New smoking cessation intervention helps patients with cervical cancer precursor or cervical cancer quit smoking

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Tobacco use is the leading preventable cause of death in the U.S., accounting for about 1 in 5 deaths each year. It is also a risk factor for the development of cervical cancer and precancerous stages of cervical

cancer. It is important to identify approaches to encourage people to quit smoking to prevent the development of cancer and improve patient outcomes in those who do smoke.

In a new study published in the *Journal of Clinical Oncology*, Moffitt Cancer Center researchers report that a new smoking cessation intervention increased the number of patients who quit smoking compared to standard cessation approaches.

Cervical cancer is diagnosed in 14,100 patients each year and has a 5-year survival rate of 67%. It primarily impacts women who are younger and are part of lower socioeconomic groups who also disproportionately suffer from the long-term impacts of smoking. Most smoking cessation programs are studied in multiple different tumor types, and few have focused on gynecological cancers.

The Moffitt team, in collaboration researchers from Huntsman Cancer Institute, MD Anderson Cancer Center and Stephenson Cancer Center, developed a new smoking cessation intervention based on an approach called Motivation and Problem Solving (MAPS). They adapted MAPS following interviews with cervical cancer survivors who had a history of smoking.

The survivors recommended the inclusion of specific components to help people realize the benefits of smoking cessation, including strategies to quit and social support for cessation and daily wellness.

"MAPS is built around a wellness program that addresses numerous barriers and concerns prevalent among cervical cancer survivors, such as anxiety, depression, stress and fear of cancer recurrence," said lead study author Jennifer I. Vidrine, Ph.D., M.S., senior member of the Department of Health Outcomes and Behavior and assistant center director of Research Community Partnerships at Moffitt.

The researchers wanted to assess how this new approach compared to a standard cessation program in patients with cervical cancer or precancerous disease called cervical intraepithelial neoplasia. All study participants were provided with 12 weeks of combination nicotine replacement therapy (patches and lozenges). The standard approach included self-help materials and repeated letters referring patients to their state's tobacco cessation quitline.

The study included 202 participants who were survivors of either cervical intraepithelial neoplasia or cervical cancer and reported current smoking. Participants were randomized to either the MAPS approach plus standard treatment or the standard treatment alone. The intervention delivery period was 12 months, and participants were asked to complete a baseline survey and follow-up surveys at three, six, 12 and 18 months.

The analysis showed there was no significant difference between the two treatment groups in smoking cessation at 18 months. However, at 12 months, participants randomized to the MAPS approach had over a two-fold increase in smoking abstinence compared to the standard approach. These results indicate that the MAPS approach did help people achieve smoking abstinence more effectively than the standard approach; but when the treatment period ended at 12 months, participants in MAPS relapsed to smoking, suggesting that extended treatment for longer periods of time may be necessary.

"This study represents the first smoking cessation intervention trial specifically designed to address the smoking cessation treatment needs of women with a history of cervical intraepithelial neoplasia or cervical cancer. Our findings highlight the potential to facilitate long-term abstinence from smoking within this vulnerable population through extending and sustaining MAPS in ways that are low-burden and engaging," said Vidrine.

Medical Xpress

More information: Jennifer I. Vidrine et al, Efficacy of a Smoking Cessation Intervention for Survivors of Cervical Intraepithelial Neoplasia or Cervical Cancer: A Randomized Controlled Trial, *Journal of Clinical Oncology* (2023). DOI: 10.1200/JCO.22.01228

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