

Evaluation of Prescribing Patterns and Opioid Use in Post-Treatment Head and Neck Cancer Patients

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BACKGROUND

- There has been an increase in the incidence of prescription opioid-related deaths over the last decade which led to progressive reform and restrictions on the prescribing of narcotic medications.
- However, opioids are crucial in the management of cancer- and cancer therapy-related pain, especially in head and neck cancer patients.
- Posttreatment pain and opioid dependence is multifactorial, stemming from patient and provider factors. It can be a challenging problem in the long-term care of head and neck cancer patients.

The objective of our study is to characterize factors contributing to persistent post-treatment opioid use including prescriber patterns, tumor characteristics, treatment modalities, and overall patient morbidity and mortality

METHODS

Retrospective cohort study of patients with head and neck malignancies treated both surgically and non-surgically. 262 total patients treated in Lafayette, LA (resident clinics) and Baton Rouge, LA (attending clinics) at tertiary care hospitals were included. The Louisiana Prescription Monitoring Database was utilized for opioid prescribing and use information.

Table 1. Patient and tumor demographics

	ALL	Male
Total Patients	262	199 (76%)
Resident Clinics	121 (46.2%)	97 (80.2%)
Attending Clinics	141 (53%)	102 (72.3%)

	ALL (n, %)		ALL (n, %)
Tumor Staging	237	Tumor Site	235
Early (T1-2)	125 (52.7%)	Larynx	100 (42.6%)
N0	66 (54.5%)	Unlisted	3 (1.3%)
N1	25 (20.7%)	Supraglottis	53 (22.6%)
N2	22 (18.2%)	Glottis	32 (13.6%)
N3	8 (6.6%)	Subglottis	0 (--)
Advanced (T3-4)	112 (47.3%)	Hypopharynx	12 (5.1%)
N0	41 (36.9%)	Oral Cavity	64 (27.2%)
N1	16 (14.4%)	Oropharynx	65 (27.7%)
N2	46 (41.4%)	Sinonasal	6 (2.6%)
N3	8 (7.2%)		

RESULTS

Figure 1. Percentage of opioid prescriptions filled by patients managed surgically or non-surgically from each provider specialty over a two-year period from the time of diagnosis

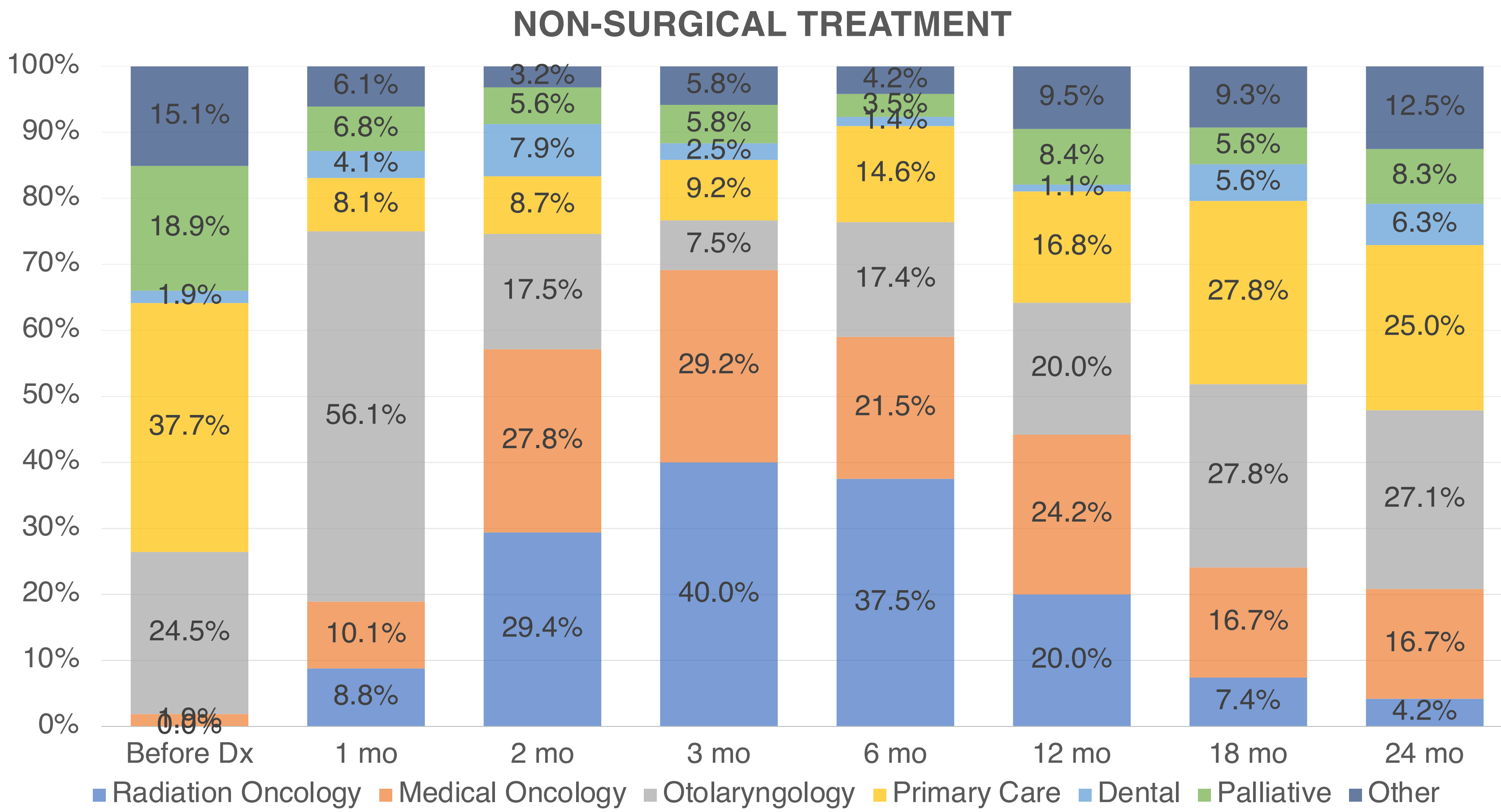
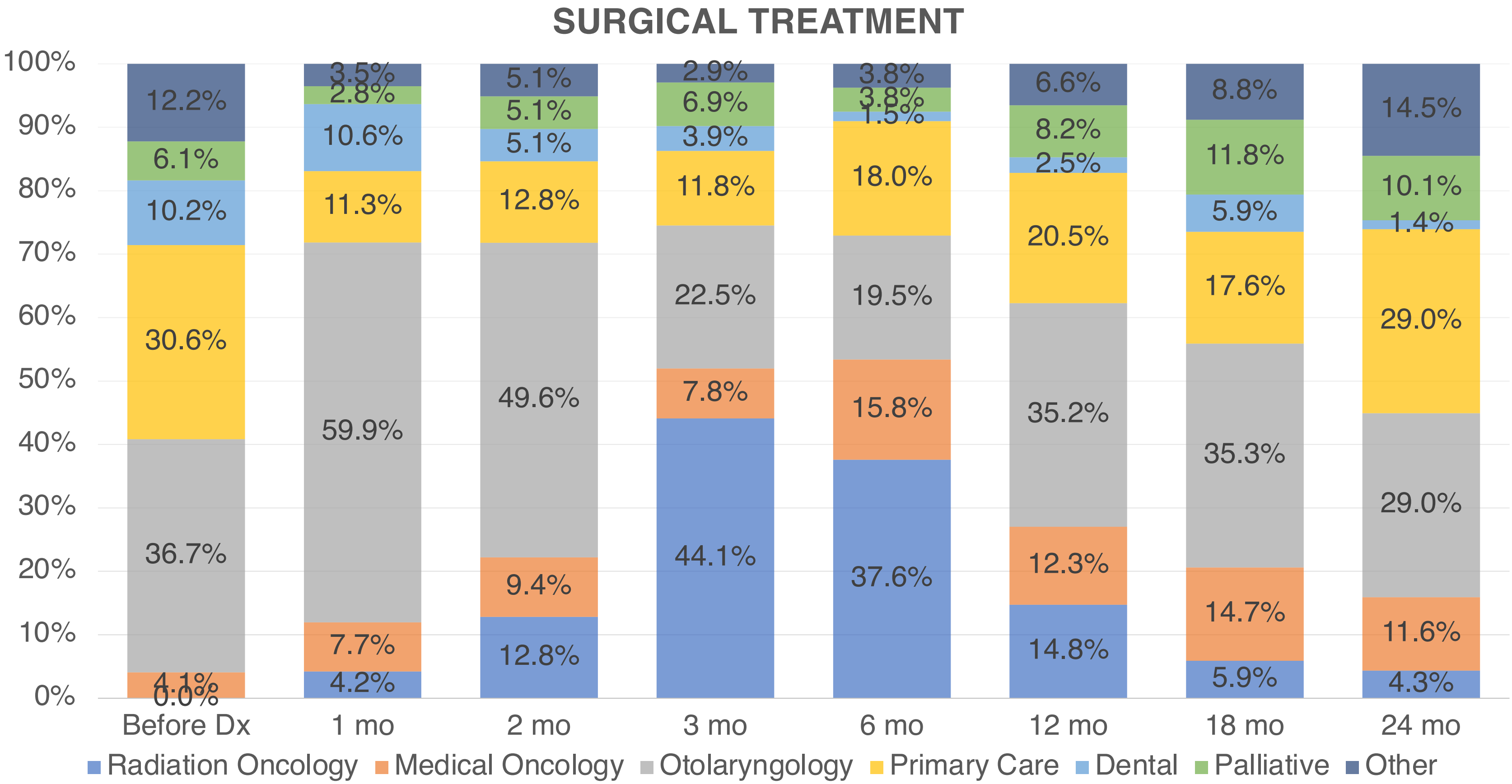
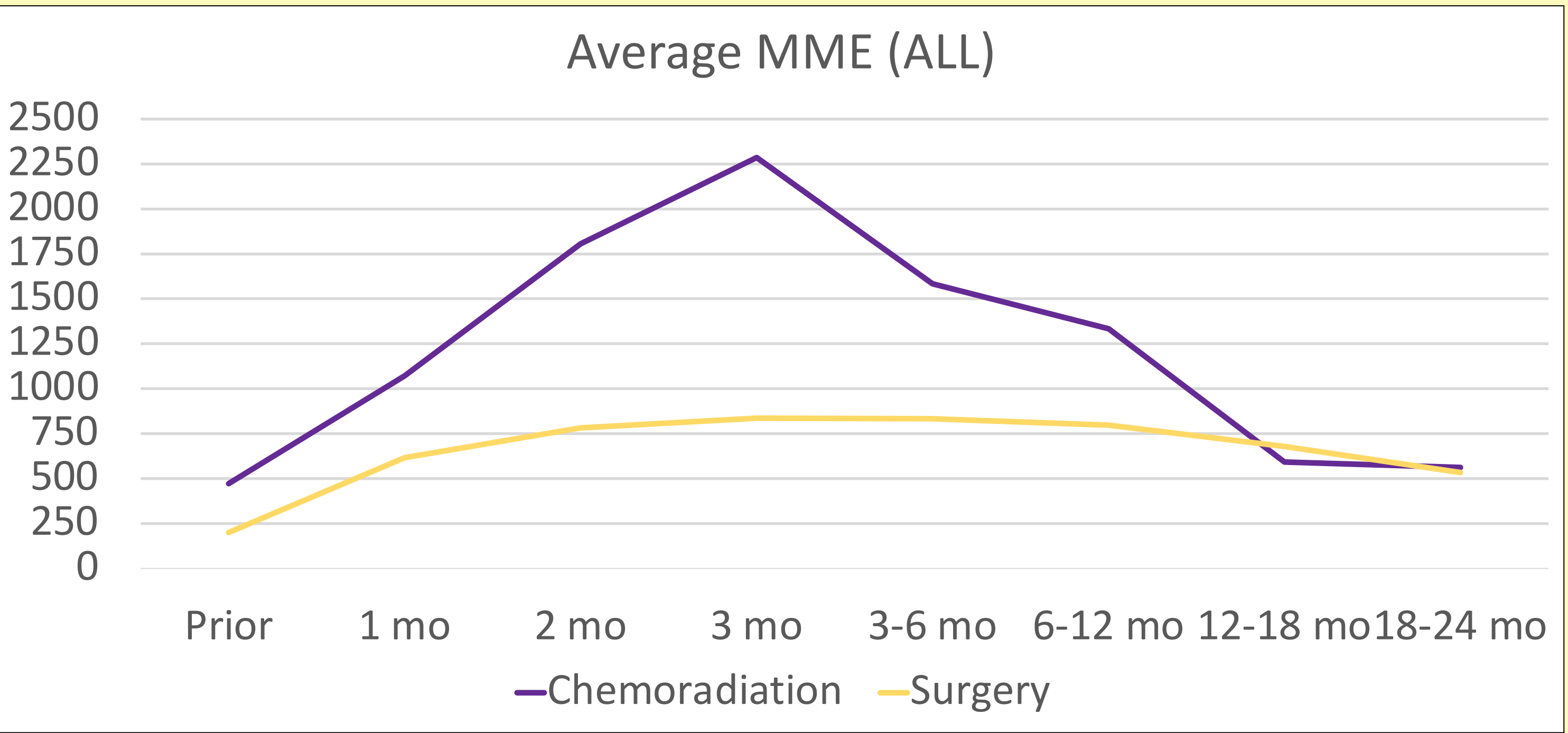


Figure 2. Percentage of opioid prescriptions filled by patients managed surgically or non-surgically from each provider specialty over a two-year period from the time of diagnosis



DISCUSSION

Several trends in opioid usage and opioid prescribers are identified in each group. For both patients who underwent surgery and those who underwent nonsurgical management (chemoradiation, CRT), Otolaryngology was the primary prescriber in the first month after biopsy-proven diagnosis. This trend shifts to Radiation Oncology at 3 months for surgery and for patients undergoing CRT to Radiation Oncology and Medical Oncology at 2 months. At 6 months, there is a shift back toward Otolaryngology for surgically managed patients and Radiation Oncology in CRT patients. After 6 months, in both groups, Otolaryngology and eventually Primary Care are the primary prescribers for opioids.

Pain peaks at 3 months in CRT patients and around 2 months in surgically managed patients. Patients undergoing CRT appear to require higher amounts of opioids to control their pain compared to surgical patients. However, at two years, patients in both groups have similar pain requirements.

CONCLUSIONS

There are currently no guidelines for prescribing opioids during and after treatment for head and neck cancer. Knowing when pain tends to increase, peak, and improve can better support physicians in proper dosage and in counseling the patient on pain expectations. Though the most common prescribers were Otolaryngologists and Radiation Oncologists, it may be valuable to establish prescribing guidelines and goals for all providers in order to standardize care and decrease overall MME.

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