



Limitations in research on chronic pain and cancer survivors

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To the Editor

We read with great interest the article addressing chronic pain management in cancer survivors [1]. The authors provide a comprehensive overview of psychosocial interventions, pharmacotherapy, and the role of education in mitigating opioid misuse. However, we would like to highlight several critical limitations in the study's scope, evidence base, and evaluation of educational interventions that warrant further discussion.

First, the article's literature review is restricted to studies published between 2014 and 2021, potentially excluding earlier authoritative study or more recent advancements in chronic pain management. This narrow timeframe may limit the comprehensiveness of the evidence base, particularly given the evolving nature of cancer survivorship care. Furthermore, the inclusion of non-systematic reviews and non-randomized controlled trials raises concerns about the reliability and generalizability of the findings [2]. While this approach broadens the scope of the review, it may

inadvertently compromise the quality of evidence supporting the recommendations.

Second, the article highlights the potential benefits of exercise therapy for managing chronic pain in breast cancer survivors. However, it fails to address the applicability of these findings to survivors of other cancer types. Chronic pain in cancer survivors is highly heterogeneous, influenced by cancer type, treatment modalities, and individual patient factors [3]. The lack of evidence for other cancer populations limits the generalizability of the recommendations and underscores the need for further research to explore the efficacy of exercise therapy across diverse cancer survivor groups.

Third, while the article emphasizes the importance of education in reducing opioid misuse, it lacks robust data on the long-term effectiveness of such interventions, particularly in cancer survivors. Chronic pain management often requires sustained behavioral changes, and the absence of longitudinal studies evaluating the durability of educational outcomes represents a significant gap [4]. For instance, while short-term improvements in physician knowledge and patient adherence are promising, their impact on long-term opioid prescribing practices and patient outcomes remains unclear.

In conclusion, while the article provides valuable insights into chronic pain management for cancer survivors, addressing the aforementioned limitations will enhance the robustness and applicability of its findings.

Guoying Wang and Wenbo Shi are co-first authors.

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