

Change in Health-Related Quality of Life Among Individuals With Cancer Undergoing Smoking Cessation Treatment Involving Varenicline

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OBJECTIVES: To determine whether health-related quality of life (HRQOL) among individuals with cancer is undermined by smoking cessation treatment involving varenicline.

SAMPLE & SETTING: Participants (N = 103) were daily smokers with cancer (up to five years postdiagnosis) who completed a placebo-controlled trial of standard versus extended duration varenicline.

METHODS & VARIABLES: For this secondary study, participants were selected based on having completed the SF-12® at weeks 0, 1, 12, and 24. Using separate repeated measures multivariate analysis of variance, change in SF-12 scores was evaluated by time and by cancer treatment, varenicline duration, and quit status at week 24.

RESULTS: There was no change in any of the three HRQOL scores by time or by cancer treatment status, varenicline duration, or quit status. Average emotional HRQOL score across time was significantly higher for quitters versus smokers.

IMPLICATIONS FOR NURSING: Varenicline, including long-term treatment, does not appear to adversely affect HRQOL, which is highly relevant to oncology nurses who are well positioned to assist with the pharmacologic treatment of tobacco dependence.

KEYWORDS cancer; oncology; nursing; varenicline; quality of life; smoking cessation

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Continued smoking following a cancer diagnosis is associated with adverse cancer treatment outcomes, such as increased risk of second primary cancers and increased all-cause mortality (Jassem, 2019; U.S. Department of Health and Human Services, 2014). Continued smoking after a cancer diagnosis is also associated with reduced health-related quality of life (HRQOL) (Cataldo et al., 2010; Chen et al., 2012; Duffy et al., 2012; Garces et al., 2004). As many as 50% of individuals who smoked prior to their cancer diagnosis continue to smoke after diagnosis (Jassem, 2019).

Oncology nurses have a valuable role in promoting smoking cessation with their patients because of the many intervention opportunities in the oncology care model (Cooley et al., 2008, 2009; Sarna & Bialous, 2016). Smoking cessation interventions initiated by nurses are effective (Rice et al., 2017). The National Comprehensive Cancer Network (NCCN) Guidelines® for Smoking Cessation recommend that providers on the oncology care team refer patients to behavioral counseling and assist with medication, of which varenicline is a first-line option (NCCN, 2020; Shields, 2015). The current authors and others have shown that varenicline is safe and effective for individuals with cancer (Schnoll et al., 2019). Despite the safety and efficacy of guideline-based treatment and the strong recommendation that treatment be offered as a core component of cancer care (Croyle et al., 2019), fewer than 40% of oncology providers assist their patients in quitting, either by prescribing a medication or referring to treatment (Price et al., 2019; Warren et al., 2015). In addition to concern about the psychological and physical symptoms of