

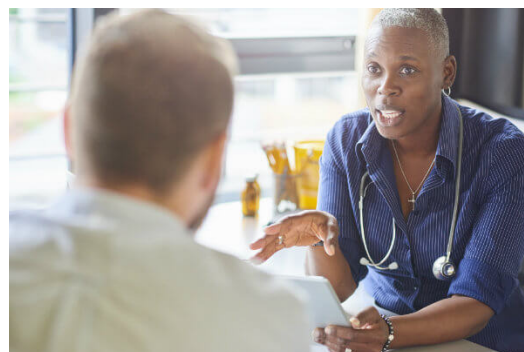
## Expanding Smoking Cessation Services at NCI-designated Cancer Centers: An Interview with Dr. Glen Morgan

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Earlier this year, NCI launched the [Cancer Center Cessation Initiative](#). Begun as part of the [Cancer Moonshot<sup>SM</sup>](#), the initiative is intended to provide resources for NCI-designated cancer centers to expand existing efforts intended to help their patients who are smokers to stop smoking.

In this interview, Glen Morgan, Ph.D., of the [Tobacco Control Research Branch](#) in the [Behavioral Research Program](#) in NCI's Division of Cancer Control and Population Sciences, explains how and why this initiative was developed and discusses its long-term goals.



NCI has launched an initiative to help people being treated for cancer quit smoking.

Credit: iStock

### What is the state of smoking cessation services at NCI-designated cancer centers?

We know that there is variability in the extent and type of cessation services offered at the 62 NCI-designated comprehensive and clinical cancer centers across the country that provide patient care.

Some of these cancer centers have long-standing, comprehensive approaches to addressing smoking among the patients that come through their doors. Many other centers have good approaches to addressing smoking, but they're not being offered to as many people as they could be.

And, finally, some centers have devoted few, if any, resources toward addressing smoking cessation.

### Why is this initiative needed? Aren't smoking rates dropping?

Smoking rates have decreased substantially in the United States over the past several decades. But, unfortunately, too many smokers who are diagnosed with cancer don't quit smoking. And that may be for a number of reasons.

Some smokers may think it's too late, that the damage is already done. Or they may be feeling overwhelmed with their cancer diagnosis and the treatments they are receiving and aren't really thinking about quitting smoking. And for others it may feel like it's too big of a hurdle for them to address a difficult addiction given their other challenges.

But what many people don't know is that continued smoking after being diagnosed with cancer can interfere with cancer treatment and make their prognosis worse. Quitting smoking can help improve patients' symptoms

and improve their ability to recover more quickly from treatment, in addition to improving their long-term outcomes.

## **How will this initiative help?**

The purpose of the initiative is to provide financial and technical support to cancer centers that they will use to increase their resources for smoking cessation, to implement more comprehensive cessation services, and to provide those services to more patients being treated at their centers—what we call “reach.”

There will also be a coordinating center for the initiative at the University of Wisconsin Carbone Cancer Center. The coordinating center will have multiple responsibilities, including fostering information sharing and technical assistance among centers. That can help the participating institutions collectively improve their capacity for providing cessation services.

## **What steps did NCI undertake to make this initiative a reality?**

About 6 years ago, NCI convened a meeting of scientists and clinicians from the NCI-designated cancer centers to better understand the extent of continued smoking among cancer patients and survivors being seen at their centers and to better understand the current best practices in smoking cessation.

Several cancer centers were able to use that meeting as a springboard to ask their leaders for more resources and increase what they were able to do on the cessation front.

After passage of the 21<sup>st</sup> Century Cures Act in 2016, one of the recommendations that came out of the Cancer Moonshot<sup>SM</sup> Blue Ribbon Panel was that we help to address smoking among patients through a better understanding of how to implement and sustain comprehensive tobacco control strategies using our existing health-related infrastructure.

In response, NCI convened a focus group of cessation experts from cancer centers to discuss the recommendation and the barriers that centers face against implementing it. From there we developed the proposal for the Cancer Center Cessation Initiative at NCI and, together with NCI’s [Office of Cancer Centers](#), issued the supplemental funding opportunity. Our division director, Bob Croyle, Ph.D., also led a discussion of the issues at our cancer centers directors meeting.

## **What was the response to the availability of these awards?**

The response was excellent. Of the NCI-designated clinical and comprehensive cancer centers, the majority submitted proposals for funding through this \$10M initiative. For Fiscal Year 2018, 22 centers have been funded.

We asked the centers that applied to describe: the smoking prevalence among their patients, their current capacity for delivering cessation services, the types of services they offer, and their current reach. Each center’s application also included plans for how they would increase the capacity and breadth of cessation services, extend their patient reach, and evaluate their efforts.

Importantly, they also had to explain how they were going to sustain these interventions for a minimum of 3 years after the funding ends.

## **What’s involved in offering comprehensive smoking cessation services?**

It can entail many things. Part of it is typically having trained staff who are dedicated to working on cessation services, and part of it is then to integrate cessation interventions that we know work into the routine aspects of patient treatment.

Another important way that centers can expand their “reach” is to take advantage of the tobacco quitlines that are available in every state by calling 1-800-QUIT-NOW. Many cancer centers do a good job of initially referring patients to quitlines, but the challenge is to develop ways to continue to follow the progress of the patient’s efforts to quit smoking.

All of the funded centers are encouraged to incorporate NCI’s evidence-based [Smokefree.gov](https://www.smokefree.gov) online and digital resources into their everyday delivery of care. These resources include comprehensive cessation information, support, and tools for those thinking about or taking steps to quit smoking.

The [SmokefreeTXT](#) text messaging program provides 24/7 support for smokers that lasts for 6-8 weeks, depending on the individual’s quit date.

## **Are there proven ways to integrate these types of cessation services into everyday patient care?**

Definitely. Centers are encouraged to integrate screening and treatment into electronic health record (EHR) systems. EHRs can be used to prompt clinicians and other staff to ask patients about smoking, advise them to quit, and provide or refer them for cessation treatment.

Ideally, EHRs will have greater capability to assist individual clinicians and other center staff to better address cessation with individual patients. EHRs can also allow centers to evaluate their efforts and measure their progress.

## **What are your hopes moving forward with this initiative?**

In general, we’d like to see cessation interventions become more fully integrated into routine patient care at cancer centers, so that helping cancer patients who smoke to quit becomes the standard of care in cancer treatment.

Our expectation with this initial launch is that centers that received these awards will substantially expand their delivery of cessation services and will sustain those services into the future.

We’re also hopeful that these centers can share the initial lessons learned from their experience and provide guidance to centers that may want to apply for funding in the future, as well as to other hospitals hoping to help more of their patients quit smoking.



**Glen Morgan, Ph.D.**  
Behavioral Research Program  
NCI Division of Cancer Control  
and Population Sciences

The overwhelming interest from cancer centers has been very encouraging. We look forward to seeing what kind of innovations and strategies these centers develop to better meet the needs of their patients.

Not only can this potentially improve patients' lives at each of these centers, but hopefully those same innovations and strategies can then be shared with other centers and in other care settings.

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[Cigarette Smoking: Health Risks and How to Quit \(PDQ®\)-Patient Version](#)

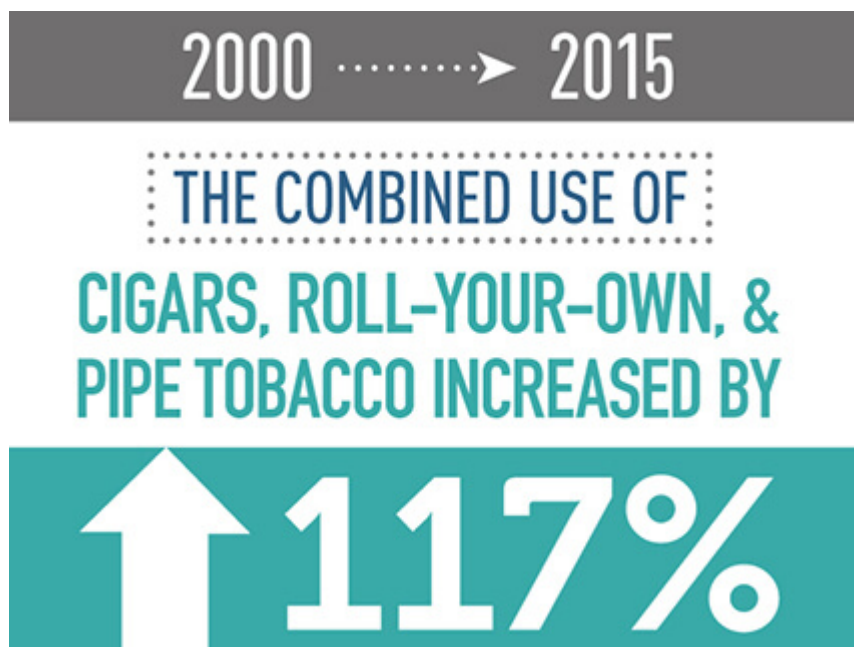
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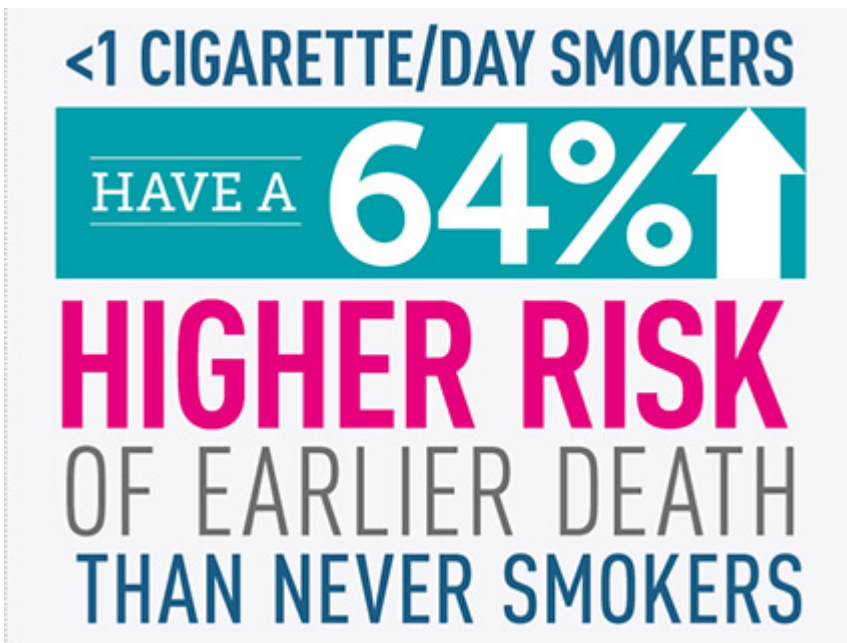
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