Tobacco Cessation Treatment - Adult

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INITIAL EVALUATION

Screen current tobacco use status

Has patient smoked, vaped or used tobacco in the last 12 months?

Has patient smoked more than 100 cigarettes or vaped more than 5 times in lifetime?

Within the last 30 days?

STATUS

Yes

Within the last 30 days?

Yes

Assess tobacco history

Provide advice regarding cessation’s importance to improve survivorship by as much as 30-40%

Ready to make a change?

Yes

Encourage patient to remain tobacco-free

Reassess at each visit (at least every 30 days)

No

See Page 3 for relapse prevention

MANAGEMENT

Refer patient to a tobacco treatment program (preferred)

Patient interested?

Yes

Offer to send education about tobacco cessation:

Pharmacotherapy and counseling

Quit line (1-800-QUIT-NOW)

No

See Page 2

Yes

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 reducing cigarettes per day, with goal of abstinence in the near future

No

Reassess at each visit (at least every 30 days)

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\(^1\) with pharmacotherapy:

- **1\(^{st}\) line medication options\(^2\)**
  - Varenicline (most effective single agent)
  - Bupropion-SR or XL\(^3\)

**or**

- NRT\(^4\)
  - Ideally nicotine patch plus one episodic NRT (lozenge or gum preferred)

**1\(^{st}\) PHARMACOTHERAPY CHOICE**

- Follow-up around 2-3 weeks to assess response to treatment
- If medication was 1\(^{st}\) choice
  - Cut down by 50% or more\(^5\)
  - Or NRT
    - Cut down by less than half

- If NRT was 1\(^{st}\) choice
  - Change to another 1\(^{st}\) line medication or NRT
  - Change to 1\(^{st}\) line medication treatment, if NRTs were used correctly. If not, educate on correct use and continue NRTs.

**2\(^{nd}\) PHARMACOTHERAPY CHOICE**

- Reassess every 1-2 weeks for a total of 6-8 weeks
  - If patient has not quit consider:
    - Switching to NRT\(^4\) or
    - Adding or switching to another 1\(^{st}\) line medication or
    - Increasing varenicline to 3 mg/day

**3\(^{rd}\) PHARMACOTHERAPY CHOICE**

- 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 total of 6 months, length of NRTs is individualized

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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 1\(^{st}\) line medications or one medication plus NRT
Evaluate patient for risk of smoking, vaping or tobacco 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)\(^1\)
- Drug use (i.e., marijuana, narcotics, stimulants)

For patients concerned about ability to maintain abstinence:

- Offer extended pharmacotherapy (i.e., medications\(^2\) or NRT\(^1\)) and behavioral therapy\(^3\)
- Review smoking-associated risks and benefits of remaining abstinent from smoking
- Brief counseling for preventing relapse
- Offer patient support resources

High risk for relapse

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

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
Note: The treatment for both smokeless tobacco and/or vaping nicotine/e-cigarettes does follow 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, sniff, 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, smartphone 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-SR2 (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-XL2 150 mg every morning for 3-7 days, then
    - 300 mg every morning

**APPENDIX C: Nicotine Replacement Therapy3 (NRT)**

**Nicotine patch:**

- If ≥ 5 cigarettes per day or smokes within 30 minutes of awakening:
  - 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 < 5 cigarettes per day or smokes after at least 30 minutes of awakening:
  - 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 puff(s) equal 1 dose) (not preferred due to higher cost and difficulty of use)

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

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>
</tr>
</thead>
<tbody>
<tr>
<td>In-person,</td>
<td>● Negotiate quit date, a trial quit attempt or a scheduled reduction</td>
</tr>
<tr>
<td>videoconference,</td>
<td>● Support cessation and build abstinence skills</td>
</tr>
<tr>
<td>and/or by phone</td>
<td>● Review educational handouts</td>
</tr>
<tr>
<td></td>
<td>● Explore social support</td>
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<tr>
<td></td>
<td>● Problem solving</td>
</tr>
<tr>
<td></td>
<td>● Discuss medication options</td>
</tr>
<tr>
<td></td>
<td>● Assessment of motivation and readiness to quit</td>
</tr>
<tr>
<td></td>
<td>● Relapse prevention</td>
</tr>
<tr>
<td>Related Interventions</td>
<td>● Explore psychiatric symptoms</td>
</tr>
<tr>
<td></td>
<td>● Cancer related distress:</td>
</tr>
<tr>
<td></td>
<td>○ Internal resources: Place of Wellness, Palliative Care, Integrative Medicine</td>
</tr>
<tr>
<td></td>
<td>○ External resources: Cancer Counseling Incorporated, help locate community resources</td>
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<tr>
<td></td>
<td>○ Consultation:</td>
</tr>
<tr>
<td></td>
<td>- Psychiatrist-physician</td>
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<tr>
<td></td>
<td>- APN/PA</td>
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</tbody>
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1 Refer to Appendix B for Medication Options
SUGGESTED READINGS


Continued on next page


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DEVELOPMENT CREDITS

This screening algorithm is based on majority expert opinion of the Tobacco Cessation workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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