

Tobacco Control Monograph 23—*Treating Smoking in Cancer Patients: An Essential Component of Cancer Care*

A Public Health Perspective

Smoking Among People With a Cancer Diagnosis Is a Public Health Issue

Addressing smoking cessation in cancer care settings is essential to improving the health and quality of life for cancer patients. The percentage of people with cancer who reported ever having smoked cigarettes is close to 50%,^{1,2} and the consequences of continued smoking after a cancer diagnosis include:

- Increased risk of cancer-specific mortality and mortality due to other causes, such as heart disease, noncancer pulmonary disease, and stroke.
- Increased risk of second primary cancers.
- Increased risk of cancer recurrence and adverse treatment-related outcomes, including postoperative pulmonary complications, poor surgical healing, and decreased response to chemotherapeutic medications and radiation.
- Increased health care costs.

How Public Health Can Address Patients With Cancer Who Smoke

Controlling cancer—from etiology and prevention to diagnosis, treatment, and survivorship—is an essential function for public health. Implementing smoking cessation treatment and related policies in the cancer care setting is an important step to control cancer, and to prevent chronic diseases related to cancer. There are several strategies that public health practitioners can implement to address smoking cessation, including the following:

Improve surveillance and reporting: Ongoing monitoring of cancer incidence and outcomes, as well as tobacco use patterns, can help identify populations that experience disproportionately high rates of tobacco-related cancers and who may require enhanced access to smoking cessation treatments. Such data collection will also inform efforts to evaluate the effectiveness of tobacco control programs and policies for populations with cancer.

Communicate that it is never too late to quit: Public health practitioners can emphasize to cancer patients and survivors how important quitting can be to the success of their cancer treatment and life beyond cancer and educate oncology clinicians about best practices to implement smoking cessation services.

Increase access: State and local public health practitioners can work to ensure equitable access to evidence-based cessation treatments, including U.S. Food and Drug Administration (FDA)–approved medications and counseling services. Multiple strategies can support treatment utilization and successful cessation, leading to improvements in the prognosis for patients with cancer and survivors who smoke. Such strategies include promoting cessation resources and programs such as telephone quitlines and web- and text-based programs in health systems and communities, increasing reimbursement rates for tobacco cessation services for clinicians, and removing patient-level treatment barriers (such as co-pays, prior authorization requirements, or limits on quit attempts).



¹ National Center for Health Statistics. National Health Interview Survey, 2020. Public-use data file and documentation, September 30, 2021 [cited 13 June 2022]. Available from: <https://www.cdc.gov/nchs/nhis/2020nhis.htm>

² National Cancer Institute (NCI). Cancer trends progress report: cancer survivors and smoking, March 2020 [cited 14 Feb 2022]. Available from: <https://progressreport.cancer.gov/after/smoking>.

Major Conclusions from *Treating Smoking in Cancer Patients: An Essential Component of Cancer Care*



1. Smoking cessation after the diagnosis of cancer is highly likely to reduce all-cause mortality and cancer-specific mortality.



2. Research from the general population indicates that patients with cancer who smoke will benefit from smoking cessation treatments, including both counseling and U.S. Food and Drug Administration (FDA)-approved medications.



3. Effective strategies exist to increase the delivery of smoking cessation treatment in cancer care settings.



4. Evidence-based smoking cessation treatment should be systematically provided to all patients with cancer, regardless of the type of cancer. However, patients with cancer are not consistently offered and provided such treatment.



5. Continued smoking after a cancer diagnosis is associated with higher health care utilization and greater health care costs in comparison with quitting smoking.



6. Medically underserved and vulnerable populations of cancer patients who smoke are very likely to benefit from using the evidence-based smoking cessation treatments identified as effective in the general population of people who smoke.



7. The tobacco product marketplace and consumer use patterns are changing for both the general population and for patients with cancer, posing challenges for researchers and cancer care clinicians.



8. Continued research is needed to identify effective cessation interventions for patients with cancer who smoke and to better understand the effects of smoking cessation on cancer outcomes.



Download the Monograph:

Scan the QR code or visit cancercontrol.cancer.gov/monograph23

About the Monograph Series

The National Cancer Institute established the Tobacco Control Monograph series (formerly the Smoking and Tobacco Control Monograph series) in 1991. The series provides comprehensive scientific reviews of tobacco use, treatment, and prevention topics to inform the work of researchers, clinicians, and public health practitioners and reduce cancer morbidity and mortality. All NCI Tobacco Control Monographs are available at cancercontrol.cancer.gov/monographs/.