



Provincial Health Services Authority

BC Cancer Smoking Cessation Program and Outcomes

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Disclosures

- I have no financial disclosures or conflict of interest.

BC
CAN

Objectives

By the end of this session, participants will be able to:

- 1. Describe program components.**
- 2. Cite emerging evidence of health benefits to patients with lung and other cancers.**

Become cessation Champions!!!

BC
CAN

The 2014 Surgeon General's Report

Statistics:

- Evidence for studies between 1990-2012
- Studies with 100+ patients
- ~400 studies reporting on over 500,000 patients

159 studies on all-cause mortality

62 studies on overall survival

52 studies on cancer-specific mortality

15 studies on cancer-specific survival

33 on risk of second primary cancers

51 on cancer recurrence

18 on response to treatment

82 on treatment-related toxicities

U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

The 2014 Surgeon General's Report

Conclusion:

1. Cancer-specific mortality decreases
2. Overall mortality decreases
3. Risk of second primary cancers decreases
4. Cancer recurrence /response to treatment
5. Toxicity decreases

The Health Consequences of Smoking—50 Years of Progress

https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm

The Health Consequences of Smoking—50 Years of Progress

This evidence has clear clinical implications:

The evidence reviewed suggests, for example, that risk of dying could be lowered by 30–40% by quitting smoking at the time of diagnosis.

For some cancer diagnoses, the benefit of smoking cessation may be equal to, or even exceed, the value of state-of-the-art cancer therapies (Toll et al. 2013).

The 2020 Surgeon General's Report

Smoking exacts a high cost for smokers, healthcare systems, and society.

The evidence is sufficient to infer that **smoking cessation:**

- **reduces mortality by 45% and increases the lifespan.**
- improves well-being, including higher quality of life and improved health status.
- Smoking cessation interventions are cost-effective.

Conclusion from the Report

- Tobacco cessation at the time of cancer diagnosis could lower the risk of death by up to 40%
- Benefits of cessation being equal to, or even exceeding, the value of the latest cancer therapies
- **Smoking cessation is cancer treatment**

<http://www.surgeongeneral.gov/library/reports/50-years-of-progress>

Comprehensive Recommendations on Smoking Cessation for Cancer Patients.

Evidence-based approaches are needed to assure that all cancer patients who smoke are offered effective cessation programs.

- **The American Association of Cancer Research**
- **American Society of Clinical Oncology**
- **National Comprehensive Cancer Network**

Because Outcomes Matter:

Quality Cancer Care Must include Smoking Cessation Programs

Tobacco use During Cancer Treatment

- Decreased effectiveness of Radiation Therapy
- Decreased effectiveness of certain chemotherapy treatments
- Increased risk of surgical complications
- Increased risk of infections and delayed healing
- Increased risk of second primary cancers

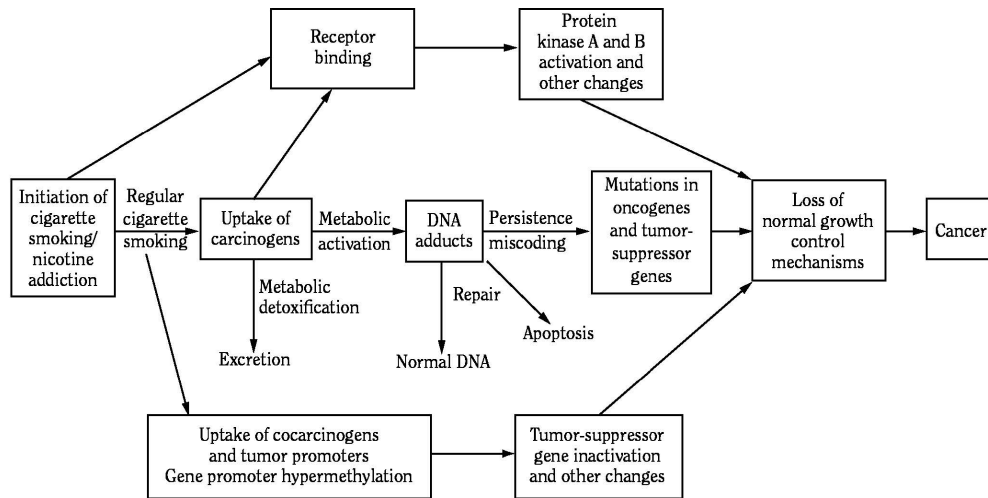
The Benefits of Quitting Smoking

- Improve wound healing following surgery
- Decrease the risk of secondary cancers
- Decrease the risk of coronary heart disease
- Prevent the development of COPD
- Increases the effectiveness of cancer treatment.

Problem: We don't view Smoking in the Continuum of Cancer

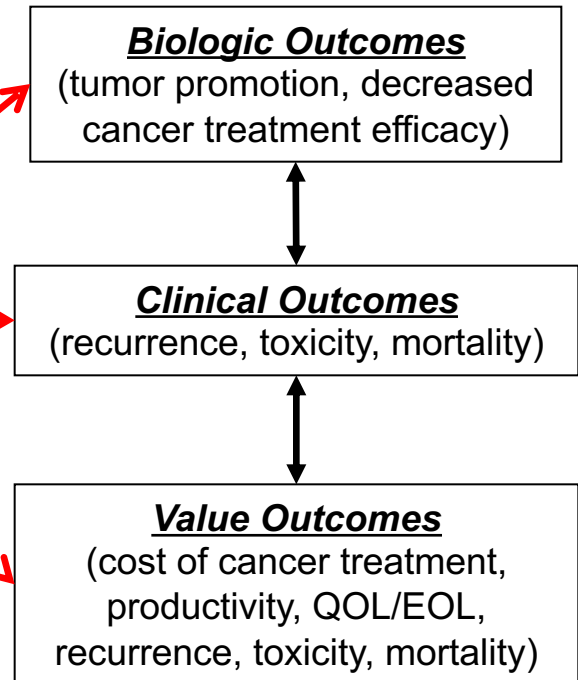
The
Historical
Disconnect

The Established Carcinogenesis Model



2010 Surgeon General's Report, Fig 5.1

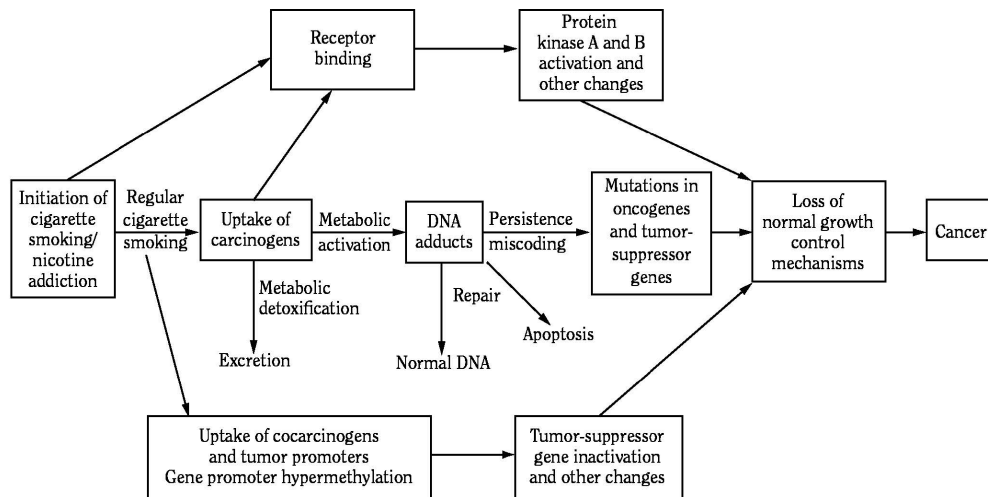
The Reality of Cancer



Problem: We don't view Smoking in the Continuum of Cancer

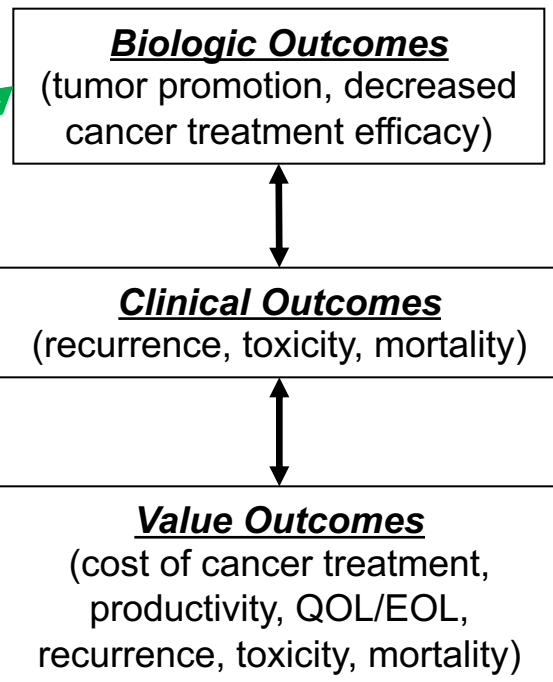
~~The
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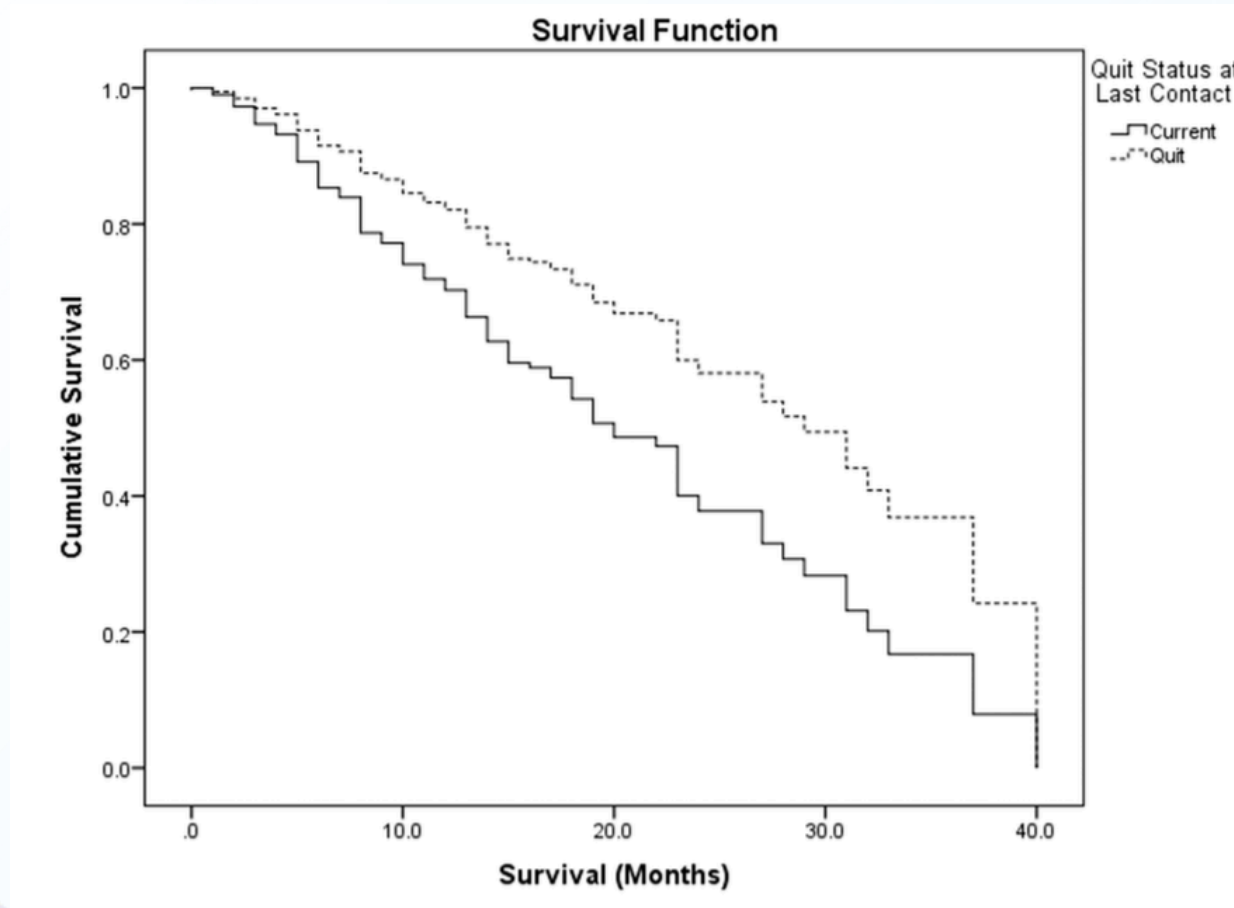
2010 Surgeon General's Report, Fig 5.1

The Reality of Cancer

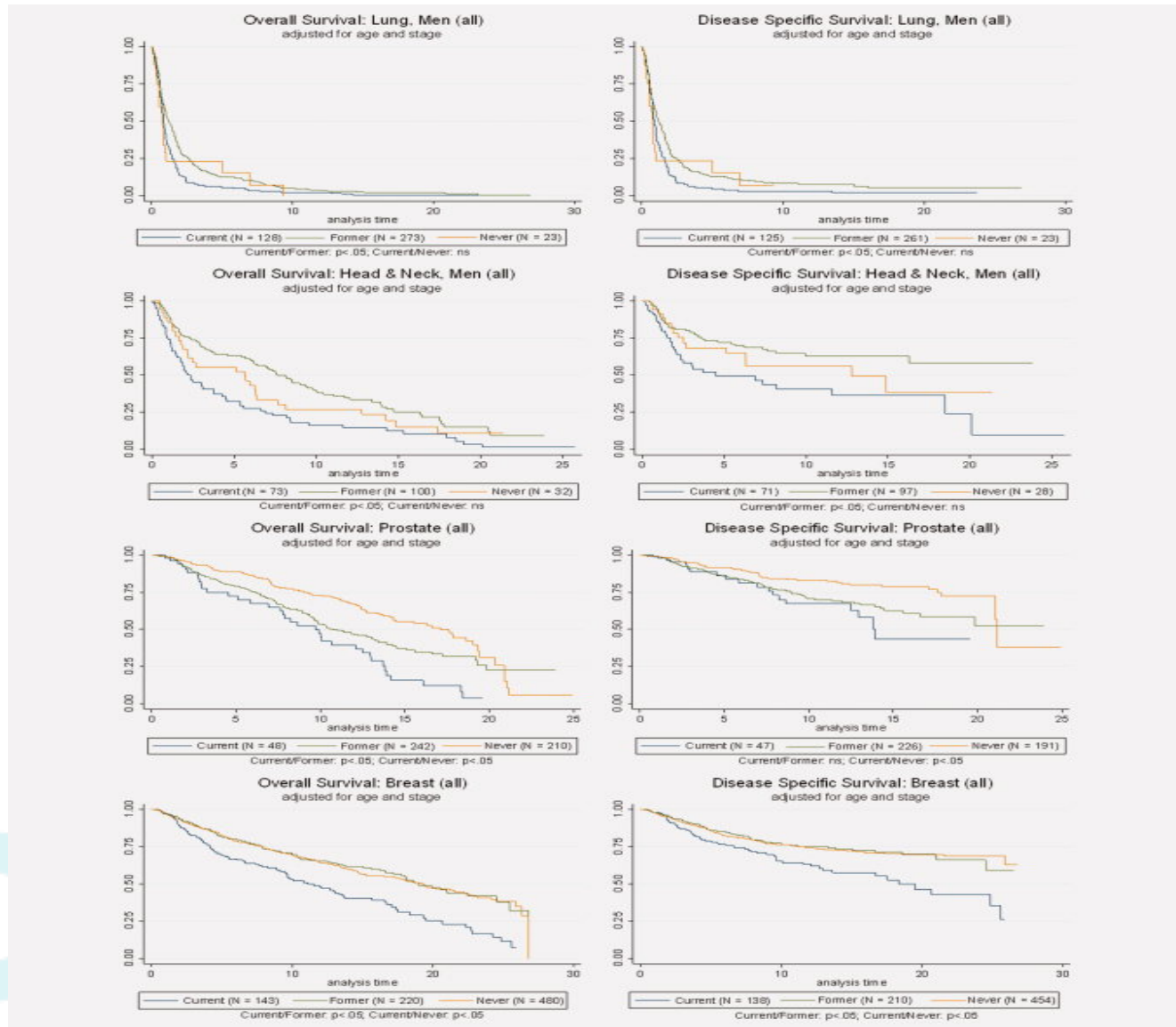


Addressing
Tobacco Use by
Cancer Patients

Survival advantage in cancer patients with smoking cessation



Smoking at diagnosis and survival in cancer patients



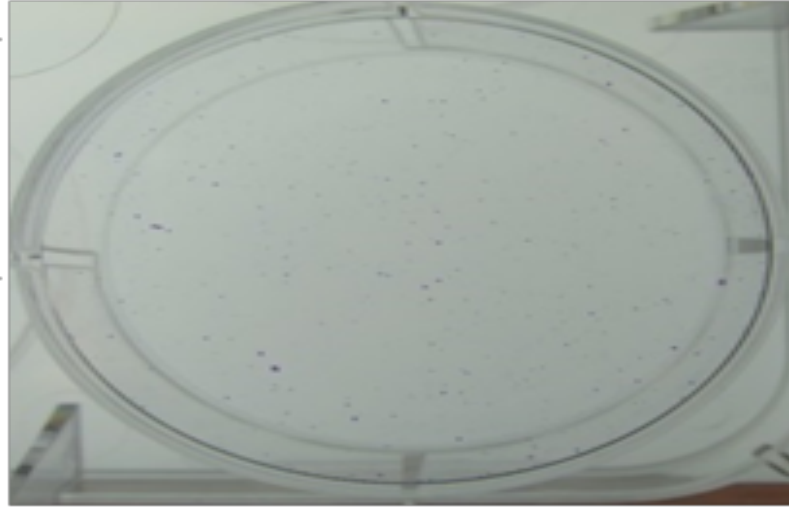
International Journal of Cancer

Volume 132, Issue 2, pages 401-410, 17 MAY 2012 DOI: 10.1002/ijc.27617

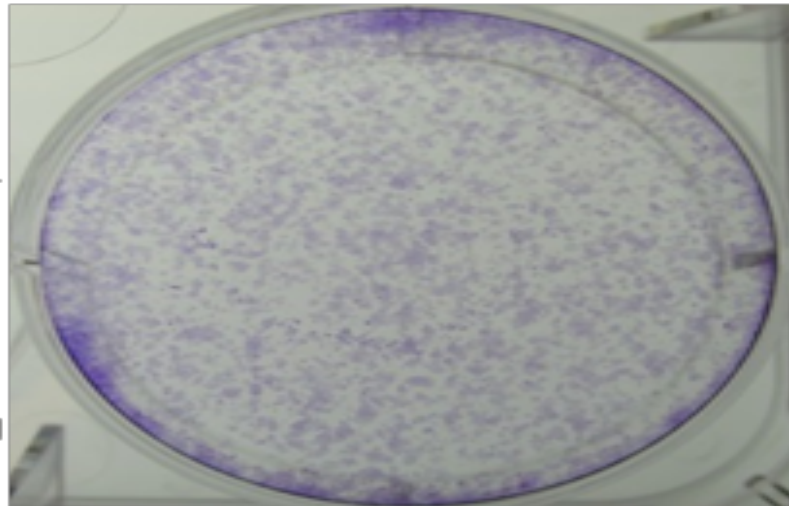
<http://onlinelibrary.wiley.com/doi/10.1002/ijc.27617/full#fig1>

Smoking and Therapeutic Response

RT alone



RT + CS



Courtesy of Dr. Graham
Warren's lab

Effects of Continued Smoking

Lung cancer patients who smoke have a 20% greater chance of experiencing radiation pneumonitis

Twice the normal dose of Erlotinib was required to produce the necessary circulating levels of the drug in smokers compared to never-smokers.

Int J Cancer 2008 Apr 1;122(7):1679-1683

Cancer Res 2006 Apr 1;12(7 Pt 1):2166-2171

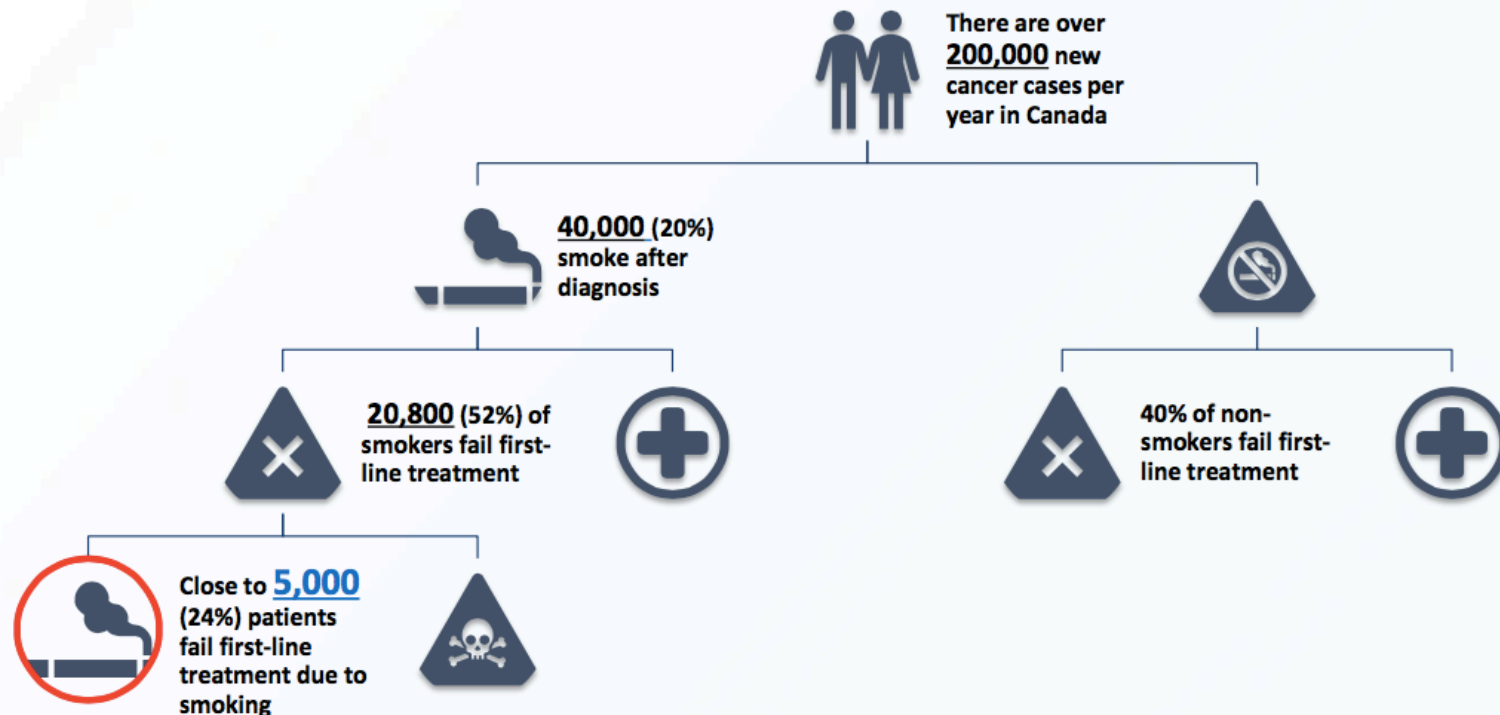
Smoking and Prostate Cancer

Cause of Death	% of Total Deaths	HR for Current Smokers
Cardiopulmonary disease	50.3%	3.05
Other	15.5%	5.52
Gastrointestinal cancer	12.4%	4.09
Lung cancer	9.9%	
Other cancers	3.1%	
Prostate cancer	8.7%	

Treatment (surgery, radiotherapy, androgen deprivation) all focus on optimizing a relatively low percentage of deaths

**What about
the larger
percentage**

The Cost of Failed Cancer Treatment due to Continued Smoking



The Cost of Failed Cancer Treatment due to Continued Smoking

Cost of Failure due to Smoking

Table 3. Mean Cost Associated With First-line Cancer Treatment Failure Attributed to Smoking per 1000 Total Patients With a 30% Failure Rate of First-line Cancer Treatment Among Nonsmoking Patients and 20% Smoking Prevalence

Odds Ratio ^a	Mean Individual Cost per Treatment Failure, \$			
	10 000	50 000	100 000	250 000
1.1	40 777	203 883	407 767	1 019 417
1.2	79 245	396 226	792 453	1 981 132
1.4	150 000	750 000	1 500 000	3 750 000
1.6	213 559	1 067 797	2 135 593	5 338 983
1.8	270 968	1 354 839	2 709 677	6 774 194
2.0	323 077	1 615 385	3 230 769	8 076 923
2.5	434 483	2 172 414	4 344 828	10 862 069
3.0	525 000	2 625 000	5 250 000	13 125 000

US Estimates: \$3.4 Billion Annually
\$10,678 per smoking patient

Pan-Canadian Estimates: \$239 Million Annually
\$5,795 per smoking patient

Warren et al., *JAMA Network Open*, 2019

CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER



BC
CAN
CER

Provincial Health Services Authority

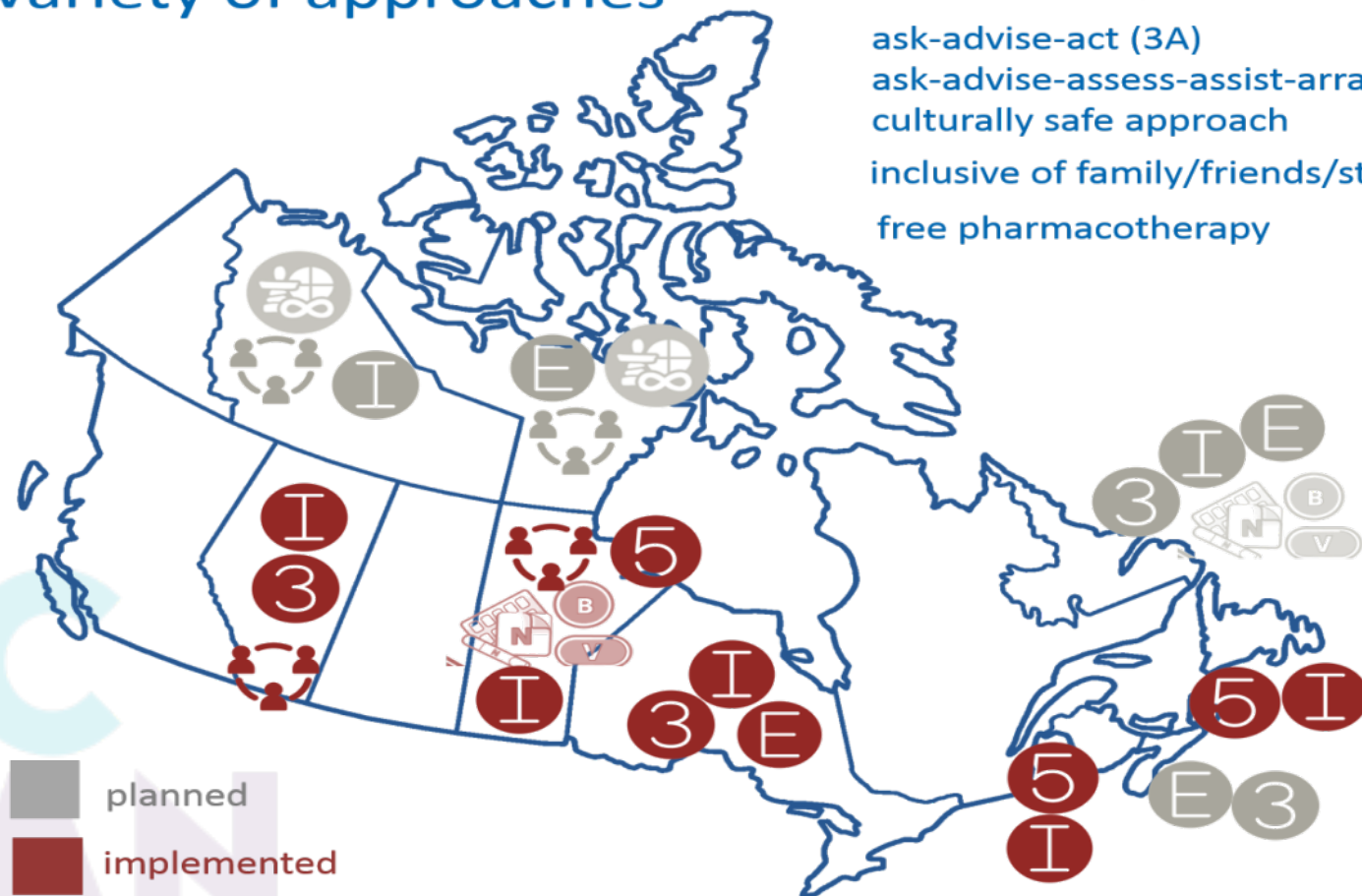
Pan-Canadian Tobacco Cessation + Cancer Care Network



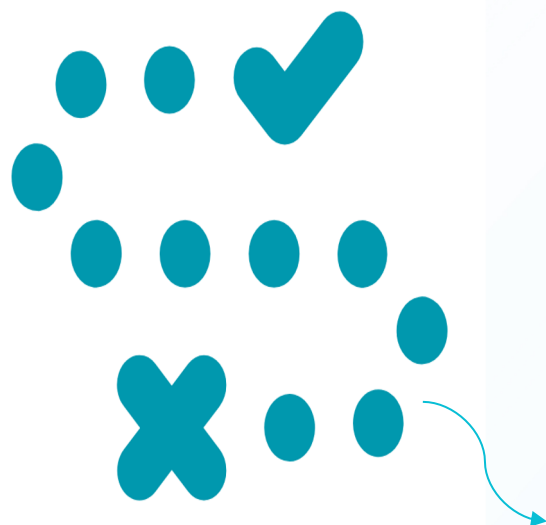
Smoking Cessation Programs in Cancer Centers Across Canada (2018)

Variety of approaches

internal service, referral to external or mix
ask-advise-act (3A)
ask-advise-assess-assist-arrange (5A)
culturally safe approach
inclusive of family/friends/staff
free pharmacotherapy



Tobacco cessation projects: adoption targets and progress



2022 target:

All 13 jurisdictions fully implementing smoking cessation for cancer patients/families and approximately half of cancer centres offering culturally appropriate support

2017:

9 jurisdictions
integrating smoking
cessation
in cancer systems

Adoption Indicator	2018/19	2019/20
% outpatient cancer treatment centres offering patients support to quit smoking	66% (73/111)	73% (83/114)
% outpatient cancer treatment centres offering patients culturally appropriate support to quit smoking	18% (20/111)	30% (34/114)

Pan-Canadian Vision Statement

“Our vision is that every patient with cancer across Canada receives support to quit smoking for the best treatment and quality of life.”

Traditional (or sacred) and Commercial Tobacco

Traditional tobacco

A respected and honoured gift from the Creator honoured.

Used to:

- Give thanks to the Creator
- Honour all creatures
- Seek protection and guidance
- Convey gratitude, love and kindness



Commercial tobacco

Harmful to our health.
Commercially prepared: cigarettes, chewing tobacco, and snuff

Increase risk of:

- Cancer
- Heart Disease
- Stroke
- Type 2 Diabetes



Standard of Care for **EVERY** Patient

- Smoking cessation for cancer patients is the first and most important treatment
- **EVERY** patient should be screened for active tobacco use
- **EVERY** patient should be educated on the benefits of quitting in the setting of cancer
- **EVERY** patient should have access to the provincial quit line (Quitnow) and free pharmacotherapy

Environmental Scan:

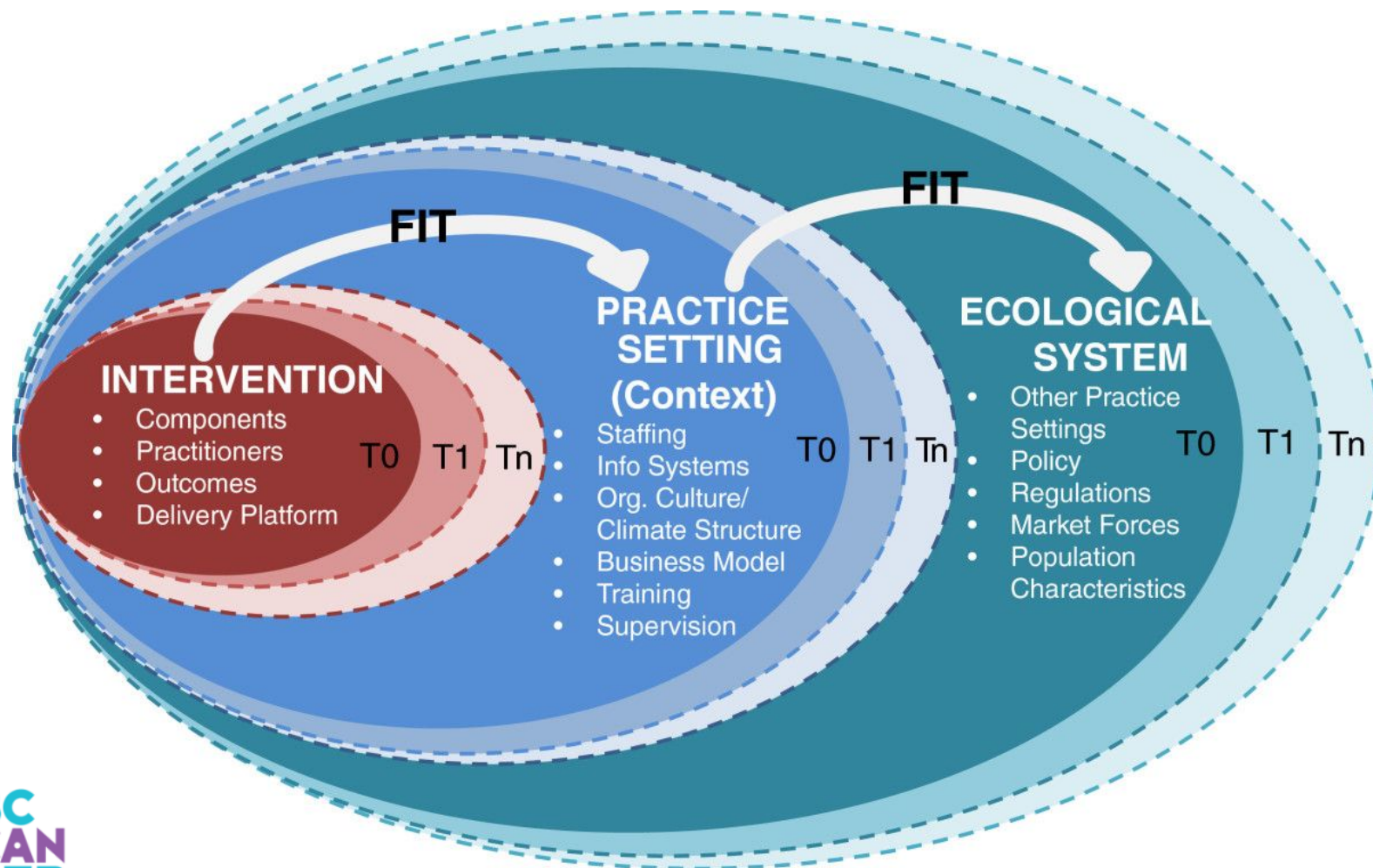
4337 charts pulled

- Only around 2065 patients had a PRISM form collected on the same day as admission (48%)
- 10% of patients did not have a PRISM form in the chart
- 10% filled out a form, but more than 1 month before or after first appointment and another 4% had a missing date of completion or missing smoking information
- The smoking rates ranged from 13% in Surrey to 25% in the Prince George

Current Smokers

Location at Admission by Smoker Within 6 Months	No	%	Yes	%	Unknown	Total
Abbotsford	226	82%	48	18%	6	280
North	119	75%	40	25%	2	161
Fraser Valley	416	86%	66	14%	17	499
Southern Interior	436	81%	103	19%	8	547
Vancouver	806	87%	125	13%	14	945
Vancouver Island	518	84%	98	16%	12	628
Unknown or Multiple	5	100%	0	0%	0	5
Total	2526	84%	480	16%	59	3065

Cessation Must Fit Within Existing Systems



Pharmacotherapy - BC Smoking Cessation Program

Nicotine Replacement:

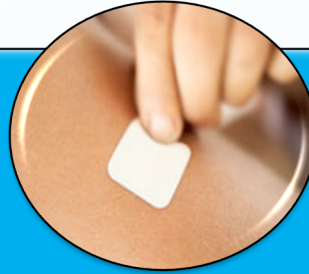
- NRT provided at NO COST to BC residents with valid MSP coverage
- Available from a community pharmacy
- Client and pharmacist must complete a Declaration & Notification form at each fill
- Program will cover patch OR gum OR lozenge OR inhaler

BC Smoking Cessation Program



Days 1-28

- 28 Nicoderm Patches **OR**
- 324-432 Nicorette Gum or Lozenge **OR**
- Nicorette Inhaler
- Sign Form



Days 29-56

- 28 Nicoderm Patches **OR**
- 324 Nicorette Gum or Lozenge **OR**
- Nicorette Inhaler
- Sign Form



Days 57-84

- 28 Nicoderm Patches **OR**
- 216-342 Nicorette Gum or Lozenge **OR**
- Nicorette Inhaler
- Sign Form

BC Smoking Cessation Program

Other Prescription Medications

- Bupropion & Varenicline
 - Pharmacare benefits
 - Require prescription from physician
- Covered 12 weeks per calendar year
- Physician can apply for special authority to extend therapy
- Client and pharmacist must sign declaration at each fill

Partnerships

quitnow.ca

QuitNow- Client Services: Coaching

Talk to a Quit Coach



Call

Free one-on-one advice and guidance. Whether you're looking to quit, or want to learn more about your health, our Quit Coaches are available to help.

[Learn more](#)



Call 1-877-455-2233



Schedule a call back



Live chat

Do you have a quick question about quitting? Live Chat connects you with a Quit Coach for all the answers.

[Learn more](#)



Ask a Quit Coach



Group support

Group support is a good option for someone who likes to hear about practical quitting tips from others who are trying to quit, as well as a Quit Coach. List of dates and topics are available at the link below.

[Learn more](#)



Call 1-877-385-4099

Access code: 4356609#

QuitNow Client Services: Resources



Thinking about quitting

Everyone has their own reasons for quitting. Explore your reasons and what it will take to overcome ambivalence about quitting.

[Learn more](#)



Ready to quit

Congratulations on making the decision to quit! Now it's time to make a plan, deal with challenges and master cravings along the way.

[Learn more](#)



Methods and medications

Quitting is hard. But you don't have to rely on will power alone. Medications can double your chances of quit success.

[Learn more](#)



Get subsidized medication

The PharmaCare BC Smoking Cessation Program helps with the cost of prescription medications.

[Learn more](#)



Staying smoke-free

Learn what to expect in the days and weeks after quitting smoking and plan out what you can do to beat cravings and minimize withdrawal.

[Learn more](#)



Interactive learning tools

Try our interactive tools to motivate you to make a quit attempt. Get the facts that will make your quit easier and help you stay on track.

[Learn more](#)

Ask, Advise, Refer (AAR)

- **AAR Brief Tobacco Intervention Model** is an established model used in a variety of clinical settings.
- It is designed to be implemented in less than 2 minutes and involves the following three steps:
 - **Ask** about tobacco use (30 sec)
 - **Advise** to quit (1.5 min)
 - **Refer** to a local resource for more intensive tobacco treatment counseling or pharmacotherapy

Resources

AAR: Brief Intervention for Smoking Cessation

1 Ask: All new cancer patients

"Do you smoke cigarettes? Have you used any form of tobacco in the last 6 months?"

2 Advise: Current Smokers/Recent Quitters

"Quitting or reducing smoking/**Staying quit** is one of the best things you can do to help your cancer treatment work better, and reduce side effects. Being smoke-free will also reduce the chance of your cancer coming back, or getting another kind of cancer."

3 Refer: Current Smokers/Recent Quitters

"I understand that quitting or reducing smoking/**staying quit** can be hard, but it's easier if you have help. I'm going to refer you to..."

- Initiate referral to smoking cessation service(s).
- Document Ask, Advise, & Refer for BC Cancer data collection.

Treatment-specific advice:

Surgery

"If you quit smoking, you are less likely to have infections or complications from your surgery. Quitting smoking makes surgery safer and helps you recover faster."

Radiation Therapy

"Radiation therapy works best when the amount of oxygen in your body is normal. When you smoke, your oxygen level drops. Quitting smoking helps radiation therapy work better, and may reduce side effects."

Chemotherapy

"Cigarette smoke has chemicals that can lower the amount of some chemotherapy drugs in your blood, making them less effective. Quitting smoking helps chemotherapy drugs work better in your body."

It's never too late to quit!

Adapted with permission from Cancer Care Ontario. Production of this resource has been made possible through financial support from Health Canada through the Canadian Partnership Against Cancer.



The Traditional 5 A's

Ask

Advise

Assess

Assist

Arrange

– Smokers who are NOT ready to quit, actually quit at the same rate as those smokers READY to quit

- Ellerbeck, 2009
- Pissinger, 2005

Opting Out: A New Approach

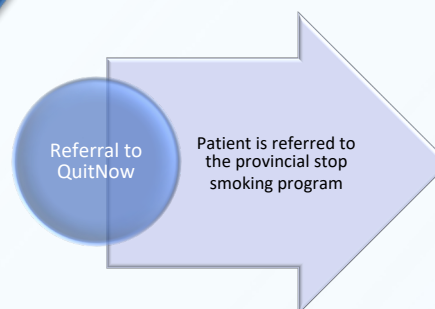
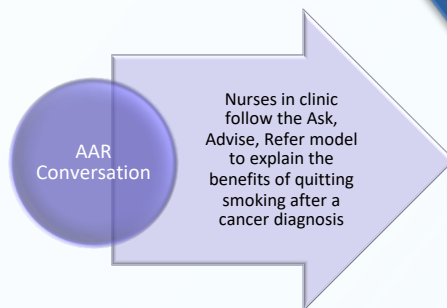
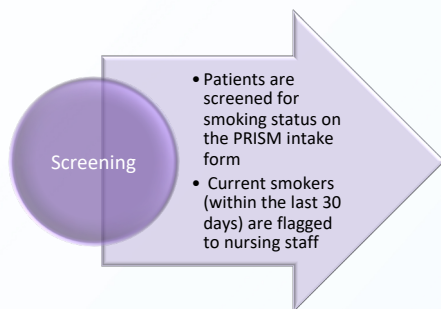
- For any choice point, there's a default – what you get if you do nothing
- Making an option the default increases the chances that it will occur
- Organ donation—
 - Germany – no one is a donor, have to “opt in” – 12%
 - Austria – everyone is a donor, have to “opt out” – 99%
- HIV screening – screening rates increased when it was changed to opt-out

Johnson et al, 2005; Van De Veer, 1986; Klein, 2014


Our Process




PRISM forms are faxed to us so that we can extract the data and make reports.



Refer- developed for BC Cancer



Quit Smoking
Support from 

FAX REFERRAL
Fax To: 1-888-857-6555

"Quitting smoking is the best thing you can do for your health. We know that many people want to quit smoking. QuitNow is free in BC and they will help you quit smoking."

PATIENT INFORMATION (patient sticker can be placed here)

Patient First Name: _____
Patient Last Name: _____
Male ☐ Female ☐ Another ☐ Prefer not to answer ☐
Year of Birth (yyyy): _____

REFERRAL SOURCE INFORMATION

☐ BC Cancer Abbotsford ☐ BC Cancer Kelowna
☐ BC Cancer Prince George ☐ BC Cancer Surrey
☐ BC Cancer Vancouver ☐ BC Cancer Victoria
Phone: 604-675-8000 X 7095
Postal Code: V5Z 1L3

"You will be getting a call from QuitNow. Would you like the additional support of the web or text?"

REQUIRED INFORMATION FOR PHONE SUPPORT

Phone Number: _____
If contact method is by phone, what is the best time to contact you?
NOTE: QuitNow will make three attempts to contact you. (Check all that apply.)
Weekday → ☐ Morning ☐ Afternoon ☐ Evening
Weekend → ☐ Morning ☐ Afternoon
Patient would like phone coaching to be translated into: _____
(Translation service is available in more than 300 languages that take less than a minute to set up.)

REQUIRED INFORMATION FOR ADDITIONAL SUPPORT

☐ Web Support
Email Address: _____
Patient can self register by going to www.quitnow.ca
☐ Text Support
Cell Number: _____
Patient can self register by texting the word QUITNOW to 654321


"Before I refer you to QuitNow, please let me know if you consent to the following:"
NOTE: please read the five statements below to the patient and ensure the box is checked.


PATIENT CONSENT

☐ By checking this box, I consent to:
- Allow the referral agent to refer me to QuitNow (fax or electronic referral).
- Allow the Quit Coach to leave a message on my phone.
- Allow QuitNow to inform the referral agent about the outcome of my enrolment in the service.
- Allow QuitNow to contact me for research/evaluation purposes to improve service.
- Receive the free text service, if requested, even though standard message and data rates may apply.

Patient Signature _____ Date (yyyy/mm/dd) _____

The information on this form is being collected under the Freedom of Information and Protection of Privacy Act 26 (c)(8)(e) and will be used to provide smoking cessation services to you and for ongoing research and program evaluation of our services. For more information regarding the collection, use and disclosure of your personal information, please contact the Privacy Officer, British Columbia Lung Association, PO Box 34009 Station D, Vancouver, British Columbia, V6J 4M2, privacy.officer@bc.lung.ca, 1-800-665-5864



BRITISH COLUMBIA LUNG ASSOCIATION
 **BRITISH COLUMBIA**

Are Patients Aware Smoking is Harmful?

Statement on Harms of Continued Smoking	Agree	Don't Know	Disagree
Smoking Increases Surgical Complications	36%	46%	18%
Smoking Increases Radiation Side Effects	27%	54%	18%
Smoking Reduces Quality of Life After Chemotherapy	37%	43%	20%
Smoking Reduces Efficacy of Chemotherapy/Radiation	31%	49%	20%
Smoking Increases Risk of Death	45%	33%	22%
Smoking Increases Risk of Second Primary Cancers	48%	30%	22%

Eng *et al*, ASCO 2016

Do Patients Want to be Screened?

Question	All Patients	Current Smokers	Ex/Never Smokers	P Value
Should smoking status be assessed at the first visit?	95%	89%	97%	0.003
Should smoking status be assessed at every clinic visit?	58%	51%	60%	0.09
I am comfortable with healthcare providers asking me about my tobacco use	96%	88%	98%	<0.001
I feel that it is important that health care providers know if I use tobacco	98%	99%	98%	0.37

L Eng et al. ESMO Sept 2017, ASCO
Survivorship 2018

How Often Do patients Want to be Assessed?

Response	All Patients	Current Smokers	Ex/Never Smokers	P Value
How often has your smoking status been assessed?				
Only at first visit	40%	22%	45%	<0.01
At a few visits	32%	35%	31%	
Half of visits or more	29%	42%	24%	

L Eng et al. ESMO Sept 2017, ASCO Survivorship
2018

By Who and When?

Options for Assessment	%
Oncologist/Physician Asking Me	88%
Other Healthcare Provider Asking Me	44%
Assessment through paper questions	29%
Assessment through electronic surveys	32%

Patients preferred being asked about smoking status through their physician

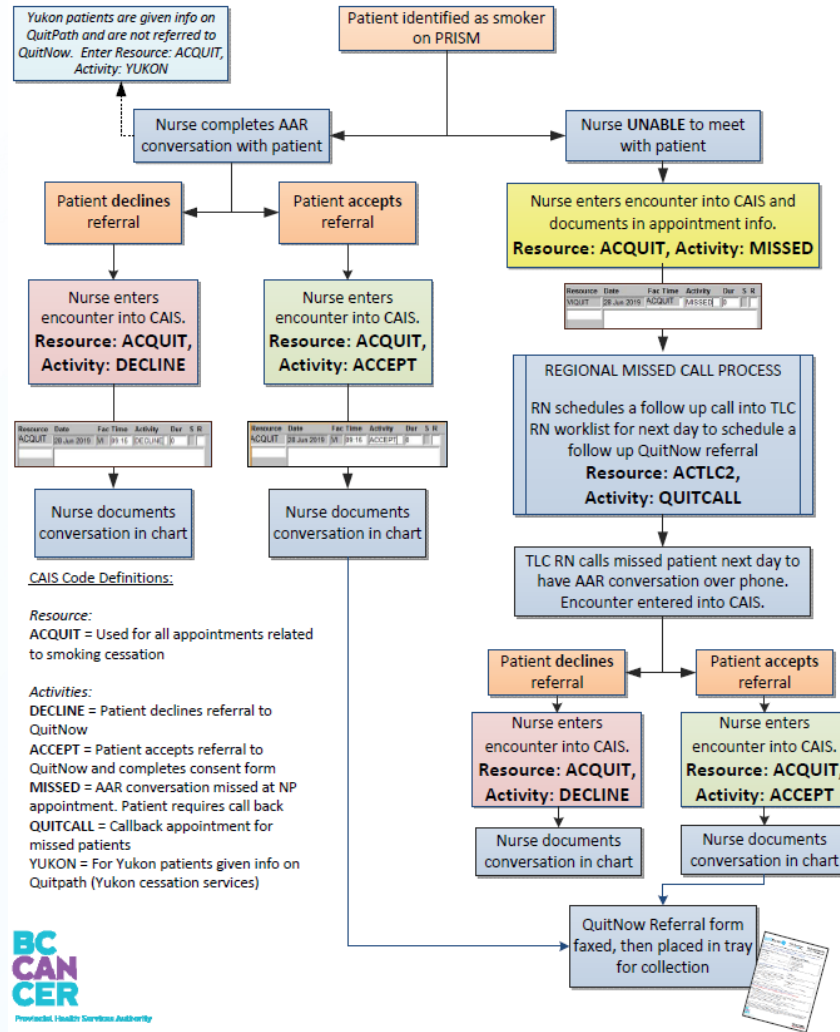
Options for when to discuss smoking cessation	%
At the first visit	76%
After treatments has started	7%
After treatments or surgery is completed	5%
Other	12%

Patients preferred discussing about tobacco cessation during the first clinic visit

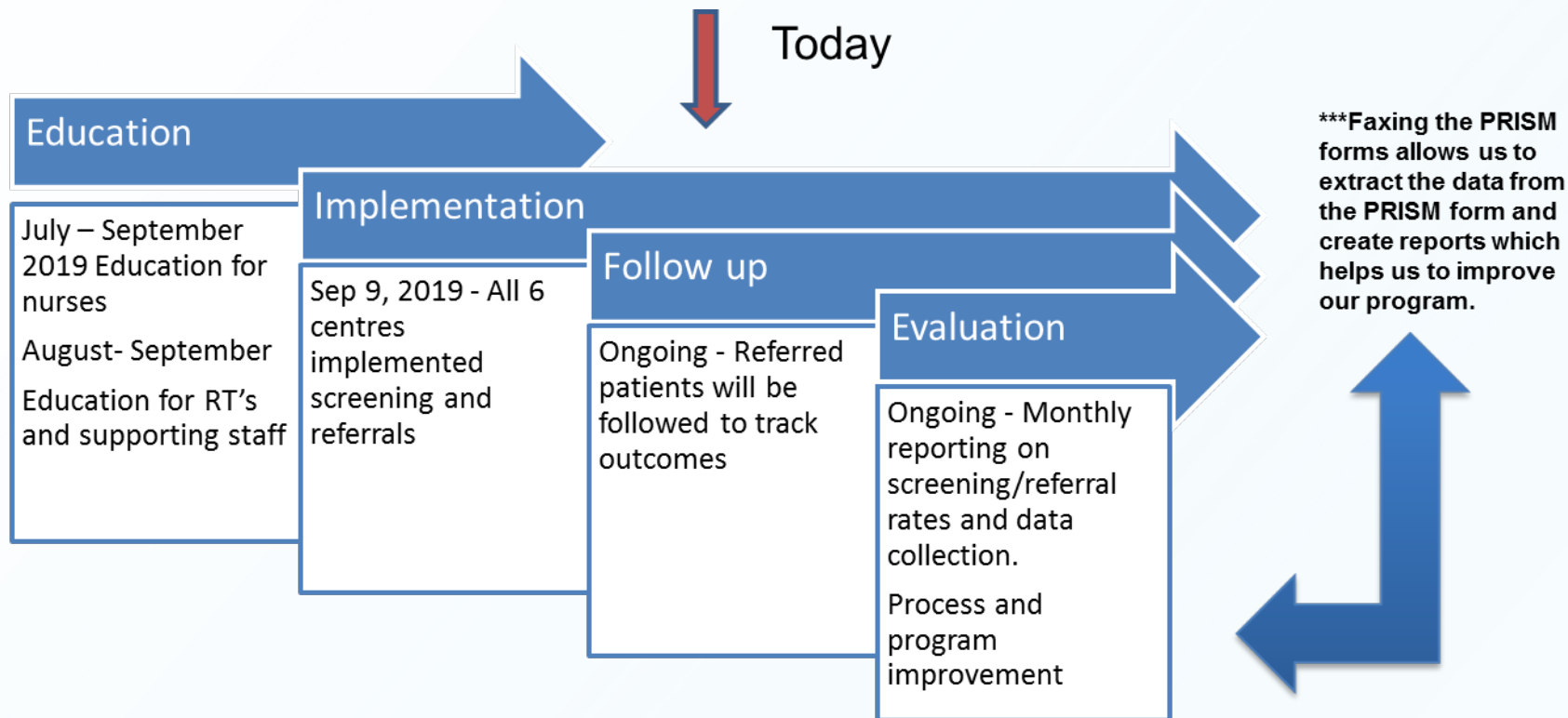
L Eng et al. ESMO Sept 2017, ASCO Survivorship 2018

Sample Workflow for Abbotsford Centre

Smoking Cessation Initiative CAIS Entry Algorithm (Abbotsford)



Program status



*****Data Collection includes:**

1. 30 day call backs
2. 6 month call backs
3. Data entry of PRISM form information including smoking history & various common indicators

Data Collection

6 Main Points for Data Collection

- PRISM form
- Consent Form & QuitNow Referral Form
- CAIS Resource/Activity Code Appointment Scheduling
- QuitNow Faxback Form
- Follow-up Questionnaire & RedCap
- Nurses education and implementation in practice (pre-post test, and 6 months into practice change)

Data Reporting

Smoking Cessation Progress Report

Date range September 9 - November 30, 2019

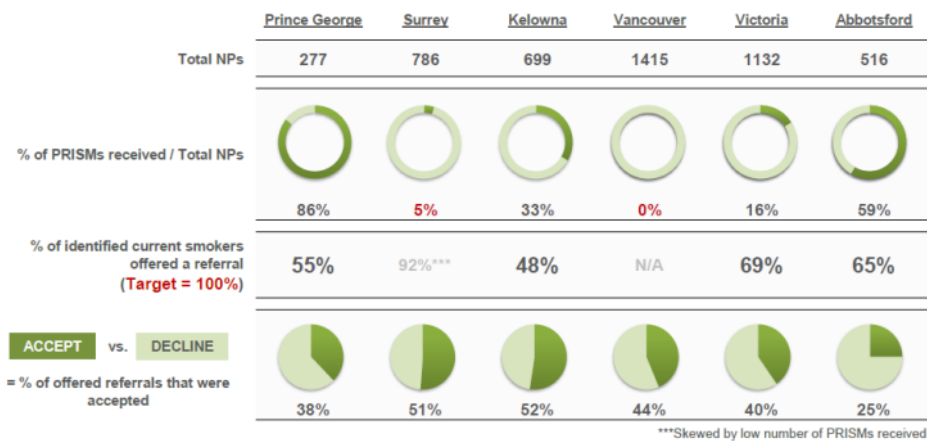
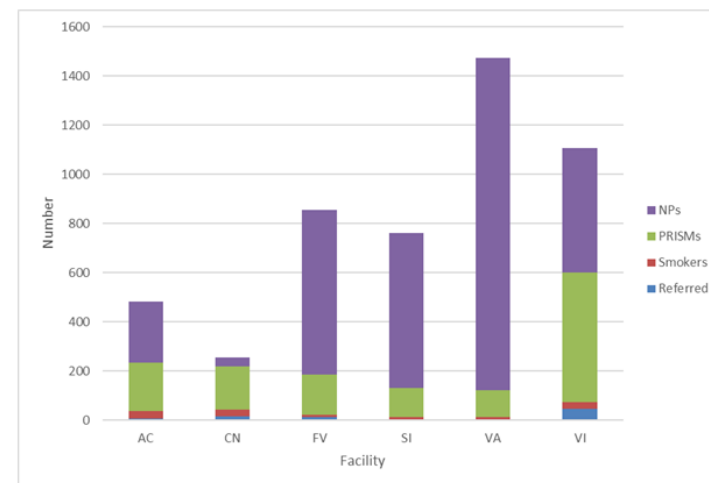


Table 1. Presenting 3-month period of December 2019 to February 2020, Number of New Patients (NP's), number of PRISMs received, number of smokers identified, and number of referrals to the quit line (QuitNow), expressed as percentage of total NPs.

Indicators	Facility					
	AC	CN	FV	SI	VA	VI
NPs (N)	484	254	857	763	1473	1107
PRISMs	234	219	185	130	123	601
N (%)	(48.3)	(86.2)	(21.6)	(17.0)	(8.4)	(54.3)
Smokers	37	42	22	14	12	75
N (%)	(7.6)	(16.5)	(2.6)	(1.8)	(0.8)	(6.8)
Referred	8	15	14	5	4	47
N (%)	(1.7)	(5.9)	(1.6)	(0.7)	(0.3)	(4.2)

Figure 1. Presenting 3-month period of December 2019 to February 2020, numbers of new patients (NPs), number of PRISMs received, number of identified smokers, and number of referrals to the quit line (QuitNow).



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Smokers	37	42	22	14	12	75
N (%)	(15.8)	(19.2)	(11.9)	(10.8)	(9.8)	(12.5)
Referred	8	15	14	5	4	47
N (%)	(3.4)	(6.8)	(7.6)	(3.8)	(3.3)	(7.8)

Figure 1. Presenting 3-month period of December 2019 to February 2020, numbers of new patients (NPs), number of PRISMs received, number of identified smokers, and number of referrals to the quit line (QuitNow).



Patient Video

- <https://www.youtube.com/watch?v=GH9tzvS6Ekk>

Resources

BC CAN CER
Provincial Health Services Authority

Quitting smoking helps radiation therapy work better and may reduce side effects.

Radiation therapy works best when the amount of oxygen in your body is normal. When you smoke, your oxygen level drops.

Help your cancer treatment work better.

Talk to your care team about how to quit smoking or stay smoke free.

It's never too late to quit!



BC CAN CER
Provincial Health Services Authority

Quitting smoking makes surgery safer and helps you recover faster.

People who quit smoking:

- are less likely to have complications during or after surgery
- are less likely to have infection

Help your cancer treatment work better.

Talk to your care team about how to quit smoking or stay smoke free.

It's never too late to quit!



BC CAN CER
Provincial Health Services Authority

Quitting smoking is one of the best things you can do to help your cancer treatment work better.

Quitting smoking will help, whether you are having:

- surgery
- radiation therapy or
- chemotherapy

Help your cancer treatment work better.

Talk to your care team about how to quit smoking or stay smoke free.

It's never too late to quit!



BC CAN CER
Provincial Health Services Authority


Quitting smoking helps chemotherapy drugs work better in your body.

Cigarette smoke has chemicals that can lower the amount of some chemotherapy drugs in your blood, making them less effective.

Help your cancer treatment work better.

Talk to your care team about how to quit smoking or stay smoke free.

It's never too late to quit!



Resources

Take the next step on your tobacco-free journey

Make the most of your referral to QuitNow

With your consent, as part of your treatment, BC Cancer has referred you to QuitNow, the free service that helps British Columbians quit or reduce smoking.

What to expect from QuitNow?

A few days after your referral, you will get a call from a Quit Coach to discuss your goals and what support will work best for you.

It's your choice. You may have one or two conversations, or a series of calls. On all calls, the Quit Coach will help you on your journey to reduce or quit smoking.

Coaches can help you:

- Plan your quit or reduction
- Overcome cravings
- Identify coping strategies
- Learn how to access nicotine replacement therapy or quit medications that are insured under PharmaCare
- Deal with slip ups or set backs (slip ups or set backs are a common part of quitting for most people)
- Access coaching in the language of your choice

The number from the Coach may display on your phone as a 1.800 number. If you miss the call, be sure to call back toll-free at 1.877.455.2233.

November 2018

What else does QuitNow offer?

You don't have to wait for the call to get started. Check out these other free 24/7 QuitNow services when you register online at quitnow.ca:

- Create a self-directed Quit Plan
- Join the Community Forum for peer support
- Register for a 3-month texting program tailored to your quit date
- Sign up for email tips customized to your quit date
- Chat with a Quit Coach for extra support, managing cravings or answering quick questions
- Register for group support sessions held over the phone with a Quit Coach

Aren't ready to register online?

For those ready to set a quit date in the next 30 days but don't want to register online, text [QUITNOW](http://quitnow.ca) to 654321 to receive motivational tips sent straight to your phone. It's a free 3-month program that you can cancel anytime by texting STOP.

Print materials

If you want print material to help with quitting, download at: www.quitnow.ca/healthcare-providers/
Call QuitNow at 1.877.455.2233

Adapted with permission from New South Wales Health's New South Wales Cancer Care Program. Production of this resource has been made possible through financial support from Health Canada through the Canadian Partnership Against Cancer.



The benefits of quitting smoking for people with cancer



Even after a cancer diagnosis, it's never too late to stop smoking

Benefits of quitting smoking while going through your cancer treatment:

- Better chance of successful treatment
- Improves your health and your body's response to treatment
- Fewer serious side effects
- Faster recovery from treatment
- Lower risk of your cancer coming back or getting another form of cancer
- Lower risk of infection
- Easier breathing
- More energy
- Better quality of life

"Quitting tobacco use after being diagnosed with cancer may decrease the risk of dying by up to 30-40%. The benefit of quitting may equal, or exceed the value of the best cancer treatments."
(USDHHS Surgeon General's Report, 2014).

Quitting smoking is one of the best things you can do to help your cancer treatment

Radiation

- Radiation therapy works better if the level of oxygen in your body is normal. When you smoke, the level of oxygen in your blood drops, making it harder for radiation to do its job.
- If you cannot stop smoking, do not smoke before and after your radiation therapy.

Chemotherapy

- Chemotherapy drugs work better in people who do not smoke.
- Chemicals in cigarette smoke lower the amount of chemotherapy drugs in your blood. Chemotherapy cannot work as well.

Surgery

- Quitting smoking or smoking fewer cigarettes can make surgery safer and help you recover more quickly.
- People who quit smoking are:
 - Less likely to have complications during or after surgery
 - Less likely to have infections
 - More likely to heal faster and go home sooner

Where to start

Quitting smoking or smoking less can be hard, but no matter how much you smoke, we are here to help.


Talk to your BC Cancer health care team (all nurses are happy to refer you to the QuitNow quitline). Please advise the team if you plan to quit tobacco as your medication may need to be adjusted.

- Talk to your local pharmacist about the free NRT (nicotine replacement therapy) program through BC PharmaCare.
- Talk to your doctor about your intention to quit smoking before any of your treatment takes place. They will be fully supportive of your quit attempt.
- As part of your treatment with BC Cancer, you will be referred to a Quit Coach to help you create a plan that is right for you to quit smoking. Please see the reverse of this brochure for more information on the QuitNow services and how they can help.


Call QuitNow at 1.877.455.2233 for more information or visit www.quitnow.ca



Resources



BC CANCER
Provincial Health Services Authority




BC CANCER SMOKING CESSATION PROGRAM

FACTS FOR CANCER PATIENTS: COVID-19, CANCER AND SMOKING


COVID-19 IN RELATION TO CANCER PATIENTS

- Cancer patients may be at a higher risk of severe outcomes associated with COVID-19 as they often have weakened immune systems, which puts them at risk of fighting off viruses
- Patients who smoke while receiving cancer treatment often have poorer health and treatment outcomes



COVID-19 IN RELATION TO PEOPLE WHO SMOKE


- May have an increased risk of more severe outcomes associated with COVID-19
- The World Health Organization suggests that the act of smoking may accelerate the transmission of COVID-19 due to increased contact between hand and mouth as well as the potential sharing of cigarettes, mouth pieces or other smoking products
- May be more vulnerable to certain infections because smoking has a negative impact on the immune system
- A recent systematic review on COVID-19 and smoking found that smokers are more likely to have severe symptoms of COVID-19, be admitted to an ICU, need mechanical ventilation or die compared to non-smokers. (See summary of evidence below for more information)



COVID-19 IN RELATION TO CANCER PATIENTS WHO SMOKE


- Given that both smokers and cancer patients are likely to be at a higher risk for harmful outcomes of COVID-19, cancer patients who smoke are particularly vulnerable

⇒ Smoking cessation efforts for cancer patients is an increased priority at this time



LEARN MORE @


- Summary of Evidence for Smoking, COVID and cancer patients: www.bccancer.bc.ca/health-professionals-site/Documents/COVID-19%20smoking%20and%20cancer.pdf
- BC Cancer Smoking Cessation program - Patients and Family: www.bccancer.bc.ca/our-services/services/smoking-cessation-program
- Provincial Quit Line – QuitNow: www.quitnow.ca



BC CANCER
Provincial Health Services Authority

BC CANCER SMOKING CESSATION PROGRAM

RESOURCE CHECKLIST FOR HEALTH CARE PROFESSIONALS



TO FIND RESOURCES FOR THE SMOKING CESSATION PROGRAM, GO TO THE BC CANCER WEBSITE:


www.bccancer.bc.ca/health-professionals/clinical-resources/smoking-cessation-program#Program--details

LOOK UNDER HELPFUL LINKS TO FIND:

- Patient brochure >
- Quitnow referral form >
- Quitpath (Yukon Patients only) >
- The CPAC pan-Canadian action framework and accompanying implementation checklist >
- The Health Consequences of Smoking – 50 years of progress Surgeon General Report 2014 >
- Treatment specific benefits with quitting smoking >
- COVID, smoking and cancer – CPAC evidence review >
- Video recording of patient partners on quitting smoking >
- Audio and slides: "Smoking and cancer treatment: Clinical, Biologic, and Cost Considerations", Dr Graham Warren at BC Cancer >
- Video and slides: "The importance of Smoking Cessation in Cancer Care", Dr Graham Warren (Medical Expert – CPAC) >

THINGS TO REMEMBER

Please remember to have the AAR conversation with the patient and then enter the conversation into CAIS with the correct activity



CAIS CODE REVIEW

RESOURCE CODE:

#QUIT i.e. VAQUIT

ACTIVITIES CODE:

- ACCEPT** Patient accepts referral to QuitNow and completes consent form
- DECLINE** Patients declines the referral to QuitNow
- MISSED** AAR conversation missed at NP appointment. Patient requires a call back
- QUITCALL** Callback appointments for MISSED patients

AAR CONVERSATION

ASK – ask the patient about their history with smoking

ADVISE – advise them of the benefits of quitting smoking while going through cancer treatment

REFER – refer the patient to the Quitnow program

QUESTIONS?

Contact: Cheryl Colby, Program Manager
cherylcolby@bccancer.bc.ca

BC Cancer Smoking Cessation Program

Successes to date

- ☐ Nurses educated and trained on the AAR conversation in all 6 cancer centres
- ☐ Development of Provincial Working Group – meets on bi-monthly basis
 - Includes: Nurse Champions, 2 patient partners, Provincial lead for Indigenous Cancer Control, Pharmacy, CORE working group for the project including executives, Quit Now & Ministry of Health
- ☐ Development of communication plan with BC Cancer Communications
- ☐ Development of shorter education on AAR conversation for RT's, clerks and other staff
- ☐ Physician Champions identified and engaged
- ☐ Collaborated and developed a patient brochure with Quit Now
- ☐ Developed High Level Work Flow and Data Collection System
- ☐ Presentation to all 6 centres by Dr. Graham Warren August 2019 and February 2021
- ☐ Launched program at all 6 centres on September 9, 2019
- ☐ Contest for patients and families via an information booth on smoking cessation in coordination of launch date
- ☐ Contest for Starbucks cards for employees to give tips or thoughts on smoking cessation via our internal website
- ☐ Development of Patient video
- ☐ Development of Website content
- ☐ Development of patient resource on COVID-19, smoking and cancer patients
- ☐ Development of staff resource for clinics & buttons
- ☐ Refresh strategy underway post-COVID
- ☐ Ongoing Network meetings with CPAC
- ☐ Ongoing monthly meetings with CPAC for report on project

Questions ?

