to consider potential CDC engagement on strategies to address acute and chronic pain management, ASH also respectfully requests that you work with your colleagues across the United States Department of Health and Human Services to:

- Call for additional research to understand underlying mechanisms of acute and chronic pain and develop mechanistic non-opioid pharmacologic therapies and non-pharmacologic approaches for pain management, especially for individuals with SCD. Additional research focused on acute and chronic pain in individuals with hematologic conditions, as well as research into new health care delivery strategies is critical to ensure that patients with pain receive timely, state-of-the-art pain management.
- Work with colleagues at the Centers for Medicare & Medicaid Services and other payors to expand reimbursement for evidence-based non-opioid and non-pharmacologic pain therapies (i.e., psychological, complementary and alternative medicine, physical therapy, etc.), as well as evidence-

based holistic, integrated, multimodal pain management, including complementary and integrative health approaches. Barriers and physician disincentives regarding non-opioid approaches to management of pain in hematologic conditions must be avoided.

Thank you for the opportunity to provide these comments. We welcome any discussion on this issue as you consider the Society's input. If you have any questions or require further clarification, please contact Stephanie Kaplan, ASH Deputy Director of Government Relations and Public Health at skaplan@hematology.org or 202-292-0263.

Sincerely,



Stephanie Lee, MD, MPH
President

*** *Correspondence on Pain Management in Hematologic Conditions***

- [ASH Statement on Opioid Use in Patients with Hematologic Diseases and Disorders](#)
- [ASH-ASCO-NCCN Letter to CDC re: Guideline for Prescribing Opioids for Chronic Pain](#)
- [Statement on Clarification re: CDC Guideline Not Meant to Limit Access to Appropriate Pain Management for Individuals with Cancer, Sickle Cell Disease](#)
- [ASH Letter to U.S. Department of Health and Human Services Pain Management Best Practices Inter-Agency Task Force Report on Acute and Chronic Pain Management](#)