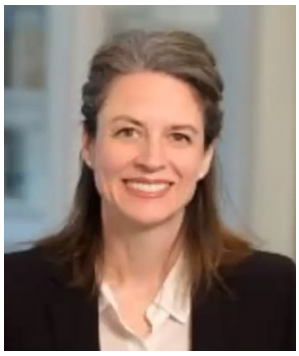
REWIND, REMIND Webinar Takeaways

The webinar ***Tobacco Cessation and Lung Cancer Screening: What Do Comprehensive Cancer Control Coalitions Need to Know*** was aired on June 3, 2020.

The webinar covered the benefits of smoking cessation for mortality risk reduction, the difficulty of the cessation journey, the *5A's* model for cessation services, the best evidence-based practice for cessation treatment, current practice patterns for cessation, barriers to treatment services, how to improve cessation support, and key partners for cessation and screening programs. This document summarizes the key takeaways from the webinar, which can be accessed at the following link https://youtu.be/8NKTTkwxhWg.

The *American Cancer Society* **Comprehensive Cancer Control (ACS CCC)** team hosted the webinar. The ACS CCC team seeks to build the capacity of grant recipients in the *Centers for Disease Control and Prevention* **National Comprehensive Cancer Control Program** to implement policy, systems, and environmental change approaches and evidence-based promising practices in cancer prevention, screening, diagnostic follow-up, and survivorship.

Presenter



Joelle Thirsk Fathi, DNP, RN, ARNP, CTTS
Clinical Associate Professor
Department of Biobehavioral Nursing and Health Informatics
University of Washington School of Nursing

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Tobacco Cessation and Lung Cancer Screening

There are 34.2 million people in the United States who smoke (13.7% of the population). About 17 million of them (50%) will suffer tobacco-related diseases and die ten years earlier than their non-smoking peers. More than 80% of lung cancers, 74% of laryngeal cancers, and 50% of esophageal cancers are associated with cigarettes. About 625 people are diagnosed with lung cancer every day. (ACS 2019; HHS 2020)

Regulatory Mandate

- Smoking is the most important risk factor for lung cancer and is integrated as a regulatory mandate in the study of lung cancer screening.
- The NLST National Lung Screening Trial (2011) showed that screening high-risk individuals provided a 20% relative risk reduction in lung cancer mortality and a 6.7% reduction in all-cause mortality. These results changed the landscape for all people with a smoking history.

Benefits of Smoking Cessation

- Cessation is important because it improves both the length and quality of life.
- Cessation is a Centers for Medicare and Medicaid Services (CMS) regulatory mandate.
- 74% of screening program participants said that screening increased their motivation to quit.
- 23% reported quitting, and 27% decreased their smoking (Ostroff, 2001)
- Screening program participants at high risk for lung cancer who ceased smoking had a 3x-5x mortality reduction compared to those who continued to smoke. (Pastorino, 2016)
- Screening program participants of age >65 with early-stage lung cancer had a 29%-33% 5-year survival rate if they continued to smoke and 63%-70% if they quit. (Parsons, 2010)
- A meta-study of ten studies involving 11,000 cancer patients showed a 43%-52% mortality risk reduction for those who quit smoking. (Surgeon General, 2020, Warren, 2020)

Smoking Cessation is a Difficult Journey

- Cessation is difficult because of behavioral conditioning and chemical dependencies.
- Tobacco use is a chronic disease; the cessation journey is *never* easy.
- On average, it takes 30 quit attempts for successful cessation.
- Regular screening appointments are a touchpoint for cessation support.
- Shame, blame, and other forms of stigma are barriers to treatment (Hamann, 2014)

REWIND, REMIND

Webinar Takeaways

Use the *5A's* Model

- Use the *5A's* model to start screening conversations with patients.
- *Ask* all patients to start a conversation.
- *Advise* of the benefits of cessation.
- *Assess* patient readiness to quit.
- *Assist* with treatment and counseling.
- *Arrange* for follow-up and support.
- *Assisting* was associated with a 40% increase in the odds of cessation.
- *Arranging* was associated with a 46% increase in the odds of cessation.

Evidence-Based Treatments

- Medication plus counseling works best.
- Together they can produce a 70%-100% increase in the odds of cessation.

Integrating Cessation Services

- The design of screening programs can be decentralized, hybrid, or centralized.
- Centralized designs manage screenings, results, and cessation services.
- Other designs vary in their cessation services and responsibilities.

Current Practice Patterns

- 99% of 93 practice sites surveyed asked about smoking status. (Ostroff, 2016)
- 91% advised current smokers to quit.
- 60% referred smokers to a quitline.
- 57% provided cessation counseling.
- 37% recommended medications.

Barriers for Cessation Treatment

- Perceptions of low patient motivation
- Lack of institutional support for treatment
- Lack of treatment champions
- Lack of provider confidence for cessation
- Lack of time in visit for counseling
- Lack of treatment guidelines knowledge

Improve Cessation Support

- Start at a high level with leadership buy-in.
- Identify an institutional champion.
- Modify systems to promote cessation.
- Use the EHR system to support cessation.
- Create provider cessation tools/training.
- Provide patient education services.
- Customize programs to the local context.

Cessation Partners

- Behavioral and psychological therapists
- National and state quitlines
- Employer and insurance quitlines
- Primary care providers
- Specialists
- Tobacco treatment specialists
- Internet and app-based services

Resource: https://lungcancercap.org/lung-cancer-choices/how-to-quit-smoking-confidently-and-successfully-4th-edition/