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Commentary

The Unseen Burden of Survivorship: Chronic Pain, Opioids, and Quality of Life in Childhood Cancer

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Abstract

Childhood cancer survivorship is often framed as a moment of victory, yet the physical and emotional burdens persist long after treatment ends. Méndez (2026) eloquently described the silent grief carried by parents of childhood cancer survivors a grief that coexists with gratitude and relief. However, a parallel invisible burden exists for the survivors themselves: chronic pain and the long-term consequences of opioid use. Studies indicate that 20–26% of childhood cancer survivors experience persistent pain, and they are 1.4 times more likely to use opioids compared with their siblings. A French cohort study found that 76% of long-term survivors had used opioids at least once. Persistent pain is associated with a 7.69-fold higher odds of subsequent opioid use, and persistent anxiety increases these odds by 2.55-fold. Long-term opioid use carries risks of dependency, diminished quality of life, and potential for misuse. This commentary argues that survivorship care must integrate multimodal pain management, psychosocial support, and opioid stewardship. Just as Méndez calls for recognizing the invisible grief of parents, we must extend that same awareness and compassion to survivors who carry silent pain and the opioids that may both help and harm them long after treatment ends.

Keywords: *Childhood Cancer Survivorship, Chronic Pain, Opioid Use, Quality of Life, Psychosocial Support*

Introduction

I read with great interest the recent article by Méndez (2026) on the silent grief of parents of childhood cancer survivors [1]. Her poignant reflection on the invisible emotional scars carried by families resonated deeply. However, as Méndez herself notes, the physical scars left on a child's body are often visible yet one of the most significant physical burdens survivors face, chronic pain, frequently goes unaddressed in survivorship discussions.

Childhood cancer survival rates have improved dramatically over recent decades, yet the long-term consequences of both the disease and its treatment remain substantial. Among these, chronic pain and the associated use of opioids present a growing concern that threatens the quality of life survivors have fought so hard to achieve.

Addressing Chronic Pain in Pediatric Cancer Survivors

Chronic pain is a major challenge in pediatric palliative care and can severely impair quality of life, emotional development, social functioning, and family well-being [2]. Alarmingly, studies suggest that 20–26% of childhood cancer survivors experience persistent pain long after treatment ends [3]. This is not a minor issue—pain is reported by up to 60% of survivors in some studies, and survivors are 1.4 times more likely to use opioids for pain compared with their siblings [4].

The opioid burden among survivors is substantial. A French cohort study (FCCSS) of 5,322 long-term survivors found that 76% had used opioids at least once, with annual prevalence of 16% for weak opioids and 2% for strong opioids [5]. Survivors treated for sarcoma, those who received radiotherapy, those with diabetes, or those with alcohol/tobacco disorders had significantly higher risks of belonging to the "high opioid use" trajectory group [5]. These findings underscore a stark reality: the war against cancer may end, but the battle against its sequelae often continues for decades.

Perhaps most concerning is the link between pain, psychological distress, and ongoing opioid use. A study of 1,208 adult survivors of childhood cancer found that those with persistent or increasing significant pain had 7.69-fold higher odds of subsequent opioid use [6]. Persistent anxiety increased these odds by 2.55-fold, and lack of health insurance by 2.50-fold [6]. This creates a devastating cycle: pain drives opioid use; psychological distress worsens pain and impairs coping; and long-term opioid use carries risks of dependency, misuse, and diminished quality of life.

Long-term opioid use in childhood cancer survivors presents unique challenges. Survivors may face stigma when seeking pain management, fear of addiction, and difficulty accessing appropriate care—particularly in low-resource settings like Uganda, where opioid availability and pain management infrastructure remain limited. The burden is compounded by the fact that survivors are already navigating the psychological aftermath of their cancer experience, including anxiety, depression, and post-traumatic stress symptoms that Méndez (2026) so eloquently described in parents [1].

Discussion

Méndez (2026) argues that parents carry grief that coexists with gratitude [1]. Similarly, survivors carry physical pain that coexists with the joy of survival. They are expected to be grateful and move on, yet their bodies may remind them daily of what they endured. The fear of addiction, the stigma of opioid use, and the struggle to access appropriate pain management add another layer to the invisible burden Méndez describes.

This parallel between parental grief and survivor pain is not coincidental. The stress of caring for a child with cancer, the trauma of witnessing suffering, and the ongoing worry about long-term consequences affect the entire family unit. When a survivor experiences chronic pain, parents may experience renewed grief—grief for the "normal" life their child will never fully have, grief for the additional suffering their child must endure, and grief for the future they once imagined.

In low-resource settings such as Uganda, these challenges are magnified. Limited access to palliative care, scarce opioid availability, and cultural stigma around both pain and mental health create additional barriers. Survivorship care must therefore be context-specific, addressing not only medical needs but also the psychosocial and economic realities of each setting.

Conclusion

As healthcare providers, we must recognize that survivorship is not simply a victory lap. It is a new phase of life with its own challenges. Integrating multimodal pain management, psychosocial support, and opioid stewardship into survivorship care is essential. Pain in childhood cancer survivors is a "multidimensional problem requiring an integrated approach" that addresses physical, emotional, social, and relational dimensions.

Méndez calls for greater awareness and compassion for parents carrying silent grief. Let us extend that same awareness and compassion to the survivors themselves, who carry silent pain—and the opioids that may both help and harm them—long after the bells of remission have stopped ringing.

Acknowledgement

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