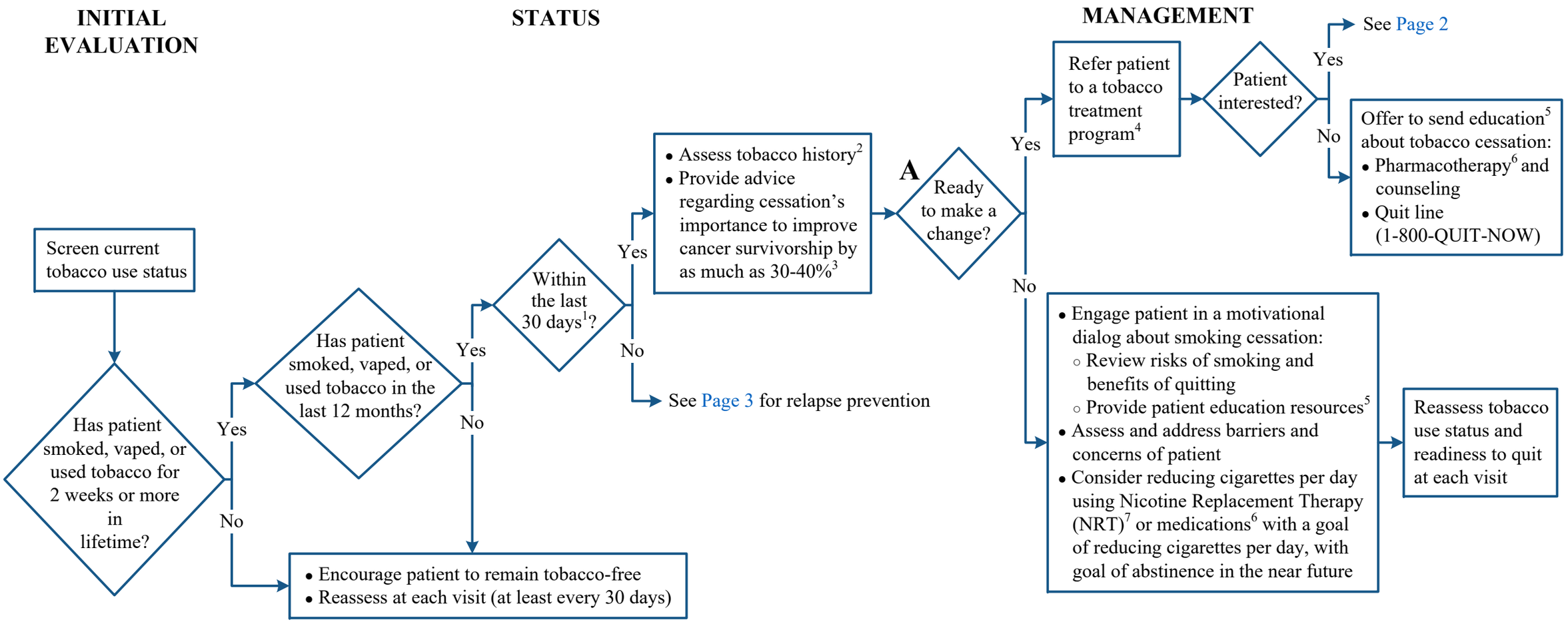
Tobacco Cessation Treatment - Adult

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.*

Note: The treatment for both smokeless tobacco and/or vaping nicotine/e-cigarettes follows the same pathway/methods as for treatment of smoking.



[1] If patient has not smoked in the past 30 days, treatment may not be required
[2] Refer to Appendix A for Tobacco History Assessment
[3] Refer to the 2014 U.S. Surgeon General Report, see Page 7
[4] MD Anderson's tobacco treatment program provides both outpatient and inpatient services. A tobacco treatment program is preferred over only prescribing tobacco treatment medications and/or referring to the quit line for counseling.
[5] Refer to MD Anderson Patient Education: Tobacco Cessation: Recommended Resources
[6] Refer to Appendix B for Medication Options
[7] Refer to Appendix C for Nicotine Replacement Therapy (NRT)

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Note: The treatment for both smokeless tobacco and/or vaping nicotine/e-cigarettes follows the same pathway/methods as for treatment of smoking.

1st PHARMACOTHERAPY CHOICE

Components of an effective tobacco treatment plan include behavioral therapy[1] with pharmacotherapy:
- 1st line medication (see Appendix B):
  - Varenicline (most effective single agent) **or**
  - Bupropion-SR or XL[2] plus episodic NRT[4]

or
- NRT[3]
  - Nicotine patch plus one episodic NRT (lozenge or gum preferred)

ASSESSMENT

Follow-up around 2-3 weeks to assess response to treatment

2nd PHARMACOTHERAPY CHOICE

Quit

- Congratulate and reassess every 1-2 weeks for a total of 10-12 weeks
- Follow-up every 3 months for 1 year
- Emphasize the importance of taking the medication for a minimum of 6 months, length of NRTs is individualized

See Page 3

Cut down by ≥ 50%[4]

If 1st line medication was first choice:
- Continue same regimen
- Reassess every 1-2 weeks for a total of 6-8 weeks
- If patient has not quit, consider:
  - If patient on varenicline 2 mg/day, increase dose to 3 mg/day **or**
  - Adding another 1st line medication **or**
  - Switch to another 1st line medication

If NRT was first choice:
- Consider increasing to 2 nicotine patches
- For duration of treatment, refer to Appendix C

Cut down by < 50%

If 1st line medication was first choice:
- Change to another 1st line medication **or**
- Add another 1st line medication

If NRT was first choice:
- If NRTs were used incorrectly, educate on correct use and continue
- If NRTs were used correctly:
  - Change to 1st line medication treatment **or**
  - Add another 1st line medication

3rd PHARMACOTHERAPY CHOICE

Reassessment after 2-3 weeks

Reassess after 2-3 weeks. If patient has not quit:
- Switch to another episodic NRT **or**
- Add 1st line medication (see Appendix B)

Patient quit?

Yes → Assess commitment to quit tobacco use:
- If patient committed, consider:
  - Combination of pharmacotherapy[5] **or**
  - 2nd line medication (see Appendix B) **or**
  - Consult addiction specialist
- If patient not committed, assess willingness to reattempt quitting at future encounters

No → Reassess after 2-3 weeks. If patient has not quit:
- Switch to another episodic NRT **or**
- Add 1st line medication (see Appendix B)

[1] Refer to Appendix D for Cognitive Behavioral and Motivational Intervention

[2] Concurrent administration of bupropion and tamoxifen should be avoided. Bupropion significantly inhibits the metabolism of tamoxifen to some of its active metabolites, which may diminish the efficacy of tamoxifen.

[3] Refer to Appendix C for Nicotine Replacement Therapy (NRT)

[4] Cutting back by half on the number of cigarettes smoked or the amount smoked of each cigarette (or usage of smokeless tobacco, vaping nicotine/e-cigarettes)

[5] Two 1st line medications or one 1st line medication plus NRT

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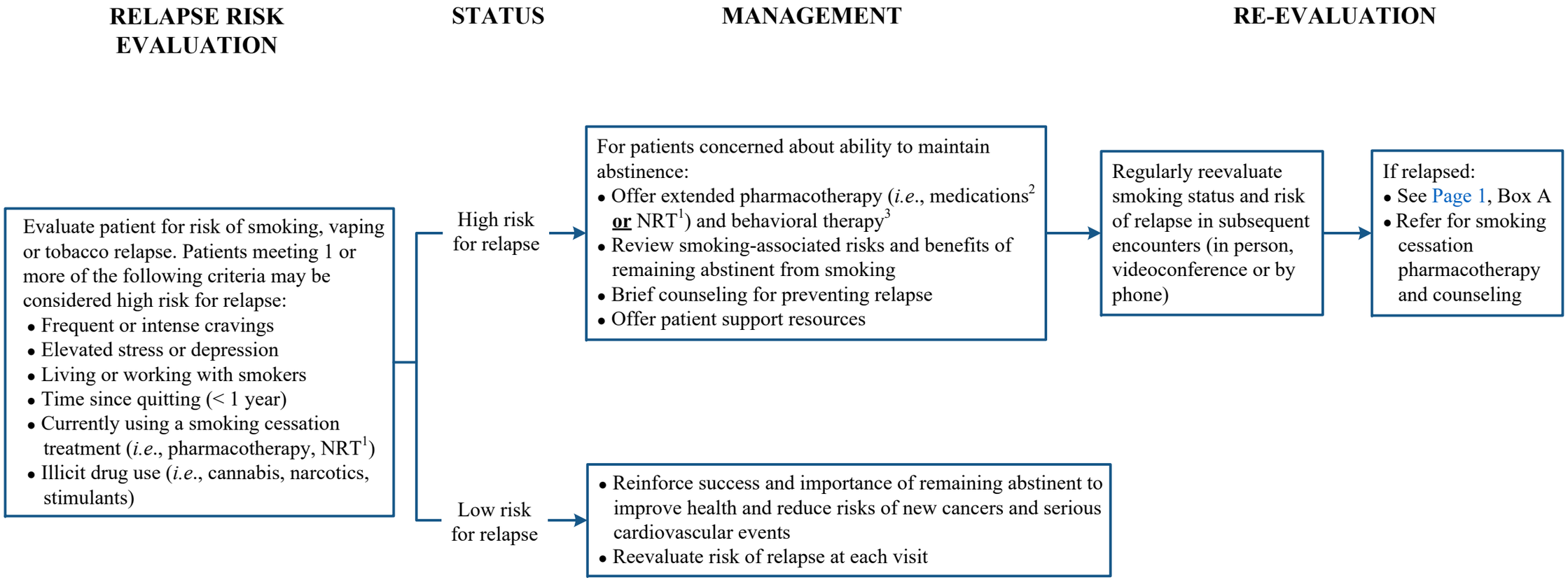

[1] Refer to Appendix C for Nicotine Replacement Therapy (NRT)
[2] Refer to Appendix B for Medication Options
[3] Refer to Appendix D for Cognitive Behavioral and Motivational Intervention

Tobacco Cessation Treatment - Adult

Note: The treatment for both smokeless tobacco and/or vaping nicotine/e-cigarettes follows the same pathway/methods as for treatment of smoking.

APPENDIX A: Tobacco History Assessment

- **How much do you smoke per day?**
  If > 20 cigarettes, see footnote[1]
- **How soon do you smoke after you wake up in the morning?**
  If within 30 minutes, see footnote[1]
- **Do you use any other type(s) of tobacco/nicotine products and if so, how much?** (*e.g.*, pipes, cigars, snuff, and/or e-cigarettes)
- **Do you use tobacco everyday or some days?**
  If daily, see footnote[1]
- **Fagerstrom Test of Cigarette Dependence (FTCD)** (optional):
  A score of 3 or higher indicates dependence on nicotine

Document history of quit attempts in patient health record:

- What is the longest period you have gone without smoking?
- When was your last quit attempt?
- Did you use anything to help you quit in the past? If so, what?
  - Unaided
  - Medications
  - Support group
  - Behavior therapy
  - Quitlines, websites, smart phone applications, or other media
  - E-cigarettes
  - Other
- **Why were previous quit attempts unsuccessful?**
  (*e.g.*, side effects, cost, continued cravings, did not work)
- **Engage patients in a motivational dialog about smoking cessation:**
  - Review risks of smoking and benefits of quitting
  - Provide patient education resources

[1] Patient has a higher likelihood of being nicotine dependent and difficulty quitting

APPENDIX B: Medication Options[2]

First Line Medications:

- Varenicline (Chantix®) for 12 weeks; if patient quits, then continue same dose for another 12 weeks:
  - 0.5 mg daily for 3 days, then consider increase to
  - 0.5 mg twice a day for 4 days, then consider increase to
  - 1 mg twice a day
  - If patient has reduced usage of tobacco but not quit after 6 weeks, may increase to 3 mg per day if not experiencing any adverse events
- Bupropion-SR[3] (Zyban®) for 12 weeks; if patient quits, then continue same dose for another 12 weeks:
  - 150 mg daily for 3-7 days, then consider increase to
  - 150 mg twice a day **or**
- Bupropion-XL[3] for 12 weeks; if patient quits, then continue same dose for another 12 weeks:
  - 150 mg every morning for 3-7 days, then consider increase to
  - 300 mg every morning

Second Line Medications:

- Nortriptyline:
  - 25 mg daily at bedtime for 7 days, then consider increase to
  - 50 mg daily at bedtime for 7 days, then consider increase to
  - 75 mg daily at bedtime
- Clonidine:
  - 0.1 mg twice daily for 7 days, then consider increase to
  - 0.1 mg three times a day

[2] Dosing and interval may vary depending on patient's response

[3] Avoid using bupropion and tamoxifen concurrently. Bupropion inhibits the metabolism of tamoxifen diminishing the availability of active tamoxifen metabolites and therefore tamoxifen becomes ineffective in preventing recurrence of certain breast cancers (HR+ types).

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APPENDIX C: Nicotine Replacement Therapy (NRT)[1]

Recommend nicotine patch plus one episodic NRT:

Nicotine patch:

- If ≥ 5 cigarettes per day or smokes within 30 minutes of waking:
  - 21 mg daily for 6 weeks or more, then consider decrease to
  - 14 mg daily for 2 weeks or more, then consider decrease to
  - 7 mg daily for 2 weeks or more
  - If patient quits, either stop NRT after 4 weeks of total abstinence **or** taper to next lower level
  - Continuous use of NRT: There is no standard timeframe beyond 12 weeks; it is based on individual preference. May continue up to 24 weeks if needed for continued nicotine cravings.
- If < 5 cigarettes per day or smokes after at least 30 minutes of awaking
  - 14 mg daily for 6 weeks or more, then consider decrease to
  - 7 mg daily for 2 weeks or more
  - If patient quits, either stop NRT after 4 weeks of total abstinence **or** taper to 7 mg
  - Continuous use of NRT: There is no standard timeframe beyond 12 weeks; it is based on individual preference. May continue up to 24 weeks if needed for continued nicotine cravings.

Episodic NRT: (Dosing minimum of 8 doses/day; maximum 20 doses/day. One dose every 1-2 hour(s) on a schedule for 12 weeks or more.)

- Gum or lozenges[2]: 2 mg or 4 mg/piece (4 mg lozenge is preferred due to favorable cost, effectiveness and ease of use)
- Nasal spray[2]: 2 sprays, one in each nostril (1 mg) equals 1 dose (not preferred due to higher cost and difficulty of use)

[1] Dosing and interval may vary depending on patient's response
[2] Not on MD Anderson formulary; available over the counter

APPENDIX D: Cognitive Behavioral and Motivational Interventions

Type of Counseling	Interventions
In-person, videoconference, and/or by phone	• Negotiate quit date, a trial quit attempt or a scheduled reduction • Support cessation and build abstinence skills • Review educational handouts • Explore social support • Problem solving • Discuss medication options, refer to Appendix B • Assessment of motivation and readiness to quit • Relapse prevention

Interventions for Co-Occurring Conditions and Cancer-Related Distress

• Explore co-occurring psychiatric conditions (most common: insomnia, depression, anxiety)
  ◦ Consultation/referral to Psychiatry
• Cancer-related distress:
  ◦ Provide internal resources: Place of Wellness, Palliative Care, Integrative Medicine
  ◦ Provide external resources: cancer support groups, community resources
  ◦ Consultation/referral: Psychiatry

SUGGESTED READINGS

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DEVELOPMENT CREDITS

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