

Cancer Survivors and Smoking: A Provider Guide for Cessation Interventions



A cancer diagnosis can be life-altering, and cancer patients who smoke report higher motivation to quit relative to the general population. But this increased motivation has not translated into higher quit rates among cancer survivors when compared to the general population.¹

Many cancer survivors continue to smoke, despite the knowledge that continued smoking leads to poor clinical outcomes and shorter survival times. Individuals who continue to smoke after a cancer diagnosis are at increased risk of death from smoking-related cardiovascular and respiratory complications. They also face higher risks for cancer recurrence, the development

of second primary cancers, and complications from treatment.⁴ Many providers feel that patients have enough stress and wouldn't be open to cessation intervention. But there couldn't be a better time to talk to patients about quitting than during and after a cancer diagnosis.

What are the professional recommendations for tobacco cessation interventions?

The National Comprehensive Cancer Network (NCCN) guidelines for oncology care recommend 12 weeks of cessation behavioral therapy combined with cessation medications for all patients with cancer who are interested in quitting smoking. Despite these recommendations, only 40% of oncologists discuss medications

with patients who smoke and only 38% actively treat their patients for tobacco dependence. Providers are missing critical opportunities or teachable moments to improve oncological outcomes and extend patient survival.¹

What are treatment interventions for cancer survivors who continue to smoke?

Motivational enhancement: 1/3 of people who quit smoking do so because of advice provided by their health care provider, which can take as little as 3 minutes. Healthcare providers should counsel patients on the short-term benefits of quitting and the long-term benefits related to prolonged survival.⁵

Capitalize on the teachable moment: Cancer survivors who are offered cessation treatments during their follow-up appointments have the highest quit rates. By asking patients whether they are interested in quitting, providing encouragement and positive reinforcement, and supporting smoking cessation efforts, providers capitalize on the “teachable moment”.⁶

Behavioral and pharmaceutical interventions: Behavioral interventions (i.e. assessing personal habits and triggers, suggesting strategies to manage withdrawal and setting a quit date) are most effective when enhanced with pharmaceutical interventions. Options include combination nicotine replacement therapies (i.e., nicotine patch, nicotine gum, nicotine lozenge, nicotine inhaler or nicotine spray) and/or cessation pharmacotherapies such as Varenicline (preferred) or Bupropion. Using medication with behavioral support as part of a quit attempt substantially increase patients’ chances of quitting.⁵

Training personnel: Training healthcare providers and non-clinical staff about smoking cessation has been shown to boost

quit rates. Patients should be given a consistent “quit smoking” message. Systems to guide provider behavior include the 5 As of counselling patients to stop using tobacco (Ask, Advise, Assess, Assist, and Arrange), and the AAR system (Ask, Advise, and Refer).⁵

Provider interventions: Your brief advice to quit smoking should be followed by intensive behavioral counseling by a nurse or other tobacco treatment trained professional.⁵ Patients often blame themselves for their cancer and express feelings of shame, blame, guilt, and regret. Empathetic provider communication should emphasize the importance of quitting for avoiding recurrence and further disease while avoiding a focus on smoking as the cause of their cancer.⁷

Electronic medical record systems (EMR): EMRs are essential in triggering providers to assess and treat cancer survivors who smoke. Referrals promoted by EMR reminders have been shown to increase patient compliance with preventive care recommendations.⁵

Healthcare providers are key in facilitating a culture of health care where tobacco cessation interventions are implemented consistent with evidenced-based standards of care. Implementing efficacious tobacco cessation interventions can reduce morbidity and mortality for cancer survivors.⁸

Use the 5As for a quick yet meaningful interaction:

ASK all patients about tobacco use. “Do you or anyone in your household use any form of tobacco or any product that contains nicotine?”

ADVISE those who use to quit in a clear, non-judgmental, personalized manner. “Quitting smoking is the single most important thing you can do to protect your health now and in the future. And I can help.”

ASSESS readiness to quit. “Are you willing to set a quit day within the next month?” If yes: “I can help you create a quit plan and discuss medication options.” If no: “What can I do to help you get ready?”

ASSIST in whatever way you can. If not ready to quit: explore motivation. If ready to quit: help create a comprehensive quitting plan. If already quit: help prevent relapse

ARRANGE follow up. Quitting is not a one-time event. Follow up is key. “I’d like to see you on your quit day and 2 weeks after that just to make sure everything is OK.”

If you can’t conduct the entire cessation program, try to work in Ask and Advise, then refer to:

1-800-QUIT-NOW: quitline with free quit coach and potential access to NRT. Local resources your clinic or health system has put together in a handout. Cessation medication support programs found on product packaging.

¹Kaiser E.G. et al. Tobacco Cessation in Oncology Care. *Oncology* 2018; 95:129–137. Available at <http://doi.org/10.1159/000489266>. Accessed November 8,2020.

²Gritz ER, et al. Smoking Behaviors in Survivors of Smoking-Related and Non-Smoking-Related Cancers. *JAMA Netw Open*. 2020;3(7): Available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2767827>. Accessed November 8,2020.

³1 in 10 Cancer Survivors Smokes. American Cancer Society. August 6, 2014. Available at <https://www.cancer.org/latest-news/1-in-10-cancer-survivors-smoke.html>. Accessed November 8,2020.

⁴CDC Cancer Survivors. Caring for Cancer Survivors Who Use Tobacco. Available at <https://www.cdc.gov/cancer/survivors/health-care-providers/tobacco>. Accessed November 8,2020.

⁵Duffy, SA., et al. Why do cancer patients smoke and what can providers do about it? *Community Oncol*. 2012 Nov 1; 9(11): 344–352. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3500959/>. Accessed October 19, 2020.

⁶Buchbinder. M., et al. Teachable moments and missed opportunities for smoking cessation counseling in a hospital emergency department: a mixed-methods study of patient-provider communication. *BMC Health Serv Res*. 2014; 14: 651.

⁷Heidi A.H. et al. Stigma among patients with lung cancer: A patient-reported measurement model *Psychooncology*. 2014 Jan; 23(1): 81–92.

⁸Fiore et al. A Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008 Update *Am J Prev Med*. 2008 Aug; 35(2): 158-176.

