

Odds of opioid prescriptions up in head and neck cancer patients

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1.68). In addition, the quantity of oxycodone tablets provided per prescription was greater for HNCA than for LCCA (mean 87.1 versus 71 tablets), although the standardized mean difference was highly variable. There was no between-group difference in the mean duration of supply or mean payment per opioid prescription.

"It is imperative that head and [neck cancer](#) physicians are mindful of opioid prescription trends for patients with HNCA, especially in the context of the current opioid epidemic," the authors write.

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(HealthDay)—The odds of opioid prescription are increased for patients with head and neck cancer (HNCA) versus those with lung or colon cancer (LCCA), according to a research letter published online March 8 in *JAMA Otolaryngology-Head & Neck Surgery*.

Rosh K.V. Sethi, M.D., M.P.H., from Harvard Medical School in Boston, and colleagues conducted a retrospective cross-sectional analysis of the 2011, 2013, and 2015 Prescription Medicines Files. The database was queried for all prescription events associated with an existing diagnosis of HNCA, lung cancer, and [colon cancer](#). The authors quantified the proportion of [prescriptions](#) that were opioids and compared [opioid](#) use between the HNCA and LCCA cohorts.

The researchers identified 168 prescriptions associated with HNCA and 571 with LCCA diagnoses. Compared to patients with LCCA, patients with HNCA had significantly increased odds of being prescribed an opioid (odds ratio,

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