Smoking Cessation: What are the Barriers?

Cary A. Presant, MD, FACP, FASCO, FACCC

Professor, Department of Medical Oncology & Therapeutics Research
Clinical Co- Director, The National Cancer Institute (NCI) MOONSHOT Cancer Center Cessation Initiative (C3I)
City of Hope

Disclosures

- I do not have any relevant financial relationships.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

The following CLC & IB components will be addressed in this presentation:

- *Higher frequency of smoking in African Americans.*
- *Higher frequency in smoking in low socioeconomic status patients.*

WHY IS TOBACCO CESSATION IMPORTANT TO CANCER PROVIDERS?
WHY IS TOBACCO CESSATION THE 4TH PILLAR OF CANCER CARE?

- SURGERY INCREASED COMPLICATIONS
  - WOUND HEALING, INFECTION, PULMONARY COMPLICATIONS, ANESTHESIA COMPLICATIONS
  - INCREASED READMISSIONS
- RADIATION THERAPY
  - DECREASED EFFICACY
  - INCREASED TOXICITY: MUCOSITIS, PNEUMONITIS, SOFT TISSUE NECROSIS, LOSS OF VOICE
- CHEMOTHERAPY
  - DECREASED RESPONSE
  - INCREASED DRUG INTERACTIONS (P450: e.g. IRINOTECAN, BENDAMUSTINE, ERLOTNIB)
  - INCREASED INFECTION, GREATER WEIGHT LOSS, FATIGUE, CARDIOTOXICITY
- STEM CELL TRANSPLANT
  - INCREASED COMPLICATIONS
  - REDUCED SURVIVAL
- PALLIATIVE CARE
  - POOR PAIN CONTROL, WORSE RESPIRATORY DISTRESS
  - INCREASED OXYGEN NEED, DECREASED QUALITY OF LIFE

EVIDENCE BASED GUIDELINES

- 23% OF CANCER PATIENTS SMOKE AT TIME OF DIAGNOSIS
- GUIDELINES UNIVERSALLY CALL FOR IMPLEMENTING TOBACCO CESSATION
  - *NCCN GUIDELINES*
    - *UPDATED 2022 (DR BRIAN TIEP, COH)*
  - *US PUBLIC HEALTH SERVICE*
    - *UPDATED 1996, 2000, 2008*
  - *US PREVENTIVE SERVICES TASK FORCE*
    - *UPDATED 2021*

NCCN GUIDELINES OVERVIEW

- EVALUATE SMOKING HISTORY *AND DOCUMENT**
- CESSATION MANAGEMENT: MEDICATIONS * AND COUNSELING
- RELAPSE RISK ASSESSMENT
- MONITOR FOR RELAPSE *AND DOCUMENT**
- ALTERNATIVE APPROACHES CONSIDERED
  - E-CIGARETTES/VAPING (NOT STANDARD DUE TO EVALI RISK)
  - HYPNOSIS, ACUPUNCTURE
  - NUTRITIONAL SUPPLEMENTS, EXERCISE
- RESOURCES: FOR PATIENTS AND FOR PROVIDERS *
- PHARMACOTHERAPY PRINCIPLES *
  - DOSES, ADMINISTRATION, ADVERSE EFFECTS, CONTRAINDICATIONS
- DISCUSSION

WHAT ARE THE BARRIERS TO TOBACCO CESSATION?
PATIENT BARRIERS AND HURDLES

- PATIENTS REFUSE TO CONSIDER OR DO NOT RESPOND TO CALL: 82% (J. Burris JCO-OP 2022)
  - YOUNGER, MALE, HEMATOLOGIC MALIGNANCY, MORE DISTRESS
- MEDICATIONS EXPENSIVE
- EASY CIGARETTE ACCESS, HEAVY SMOKING HISTORY OR YOUNGER WHEN SMOKING STARTED
- STRESS, ANXIETY, DEPRESSION, WORK OR FAMILY PROBLEMS (J. Ferra Europ Resp J 2019)
- DESIRE TO MAINTAIN CONTROL (M Wells BMC Cancer 2017)
- LACK OF UNDERSTANDING OF REDUCED OUTCOMES, BELIEF IT IS NOT IMPORTANT (G Warren J Thor Oncol 2015)
- SHAME AND GUILT OVER CAUSE OF CANCER (M Cedzynska Tob Prev Cessation 2020)
- HEAVY ALCOHOL USE
- LANGUAGE PROBLEM
- CONTRAINDICATION TO USE OF MEDICATIONS (NRT, VARENICLINE)
- RELAPSES

WHAT ARE THE BARRIERS TO TOBACCO CESSATION?
PHYSICIAN AND APP BARRIERS AND HURDLES

- BELIEF IT DOES NOT IMPROVE OUTCOMES (6% curative 26% palliative J Derksen Eur J Ca 2020)
- DIDN'T DISCUSS CESSATION (12% curative 46% palliative)
- DIDN'T DISCUSS MEDICATIONS OR PROVIDE CESSATION SUPPORT (69% curative 82% palliative)
- RELUCTANT TO REMOVE A PLEASURE (13% curative 54% palliative)
- LACK OF TIME
- LACK OF RESOURCES OR CESSATION MATERIALS (71%)
- LACK OF EDUCATION (73% said they need more)
- MORE APPROPRIATE FOR PCP (58%)
- NO REIMBURSEMENT (22%)
- LACK OF TOBACCO TREATMENT CENTER FOR FACE TO FACE OR VIDEO COUNSELING (62%)

WHAT ARE THE BARRIERS TO TOBACCO CESSATION?
INSTITUTIONAL BARRIERS AND HURDLES

- LACK OF SUSTAINABLE LEADERSHIP SUPPORT FOR TOBACCO CESSATION POLICY AND STAFFING
- INFORMATION TECHNOLOGY HESITANCY TO PROVIDE EASY REFERRAL AIDS FOR CESSATION
  - OPT OUT TECHNOLOGY FOR AUTOMATIC REFERRAL UNLESS CLINICIANS OBJECT
  - BEST PRACTICE ADVISORY OR CLNICIAN PROMPTS
  - TELEHEALTH DIGITAL SOLUTIONS
- EDUCATIONAL RESOURCES FOR CLINICIANS, STAFF AND PATIENTS
- LACK OF TOBACCO USE SCREENING AND ASSESSMENT TOOLS
- ASSISTANCE WITH OVERCOMING FINANCIAL BARRIERS OF MINORITY PATIENTS
- PROVIDING MULTI-LINGUAL AND CULTURALLY SENSITIVE SUPPORT
- PROVIDING RESOURCES TO MEASURE REACH AND EFFECTIVENESS OF THE TOBACCO CONTROL PROGRAM

WHAT ARE THE BARRIERS TO TOBACCO CESSATION?
COVID-19 BARRIERS AND HURDLES

- LESS CESSATION SERVICES (G Warren Current Oncology 2022)
- STAFF AND ADMINISTRATION REDEPLOYED
- REDUCED IN-PERSON SERVICES
- DECREASED MEDICATION DELIVERY
- DELAY IN APPROVALS
- LOWER PRIORITY OF CESSATION
- DECREASED INTER-DEPARTMENTAL OR INTER-AGENCY COMMUNICATION
- DISRUPTION OF PATIENT AND CLINICIAN AND STAFF EDUCATIONAL TRAINING

WHEN ARE THE TEACHABLE MOMENTS FOR PATIENTS?

- **TIME WHEN DISCUSSING THE DIAGNOSIS (E Gritz Cancer 2006)**
- **TIME WHEN DESCRIBING THE TREATMENT PLAN**
- **PRE-OPERATIVE ANESTHESIA VISIT (C Presant AACR 2022)**
- **COPD PULMONARY CONSULTATION**
- **LUNG CANCER LOW DOSE CT SCREENING**
- **TIME OF PULMONARY FUNCTION TESTING OR DISCUSSING RESULTS**

WHAT I NEED TO DO NOW
TAKE HOME MESSAGES
MY HOMEWORK!

- *PREPARE TO INCREASE CESSATION*
  - *DETERMINE WHERE YOU CAN GET CESSATION COUNSELING SERVICES AT YOUR INSTITUTION, HOSPITAL OR HEALTH PLAN AND HOW TO REFER*
  - *ASK YOUR IT DEPARTMENT FOR AN AUTOMATIC OPT-OUT REFERRAL FOR TOBACCO CESSATION IN YOUR EMR AND SMART PHRASE FOR DOCUMENTING CESSATION VISITS: (COH MODEL)*
  - *GET PATIENT RESOURCES: DIGITAL AND/OR HARD COPY FROM COH AND NCCN*
  - *GET MEDICATION GUIDELINES: NCCN*
- *ASK ADVISE AND REFER for cessation counseling services*
- *PRESCRIBE MEDICATION SUPPORT (NRT, VARENICLINE)*
- *REFER PATIENTS AND FAMILY/FRIENDS TO A SMOKING CESSATION SUPPORT GROUP (COH)*
- *CONSIDER USING BILLING CODES 99406 99407 (cessation) OR UPCODE VISIT*
  - *DOCUMENT SMOKING STATUS AND CESSATION REFERRAL; CAN USE SMARTPHRASE (COH)*
  - *USE 99407/99407 8 TIMES PER YEAR*

CONTACT INFORMATION

- SMOKINGCESSATION@COH.ORG
- 626-218-9114

- CPRESANT@COH.ORG