

The Wilmot Cancer Institute launched the Tobacco Dependence Treatment Program in 2015. Formal program evaluation consisted of 324 patients who presented for at least one visit to assess quit rates. The secondary aim was to ascertain the effectiveness of guideline recommendations that four or more visits would be beneficial in an outpatient oncology tobacco treatment program to promote success in smoking cessation. The first 32 months of program data revealed that there were significantly improved quit rates for those who were seen for four or more visits compared to those seen for three or fewer visits.

AT A GLANCE

- A significant increase in tobacco abstinence at 6 and 12 months was noted in patients who took part in the Tobacco Dependence Treatment Program four or more times.
- This pilot suggests that national guideline recommendations of four or more visits can be applied with success in an oncology outpatient tobacco cessation program.
- Patients and referring staff must be educated that quit rates are significantly improved when patients present for at least four visits.

KEYWORDS

tobacco; smoking cessation; oncology; cancer survivors; cancer treatment

DIGITAL OBJECT IDENTIFIER

10.1188/21.CJON.479-482

Tobacco Dependence Treatment

Examining cessation effectiveness in oncology settings

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In 2014, the U.S. Surgeon General released *The Health Consequences of Smoking—50 Years of Progress*, which causally linked smoking to 12 different types of cancer, as well as many other chronic diseases (U.S. Department of Health and Human Services [USDHHS], 2014). More recently, *Smoking Cessation: A Report of the Surgeon General* (USDHHS, 2020) recommended that smoking cessation should be diligently encouraged for all patients with cancer and survivors.

According to the National Cancer Institute (NCI, 2020), cigarette smoking causes 40% of cancer deaths in the United States annually. Extending beyond a cancer diagnosis, ongoing cigarette smoking in patients with cancer has been well documented to increase mortality, risk for recurrence of primary cancer, and risk for developing a second primary cancer (Gritz et al., 2014; USDHHS, 2014). Smoking can reduce the efficacy of radiation treatment, increase the risk of surgical complications, and alter pharmacokinetics of treatments (USDHHS, 2020). Cigarette smoking has also been associated with increased symptom burden, both during and following cancer treatment, when compared to symptom burden in nonsmokers (Peppone et al., 2011; Wuketich et al., 2012). In addition, Chen et al. (2012) reported that ongoing smoking for patients with cancer was associated with decreased

quality of life. Although patients with cancer acknowledge the dangers of ongoing smoking after a cancer diagnosis (Alton et al., 2018), two-thirds of patients who were smoking at the time of their diagnosis continued to smoke after their diagnosis (Tseng et al., 2012).

Project Background

The Wilmot Cancer Institute (WCI) at the University of Rochester Medical Center in New York has 11 outpatient locations throughout the western New York region. WCI implemented the Tobacco Dependence Treatment Program in 2015 with the goal of providing tobacco treatment for patients who have a cancer diagnosis, precancerous findings, or hematologic diseases, or are a spouse or family member of a patient under care at WCI.

The goal of this formal program evaluation was to assess quit rates for participants. As a secondary aim, this analysis sought to test the recommendations of the USDHHS clinical practice guideline for tobacco dependence (Fiore et al., 2008) and the U.S. Preventive Services Task Force guideline for tobacco smoking cessation in adults (Siu, 2015), which endorses that all adult patients receive at least four in-person program visits. Because patients with cancer face challenges that are different than the general population (USDHHS, 2020), the authors' hypothesis was to test if four or more visits are superior to