ASSESSING AND TREATING TOBACCO USE BY CANCER PATIENTS:

RECOMMENDATIONS FROM THE

American Association for Cancer Research

It is never too late to quit. When diagnosed with cancer, patients can immediately make a meaningful positive impact on their health by stopping their tobacco use. The evidence is clear that tobacco use by patients with cancer decreases the effectiveness and safety of cancer treatments, decreases survival, decreases quality of life, increases treatment-related toxicity and increases risk of cancer recurrence and second primary tumors.

Evidence-based tobacco cessation interventions are infrequently offered in oncology settings despite data suggesting that tobacco cessation can improve outcomes and survival in patients with cancer.

Therefore, the American Association for Cancer Research suggests the following:

RECOMMENDATIONS

1 Patients with cancer from all clinical settings, including clinical trial participants and cancer screening patients, who use tobacco or have recently quit should be provided with evidence-based tobacco cessation assistance.

- **Assistance should be provided to current users and recent quitters (past 30 days)**
- **Assistance should be provided within or associated with the oncology practice**
- **The oncology service provider should assume responsibility for ensuring that the patient receives appropriate care**
- **Oncology provider assistance can be supplemented with telephone quitline care by having patients call 1-800-QUIT-NOW**

2 Researchers should evaluate the confounding effects of tobacco on cancer treatment, disease progression, comorbid events and survival in all oncology clinical trials, from registration to survival endpoints.

Implementation of these recommendations will require:

- Universal assessment and documentation of tobacco use by cancer patients in all clinical settings, including cancer clinical trials, and cancer screening patients
- Development of universal standards for measurement of tobacco use and exposure in clinical and research settings
- Incorporation of evidence-based tobacco interventions into review criteria used by research and health care quality and accreditation bodies
- Recognition and support of the value of tobacco cessation interventions by health systems, payers and research funders through provision of appropriate incentives for infrastructure development and intervention delivery

The full AACR policy statement can be accessed at:
tiny.cc/AACR2013Tobacco

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FACTS

Tobacco use is not only a major cause of cancer, but its continued use by cancer patients also leads to poorer outcomes.

Tobacco cessation reduces health risks at any age.

Tobacco is responsible for:

- 87% of all lung cancer-related deaths
- 30% of all cancer-related deaths
- 169,000 lives lost to 18 different types of cancer annually

Smoking decreases survival in lung, head and neck, breast, prostate, colorectal, esophageal, cervical, endometrial, bladder and ovarian cancers along with leukemia and lymphoma.

Tobacco use increases treatment complications such as treatment-related toxicity and poor wound healing.

Many cancer patients today live decades after diagnosis, so even after successful cancer treatment, continued tobacco use leads to:

- Cardiovascular disease
- Second malignancies

Assessment and treatment for tobacco use is inconsistent in cancer settings:

- Only 38% of National Cancer Institute-Designated Cancer Centers record smoking as a vital sign, and less than half have dedicated tobacco cessation personnel (compared to three quarters of the same centers with dedicated nutrition personnel)
- Only 40% of surveyed lung cancer specialists discuss medication or offer cessation support to their patients, and most do not consider themselves trained to do so

Tobacco use can confound clinical trials results:

- Drugs used in cancer therapy can work differently for tobacco users than for non-users—e.g., erlotinib (a chemotherapy drug used in lung cancer)
- Nicotine from tobacco use poses potential for unknown drug-drug interactions
- Tobacco use increases treatment complications and leads to higher all-cause mortality
- Many unknowns

Research often ignores the effect of tobacco use on clinical trial outcomes:

- A survey of 155 NCI Cooperative Group trials showed that 29% of trials assessed tobacco use at enrollment; less than 5% of these trials included follow up assessments

For original references see: Assessing Tobacco Use by Cancer Patients and Facilitating Cessation: An American Association for Cancer Research Policy Statement; Clin Cancer Res, 2013 Apr 15; 19(8).
Online at: **tiny.cc/AACR2013Tobacco**

American Association for Cancer Research