Government of Western Australia
Department of Health

FIONA STANLEY hospital

Managing smoking and lung cancer treatment

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University of WA
WA Cancer and Palliative Care Network

28 May 2018

Cancer Council Western Australia | MAKE SMOKING HISTORY

Western Australian Clinical Oncology Group

"I would like to acknowledge the Traditional Owners of the Land, the **Noongar/Whadjuk people**.
I would also like to pay respect to the Elders past and present and offer my acknowledgement and respect to other Aboriginal and Torres Strait islanders who are present

Smoking cessation in setting of lung cancer

- Smoking is most common contributing factor to lung cancer
- At time of diagnosis of lung cancer 24-60% patients currently smoke

What are the benefits to quitting once the diagnosis is made?

How do we do incorporate into our practice?

Identifying Targeted Strategies to Improve Smoking Cessation Support for Cancer Patients

Graham W. Warren, MD, PhD,† Shiva Dibaj, BS,‡ Alan Hutson, PhD,‡ K. Michael Cummings, PhD, MPH,§ Carolyn Dresler, MD, MPA,‖ James R. Marshall, PhD¶*

Although the first step in addressing tobacco use by cancer patients is asking about tobacco, effectively addressing tobacco use requires discussing medication options and actively providing tobacco cessation support. In this restricted analysis of 1153 medical oncologists, radiation oncologists, surgeons, and pulmonologists where 97.2% reported regularly asking about tobacco use, results show that lack of time for counseling, lack of cessation training or experience, and lack of tobacco cessation resources were the primary factors associated with decreased cessation support.

J Thorac Oncol November 2015

TABLE 2. Practice Patterns and Perceptions of Respondents

Activity	Percent of respondents who reported "always" or "most of the time" (%)
Ask your patients if they smoke	1121 (97.2)
Ask patients who smoke if they will quit	983 (85.3)
Advise patients who smoke to stop	1003 (87.0)
Discuss medication options	507 (44.0)
Actively treat or refer patients	487 (42.2)

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TABLE 3. Perceptions and Barriers to Providing Cessation Support for Cancer Patients

Perceptions and barriers	Respondents who reported "strongly agree" or "agree" (%)
Current smoking or tobacco use impacts treatment outcomes in cancer patients	1065 (92.4)
Tobacco cessation should be a standard part of cancer treatment interventions	1042 (90.4)
Waste of time—cessation does not affect outcomes in cancer patients	139 (12.1)
Inability to get patients to quit tobacco use	685 (59.4)
Patient resistance to cessation treatment	793 (68.8)
I have had adequate training in tobacco assessment and cessation interventions	398 (34.5) *
Lack of training or experience in tobacco cessation interventions	544 (47.2) *
Clinicians need more training in tobacco assessment and cessation interventions	961 (83.3) *
Lack of time for counseling or to set up a referral	533 (46.2) *
None or limited provider reimbursement	365 (31.7)
Lack of available resources or referrals for cessation interventions	550 (47.7) *

* These factors were associated with decreased cessation support but NOT associated with tobacco assessment or advice to quit smoking

Providing ***clinician education + dedicated cessation resources*** may be high-yield targets to optimally improve smoking cessation

Adverse Effects of "Teachable Moment" Interventions in Lung Cancer: Why Prudence Matters

- Important not to increase the perceived stigma associated with lung cancer
- " A systemisation of teachable moment interventions is not sane. It is up to the patient to indicate *if* and *when* he is motivated to initiate possible modifications of lifestyle to achieve health-protecting behaviours."

Stiefl F. JTO Commentary Feb 2018

"Teachable Moment" Interventions in Lung Cancer: Why Action Matters

- "Providers must not stigmatize or criticize patients because they smoke"
- "Failure to address tobacco cessation in any patient with cancer means failure to capture a major therapeutic opportunity and is, in our view, simple unethical"
- Clinicians who ignore the impact of continuing smoking must recognise they are working against evidence-based practice

Dresler C JTO Commentary May 2018

Managing smoking and lung cancer treatment

1. Ms Xiyuan Li: Respiratory Nurse Consultant
2. Dr Hamish Mace: Anaesthetist
3. Dr Joshua Goldblatt: Cardiothoracic Surgery Trainee
4. Dr Samantha Bowyer: Medical Oncologist
5. Dr Sean Bydder: Radiation Oncologist
6. Dr Keiron Bradley; Palliative Care Physician

Keynote Speaker: Ms Emma Dean

Person centred care

Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care

Questions

- “Opt-out” approach for current smokers

Smoking cessation in setting of lung cancer

Continued smoking after diagnosis of lung cancer is associated with:

- increased overall mortality
- increased cancer related mortality
- increased cancer recurrence
- increased morbidity + mortality with treatments
- increased resistance to cancer treatment
- increased risk of second primary tumours

Parsons BMJ 2010
http//www.surgeongeneral.gov/library/reports/50-years-of-progress/
Amato JTO 2015
Scientific Advances in Lung Cancer JTO 2016
Koshiaris C, BJC 2017

Smoking cessation in setting of lung cancer

"If a targeted therapy were available with similar demonstrable impact on cancer treatment outcomes, it would be considered negligent not to use it"

Dresler C, JTO 2018

Summary

1. Smoking by lung cancer patients and survivors causes adverse outcomes
2. Smoking cessation after a lung cancer diagnosis confers clinically meaningful improvements in treatment outcomes
3. Effective tools are available for well-trained clinicians to assist their patients with smoking cessation

Person centred care

Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care