Managing Cancer Pain

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What is a pain specialist?

It's a board certification, a one-year training that a physician receives. Within that training, we are finding that cancer pain is a unique and important niche.

When should a pain specialist become part of your team?

Work with your oncologist to understand whether your therapy may cause pain. Whether it's chemotherapy, radiation or surgery, if it's known to cause pain, it's never too early to work with a pain specialist.

Lung cancer surgery is a good example. Both open and minimally invasive surgery can lead to lingering post-surgery pain. But quieting the nerves in that body region before surgery reduces the chance. We may place an epidural catheter to deliver numbing medications. Then, when the incision is made, it's less pain-provoking. After surgery, pain specialists are also intimately involved in reducing pain and improving function.

What about cancer survivors?

Even many months after treatment, pain can be significant, but fortunately, many new strategies can help. We have oral and intravenous medications, gels, creams, lollipops, suppositories, patches, sublingual films, specialized compounded medications and implantable devices. For chemotherapy-induced neuropathy, for example, we can implant a pacemaker-like device that distracts the brain from pain in the lower extremities.

What role do opioids play?

They are still a mainstay but can be used in different ways, and sometimes don't need to be used at all. We also have safer opioids that cause less respiratory depression, nausea, cognitive impairment and constipation. We may combine them with non-opioid meds.

For some, cancer has become a chronic disease, and opioid therapy may not be the best strategy. For example, multiple myeloma often causes back pain, but we treat it with targeted injections as well as ablative techniques that render the joints in the lumbar or thoracic spine insensate. These

can be incredibly effective. For patients receiving chemotherapy who have neuropathy in the hands and feet, medications such as the antidepressant Cymbalta or IV ketamine therapies involving low-dose infusions over many hours can have lasting results. Nondrug approaches, including specialized physical therapy, therapeutic massage and acupuncture, are also helpful.

Does cannabis play a role?

Yes, but you need a medical professional to help customize your therapy. There are various types of CBD cannabinoids, but one of them, CBD-A, has great topical pain potential, decreases nausea and actually has anticancer effects. It can be complemented with THC compounds. Cannabis can work with therapies you are already taking.

What inspires you?

Pain can be isolating and all-consuming. You don’t want to leave the house, walk in the park, interact with family and friends. The most inspiring part of my job is to see people engage in life again, not just to live but to live well. It’s an honor to take care of people and make a living doing it. For that, I am grateful.

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