

# Welcome!

*Before we begin...*

**Today's session will be  
recorded**

**Please add your name  
and health system in  
the chat**





March 22, 2024 | 1:00 PM ET • 12:00 PM CT • 11:00 AM MT • 10:00 AM PT

# Tobacco Cessation for Cancer Care Teams

## ECHO

**Session 3:** Tobacco Cessation Treatment Review

## Housekeeping Items

# Tobacco Cessation for Cancer Care Teams ECHO



Each ECHO session will be recorded and *may* be posted to a publicly-facing website. Chat content, attendance, and poll responses are also recorded.



Please update your Zoom Participant Name to First Last, Org (e.g. Kristen Sullivan, ACS).



**Type your full name, the full name of your organization, and e-mail in the chat box.**



You will be muted with your video turned off when you join the call. Use the buttons in the black menu bar to unmute your line and to turn on your video.



Today's materials will be made available on our [ACS ECHO website](#).



All ECHO sessions take place on the [iECHO](#) & Zoom platforms. [iECHO Terms of Use & Zoom Privacy Policy](#).



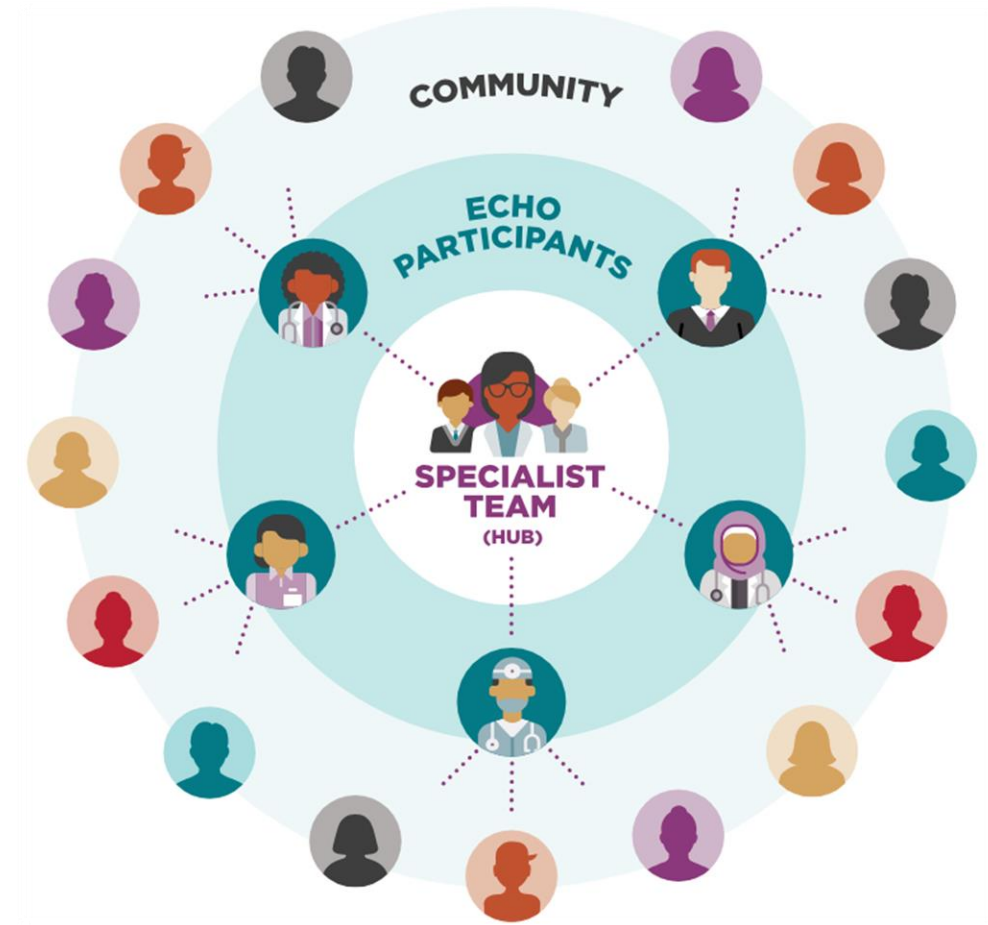
Questions about Zoom during the call? Find @Mindi Odom in the chat.



**Have a question?** Don't wait to ask! Feel free to enter in the **Chat** at any time.

# Agenda

- Welcome & Housekeeping (10 min)
- Introductions (5 min)
- Didactic Presentation and Discussion(20 min)
- Case Presentation and Discussion (15 min)
- Survey, Open Discussion & Wrap-Up (10 min)





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**Goal:** Increase cancer care clinicians' capacity to assess for and provide evidence-based tobacco cessation services to people diagnosed with cancer.

**Objectives:**

- Review trends and ongoing disparities in tobacco use in the U.S.
- Understand the importance of tobacco cessation as part of cancer treatment
- Increase confidence in supporting patients in cancer treatment with tobacco cessation

# Your ACS ECHO Team



**Kristen Sullivan, MS, MPH**  
Director, Prevention & Survivorship  
Your ECHO Co-Lead



**Mindi Odom**  
Director, Project ECHO  
Your ECHO Co-Lead



**Beth Graham, MPH, CHES**  
Program Mgr., Project ECHO  
Your Program Support



**Jennifer McBride, PhD**  
Senior Data & Evaluation  
Manager

# Introductions

## Session 2 – Tobacco Cessation for Cancer Care Teams ECHO Subject Matter Experts (SMEs)



**Laura Makaroff, DO**

Senior Vice President, Cancer  
Prevention

**Facilitator**



**Timothy Mullett, MD, MBA, FACS**

Medical Director,  
Markey Cancer Center Network  
Development



**Jamie Ostroff, PhD**

Chief, Behavioral Science  
Services  
Memorial Sloan Kettering  
Cancer Center



**Brenna Van Frank, MD, MSPH**

Medical Director,  
Office on Smoking and Health  
Centers for Disease Control and  
Prevention



**Francis Vitale, MA**

National Director, Pharmacy  
Partnership for Tobacco Cessation  
Clinical Assistant Professor, Purdue  
College of Pharmacy





**Francis Vitale, MA**

National Director, Pharmacy Partnership for  
Tobacco Cessation  
Clinical Assistant Professor, Purdue College  
of Pharmacy

# Session 3

## Tobacco Cessation Treatment Review: What Works!

# Conflict of Interest

- I have no conflict of interests to disclose.



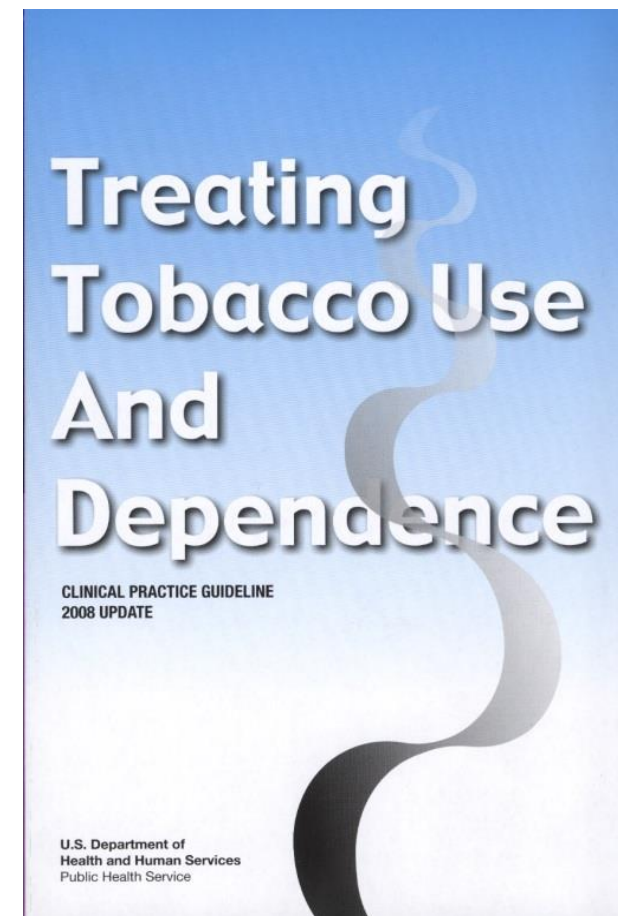
**Have a question?** Don't wait to ask! Feel free to enter in the Chat at any time.



# CLINICAL PRACTICE GUIDELINE for TREATING TOBACCO USE and DEPENDENCE

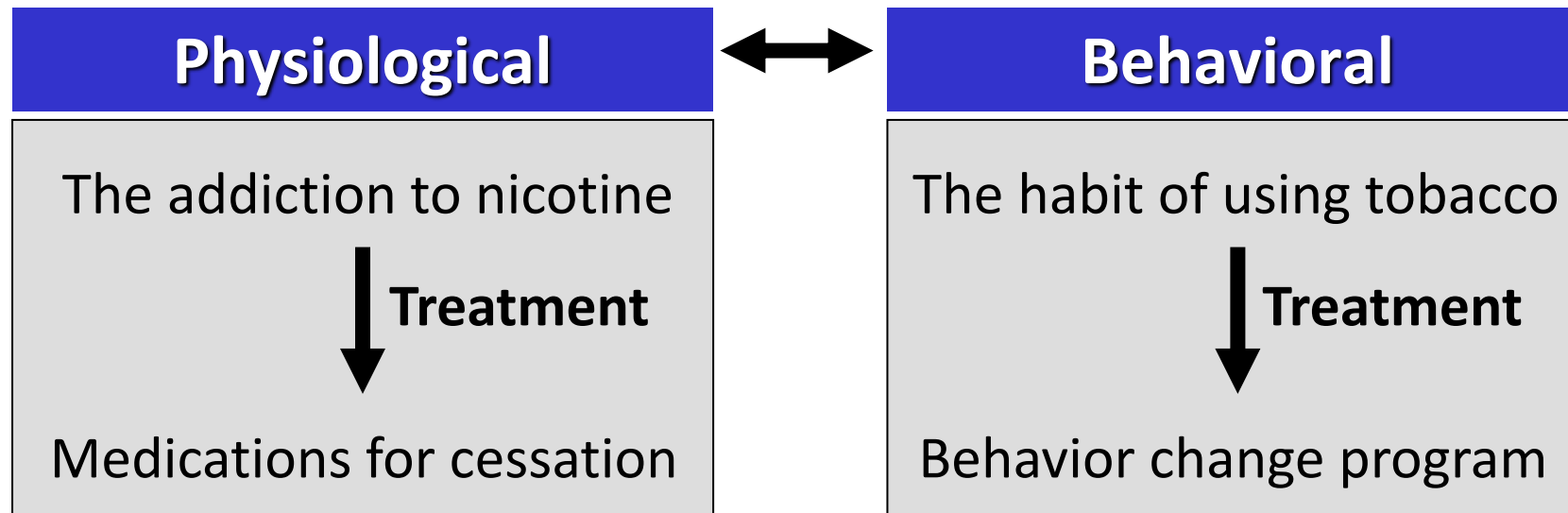


- Update released May 2008
- Sponsored by the U.S. Department of Health and Human Services, Public Health Service with:
  - Agency for Healthcare Research and Quality
  - National Heart, Lung, & Blood Institute
  - National Institute on Drug Abuse
  - Centers for Disease Control and Prevention
  - National Cancer Institute



# TOBACCO DEPENDENCE: A 2-PART PROBLEM

## Tobacco Dependence



Treatment should address the physiological  
**and** the behavioral aspects of dependence.

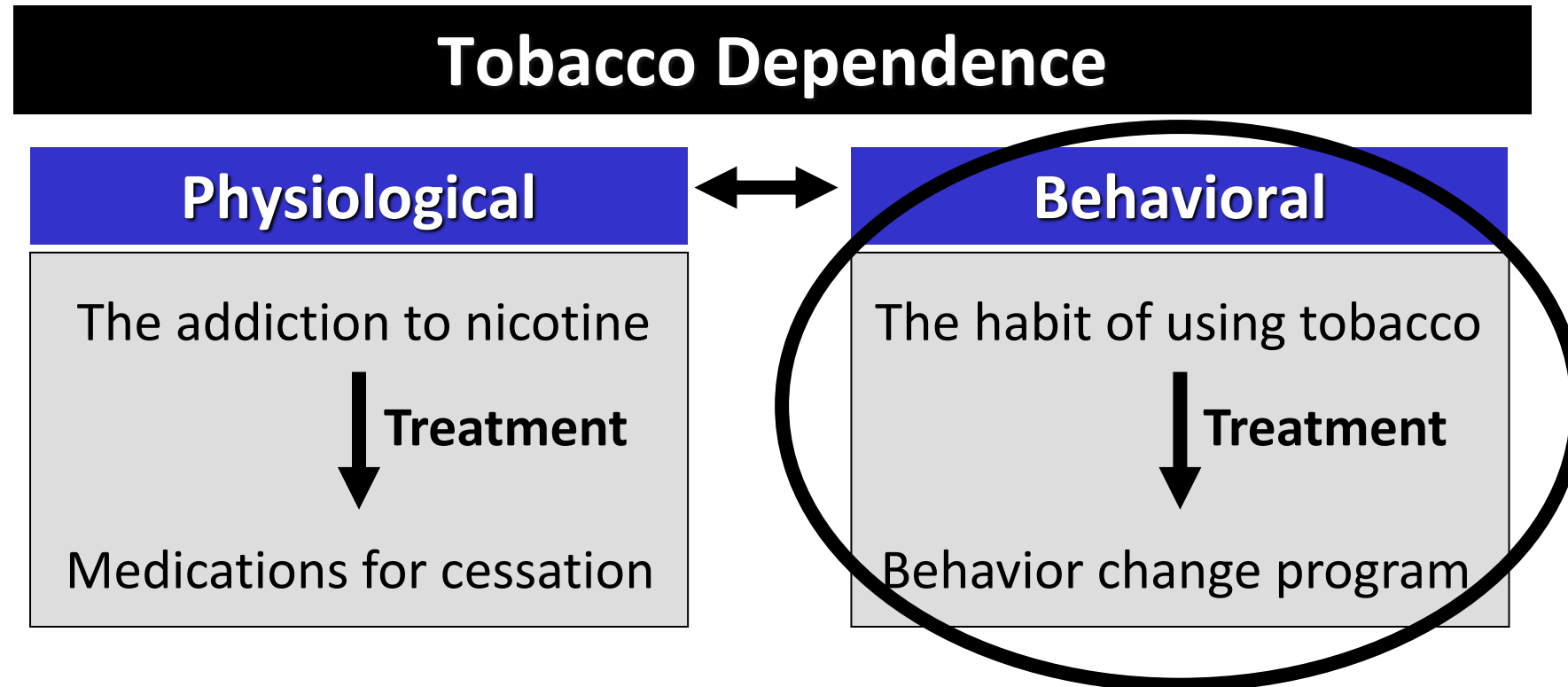
# Why do so many people have problems quitting?

- Two Major Problems:
- If they used a medication:
  - They probably used it incorrectly
    - Too little
    - Not long enough
- Behavior Change:
  - “What are you talking about?”

# What Can You Do?

- Two Simple Interventions:
- Medications:
  - Make sure they are used correctly
    - READ THE DIRECTIONS!
  - Refer to a pharmacist
- Behavior Change:
  - Emphasize Importance
  - Conduct the program
  - Refer

# TOBACCO DEPENDENCE: A 2-PART PROBLEM



Treatment should address the physiological  
**and** the behavioral aspects of dependence.



# The 5 A's

ASK

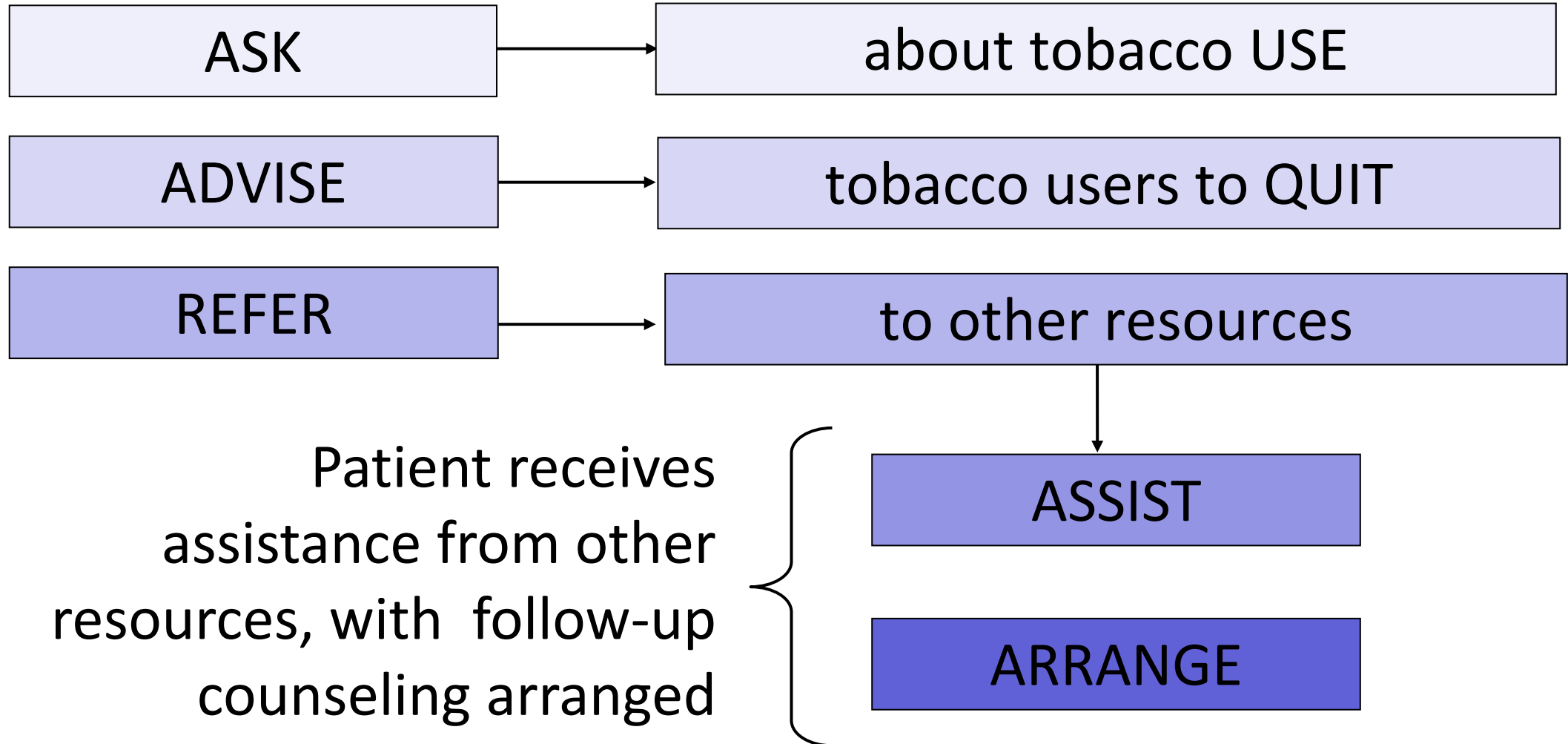
ADVISE

ASSESS

ASSIST

ARRANGE

# BRIEF COUNSELING: ASK, ADVISE, REFER



# BRIEF COUNSELING: ASK, ADVISE, REFER (cont'd)

- Brief interventions have been shown to be effective
- In the absence of time or expertise:
  - Ask, advise, and refer to other resources, such as local group programs or the toll-free quitline  
**1-800-QUIT-NOW**



Take Control  
**1-800-QUIT-NOW**  
Call. It's free. It works.  
1-800-784-8669  
www.smokefree.gov



This brief intervention  
can be achieved in less  
than 1 minute.



# WHAT ARE “TOBACCO QUITLINES”?



- Tobacco cessation counseling, provided at no cost via telephone to all Americans
- Staffed by highly trained specialists
- Up to 4–6 personalized sessions (varies by state)
- Some state quitlines offer pharmacotherapy at no cost (or reduced cost)
- Nearly 30% success rate for patients who use the quitline and a medication for cessation (versus 13% for quitline use alone)

**Quitlines have broad reach and are recommended as an effective strategy in the Clinical Practice Guideline.**

*\*Fiore et al. (2008). [Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline](#). Rockville, MD: USDHHS, PHS, May 2008.*

# WHEN a PATIENT CALLS the QUITLINE

- Caller is routed to language-appropriate staff
- Brief Questionnaire
  - Contact and demographic information
  - Smoking behavior
- Choice of services
  - Individualized telephone counseling
  - Quitting literature mailed within 24 hrs
  - Referral to local programs, as appropriate



**The Tobacco Quitline is a formal cessation program, with multiple sessions.  
It is NOT a crisis hotline.**

# Other Referral Sources

- Web based: [Quit Smoking, Vaping, and Tobacco With EX \(becomeanex.org\)](https://becomeanex.org)
- ACS: Empowered to Quit: [Tobacco Cessation Program | American Cancer Society](#)
- ALA: [Quit Smoking & Vaping | American Lung Association](#)
- Local programs:
  - Hospital based groups
  - Pharmacists: [Home Page | Quit-Smoking Pharmacies \(quitsmokingpharmacies.com\)](https://quitsmokingpharmacies.com)



Empowered to Quit is a *free* smoking cessation program offered by the American Cancer Society, based on American Cancer Society funded tobacco cessation research.

[Cancer.org/EmpoweredToQuit](https://Cancer.org/EmpoweredToQuit)





Hello Testjane,

Congratulations on sticking with your decision to quit smoking. [Read stories](#) from others like you who have quit smoking, or join a [Facebook group](#) to connect with others who are quitting or have just quit.

You might consider using medication like nicotine replacement therapy (NRT), like the patch, when you quit smoking. Medication combined with counseling can offer you the best chances of successfully quitting. However, we don't recommend using electronic cigarettes to quit because we don't yet have strong evidence that it helps. We also don't know if inhaling the other ingredients in e-liquids cause long-term harm. If you do use an e-cigarette to quit, your goal should be to try to gradually reduce the nicotine levels so that you quit both cigarettes and e-cigarettes.

Your top reasons for quitting are:

1. To improve my health
2. For my family and/or friends

A good idea is to print them and put them where you can see them often. Or take a photo and keep it on your phone. You might put them next to your bed, your desk, or in a phone case. Feel free to add to the reasons you already provided.

A quit coach is available 24 hours a day by phone if you need someone to talk to. They have lots of experience helping people just like you, and the service is FREE. Call today at 1-800-QUIT-NOW (1-800-784-8669), if you have not already, or [chat online](#).

Good luck and stay strong,  
Your Empowered to Quit Team

### My Quit Information

**My Quit Date:** 12/05/2022

**Quitting Resources**

**My Top Reason(s) for Quitting**

1. To improve my health
2. For my family and/or friends

**My Social Support:** William

- For more information or support please contact us at 1.800.227.2345 or visit [Cancer.org](#)
- [Talk to a quit smoking counselor at 1-800-QUIT-NOW](#)



Hi Testjane,

Today is the day! You've been preparing for your Quit Date and now it's here. Remind your friends and family that today's your Quit Date - you'll need their support.

Here are some tips to help you get through the day:

- **Stay busy.** It's important to distract yourself so you won't have time to think about smoking. If you spend a lot of time at the computer, you might like to try playing the free online game [Tetris](#), or you might like one of these free games you can play on your smartphone: [Angry Birds Dream Blast](#), [Another Eden](#), [Citytopia](#), or [Puzzle Page](#).\*
- Avoid being in places you associate with smoking.
- **Recognize your triggers** and try to avoid them.
- Don't forget: the urge to smoke usually only lasts 3-5 minutes. **Distract yourself** and you'll make it through the urge.
- Remember to let your support person know that today is the Day, and that you may need their support. Let them know you might need to vent to them about any withdrawal symptoms you experience (like irritability, anxiety, or depression), or just to talk about how your quit day is going.

For more advice on getting through this tough week, visit [The Great American Smokeout website](#) or call [1-800-QUIT-NOW \(1-800-784-8669\)](#), or [chat online with a trained professional](#). We're here to help!

Stay strong,  
Your Empowered to Quit Team

\*The American Cancer Society does not endorse any product or service

### My Quit Information

**My Quit Date:** 12/05/2022

**Quitting Resources**



Janettest,

**No matter how you feel today, it's a good thing to be smoke-free.**

You have made it through 2 full days of not smoking and you are on to your third. Congratulations!

To help you not smoke, there is nothing like a good walk around the block! Walking helps keep your weight down, relieves stress, and gives you more energy. So, especially in these first few days which are likely to be your hardest, give yourself lots of breaks and, when possible, take a walk around the block.

Visit the [Great American Get Fit Challenge](#) for more ideas on how to fit physical activity into your day.

Take care and you'll hear from us again soon!  
Your Empowered to Quit Team

### My Quit Information

**My Quit Date:** 11/30/2022

**Quitting Resources**

**My Top Reason(s) for Quitting**

1. To improve my health
2. For my family and/or friends

**My Social Support:** Bill

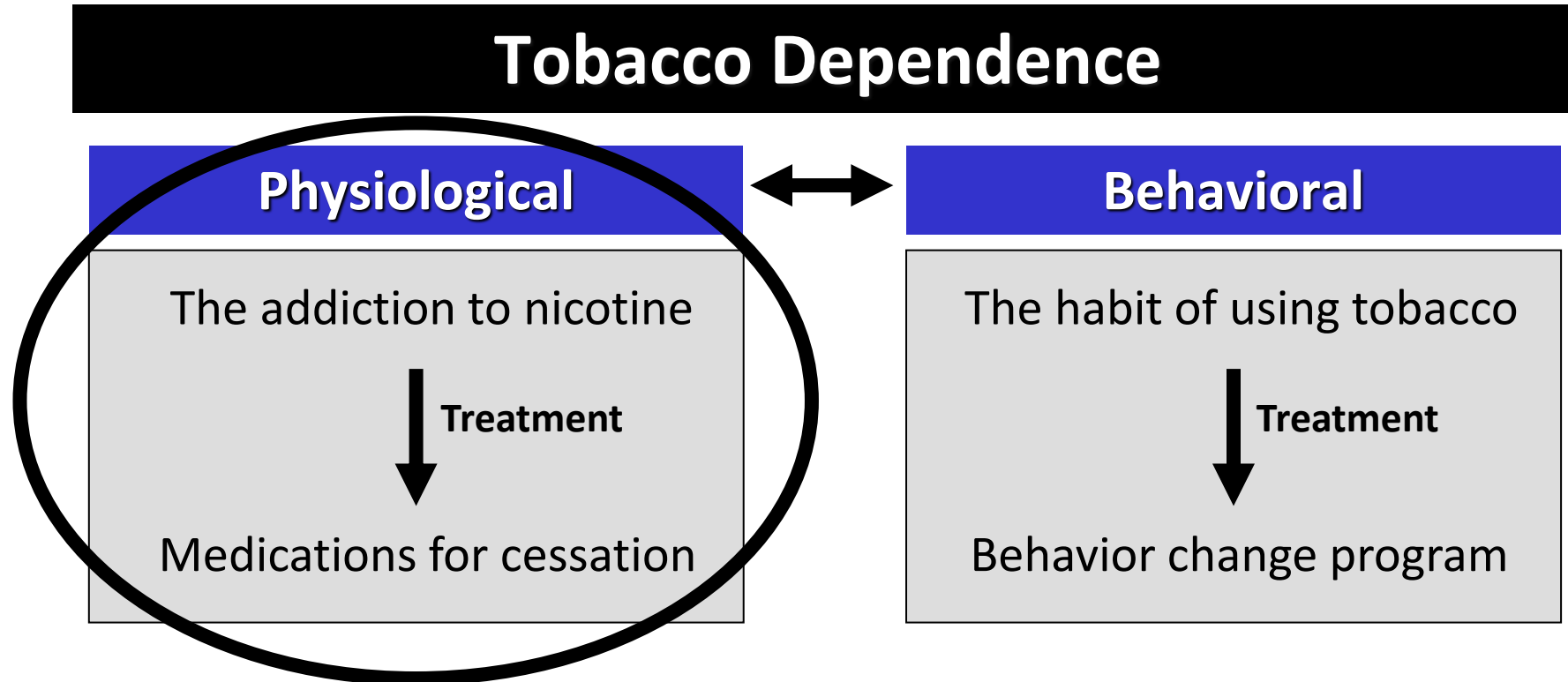
**Reset My Quit Date**

- For more information or support please contact us at 1.800.227.2345 or visit [Cancer.org](#)
- [Talk to a quit smoking counselor at 1-800-QUIT-NOW](#)
- [Visit the Great American Smokeout Challenge](#)

**Email Examples**



# TOBACCO DEPENDENCE: A 2-PART PROBLEM



Treatment should address the physiological and the behavioral aspects of dependence.



# FDA-APPROVED MEDICATIONS for CESSATION



## **Nicotine gum**

- Nicorette (OTC)
- Generic nicotine gum (OTC)

## **Nicotine lozenge**

- Nicorette (OTC)
- Generic nicotine lozenge (OTC)

## **Nicotine transdermal patch**

- Habitrol (OTC)
- NicoDerm CQ (OTC)
- Generic nicotine patches (OTC)

## **Nicotine inhaler \***

- Nicotrol (Rx)

## **Nicotine nasal spray**

- Nicotrol NS (Rx)

## **Bupropion SR**

- Generic (Rx)

## **Varenicline**

- Chantix (Rx)

\* Discontinued by Pfizer in 2023.

# NICOTINE GUM

## Nicorette; generics

- Resin containing nicotine
  - Sugar-free
- Buccal absorption
- Available: 2 mg, 4 mg; original, cinnamon, fruit, and mint
- **Not** to be used like regular gum; Rather “**activate-park**”
- Can be used to respond to individual urges



# NICOTINE LOZENGE



Nicorette Lozenge, Nicorette Mini Lozenge; generics

- Delivers ~25% more nicotine than equivalent gum dose
- Sugar-free mint, cherry flavors
- Buccal absorption
- Available: 2 mg, 4 mg
- Can be used to respond to individual urges



# Transdermal Nicotine Patch

## Brand, Generic



- Continuous (24-hour) nicotine delivery system
- Nicotine is well absorbed across the skin
- Step Down in three levels: 21 mg., 14 mg., 7 mg.
- Plasma nicotine levels are lower and fluctuate less than with smoking
- Cannot be used to respond to individual urges



# NICOTINE NASAL SPRAY

## Nicotrol NS



- Aqueous solution of nicotine in a 10-ml spray bottle
- Meant to be used continuously throughout the day
- Quite irritating to nasal passages so rarely used
- ~100 doses/bottle
- Rapid absorption across nasal mucosa

# Bupropion, Generic

- Non-nicotine cessation aid
  - Zyban voluntarily discontinued 12/19
- Antidepressant thought to affect levels of:
  - Dopamine
  - Norepinephrine
- Clinical effects
  - ↓ craving for cigarettes
  - ↓ symptoms of nicotine withdrawal

# VARENICLINE: Chantix, Generic

- Non-nicotine cessation aid
- Partial nicotinic receptor agonist
- Oral formulation
- Clinical effects
  - ↓ symptoms of nicotine withdrawal
  - Blocks dopaminergic stimulation responsible for reinforcement & reward associated with smoking



# COMBINATION PHARMACOTHERAPY

## Combination NRT [first-line, recommended treatment approach]

- Long-acting formulation (patch)
  - Produces relatively constant levels of nicotine

### PLUS

- Short-acting formulation (gum, lozenge, nasal spray)
  - Allows for acute dose titration as needed for nicotine withdrawal symptoms

## Other combinations [evidence less compelling]

- Bupropion + NRT
- Varenicline + NRT
- Varenicline + bupropion SR

# What About Vaping?

- Cochrane Review 1/24:
  - Reviewed 88 Studies
  - 10 rated low risk for bias
- There is some evidence that vaping does increase quit rates versus nicotine replacement therapy (NRT) but:
  - Small number of randomized trials
  - Small number of participants
  - Limited data on adverse effects

# What They are Doing in the UK.

- Royal College of Physicians recommends usage:
  - Based on report *E-Cigarettes: An Evidence Update*
  - Harm Reduction:
    - 95% less harmful than smoking
    - But probably more dangerous than NRT
  - Smokers who have tried other methods and failed could be referred to use E-Cigarettes **“when supported by a cessation service.”**



So.....



To date, we do not advocate using Vaping to quit smoking *unless:*

**Patient has failed on all approved medications alone or in combination**

**And has failed at behavioral counseling**



# Additional Training



- Rx for Change:
  - [Rx for Change: Home \(ucsf.edu\)](https://ucsf.edu)
  
- Tobacco Treatment Specialists:
  - [Accredited Programs – Council for Tobacco Treatment Training Programs \(ctttp.org\)](https://ctttp.org)

**The best way to quit smoking is to  
combine  
a FDA approved cessation medication  
with  
a behavior change program.**



**Thank You**



# Open Discussion: Questions & Answers





**Timothy Mullett, MD, MBA, FACS**  
Medical Director,  
Markey Cancer Center Network  
Development

## Session 3: Case Presentation

# Smoking with Lung Cancer

**PATIENT NAME:** Martin Johnson

Age: 66

Gender: M

Ethnicity: African American

Employment/Education background: Former miner, currently disabled/some college



**AFFECT, BEHAVIOR, DRESS, MANNERISMS:** Anxious, fidgeting with his jacket (likely having nicotine withdrawal symptoms after being in the clinic for a few hours!)

**CHIEF COMPLAINT:** Recently diagnosed with lung cancer and has surgery coming up in the near future. Was told he has the best prognosis if he can quit tobacco, but he's so stressed he's actually smoking more.

# Tobacco Use History

- Long history of smoking; started smoking age 10; dip age 19
- Currently smokes 0.5 PPD of menthol cigarettes
- Uses about 3 cans of smokeless tobacco (dip) per week when he is unable to smoke (high level of nicotine exposure with dual product use!)
- Has recently cut back on smoking using dip when he started coughing more in recent months. Thought he could just switch to dip completely but he finds he continues to smoke when he gets “nervous or aggravated.”
- He doesn’t understand why he can’t just quit since he has lung cancer and feels very guilty when he does smoke.
- His family is “very upset with him” as he continues to smoke.

# Does he want to quit?

- Wrong question!
- Motivational rulers can help establish the importance of quitting for him, and his confidence level in being able to quit
- Rates importance as 10 (“It’s killing me”) and confidence as a 2 (“I’m too stressed right now, and I’ve tried to quit so many times and failed”)
- Use a ‘move backward’ approach to try to elicit his perceived strengths: “Why do you say a 2 and not a 0 or 1?”
- Ask what he likes and doesn’t like about using tobacco

# Identify facilitators and barriers

- Is he around others who smoke/use tobacco on a regular basis?
- Does he understand the difference between stress and nicotine withdrawal?
- Can you help him talk to his family about how he can be supported rather than 'nagged'?
- Does he know that his cancer treatment will be more effective if he quits, and that it's never too late to quit to experience benefits?
- Can you support him if he feels guilty or stigmatized by others for continuing to smoke?

# Treat and Refer

- Best outcomes involve both use of medications and counseling support
- Explore tobacco treatment services available to him in your institution and community and proactively refer
- Continue to engage and show support by asking about his tobacco use at follow up visits, letting him know quitting is a process, not a pass/fail test and adjustments can be made until you find the approach to treatment that will be most helpful for him

# Tobacco Treatment Specialist Training



Special thanks to Audrey Darville for the use of this case.

The case is part of the Tobacco Treatment Specialist Training course from UK College of Nursing that is now enrolling participants.

[Click here](#) to find out more about the course





# Survey Time!

Post-Session 3 Survey



## How to Use a QR Code



1. **Turn on** your phone camera
2. **Aim** the camera at the code
3. A link will show up
4. **Tap** the link to go to the survey

# Process for Submitting Your Case Presentation



- Please submit *Case Presentation Form* **at least 2 weeks** prior to session.
- To **submit** your *Case Presentation Form*, click [here](#) or scan QR Code.
- Please include a **high-resolution headshot** photo for the slide deck along with a **brief bio** for your introduction.

Scan QR code



## Tobacco Cessation for Cancer Care Teams ECHO Case Presentation Form

The case presentation can be patient or systems-related and will be reviewed by the Hub team to provide expert recommendations and best practice-sharing.

This form includes 3 sections:

Section 1: Presenter Information

Section 2: Case Presentation Information

Section 3: Discussion Questions for Subject Matter Experts

We approximate each case presentation will be 5 minutes.

Please be sure NOT to include patient identifiers on this form or use any

Presenter first and last name:\*

Presenter professional title:\*

Presenter organization:\*

Please no abbreviations

Please select your preferred session(s) for presenting a case. We will do our best to accommodate.

Please look for an email from Kristen Sullivan to confirm your presentation date. A 15-minute session prep will be offered, and slides will be created on your behalf.

# Reminders

**Session 3 Slides, Recordings, & Resources** will be made available within one week on the [ACS ECHO Website](#).



Is **Session 4** in your calendar?

**Monday, April 29, 2024**

2:00 PM ET • 1:00 PM CT • 12:00 PM MT • 11:00 AM PT

**Topic:** *Motivating Patients to Quit*

**Didactic Presenter:** **Jamie Ostroff, PhD**

Chief, Behavioral Science Services, Memorial Sloan Kettering Cancer Center

# Thank You!

See you again

Monday, April 29<sup>th</sup> at  
2:00 PM ET · 1:00 PM CT · 12:00 PM MT · 11:00 AM PT  
in iECHO Zoom

Post-Session 3 Survey

