

## Persistent pain common for many women 2 to 3 years after breast cancer treatment

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Nearly 50 percent of women surveyed indicate they experience pain symptoms 2 to 3 years after breast cancer treatment, with women who were younger or who received supplemental radiation therapy more likely to have pain, according to a study in the November 11 issue of *JAMA*.

Persistent postsurgical [pain](#) has been shown to be clinically relevant in many patients undergoing various common operations, including [breast cancer surgery](#). With breast cancer, the pathogenic mechanisms are multiple, including nerve damage related to surgical technique, according to background information in the article. Different types of sensory disturbances (e.g., aftersensations, burning, or sensory loss) can occur after other surgical procedures and may be an important part of the pain characteristics in breast cancer. "Pain has also been reported to be associated with adjuvant [supplemental] therapy, such as [chemotherapy](#) and radiotherapy," the authors write.

Rune Gärtner, M.D., of the University of Copenhagen, Denmark, and colleagues examined the prevalence, associated factors, and severity of chronic pain and sensory disturbances an average of 26 months after surgery for breast cancer of 3,754 [women](#), ages 18 to 70 years, who received a questionnaire between January and April 2008. By June 2008, 87 percent (3,253) of eligible women returned the questionnaire.

The researchers found that a total of 1,543 patients (47 percent) reported pain in 1 or more areas, of which 13 percent reported severe pain, 39

percent reported moderate pain, and 48 percent reported light pain. Among women reporting severe pain, 77 percent experienced pain every day, whereas only 36 percent of women experiencing light pain had pain every day. Adjuvant [radiation therapy](#), but not chemotherapy, increased the risk of reporting pain. Axillary lymph node dissection was associated with increased likelihood of pain or sensory disturbances, compared with sentinel lymph node dissection.

"There was a significant association of age on reporting pain, where young age was associated with higher risk, especially for patients receiving breast-conserving surgery (BCS), the risk being highest for those women aged 18 to 39 years receiving BCS compared with women aged 60 to 69 years," the authors write.

A total of 58 percent of the patients reported sensory disturbances or discomfort, with the most frequently reported areas the axilla (the underarm area), followed by arm, breast area and side of the body. A total of 306 patients (20 percent) with pain had contacted a physician within the prior 3 months for pain complaints in the surgical area.

"Based on the results of our study together with previously reported findings, chronic pain after [breast cancer](#) surgery and adjuvant therapy may predominantly be characterized as a neuropathic pain state and probably related to intraoperative injury of the intercostal-brachial nerve. In accordance with these findings, preliminary observations with nerve-sparing techniques may suggest such approaches to reduce the risk of developing a chronic neuropathic pain state. However, such studies need to be larger and more detailed, taking all the different subgroups as studied in our investigation into consideration," the researchers write.

More information: *JAMA*. 2009;302[18]:1985-1992.

Source: JAMA and Archives Journals ([news](#) : [web](#))

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