BC Cancer Smoking Cessation Program and Outcomes

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Medical Lead, Smoking cessation program
Disclosures

• I have no financial disclosures or conflict of interest.
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!!!
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

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
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).

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

- Receptor binding
- Protein kinase A and B activation and other changes
- Mutations in oncogenes and tumor-suppressor genes
- Loss of normal growth control mechanisms
- Cancer

The Historical Disconnect

- Biologic Outcomes (tumor promotion, decreased cancer treatment efficacy)
- Clinical Outcomes (recurrence, toxicity, mortality)
- Value Outcomes (cost of cancer treatment, productivity, QOL/EOL, recurrence, toxicity, mortality)

2010 Surgeon General’s Report, Fig 5.1
Problem: We don’t view Smoking in the Continuum of Cancer

The Established Carcinogenesis Model

| 2010 Surgeon General’s Report, Fig 5.1 |

The Historical Disconnect

The Reality of Cancer

- **Biologic Outcomes**
  - (tumor promotion, decreased cancer treatment efficacy)

- **Clinical Outcomes**
  - (recurrence, toxicity, mortality)

- **Value Outcomes**
  - (cost of cancer treatment, productivity, QOL/EOL, recurrence, toxicity, mortality)

Addressing Tobacco Use by Cancer Patients
Survival advantage in cancer patients with smoking cessation

Dobson Amato et al, 2013
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

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>% of Total Deaths</th>
<th>HR for Current Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiopulmonary disease</td>
<td>50.3%</td>
<td>3.05</td>
</tr>
<tr>
<td>Other</td>
<td>15.5%</td>
<td>5.52</td>
</tr>
<tr>
<td>Gastrointestinal cancer</td>
<td>12.4%</td>
<td>4.09</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>9.9%</td>
<td></td>
</tr>
<tr>
<td>Other cancers</td>
<td>3.1%</td>
<td></td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>8.7%</td>
<td></td>
</tr>
</tbody>
</table>

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

- There are over 200,000 new cancer cases per year in Canada.
- 40,000 (20%) smoke after diagnosis.
- 20,800 (52%) of smokers fail first-line treatment.
- 40% of non-smokers fail first-line treatment.
- Close to 5,000 (24%) patients fail first-line treatment due to 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

<table>
<thead>
<tr>
<th>Odds Ratio</th>
<th>Mean Individual Cost per Treatment Failure, $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10 000</td>
</tr>
<tr>
<td>1.1</td>
<td>40 777</td>
</tr>
<tr>
<td>1.2</td>
<td>79 245</td>
</tr>
<tr>
<td>1.4</td>
<td>150 000</td>
</tr>
<tr>
<td>1.6</td>
<td>213 559</td>
</tr>
<tr>
<td>1.8</td>
<td>270 968</td>
</tr>
<tr>
<td>2.0</td>
<td>323 077</td>
</tr>
<tr>
<td>2.5</td>
<td>434 483</td>
</tr>
<tr>
<td>3.0</td>
<td>525 000</td>
</tr>
</tbody>
</table>

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
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

<table>
<thead>
<tr>
<th>Adoption Indicator</th>
<th>2018/19</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>% outpatient cancer treatment centres offering patients support to quit smoking</td>
<td>66% (73/111)</td>
<td>73% (83/114)</td>
</tr>
<tr>
<td>% outpatient cancer treatment centres offering patients culturally appropriate support to quit smoking</td>
<td>18% (20/111)</td>
<td>30% (34/114)</td>
</tr>
</tbody>
</table>
“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

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

INTERVENTION
- Components
- Practitioners
- Outcomes
- Delivery Platform

PRACTICE SETTING (Context)
- Staffing
- Info Systems
- Org. Culture/Climate Structure
- Business Model
- Training
- Supervision

ECOLOGICAL SYSTEM
- Other Practice Settings
- Policy
- Regulations
- Market Forces
- Population Characteristics

Chambers et al., Implement Sci 2013
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
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
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 willpower 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
• **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
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

• Patients are screened for smoking status on the PRISM intake form
• Current smokers (within the last 30 days) are flagged to nursing staff

Screening

AAR Conversation

Nurses in clinic follow the Ask, Advise, Refer model to explain the benefits of quitting smoking after a cancer diagnosis

Referral to QuitNow

Patient is referred to the provincial stop smoking program

Cessation Services

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

quitnow.ca

QuitNow contacts patients and provides patients with cessation services
Refer- developed for BC Cancer
Are Patients Aware Smoking is Harmful?

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

Eng et al, ASCO 2016
## Do Patients Want to be Screened?

<table>
<thead>
<tr>
<th>Question</th>
<th>All Patients</th>
<th>Current Smokers</th>
<th>Ex/Neversmokers</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should smoking status be assessed at the first visit?</td>
<td>95%</td>
<td>89%</td>
<td>97%</td>
<td>0.003</td>
</tr>
<tr>
<td>Should smoking status be assessed at every clinic visit?</td>
<td>58%</td>
<td>51%</td>
<td>60%</td>
<td>0.09</td>
</tr>
<tr>
<td>I am comfortable with healthcare providers asking me about my tobacco use</td>
<td>96%</td>
<td>88%</td>
<td>98%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>I feel that it is important that health care providers know if I use tobacco</td>
<td>98%</td>
<td>99%</td>
<td>98%</td>
<td>0.37</td>
</tr>
</tbody>
</table>

L Eng et al. ESMO Sept 2017, ASCO
Survivorship 2018
How Often Do patients Want to be Assessed?

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

L Eng et al. ESMO Sept 2017, ASCO Survivorship 2018
By Who and When?

<table>
<thead>
<tr>
<th>Options for Assessment</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncologist/Physician Asking Me</td>
<td>88%</td>
</tr>
<tr>
<td>Other Healthcare Provider Asking Me</td>
<td>44%</td>
</tr>
<tr>
<td>Assessment through paper questions</td>
<td>29%</td>
</tr>
<tr>
<td>Assessment through electronic surveys</td>
<td>32%</td>
</tr>
</tbody>
</table>

Patients preferred being asked about smoking status through their physician

<table>
<thead>
<tr>
<th>Options for when to discuss smoking cessation</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the first visit</td>
<td>76%</td>
</tr>
<tr>
<td>After treatments has started</td>
<td>7%</td>
</tr>
<tr>
<td>After treatments or surgery is completed</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
</tr>
</tbody>
</table>

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)**

- Nurse completes AAR conversation with patient
- Patient identifies as smoker on PRISM
- Nurse UNABLE to meet with patient
- Nurse enters encounter into CAIS and documents in appointment info.
  - Resource: ACQUIT, Activity: MISSED
- Regional MISSED Call Process
  - RN schedules a follow up call into TLC RN workload for next day to schedule a follow up QuitNow referral
  - Resource: ACTLC2, Activity: QUITCALL
  - TLC RN calls missed patient next day to have AAR conversation over phone. Encounter entered into CAIS.

**CAIS Code Definitions:**

- Resource:
  - ACQUIT = Used for all appointments related to smoking cessation
- Activities:
  - DECLINE = Patient declines referral to QuitNow
  - ACCEPT = Patient accepts referral to QuitNow and completes consent form
  - MISSED = AAR conversation missed at NP appointment. Patient requires callback
  - QUITCALL = Callback appointment for missed patients
  - YUKON = For Yukon patients given info on QuitPath (Yukon cessation services)
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

### 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.

<table>
<thead>
<tr>
<th>Facility</th>
<th>AC</th>
<th>CN</th>
<th>FV</th>
<th>SI</th>
<th>VA</th>
<th>VI</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPs (N)</td>
<td>484</td>
<td>254</td>
<td>857</td>
<td>763</td>
<td>1473</td>
<td>1107</td>
</tr>
<tr>
<td>PRISMs</td>
<td>234</td>
<td>219</td>
<td>833</td>
<td>130</td>
<td>123</td>
<td>601</td>
</tr>
<tr>
<td>Smokers</td>
<td>37</td>
<td>42</td>
<td>22</td>
<td>14</td>
<td>12</td>
<td>75</td>
</tr>
<tr>
<td>N (%)</td>
<td>(86.3)</td>
<td>(86.2)</td>
<td>(61.8)</td>
<td>(17.9)</td>
<td>(8.4)</td>
<td>(64.3)</td>
</tr>
</tbody>
</table>

### Figure 1
Presenting 3-month period of December 2019 to February 2020, numbers of new patients (NP's), number of PRISMs received, number of identified smokers, and number of referrals to the quit line (QuitNow).
<table>
<thead>
<tr>
<th>Indicators</th>
<th>Facility</th>
<th>AC</th>
<th>CN</th>
<th>FV</th>
<th>SI</th>
<th>VA</th>
<th>VI</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPs (N)</td>
<td></td>
<td>484</td>
<td>254</td>
<td>857</td>
<td>763</td>
<td>1473</td>
<td>1107</td>
</tr>
<tr>
<td>PRISM N (%)</td>
<td>(48.3)</td>
<td>(86.2)</td>
<td>(21.6)</td>
<td>(17.0)</td>
<td>(8.4)</td>
<td>(54.3)</td>
<td></td>
</tr>
<tr>
<td>Smokers N (%)</td>
<td>37</td>
<td>42</td>
<td>22</td>
<td>14</td>
<td>12</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Referred N (%)</td>
<td>8</td>
<td>15</td>
<td>14</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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!

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!

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!

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

The benefits of quitting smoking for people with cancer

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 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

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

“Quitting tobacco use after being diagnosed with cancer may decrease the risk of dying by up to 36–40%. The benefit of quitting may equal, or exceed the value of the best cancer treatments.”


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 quilts). 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.

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

BC CANCER
Provincial Health Services Authority

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.
- Patients who smoke while receiving cancer treatments may have a 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 hands 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 that can lead to 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 offers for cancer patients is an increased priority at this time.

LEARN MORE

- BC Cancer Smoking Cessation program: www.bccancer.bc.ca/our-services/service/smoking-cessation-program
- Provincial Quit Line – QuitNow: www.quitnow.ca

BC CANCER SMOKING CESSATION PROGRAM

RESOURCES

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

THINGS TO REMEMBER
Please remember to have the AAR conversation with the patient and then enter the conversation into CAS with the contact activity.

CAIS CODE REVIEW

- REFERRAL: Visit www.caism.ca
- QUITSMALL: Visit www.caism.ca
- QUITSMALL-UC: Visit www.caism.ca

ACTIVITY CODE:
1. ACCEPT: Patient accepts referral to QuitNow and completes consent form
2. DECLINE: Patient declines the referral to QuitNow
3. MISSED: AAR conversation missed at NF appointment. Patient requires a call-back
4. CALLBACK: 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
REVIEW – refer the patient to the QuitNow program

QUESTIONS

Contact: Cheryl Colly, Program Manager
cheryl.colly@bccancer.bc.ca

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

10 years of passion
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 ?