

IS CANCER TREATMENT AN OPPORTUNE TIME TO QUIT TOBACCO?

Tobacco remains the leading preventable cause of cancer-related death and disease. Almost 54% of patients diagnosed with lung or head and neck cancer report smoking at the time of diagnosis.¹ Given that cancer outcomes are markedly improved when patients quit tobacco,² tobacco cessation remains an integral part of cancer treatment. However, there has been limited research examining the role of quitlines in promoting cessation efforts for tobacco users diagnosed with cancer.

The purpose of our analyses was to:

- i. Determine quit success for cancer patients currently in-treatment compared to those who have either completed treatment or have never been diagnosed with cancer.
- ii. Determine if there are differences in ASHLine program utilization (number of counseling sessions and quit medication use) by clients who are in-treatment for cancer compared to those who have completed cancer treatment or those who have never had a cancer diagnosis.

We hypothesized that a current diagnosis of cancer is associated with higher quit rates since clients who are currently in treatment may be more motivated to

change their tobacco use behavior and thereby have better quit outcomes as compared to those who are no longer in active treatment for cancer.

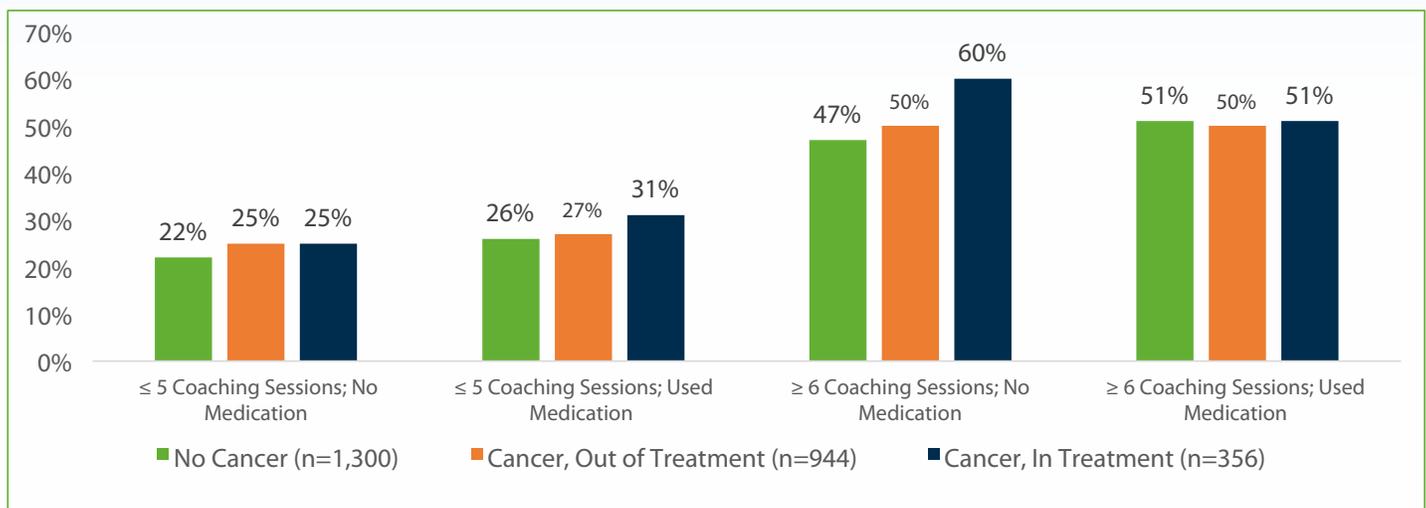
METHODS

Tobacco quit rates for ASHLine clients were compared among three groups: a) those currently in-treatment for cancer, b) those out of cancer treatment, and c) clients who have not had a cancer diagnosis (no-cancer group). For comparison purposes, the no-cancer group was restricted to clients reporting at least one other chronic health condition (e.g., asthma, COPD, diabetes, hypertension and heart disease). Clients were matched on age, gender, and total number of health conditions.

RESULTS

At 7-month follow-up, 36% of clients in the cancer-in treatment group reported being quit (versus 34% for the out of cancer treatment group and 33% for the no-cancer group). Participating in more coaching calls (≥ 6) was associated with improved quit outcomes for all three groups. Interestingly, for the cancer in-treatment group, behavioral coaching without the use of quit tobacco medication was associated with the highest quit rate. Sixty percent of clients in this group were quit

FIGURE 1. QUIT RATES BY SERVICE UTILIZATION AND CANCER GROUP





at seven months whereas only 25% of cancer in-treatment clients who participated in five or fewer coaching sessions and also did not use tobacco quit medications were able to quit (see Figure 1).

DISCUSSION

Quitlines can be an effective approach to promoting tobacco cessation especially for tobacco users diagnosed with cancer. We found that quit rates were highest when cancer patients are enrolled in quitline services during their cancer treatment and when in-program behavioral counseling included a minimum of six coaching sessions. Previous research has shown that when cancer patients attempt to quit tobacco, those with earlier-stage disease or who receive less intensive treatment tend to relapse more often.³ Future studies can examine how quitline services can be better integrated into cancer treatment to not only maximize quit outcomes but also prevent relapse following cancer treatment. Results from this study have led us to initiate a pilot program at the University of Arizona's Cancer Center care clinic to proactively enroll patients in active treatment into ASHLine's tobacco cessation services.

REFERENCES

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Data from this data brief will be presented at the American Society for Preventive Oncology Conference (Spring, 2016)