

New research encourages harnessing health technology to help cancer patients quit smoking

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New research in the May 2022 issue of *JNCCN—Journal of the National Comprehensive Cancer Network* finds the inclusion of the smoking

cessation tool Electronic Health Record-Enabled Evidence-Based Smoking Cessation Treatment (ELEVATE, from Epic) into electronic health records (EHRs) can increase self-reported patient quit rates by more than 5 percentage points. The study, from researchers at Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine—an NCCN Member Institution—was part of the National Cancer Institute (NCI) Cancer Moonshot program through the Cancer Center Cessation Initiative.

Active smoking after a [cancer diagnosis](#) is associated with worse outcomes, lower survival rates, higher risk of additional cancers, and more frequent and severe side effects from [cancer treatment](#). The oncology community agrees that it is never too late to stop smoking. However, far too many patients are not receiving adequate counseling and support according to evidence-based smoking cessation guidelines.

"ELEVATE seems to be emerging as a relatively rare example of a program that enables access to high-quality smoking cessation care while minimizing costs and burden," said lead researcher Alex T. Ramsey, Ph.D., a Washington University researcher at Siteman Cancer Center. "ELEVATE features an easy-to-use smoking module built into the electronic health record that cues actions by multiple members of the oncology care team to assess smoking status, provide cessation advice, prescribe cessation medications, and offer a variety of cessation counseling options to patients who smoke."

A total of 3,238 medical oncology patients documented in the EHR with a current smoking status were studied in the pre-implementation period (January through May 2018) and post-implementation period (June through December 2018). In the subsequent 6-month follow-up periods, 12% of those treated prior to the implementation of ELEVATE had documented smoking cessation, compared to 17.2% of those treated after implementation.

"We must make sure oncology providers are fully supported by the entire healthcare team and have access to efficient EHR decision support," explained senior researcher Li-Shiun, Chen, MD, MPH, ScD, also with Siteman and Washington University. "We were pleasantly surprised to see how eager oncology providers are to transform their practice in order to offer tobacco treatment as part of routine care, as long as this evidence-based care is baked into their workflow and EHR. ELEVATE offers an innovative, low-burden paradigm shift so tobacco cessation strategies can be fully embedded into point-of-care for every oncology visit."

The researchers also compared over the same time periods the rates of cessation for medical oncology patients versus surgical oncology patients and general internal medicine patients at Washington University who did not have access to the ELEVATE program during either time. That population group consisted of 9,719 patients without a known cancer diagnosis who smoked. They found no significant changes in the rate of smoking between the two time periods for this non-cancer group.

"Abstinence from smoking is a critical component of cancer care," commented Christine E. Sheffer, Ph.D., Roswell Park Comprehensive Cancer Center, who was not involved with this research. "The findings from this pre-post quasi-experimental study, conducted from 2018 to 2019, demonstrates the utility of using an EHR-enabled cessation tool to reach [cancer patients](#) with a moderate intervention for smoking cessation."

Dr. Sheffer, a member of NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) Panel for Smoking Cessation, continued, "Although the proportion of patients for whom a period of abstinence was reported during the 6 months after the intervention increased significantly, it still falls short of an obligation to provide long-term effective smoking cessation treatment as a critical component of care."

Combining an EHR-enabled cessation tool with NCCN-recommended counseling and pharmacotherapy has the potential to further increase the proportion of patients who achieve, and maintain, abstinence from smoking."

The NCCN Guidelines Panel for Smoking Cessation is comprised of multidisciplinary experts on topics that include oncology, psychology, pulmonary medicine, and supportive care, from across NCCN's 32 Member Institutions. Their recommendations are available free-of-charge for non-commercial use at [NCCN.org](https://www.nccn.org) or via the [Virtual Library of NCCN Guidelines App](#).

Smoking cessation advice is also included within NCCN Guidelines for specific cancer types. A [study](#) in the March 2022 issue of *Journal of Urology* found the NCCN Guidelines were the only clinical practice guidelines to include recommendations for both tobacco screening and [smoking cessation](#) for bladder cancer, and were among a very small group to provide both recommendations as part of their guidelines for non-small cell lung [cancer](#).

More information: Alex T. Ramsey et al, Increased Reach and Effectiveness With a Low-Burden Point-of-Care Tobacco Treatment Program in Cancer Clinics, *Journal of the National Comprehensive Cancer Network* (2022). [DOI: 10.6004/jnccn.2021.7333](https://doi.org/10.6004/jnccn.2021.7333)

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