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Smoking Cessation Tx Highly Effective in Cancer Patients

— Smokers with and without cancer had similar quit rates

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Smokers with cancer who participated in a comprehensive tobacco cessation program achieved high sustained quit rates, and they were just as likely as patients without cancer to successfully stop smoking cigarettes, a new study finds.

Self-reported abstinence rates at 9-month follow-up was 44.6% among patients with cancer history and 41.5% of those with no history of the disease, reported Paul M. Cinciripini, PhD, of MD Anderson Cancer Center in Houston, and colleagues in [JAMA Network Open](#).

Results in both groups were markedly higher than [typically seen in smokers seeking to quit](#). The MD Anderson tobacco cessation program included an in-person initial medical consultation, six to eight follow-up counseling sessions conducted either in person or by telephone, and 10 to 12 weeks of pharmacotherapy.

The findings confirm that comprehensive smoking cessation tailored to the patient's individual needs can be highly successful in the cancer setting, said Cinciripini.

"If the message to patients is, 'You need to quit now. Here are some nicotine patches. Good luck,' that's setting them up for failure," he told *MedPage Today*. "Successful programs give patients what they need. If someone needs just a small amount of contact because they are highly motivated to quit, that's what they get. But if they need much more contact and, perhaps, several medication changes, that level of intervention needs

to be made available.

In 2006, MD Anderson was one of the first cancer centers in the country to offer a comprehensive smoking cessation program, using funding allocated by the Texas state legislature from the tobacco Master Settlement Agreement.

Smoking cessation has been shown in studies to decrease the risk of dying among cancer patients by 30% to 40%, Cinciripini said. Cancer patients who continue to smoke also have more cancer recurrences and secondary primary cancers, poorer treatment responses, and more treatment-related toxic effects.

Of the roughly 5,000 smokers referred for the MD Anderson program, 3,245 took part, including 2,343 with a current cancer, 309 with a history of cancer, and 593 with no cancer history.

The cohort was evenly split among men and women. Participants' mean age was 54, 76% were white, 10% were black, and about 5% were Hispanic. Around 43% had at least one psychiatric comorbidity.

At 3 months follow-up, the overall smoking abstinence rate (self-reporting no cigarette use during the previous 7 days) was 45.1%. Overall abstinence rates at 6- and 9-months were 45.8% and 43.7%, respectively; rates among those with versus without cancer history did not differ substantially at any point.

"Overall results across all models were consistent and suggest that, in comparison with smokers with no cancer history, abstinence rates within our tobacco treatment program did not appear to differ appreciably whether smokers had a current cancer, a history of cancer, are a cancer survivor, or had smoking-related or nonsmoking-related cancers," the researchers wrote.

In an [editorial published with the study](#), Michael C. Fiore, MD, and two colleagues at the University of Wisconsin in Madison, argued that implementing effective tobacco cessation programs within cancer treatment centers should be considered "the fourth pillar of cancer care."

"We treat patients with surgery, and we give them chemotherapy and radiation," Fiore told *MedPage Today*. "We do all three of these things because each one increases the likelihood of eliminating or controlling cancer. Similarly, we know that continuing to smoke after a cancer diagnosis significantly increases the risk of dying. Smoking cessation isn't just about stopping smoking, it's about curing cancer."

Late in 2017, the National Cancer Institute designated smoking cessation programs a high priority as part of the "[Cancer Moonshot](#)" initiative. Since then, 42 cancer centers across the country have received funding to begin or expand their cessation treatment programs, amounting to around \$500,000 over two years for each center.

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In their editorial, Fiore and colleagues highlighted the importance of using electronic health records to identify and follow patients who would benefit from smoking cessation programs.

"Electronic health record programming guides and other resources must be developed and disseminated to promote the implementation and use of effective smoking intervention workflows in cancer care," they wrote.

Funding for this research was provided by the State of Texas Tobacco Settlement funds and MD Anderson's Cancer Center Support Grant.

Cinciripini and one co-author received grant support and smoking cessation medication from Pfizer for smoking cessation trials, and they have participated in two multisite trials sponsored by the company.

Primary Source

JAMA Network Open

Source Reference: *Cinciripini PM, et al "Association of a comprehensive smoking cessation program with smoking abstinence among patients with cancer" JAMA Net Open 2019; DOI: 10.1001/jamanetworkopen.2019.12264.*

Secondary Source

JAMA Network Open

Source Reference: *Fiore MC, et al "Effective cessation treatment for patients with cancer who smoke - the fourth pillar of cancer care" JAMA Net Open 2019; DOI: 10.1001/jamanetworkopen.2019.12264.*