

Study shows nearly half of cancer patients who enter a comprehensive tobacco treatment program quit smoking

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In the largest smoking cessation study of cancer patients to date, researchers from The University of Texas MD Anderson Cancer Center

found that comprehensive tobacco treatment can help cancer patients successfully quit and abstain from smoking.

The prospective study, published today in *JAMA Network Open*, analyzed 3,245 smokers treated in MD Anderson's Tobacco Treatment Program between 2006 and 2015. At three, six and nine-month follow-ups, smoking abstinence rates averaged 45%, 46% and 44%, respectively. Based on the program's success, the authors advocate for full integration of comprehensive [tobacco](#) treatment into the oncological setting to ensure the best possible cancer treatment outcomes.

While the study was not designed as a randomized clinical trial and did not compare different types of smoking cessation programs, past studies have shown quitlines or other minimal interventions have abstinence rates of 20% or less. As with quitlines, abstinence rates for the Tobacco Treatment Program were self-reported and were not regularly biochemically verified.

"Patients deserve the absolute best opportunity we can give them to quit smoking," said Paul Cinciripini, Ph.D., chair of Behavioral Science, director of the Tobacco Treatment Program and lead author on the study. "Based on our data, we recommend offering comprehensive smoking cessation to cancer patients as a clinical standard of care"

MD Anderson's program provides personalized tobacco treatment to nearly 1,200 new patients every year. Since 2013, patients have been automatically referred to the program through an electronic questionnaire used in all institutional clinics.

Program staff contact every new patient who self identifies as a smoker. Most patients who agree to participate in the comprehensive program receive both intensive counseling and proactive medication management.

"We tailor nicotine replacement therapy recommendations to each individual and provide support through behavioral counseling sessions over eight to 12 weeks following their initial consultation," said Maher Karam-Hage, M.D., professor of Behavioral Science and medical director of the Tobacco Treatment Program. "Through this combined approach, we've seen effective results in cessation and abstinence."

At MD Anderson, the average cost per quit ranges from \$1,900 to \$2,500. Participants receive treatment services for free, as the Tobacco Treatment Program is funded primarily through Texas Tobacco Settlement Funds awarded through the Tobacco Master Settlement. The authors note this funding arrangement is progressive and could serve as a model for other states.

"If we want to give patients the absolute best opportunity to treat their cancer, why shouldn't we give them the best smoking cessation, too?" Cinciripini said. "It's the right thing to do and it's worth the investment."

As smoking is a risk factor for many cancers and other diseases, the MD Anderson program is open to employees as well. The study did not find a difference in abstinence rates between cancer patients and non-patients. For cancer patients, smoking also negatively impacts survival and treatment.

"Many cancer patients wonder if quitting [smoking](#) once they already have cancer is worth it," said Diane Beneventi, Ph.D., assistant professor of Behavioral Science. "The truth is, quitting at time of diagnosis increases the chance of survival by 30% to 40%. Patients also have less chance of a recurrence or secondary [cancer](#) if they quit. They will have fewer side effects and their treatments will be more effective. Longer term, they will enjoy a better quality of life. Quitting is crucial for [cancer patients](#)."

More information: *JAMA Network Open* (2019). [DOI: 10.1001/jamanetworkopen.2019.12251](https://doi.org/10.1001/jamanetworkopen.2019.12251)

Provided by University of Texas M. D. Anderson Cancer Center

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