**Tobacco Cessation - Adult**

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### INITIAL EVALUATION

- **Has patient smoked more than 100 cigarettes in lifetime?**
  - Yes
    - **Screen current tobacco use status**
  - No
    - **Has patient smoked or used tobacco in the last 12 months?**
      - Yes
        - **Within the last 30 days?**
          - Yes
            - **Has patient smoked more than 100 cigarettes in lifetime?**
              - Yes
                - **Assess tobacco history**
              - No
                - **Provide advice regarding cessation’s importance to improve survivorship by as much as 30-40%**
          - No
            - **Encourage patient to remain tobacco-free**
            - **Reassess at each visit (at least every 30 days)**
      - No
        - **See Page 3 for relapse prevention**

### STATUS

- **Ready to make a change?**
  - Yes
    - **Refer patient to a tobacco treatment program** (preferred)
  - No
    - **Offer to send education about tobacco cessation:**
      - Pharmacotherapy and counseling
      - Quit line (1-800-QUIT-NOW)
      - Engage patient in a motivational dialog about smoking cessation:
        - Review risks of smoking and benefits of quitting
        - Provide patient education resources
        - Assess and address barriers and concerns of patient
        - Consider reducing cigarettes per day using Nicotine Replacement Therapy (NRT) or medications with a goal of cessation in the near future

### MANAGEMENT

- **Reassess at each visit (at least every 30 days)**

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1 If patient has not smoked in the past 7 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 6
4 The tobacco treatment program provides both outpatient and inpatient services
5 Refer to Appendix B for Medication Options
6 Refer to Appendix C for Nicotine Replacement Therapy (NRT)
Components of an effective tobacco treatment plan includes behavioral therapy with pharmacotherapy:

- 1st line medication options
  - Varenicline (most effective single agent)
  - Bupropion-SR or XL
  - NRT

or

- Ideally nicotine patch plus one episodic NRT (lozenge or gum preferred)

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

Medications as 1st choice

Cut down by 50% or more

NRT as 1st choice

Medications as 1st choice

Quit

Continue same regimen

If patient initially on episodic NRT, add nicotine patch
If patient initially on nicotine patch, add episodic NRT
If patient initially on one patch plus episodic NRT, consider increasing to 2 patches or encourage to use more than 8 pieces per day of episodic NRT
For duration of treatment, refer to Appendix B

Reassess every 1-2 weeks for a total of 6-8 weeks.
If patient has not quit consider:
  - Switching to NRT or
  - Adding or switching to another 1st line medication or
  - Increasing varenicline to 3 mg/day

Change to another 1st line medication or NRT

Consider 1st line medication treatment

Reassess after 2-3 weeks

Yes

Patient quit?

Assess commitment to quit tobacco use:
- If patient committed, consider combination of pharmacotherapy, 2nd line medication, or consult addiction specialist
- If patient not committed, assess willingness to reattempt quit at future encounters

No

Reassessment after 2-3 weeks

If patient has not quit consider:
  - Switching to NRT
  - Adding or switching to another 1st line medication
  - Increasing varenicline to 3 mg/day

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Reassessment after 2-3 weeks

If patient has not quit consider:
  - Switching to NRT
  - Adding or switching to another 1st line medication
  - Increasing varenicline to 3 mg/day

1 Refer to Appendix D for Cognitive Behavioral and Motivational Intervention
2 Refer to Appendix B for Medication Options
3 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.
4 Refer to Appendix C for Nicotine Replacement Therapy (NRT)
5 Cutting back by half on the number of cigarettes smoked or the amount smoked of each cigarette
6 Two 1st line medications or one medication plus NRT

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Evaluate patient for risk of smoking relapse. Patients meeting 1 or more of the following criteria may be considered high risk for relapse:
- Frequent/intense cravings
- Elevated stress/depression
- Living/working with smokers
- Time since quitting (less than 1 year)
- Currently using a smoking cessation treatment (i.e., pharmacotherapy, NRT)
- Drug use/abuse (i.e., marijuana, narcotics, stimulants)

For patients concerned about ability to maintain abstinence:
- Offer extended pharmacotherapy (i.e., medications or NRT) and behavioral therapy
- Review smoking-associated risks and benefits of remaining abstinent from smoking
- Brief counseling for preventing relapse
- Offer patient support resources

Regularly reevaluate smoking status and risk of relapse in subsequent encounters (in person or by phone)

If relapsed:
- See Page 1, Box A
- Refer for smoking cessation pharmacotherapy and counseling

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<table>
<thead>
<tr>
<th>RELAPSE RISK EVALUATION</th>
<th>STATUS</th>
<th>MANAGEMENT</th>
<th>RE-EVALUATION</th>
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Low risk for relapse

- Reinforce success and importance of remaining abstinent to improve health and reduce risks of new cancers and serious cardiovascular events
- Reevaluate risk of relapse at each visit

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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
1 Patient has a higher likelihood of being nicotine dependent and more difficult to quit

APPENDIX A: Tobacco History Assessment

- How much do you smoke per day?
  - If greater than 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): If they score 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

APPENDIX B: Medication Options

- Varenicline (Chantix®) for 12 weeks; if patient quits, then renew another 12 weeks
  - 0.5 mg for three days, then
  - 0.5 mg twice a day for 4 days, then
  - 1 mg twice a day
- Bupropion-SR® (Zyban®) for 12 weeks; if patient quits, then renew another 12 weeks
  - 150 mg daily for 3-7 days, then
  - 150 mg twice a day or bupropion-XL 150 mg every morning for 3-7 days, then
  - 300 mg every morning

APPENDIX C: Nicotine Replacement Therapy (NRT)

Nicotine patch:
- If greater than 5 cigarettes per day or smoke within 30 minutes of awaking:
  - 21 mg daily for 6 weeks or more
  - 14 mg daily for 2 weeks or more
  - 7 mg daily for 2 weeks or more
  - If patient quits, either stop or taper to next lower level. Minimum of 12 weeks, recommended up to 24 weeks.
- If less than 5 cigarettes per day or smoke after at least 30 minutes of awaking:
  - 14 mg daily for 6 weeks or more
  - 7 mg daily for 2 weeks or more
  - If patient quits, either stop or taper to 7 mg. Use for a minimum of 12 weeks; recommended for up to 24 weeks.

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 mg or 4 mg/piece (4 mg lozenge is preferred due to favorable cost, effectiveness and ease of use)
- Nasal spray: 2 squirts (1 mg) equals 1 dose (not preferred due to higher cost and difficulty of use)
- Oral inhaler: 10 mg/cartridge (20 puffs equal 1 dose) (not preferred due to higher cost and difficulty of use)

2 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)

3 Continuous use of NRT: There is no standard timeframe beyond 12 weeks; it is based on individual preference
**APPENDIX D: Cognitive Behavioral and Motivational Intervention**

<table>
<thead>
<tr>
<th>Type of Counseling</th>
<th>Interventions</th>
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</thead>
</table>
| 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\(^1\)  
• Assessment of motivation and readiness to quit  
• Relapse prevention |

<table>
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<tr>
<th>Related Interventions</th>
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</table>
|                       | • Explore psychiatric symptoms  
• Cancer related distress:  
  ○ Internal resources: Place of Wellness, Palliative Care, Integrative Medicine  
  ○ External resources: Cancer Counseling Incorporated, help locate community resources  
  ○ Consultation:  
    - Psychiatrist-physician  
    - APN/PA |

\(^1\) Refer to Appendix B for Medication Options
SUGGESTED READINGS


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