Offering Smoking Cessation Treatment to Cancer Patients

Patients with cancer may experience benefits when they quit smoking:

- Decreased postoperative pulmonary complications
- Enhanced recovery after surgery
- Increased response to chemotherapeutic medications and radiation
- Reduced risk of secondary cancers or cancer recurrence
- Reduced risk of mortality due to other causes, such as heart disease, non-cancer pulmonary disease, and stroke

Clinicians and health care systems can implement strategies to provide equitable access to smoking cessation treatment:

- Implement decision-support tools where patients are automatically enrolled and must opt out if they do not wish to receive smoking cessation services within the clinical practice
- Promote the use of treatment extenders, such as eReferral to state quitlines during cancer care visits
- Emphasize to providers the safety and efficacy of smoking cessation treatment options
- Provide support and behavioral interventions that address patients’ feelings of cancer-related stress

Offer counseling and FDA-approved smoking cessation medications to all patients with cancer who smoke:

- **FDA-approved medications**
  - Nicotine replacement therapies
    - Patch
    - Gum
    - Lozenge
    - Inhaler
    - Nasal spray
  - Non-nicotine medications
    - Bupropion
    - Varenicline

- **Counseling options**
  - In-person
  - Telehealth
  - Quit line such as 877-44U-QUIT or 800-QUIT-NOW
  - Digital intervention such as smokefree.gov

Adding counseling to the provision of medication increased the likelihood of smoking cessation by about 10%–20% versus medication alone.

The National Cancer Institute's 23rd Tobacco Control Monograph, *Treating Smoking in Cancer Patients: An Essential Component of Cancer Care*, affirms that all patients with cancer should have access to evidence-based smoking cessation treatment as a standard component of their care.

Read more at cancercontrol.cancer.gov/monograph23 or by scanning the QR code.