

Study recommends national standards for tobacco use treatment

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A cancer diagnosis doesn't automatically get people to stop smoking, but continuing to smoke shortens patients' survival, increases their risk for a second tumor, and is associated with worse outcomes after cancer surgery.

Yet, in a study published in the journal [Nicotine & Tobacco Research](#), UNC researchers found that one in five National Cancer Institute (NCI)-designated Cancer Centers offer no [tobacco](#) use treatment services to their patients, while less than half report a clear commitment from leadership to provide those services. "People might rightfully assume that top-notch tobacco use treatment programs exist at these centers, but they aren't as common or comprehensive as most people might imagine," says Adam Goldstein, MD, MPH, the study's lead author.

"This is partially due to the specialization of medicine. Cancer doctors as specialists have focused on trying to cure the cancer, but they also must focus on cures for the disease – addiction – that causes many cancers. The NCI-designated Cancer Centers are leaders in the field and should be the best and first place to treat the tobacco addictions that lead to cancer by offering evidence-based tobacco use treatment to every cancer patient who is still smoking."

Goldstein and his colleagues surveyed NCI-designated Cancer Center directors and oncologists regarding evidence-based measures for tobacco use treatment and administrative support of the programs. The team

identified several best practices including locating programs within the cancer center, implementing new quality improvement measures and opportunities for tobacco use treatment services, providing institutional funding for personnel and space, and creating a mechanism that allows reimbursement for tobacco use treatment services.

They also recommend that the NCI build on its 2009 conference that presented model programs in tobacco use treatment, by developing formal recommendations to centers on providing tobacco use treatment as part of cancer care. “We know that those who have the most difficult time becoming tobacco-free most often have fewer resources for dealing with their cancer and their addiction,” says Carol Ripley-Moffitt, MDiv, CTTS, one of the study’s authors.

“There are unique challenges to offering tobacco addiction treatment to cancer patients, including lack of training among oncologists on tobacco use treatment, how to manage smoking cessation drugs in patients with complex treatment regimens, and physical and psychological issues patients face in cancer diagnosis and treatment,” says Dr. Goldstein. “NCI-designated centers can bring together expertise in cancer treatment and tobacco use treatment to ultimately benefit both quality of care and patient outcomes.”

Provided by University of North Carolina at Chapel Hill School of Medicine

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