

# Open surgery for early lung CA tied to long-term opioid use

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0.96), and had higher income (aOR, 0.77). Those with a higher comorbidity score (aOR, 1.1), large-cell histology (aOR, 1.88), use of sleep medication 30 days before surgery (aOR, 1.72), and a previous psychiatric condition (aOR, 1.64) were significantly more likely to have long-term [opioid](#) use.

"Patients undergoing VATS were less likely to use opioids both in the immediate postoperative period and long-term, even after adjusting for relevant covariates," conclude the authors.

**More information:** [Abstract/Full Text](#)

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(HealthDay)—Surgical invasiveness might play a role in the odds of becoming a long-term opioid user after early-stage lung cancer surgery, according to a research letter published online Sept. 24 in *JAMA Oncology*.

Stephanie Tuminello, M.P.H., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues used the Surveillance, Epidemiology, and End Results program linked to the Medicare database to identify [patients](#) with stage I primary non-small cell lung cancer who had video-assisted thoracoscopic surgery (VATS; n = 1,987) or open resection (n = 1,913). Patients with an opioid prescribed in the 30 days before surgery were excluded.

The researchers found that 70.9 percent of patients were discharged with an [opioid prescription](#), while 15.5 percent had long-term postoperative use. Patients were significantly less likely to use opioids long term if they had VATS (adjusted odds ratio [aOR], 0.69), were older (aOR,

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