

Physicians Can

- Provide tobacco control leadership for their patients as well as their clinic, institution, community, local government, and region.
- Deliver influential messages on the health effects of tobacco and the benefits of smoking cessation and avoidance.
- Acknowledge that addressing tobacco is a critical part of patient care and that cessation benefits patients at all ages, even after a smoking related health condition develops.
- Ask every patient about tobacco use, advising patients and family members to stop, and referring patients to tobacco cessation programs.
- Talk with children about tobacco.
- Advocate for mandatory tobacco assessments and cessation support in your clinic or institution.
- Engage other physicians and clinical staff to create a united effort to improve patient and community health.
- Inform legislative/governmental agencies about effective tobacco control policies such as smoking bans and taxation.
- Engage community sites to promote tobacco cessation and control.
- Provide expert opinion on tobacco and health for the community and the media.



Physician Resources

Numerous online educational resources are available for physicians to use for personal education, and to assist in educating patients and the public.

IASLC Website

<https://www.iaslc.org/tobacco>

NCCN Guidelines for Smoking Cessation

<http://www.nccn.org/about/news/newsinfo.aspx?NewsID=498>

RACGP Clinical Guidelines: Supporting smoking cessation— a guide for health professionals

<http://www.racgp.org.au/your-practice/guidelines/smoking-cessation/>

AHRQ Treating Tobacco Use and Dependence

<http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>

NICE Stop smoking services

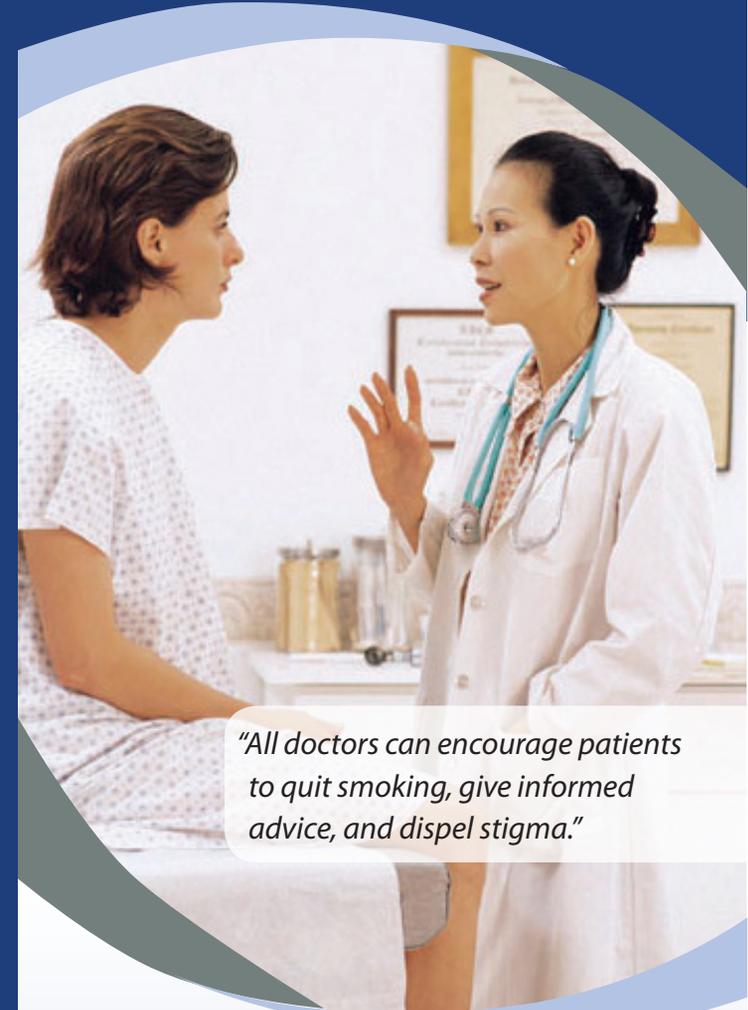
<https://www.nice.org.uk/guidance/ph10>

References

1. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. 2014.
2. Siegel RL, et al. *JAMA Intern Med.* 2015. 175;1574-1576.
3. Warren GW, et al. *J Thorac Oncol.* 2013. 8:543-548.
4. Anthenelli et al. *Lancet.* 2016; 387:2507-2520.

DOCTORS AND TOBACCO CONTROL

Preventing Tobacco-Related Cancers and Improving Cancer Treatment through Tobacco Control



"All doctors can encourage patients to quit smoking, give informed advice, and dispel stigma."



The International Association for the Study of Lung Cancer (IASLC) is dedicated to improving the health of our patients and community through effective tobacco control.

Why Is It So Important for Doctors to Address Tobacco?

Reducing tobacco use is a leading method to improve the health of people worldwide. Tobacco is the largest preventable risk factor for many cancers as well as other major diseases such as heart disease, pulmonary disease, stroke, diabetes, and others.¹

In the US, over 80% of lung cancer and nearly 50% of other smoking-related cancer cases are attributable to cigarette smoking.²

Continued smoking after a cancer diagnosis can worsen¹:

- overall mortality
- cancer-specific mortality
- risk of developing a second primary cancer
- risk of recurrence
- toxicity of treatment

Clinical Treatment and Support

Well-established evidence supports active approaches to tobacco cessation:

1. **ASKING patients about tobacco use during every encounter.**
2. **ADVISING patients who use tobacco to quit smoking.** Even brief advice from physicians has been shown to improve quit rates. Patients who quit or reduce tobacco use should be congratulated and encouraged to continue progress.
3. **ASSISTING patients in quitting tobacco.** Physicians should either provide evidence-based cessation support or refer patients to an evidence-based cessation program.

FACT: Though most physicians ask about tobacco use and advise patients to quit, **most physicians do not assist in helping patients quit.**³

Clinical Recommendations

- Pharmacologic therapy is **safe, effective, and recommended.**
 - The two most effective agents are combination nicotine replacement therapy and varenicline. Therapies can be combined as needed. The EAGLES study has confirmed the safety of varenicline.⁴
- Combining pharmacologic therapy with counseling leads to the best results for smoking cessation.
 - High-intensity behavior therapy with multiple counseling sessions is most effective, but at minimum, brief counseling is highly recommended.
 - Smoking status should be documented in the patient record and updated at regular intervals to indicate changes in smoking status, quit attempts made, and interventions used.
- Smoking relapse and brief slips are common. Providers should deliver guidance and support to encourage repeated cessation attempts. Smoking slips are not necessarily an indication to try an alternative method. It often takes more than one quit attempt with the same therapy to achieve long-term abstinence.
- Behavioral counseling and medications are **PROVEN** methods to help people quit smoking. Currently, the use of electronic cigarettes (or electronic nicotine delivery systems) are **NOT** a proven method to help people quit, although Public Health England has endorsed eCigarettes as a means of harms reduction.
- Decide how much support you can provide. If you can't provide cessation support for all patients, identify an effective evidence-based cessation resource and use it.

