More than 36 million adults, about 15% of adults aged 18 years and older, reported being current cigarette users in 2015, despite it being the leading cause of preventable death in the United States (Jamal et al., 2016). Although the latest rate of smoking adults (15%) has decreased from 21% in 2008, the Healthy People 2020 target of 12% has yet to be reached (Office of Disease Prevention and Health Promotion, 2017). Current smoking rates in the United States are higher among men, people aged younger than 65 years, non-Hispanic American Indians/Alaska Natives or people of multiracial ethnicities, people with a high school degree or less, people living below the poverty level, and people with a disability or limitation (Centers for Disease Control and Prevention [CDC], 2017). Tobacco use is a known risk factor for many types of cancer, including the following: acute myeloid leukemia, bladder cancer, cervical cancer, colon/rectal cancer, esophageal cancer, gastric cancer, laryngeal cancer, liver cancer, lung cancer, oral cancer, pancreatic cancer, pharyngeal cancer, renal cancer, and tracheal cancer. However, some cancer survivors continue to smoke cigarettes. The current smoking rate among cancer survivors is about 18%–27% (Harding, 2012; Mayer & Carlson, 2011; Sterba et al., 2017; Tseng, Lin, Martin, Chen, & Partridge, 2010; Underwood et al., 2012; Wang, McLoone, & Morrison, 2015). Smoking cessation is vital to the survival and quality of life of this population, because continued smoking can lead to development of potential treatment interactions, secondary cancers, or exacerbation of comorbid conditions, and it can have negative effects on quality of life (Armenian et al., 2016; Brown et al., 2003; CDC, 2017; Leach et al., 2015; Wang et al., 2015). Survivors who continue to smoke have a significantly lower overall survival rate compared to those with the same cancers who do not smoke, and outcomes, including total symptom burden, treatment toxicities, and