



A response to limitations in research on chronic pain in cancer survivors

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To the corresponding author:

We sincerely appreciate your thoughtful engagement with our article on chronic pain management in cancer survivors. We read with great interest your article, “*Limitations in Research on Chronic Pain in Cancer Survivors* [1].” Your insights highlight critical aspects that warrant further discussion, and we welcome the opportunity to address your concerns.

We would like to specifically address the key points raised in your letter: the restricted timeframe of our literature review, the generalizability of exercise therapy findings across diverse cancer survivor populations, and the availability of robust data on the long-term effectiveness of educational interventions. We agree that addressing these aspects will enhance the robustness and applicability of research in this field.

First, regarding the timeframe of our literature review, we acknowledge that advancements in chronic pain management among cancer survivors are ongoing. Our review was conducted systematically, with reference to the ASCO guidelines published in 2016 [2], which included studies from 1996 to 2015 [3]. Therefore, when combined with our review, the overall timeframe spans from 1996 to November 2021. While we aimed to incorporate the most recent and relevant studies, we recognize the potential value of including earlier authoritative research. Future reviews should consider a broader temporal scope to enhance comprehensiveness.

Second, we agree that chronic pain in cancer survivors is highly heterogeneous, influenced by cancer type, treatment modalities, and individual patient factors. Our focus on exercise therapy for breast cancer survivors was based on the availability of robust data in this population. However, we acknowledge the need for further research to assess the efficacy of such interventions across a wider range of cancer survivors. Expanding the evidence base in this area remains a key priority for future studies.

Regarding the inclusion of non-systematic reviews and non-randomized controlled trials, we made this decision because of the limited number of publications on chronic pain treatment in cancer survivors. As more high-quality studies emerge in this area, the quality of evidence supporting recommendations will naturally improve. Additionally, we recognize that certain cancers have longer prognoses than others, which may explain why chronic pain research is more prevalent in conditions like breast cancer. While chronic pain among cancer survivors is indeed heterogeneous, our article aimed to summarize a general approach to treatment rather than provide specific guidance for each type of cancer-related pain [4, 5].

Third, we appreciate your point regarding the long-term effectiveness of educational interventions in reducing opioid

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misuse. In our article, we highlight the potential importance of education but do not claim strong evidence for its effectiveness. However, we are actively engaged in research on this topic. In addition, we are currently working as a working group on chronic pain treatment in cancer survivors in the Japan Society of Pain Clinicians (JSPC) to develop an educational tool for chronic pain management in cancer survivors. Additionally, we have secured a grant from Pfizer Pharmaceuticals to conduct educational seminars. We look forward to presenting the results of these initiatives in the near future.

In conclusion, we value your constructive feedback, which contributes to the ongoing refinement of chronic pain management strategies for cancer survivors. We hope our responses clarify our approach and acknowledge areas for future research. Thank you for your engagement in this important discussion.

Sincerely, Keiko Mamiya MD PhD.

Data availability The data that support the findings of this study are openly available in Journal of Anesthesia at <https://pubmed.ncbi.nlm.nih.gov/39627504/> reference number [3].

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