Tobacco Cessation - Adult

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INITIAL EVALUATION

Screen current tobacco use status

STATUS

Has patient smoked more than 100 cigarettes in lifetime?
- Yes
  - Has patient smoked or used tobacco in the last 12 months?
    - Yes
      - See Page 3 for relapse prevention
    - No
      - • Encourage patient to remain tobacco-free
      - • Reassess at each visit (at least every 30 days)
  - No
    - Within the last 30 days?^
      - Yes
        - Refer patient to a tobacco treatment program (preferred)
      - No
        - See Page 2

MANAGEMENT

Patient interested?
- Yes
  - Refer patient to a tobacco treatment program
- No
  - Offer to send education about tobacco cessation:
    - • Pharmacotherapy and counseling
    - • Quit line (1-800-QUIT-NOW)

Option 1:
Offer referral to a telephone-only tobacco treatment program. If patient not interested, see option 2 below.

Option 2:
- • Engage patient in a motivational dialog about smoking cessation:
  - o Review risks of smoking and benefits of quitting
  - o 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

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 The tobacco treatment program provides both outpatient and inpatient services
4 Refer to Appendix B for Medication Options
5 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
- Quit
- Cut down by 50% or more
- NRT as 1\(^{st}\) choice

**ASSESSMENT**

- Continue same regimen
- 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

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

- Change to another 1\(^{st}\) line medication or NRT
- Reassessment after 2-3 weeks
- Patient quit?
  - Yes
  - No

- Reassessment after 2-3 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**

- Consider 1\(^{st}\) line medication treatment
- Reassess every 1-2 weeks for a total of 10-12 weeks
- Follow-up every 3 months for 1 year

\(^{1}\) 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)
\(^{5}\) Two 1\(^{st}\) 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)

High risk for relapse

For patients concerned about ability to maintain abstinence:

- Offer 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

Low risk for relapse

- Reinforce success and importance of remaining abstinent
- Reevaluate risk of relapse at each visit

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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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
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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 Nicotine Dependence (FTND) (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 Therapy3 (NRT)

**Nicotine patch:**

- If greater than 5 cigarettes per day or smokers 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 smokers 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) as needed for 12 weeks or more.)

- Gum or lozenges: 2 mg or 4 mg/piece (4 mg 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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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

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1 Patient has a higher likelihood of being nicotine dependent and more difficult to quit
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APPENDIX D: Cognitive Behavioral and Motivational Intervention

<table>
<thead>
<tr>
<th>Type of Counseling</th>
<th>Interventions</th>
</tr>
</thead>
</table>
| Inpatient/Outpatient and 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  
- Assessment of motivation and readiness to quit  
- Relapse prevention |
| Related Interventions | - 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
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SUGGESTED READINGS


This screening algorithm is based on majority expert opinion of the Tobacco Cessation work group 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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