

Smoking cessation and reduction in patients with cancers

HOT SPOT

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Background

- Tobacco smoking is the most common addiction with the highest attributable premature mortality from cardiovascular, oncological and respiratory conditions
- Unaided, only 3% to 6% of smokers quit successfully
- Left untreated, half of all smokers will die before they quit smoking
- Smoking cessation is one of the most cost-effective interventions in clinical practice
- Treatment should be repeated as necessary due to the chronicity of the condition

Cancer and smoking

- Tobacco use is the single most common preventable cause of cancer
- It affects response to chemotherapy and radiation
- Poor wound healing and ↑ postoperative complications
- Recurrence of cancer is more common in continuing smokers
- Survivors may also suffer other tobacco-related morbidity and premature mortality

Effective interventions

(U.S. CDC Guideline 2008,
Cochrane Reviews)

All smokers should receive at least a brief intervention (two to five minutes):

1. Five As

- a. **Ask** all smokers about the amount and frequency of smoking.
 - i. Systematic and repeated screening is necessary at point of contact with health care professionals in any setting.
- b. **Advise** all smokers to quit
 - i. *“The best thing you could do for your health is to quit smoking completely”*
- c. **Assess** their readiness for help
 - i. *“Would you like my help to quit smoking?”*
- d. **Assist** accordingly
 - If yes,
 1. Provide practical advice and prescribe pharmacotherapy, if appropriate
 2. Refer to counselling: any trained health care professional, or by phone: (877) 513-5333 or via the web at www.smokershelplineonline.ca
 - If no,
Motivate them to consider quitting.
- e. **Arrange** for follow-up with self or other members of the team to monitor progress, modify treatment if necessary.

A four-step S.T.O.P. plan for smokers

1. **Strategy:** One to two weeks prior to quit date

Environment: Make work, home, vehicle and social settings smoke-free to reduce triggers to smoke

Behavioural: keep a smoking diary to track every cigarette

Daily reflection on smoking

Manage cravings by distraction (drinking water, taking deep breaths, eating sugar-free candy, etc.) and delay (remind themselves that cravings pass within a few minutes). Social support provided by family and friends is as essential as professional support.

Pharmacotherapy: There are five first line evidence-based pharmacotherapies and two second line pharmacotherapies

used for eight to 12 weeks that double the odds of successful quitting over placebo at one year (see table for first line medications)

2. **Take action:** The quit date is a definite day when the person attempts not to smoke for at least 24 hours and implements their plan to stay quit
3. **Optimize plan:** Smokers should be seen or contacted during the first week of their quit to discuss successes and struggles. If the person is having lapses, a review of the environmental, behavioural and pharmacotherapy plan is warranted and corrected as necessary.
4. **Prevent relapse/persevere:** Use medication for as long as necessary. Recognize lapses and retreat as soon as possible.

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Pharmacotherapy: First line agents		
Drug	Dose	Comments
NRT: sustained release Nicotine transdermal patch (Habitrol, Nicoderm, generics)	For >10 cpd, 21 mg daily for six weeks followed by 14 mg per day for two weeks and 7 mg per day for two weeks	Start patch on quit date. If the patient smokes while using the patch, consider adding gum, inhaler or lozenge for “breakthrough” cravings. Smokers need to be educated about signs of nicotine toxicity
NRT: immediate release Nicorette Inhaler (nicotine inhaler)	One cartridge of 4 mg every four to six hours to a maximum of 12/day for eight to 12 weeks Up to six months of use with tapering over the last three months	Not a true inhaler—the nicotine is delivered and absorbed buccally Can be used in patients with dentures who cannot chew gum
NRT: immediate release Nicotine polacrilex gum (Nicorette Gum)	One piece chewed over 30 minutes whenever cravings are intolerable. Max 20 pieces per day 2 mg and 4 mg strength	May be used in those who wish to taper over four months before quitting completely May be used for temporary abstinence, i.e., hours to days
NRT: immediate release Nicotine Lozenge	One lozenge every one to two hours for six weeks then tapered over six weeks 2 mg and 4 mg lozenge	Useful in those who can’t chew gum
Unknown mechanism Bupropion SR (Zyban, generics)	150 mg po daily × 3 days then 150 mg BID × 7–12 wk. Begin one to two wk before the selected quit date selected quit date	Contraindication: history of seizures, current eating disorder, MAO-I inhibitors Least expensive of oral medications indicated for smoking cessation. Half as effective as varenicline in head-to-head trials
Nicotine Receptor Partial Agonists Varenicline (Champix)	0.5 mg daily for three days, then BID for four days then 1 mg po BID for 12 wk may reduce to 0.5 or 1 mg po od in patients with renal failure or those who cannot tolerate higher doses Quit attempt: one to two wk after starting the medication Continue for an additional 12 wk if patient has quit at 12 weeks to prevent relapse	No significant drug interaction Use with caution in patients with psychiatric disorders due to the risk of depression, suicidal ideation and aggression Use with caution in patients with Diabetes due to increased insulin sensitivity associated with quitting smoking