Tobacco Cessation: Best Practices in Cancer Treatment

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Objectives

1. Describe the current state of tobacco use treatment for cancer patients
2. Analyze the barriers to quitting tobacco in persons with cancer
3. Identify at least 3 evidence based strategies to incorporate into comprehensive cancer care

The Problem

- Tobacco causes cancer
- Smoking is a major risk factor for poor wound healing and surgical complications
- Nicotine withdrawal can impact both the care and comfort of the patient
- Left untreated, many people with cancer continue to smoke or relapse after treatment
- Smoking negatively impacts response to cancer treatment and pain control

Smoking & Cancer Survivors

- Cancer patients are at increased risk of pre-morbid pulmonary/cardiac/bone density problems due to smoking
- Tobacco use can exacerbate already increased cardiovascular and pulmonary morbidity secondary to treatment Carver, et al (2007), J Clin Oncology
- Certain cancer survivors have high rates of smoking which increases their risk of cancer recurrence and second primary cancers Mayer & Carlson (2011) Nicotine & Tobacco Research

The Current State

- Tobacco use status (all forms) is often overlooked, or not addressed adequately by healthcare providers Cooley, et al. (2011) Cancer
- Even several NCI designated Cancer Centers performed sub-optimally related to tobacco use treatment Goldstein, et al (2013) Nicotine & Tobacco Research

Patient Barriers

- Stressful situation
- Young age of smoking initiation
- Exposure to other smokers
- Underestimating the addiction to nicotine
- Nicotine withdrawal is unpleasant
- Myths about treatment
- Fatalism

Provider Barriers

- Quitting seems intuitive to never smokers
- Lack of training/experience with cessation treatment
- Hard to prioritize cessation when time is limited
- Cessation medication coverage is a moving target
- Not familiar with cessation resources
- Fatalism

System Barriers

- Not a priority quality measure
- Joint Commission Tobacco Use Measures are currently voluntary
- Assessment, treatment and referral (e.g. Ask, Advise & Refer) procedures are not "hard-wired"
- Formulary restrictions
- Tobacco use culture

The Good News

- Research clearly demonstrates receiving a cancer diagnosis is highly motivating for tobacco use cessation
- Healthcare providers can be a powerful influence on cessation

How We Can Help

- Ask about all tobacco use every visit
- Understand underreporting tobacco use may be from a sense of guilt or shame
- Use well-established, evidence-based treatment
- Acknowledge treatment is not static or “one size fits all” and combining medications can help
- Adjust the treatment plan based on patient response over time
- Recognize relapse is common

Myth-busting

- For patients:

Studies found more than half of smokers think nicotine causes cancer and only 30% believe nicotine replacement is safer than smoking

Banasl, et al (2004), Nicotine & Tobacco Research; Cummings, et al (2004), Nicotine & Tobacco Research

- For providers:

Theoretical and in vitro associations between nicotine and cancer risk have not translated into findings of increased risk of using nicotine replacement clinically

Murray, et al (2009) Nicotine & Tobacco Research

Treatment Caveats

- Nicotine Replacement Therapy (NRT) is effective and safe for use in almost all patients
- Active tobacco use (smoking & smokeless) results in significantly higher peak levels of nicotine than NRT and causes the greatest harm
- Several Options: Patches, gum, lozenges (OTC), inhaler & nasal spray, bupropion, varenicline (prescription)
- Treating withdrawal can improve smoking abstinence during recovery, reduce risk, and promote cessation

Other Medication Caveats

- Bupropion SR (Zyban, Wellbutrin): contraindicated in patients with seizures; can be helpful as it is also an energizing antidepressant
- Varenicline (Chantix): nausea is main side effect (close to 30%), can titrate slowly, needs dose adjusting for renal impairment

Counseling

- Provides both motivation and practical help
- More than doubles probability of a successful quit attempt
- Supports the patient/caregivers
- Enables a tailored approach to treatment
- Available in several formats: Telephone Quitline, Text, Apps, Websites, Group, Individual

www.attud.org has a link to accredited programs offering training in tobacco dependence treatment

An organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user.

Conclusion

- Nothing kills like tobacco
- Most tobacco users want to quit but need help
- Tobacco use treatment can save lives
- Evidence-based treatments exist but are under-utilized
- A cancer diagnosis is a "window of opportunity" for treating tobacco dependence

Resources

- Clinical Practice Guidelines for Treating Tobacco Use and related Surgeon General Reports: http://www.surgeongeneral.gov/initiatives/tobacco/index.html
- CE Central Activity for free CME: http://www.cecentral.com/ManagingNicotineWithdrawal
- Cessation Medication Prescribing Guide: http://www.ctri.wisc.edu/News.Center/Fact%20Sheets/Updated%20ROS%20Handouts/2.CME%20pharmacotherapy%20table.pdf
- NCI resources, including quitline and "live chat": http://www.cancer.gov/cancertopics/tobacco/smoking
- Great YouTube Video (12 minutes) about helping patient's quit: https://www.youtube.com/watch?v=nyIJo7VCdPE