

# **A call for more comprehensive smoking cessation programs for cancer patients who smoke**

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In an editorial published in *JAMA*, UNC Lineberger's Adam Goldstein, MD, MPH, director of the UNC Tobacco Treatment Programs and professor in the UNC School of Medicine Department of Family Medicine, and his co-authors called for more funding and better reimbursement for smoking cessation counseling for cancer patients who smoke. Credit: UNC Lineberger Comprehensive Cancer Center

Programs designed to help cancer patients stop using tobacco should be considered as important and impactful as providing the right drug at the right time and at the right dose to patients, according to researchers at the University of North Carolina Lineberger Comprehensive Cancer Center.

In an editorial published in *JAMA*, UNC Lineberger's Adam Goldstein, MD, MPH, director of the UNC Tobacco Treatment Programs and professor in the UNC School of Medicine Department of Family Medicine, and his co-authors called for more funding and better reimbursement for smoking [cessation counseling](#) for [cancer patients](#) who smoke.

Research has shown that providing intensive smoking cessation counseling to newly diagnosed [cancer](#) patients who smoke was associated with improved quality of life, fewer complications related to cancer treatments and longer survival. In addition, a study published last year found some cancer treatments were less effective in people who smoke, and this resulted in significantly greater costs for subsequent cancer treatments.

"Since cancer patients often get expensive chemotherapy for months to

years to help cure their cancer, six months of inexpensive intensive tobacco cessation support at the time of diagnosis is scientifically proven, common sense and improves all outcomes of [cancer care](#)," said Goldstein.

Kimberly Shoenbill, MD, Ph.D., assistant professor of Family Medicine and a member of the Program on Health and Clinical Informatics at UNC School of Medicine, and Trevor Jolly, MBBS, assistant professor of medicine and UNC Lineberger member, are the editorial's two other authors.

Their editorial accompanied a study by Elyse Park, Ph.D., and colleagues that compared the impact of an intensive vs standard cancer center smoking cessation intervention, with different levels of intensity and frequency of counseling, support and medications. The study showed patients who completed the study and were part of the intensive treatment group—which had weekly, biweekly and monthly telephone counseling sessions and free cessation medication—achieved higher seven-day abstinence rates at six-month follow-up (34.5%) compared to patients in the standard treatment group (21.5%).

Goldstein said the study demonstrates for the first time the value and necessity of providing intensive smoking cessation counseling, of up to eight sessions per quit attempt, as a standard for cancer care. These findings, he said, should serve as a wake-up call for hospitals, cancer centers, physicians and payers.

"Excellence in cancer care is defined by a great team, delivering great care, with everyone focused on the patient and their family. A great cessation program in cancer centers requires unequivocal buy-in at all levels," Goldstein said. "You cannot have a great cancer hospital today without a great cessation program for cancer patients."

There are a number of challenges that cancer centers may experience in implementing intensive smoking cessation programs. This includes a reluctance by oncologists to provide the intensive counseling—which may be due, in part, to time constraints and lack of smoking cessation training—and insufficient reimbursement for counseling services.

"Medicare, Medicaid and most private insurers usually pay less than \$100 for only four total counseling sessions per quit attempt, yet they will readily pay over \$100,000 a year for drugs to treat cancer. Current fee-for-service reimbursement does not begin to cover the cost of providing intensive cessation counseling," Goldstein said. This reimbursement model is shortsighted, he noted, because the expense of providing intensive smoking cessation counseling results in immediate cost savings and improved health in the long run.

"For every \$1 invested in a cancer center cessation program, \$6 in savings from reduced future costs likely occurs, making intensive cessation counseling perhaps the most cost-effective, cheapest and safest [cancer treatment](#) currently possible," Goldstein said.

"Health care systems are rapidly changing to value-based care. As payers increasingly track outcomes of care, when they compare patients treated in health care systems that offer intensive cessation counseling that result in patients quitting smoking, compared to systems where they receive neither, the choice is obvious."

Provided by UNC Lineberger Comprehensive Cancer Center

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