

Smoking Cessation in Oncology: It takes a Team!

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Presenter Disclosure

- **Faculty:** Kristi Hofer
- **Relationships with commercial interests:**
 - **Grants/Research Support:** none
 - **Speakers Bureau/Honoraria:** Amgen
 - **Consulting Fees:** none
 - **Other:** Employee of CancerCare Manitoba

Mitigating Potential Bias

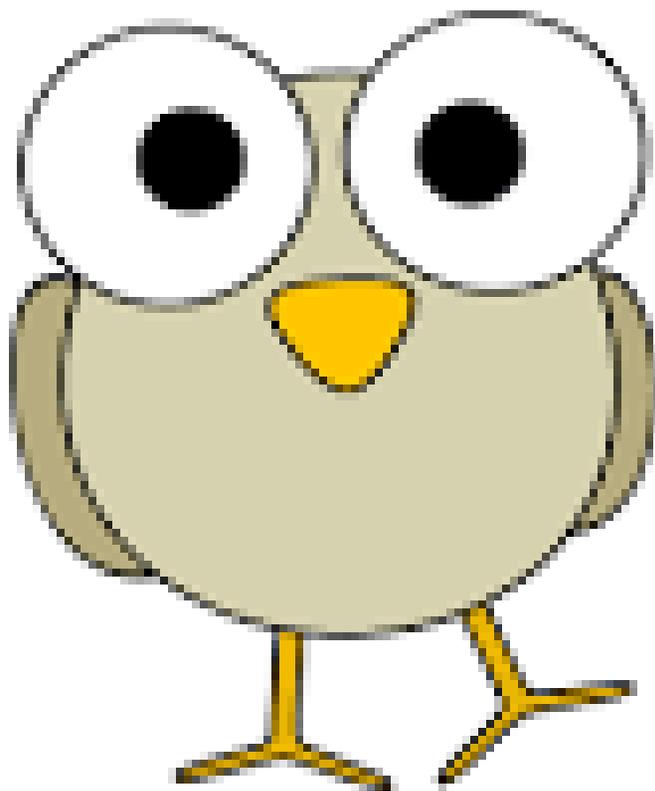
- Have acted as a moderator at Amgen sponsored educational activity.
- Honorarium was forwarded to an education fund at CCMB, over which I have no signing authority.

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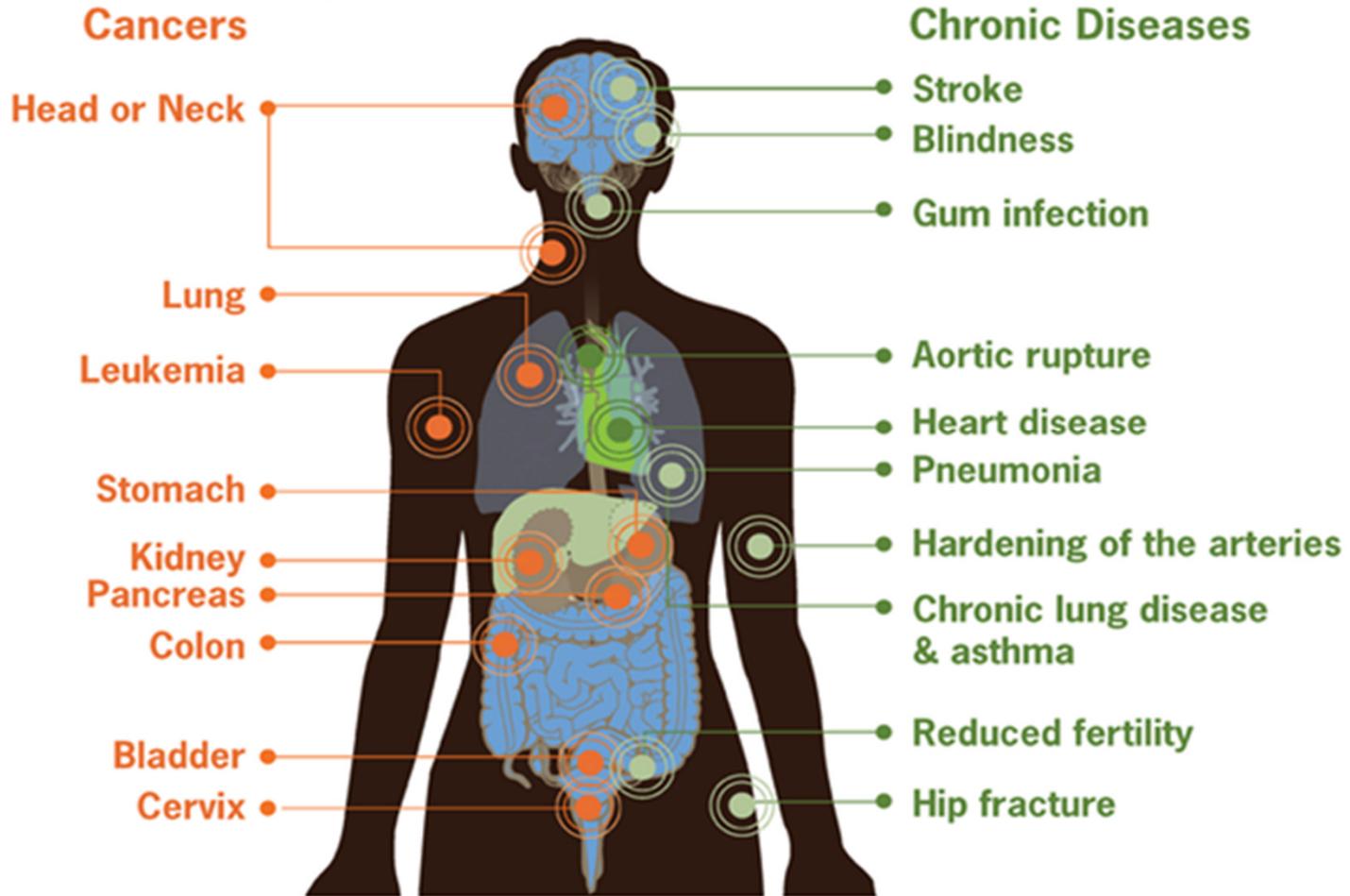
Mitigating Potential Bias

- Not Applicable

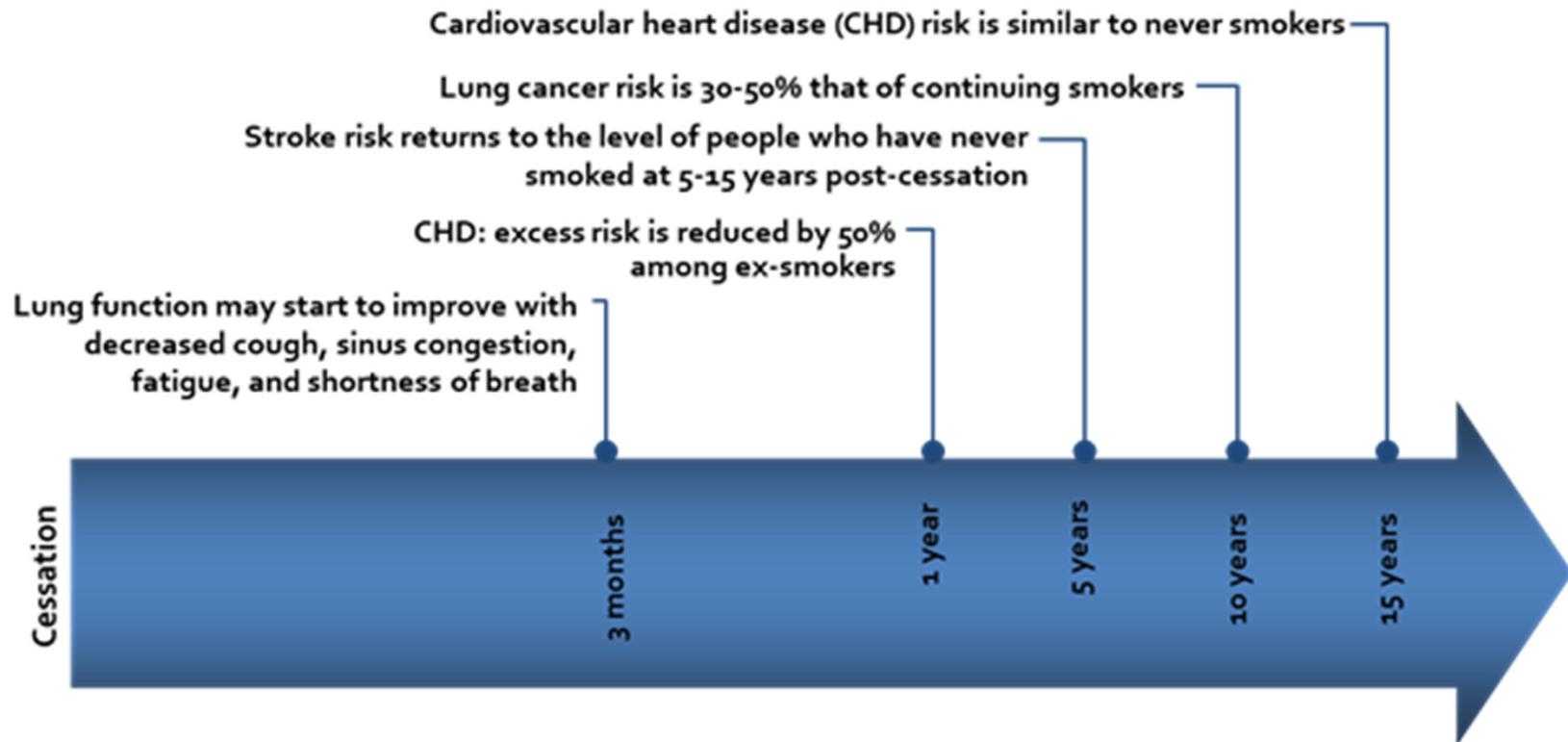


Risks from Smoking

Smoking can damage every part of the body



Potential Lifetime Health Benefits of Quitting Smoking



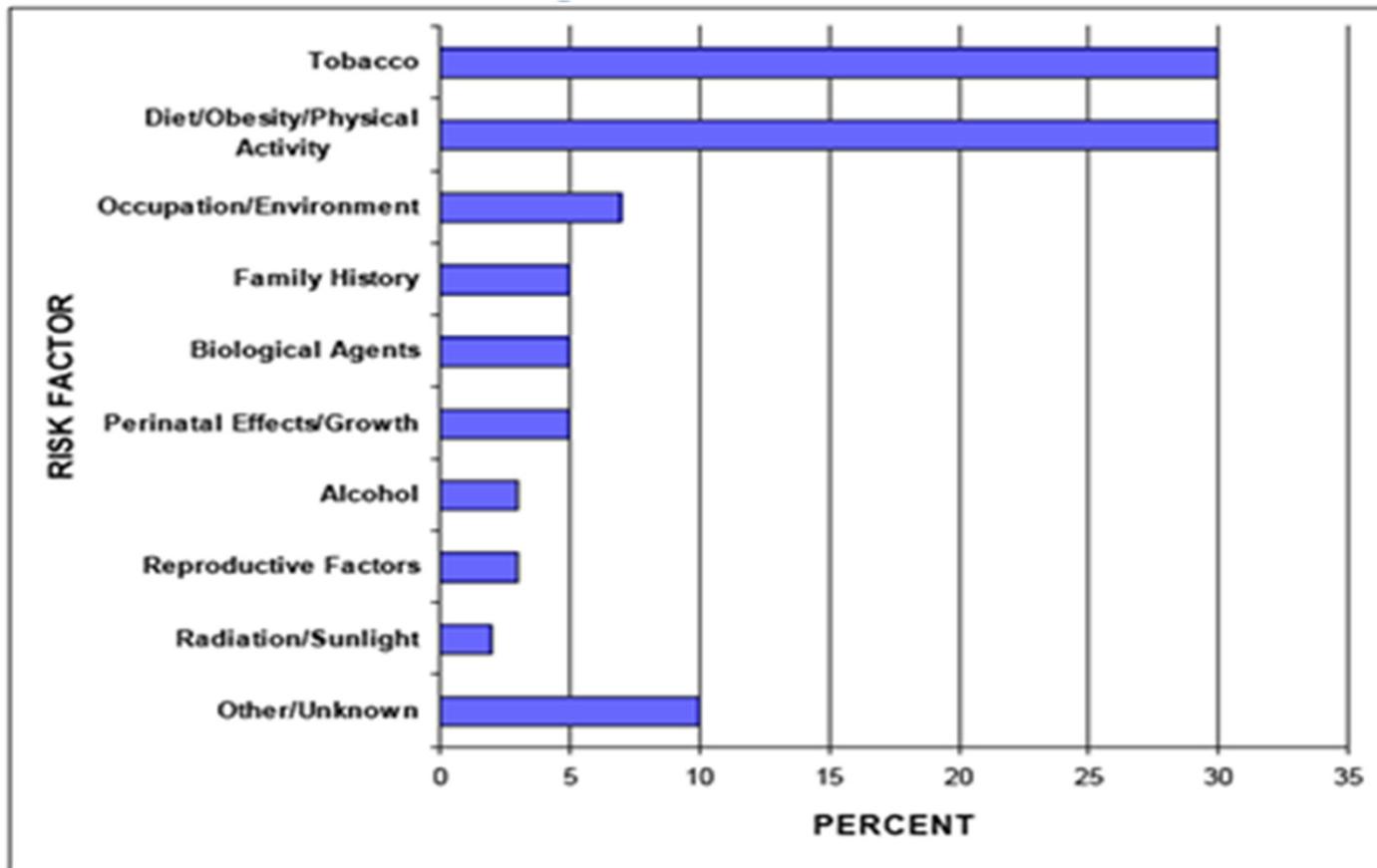
1. CDC. Surgeon General Report 2004: American Cancer Society. Guide to Quitting Smoking.

2. US Department of Health & Human Services. The Health Benefits of Smoking Cessation: A Report of the Surgeon General. 1990.

A Powerful Intervention

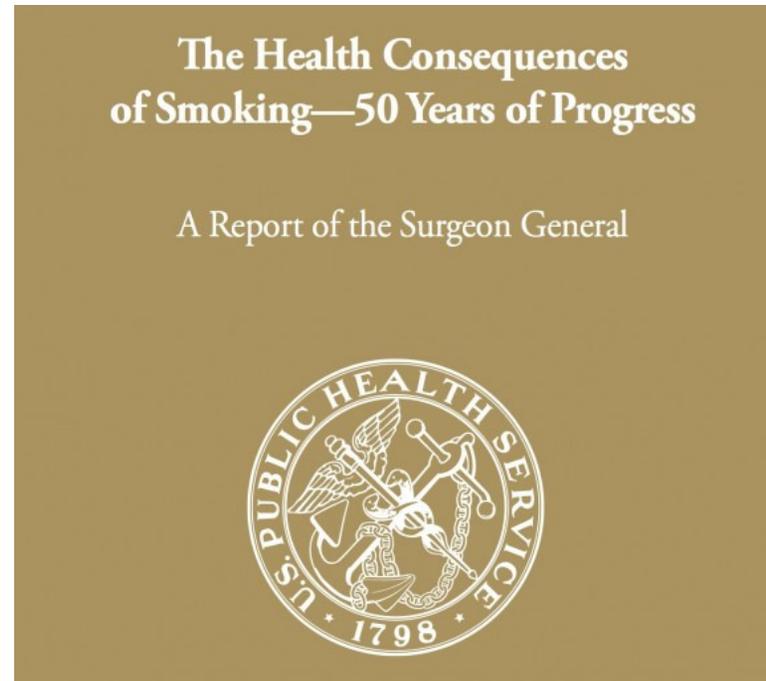
Intervention	NNT
Smoking cessation	9
Lipid lowering	34
BP control	31
Beta-blockers (MI)	120
ASA (MI)	143
ACE inhibitors (CHF)	N/A
Warfarin (A. Fib)	2,014

Causes of Cancer Deaths in Developed Countries



Targeting Cancer: an action plan for cancer prevention and detection.
Cancer 2020 Background Report. Canadian Cancer Society and Cancer Care Ontario

Smoking and Cancer Risks



The cancer risks associated with cancer grows with each surgeon general's report- Oropharynx, larynx, esophagus, lung, ,stomach, liver, pancreas, kidney, ureter, cervix, bladder, colorectal. prostate, acute myeloid leukemia

Financial Savings of Quitting Smoking

Based on smoking 25 cigarettes per day:

- 1 Day = \$20.00
- 1 Week = \$140.00
- 1 Month = \$600.00
- 1 year = \$7,300.00
- 10 Years* = \$96,219.80
- 20 Years* = \$268,534.82

* Based on price of cigarettes increasing 6% annually.



Why Quit Now?



A Time of Change

Cancer screening and diagnosis provides a teachable moment for smoking cessation, both for the patient as well as their family members.

- After a cancer diagnosis, more than half of those who smoke report making a quit attempt and indicate interest in smoking cessation programs ⁽¹⁾.
- Research has shown that motivation, receptive behaviour and success of treatments are higher the closer cessation occurs to diagnosis ⁽²⁾.

A Complete Treatment Plan

Smoking cessation is seen as part of the ongoing treatment and follow up care plan in oncology.

Smoking cessation is found to be an “Integral part of lung cancer treatment.”

(Oncology, 2010).

Cessation Benefits and Risks of Continued use in Cancer Patients

Tobacco Cessation Leads to:	Continued tobacco use after diagnosis leads to:
<ul style="list-style-type: none">• Improved treatment outcomes• Reduced side effects• Improved survival• Decreased risk of infection• Improved breathing and increased energy• Improved quality of life	<ul style="list-style-type: none">• Higher complication rates from surgery and slower recovery• Higher treatment related toxicity from chemotherapy and radiotherapy• Increased risk of cancer recurrence• Increased risk of other serious ailments such as cardiovascular and respiratory disease• Reduced treatment effectiveness• Safety risks for patients with reduced consciousness or on oxygen• Increased risk of second primary cancer• Shorter survival

Impact of Smoking on Cancer Treatments

Surgery	Radiation	Chemotherapy
<ul style="list-style-type: none"> • Increased complications from general anesthesia • Increased risk of severe pulmonary complications • Detrimental effects on wound healing: <ul style="list-style-type: none"> • Compromised capillary blood flow • Increased vasoconstriction • Increased risk of infection 	<ul style="list-style-type: none"> • Reduced treatment efficacy • Increased toxicity and side effects, including: <ul style="list-style-type: none"> • Dry mouth • Oral mucositis • Loss of taste • Pneumonitis • Soft tissue and bone necrosis • Poor voice quality 	<ul style="list-style-type: none"> • Potential exacerbation of side effects including: <ul style="list-style-type: none"> • Immune suppression • Weight loss • Fatigue • Pulmonary and cardiac toxicity • Increased incidence of infection

Radiation

Smoking during radiation can reduce its effectiveness.

This has been shown to decrease both response and survival rates.

Chemotherapy

Smoking affects pharmacokinetics of some anti cancer drugs such as irinotecan and erlotinib, which may result in decreased efficacy.

Surgery

There is a greater risk of post surgical wound problems in those who smoke, compared to nonsmokers.

Pulmonary complications are less frequent in those who have quit preoperatively.

Performance Status

Performance status is better in those who quit smoking after a cancer diagnosis.

- Lung cancer patients who quit after diagnosis were shown to have a better performance status at 6 and 12 months.
- This results was seen regardless of disease stage and type, patient characteristics and treatment types.

Survivor Benefit

Cancer Survivors are at risk for recurrence as well as developing a second primary cancer.

- Studies show an increase in distant metastases and tumor recurrence in those who continue to smoke.

Guideline Recommendations

1. To enhance quality of life, patients with any type of cancer should be encouraged to quit smoking at any point in their journey by their oncologists and by other oncology team members.
2. Clinicians should approach quality of life discussion from the perspective of the patient's context including family members, patient environment, and cultural norms of practices which are important factors to include in smoking cessation strategies.
3. Education regarding smoking cessation coping strategies should be incorporated into the care of cancer patients.
4. Adult smokers should quit smoking after a cancer diagnosis. Evidence suggests that those who quit will have improved prognosis, lower relapse/recurrence rates and fewer second primary tumours.
5. Patients who smoke should be encouraged to stop. Stopping at any point during the cancer treatment journey is found to be beneficial. Smoking cessation can decrease treatment-related toxicity and improve tolerance. It also decreases late effects of surgery/recovery, radiation, chemotherapy and drug treatments.

Smoking Cessation in Oncology Care (CancerCare Manitoba Clinical Practice Guideline)



We Can All Assist!

Anyone can be involved in assisting in tobacco cessation.

Cessation is an important aspect of all care plans: from new diagnosis, through treatment, into survivorship or palliative care

Brief Intervention

- ASK: “Do you use tobacco?”
 - Or if you use the COMPASS tool at your site:
“I see you’ve indicated you use tobacco”.
- ADVISE: “It’s important to quit at any stage of your journey”.
- ARRANGE: “I’d like to refer you to a quit smoking program”.

Brief Intervention Makes a Difference

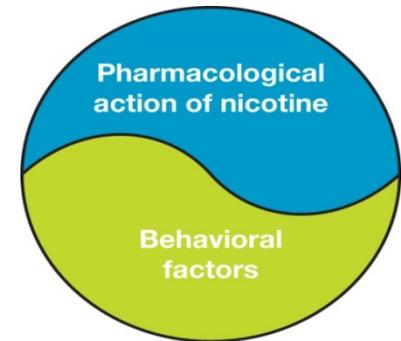
Total Contact Time	Estimated Abstinence Rate
None	11.0%
1 – 3 minutes	14.4%
4 – 30 minutes	18.8 %
31 – 90 minutes	26.5%
91 – 300 minutes	28.4%
>300 minutes	25.5%

Identifying Patients

- Each patient who comes into CancerCare answers the ESAS- Edmonton Symptom Assessment Scale at every visit.
- Symptom assessment scale was expanded to assess anxiety, distress, as well as adding the question **‘have you smoked within the past six weeks?’**
- The answer is documented in the electronic health record.
- If the answer is yes, one of the clinic team should advise quit and offer a referral to the Quit Smoking Program.

Basic Principles of Smoking Cessation

- Individualized therapy
- Counselling is an important part
 - Formal programs increase success rates
 - Any health care provider can be trained to provide counselling
- Behavioral and pharmacologic therapy should be used together.



CCMB Clinic Model

- Individual assessment
 - New participants are seen by nurse and nurse practitioner
- Counselling and personalized quit plan developed
- On-going support provided primarily by nurse
- Psychosocial Oncology Clinician available for additional support and counselling
- Carbon monoxide monitor used in clinic to motivate participants

Medications Included

- Free medications and nicotine replacement supports all participants and is an incentive to join the program.
- All medications, including NRT are written as a prescription to ensure:
 - patients are following with the clinic
 - appropriate dosing and dose modification takes place
 - improved adherence
- Pharmacist counselling when dispensing medications reinforces the teaching provided by nurse and nurse practitioner in clinic

We Need YOU!

- Current: Collaboration with oncology sites throughout the province and in Winnipeg to encourage referrals:
 - Patients are seen in-person or by telehealth for their first appointment.
 - Phone follow up and telehealth may be included for ongoing follow-up.
 - Prescriptions are mailed if participant is seen by telehealth.

Future Vision

- Collaboration with oncology sites throughout the province and in Winnipeg create a best practice group
- Patients are seen in-person at a site close to home
- Multi-disciplinary teams at multiple locations
- Access to medications and pharmacist counselling on-site

Questions?