

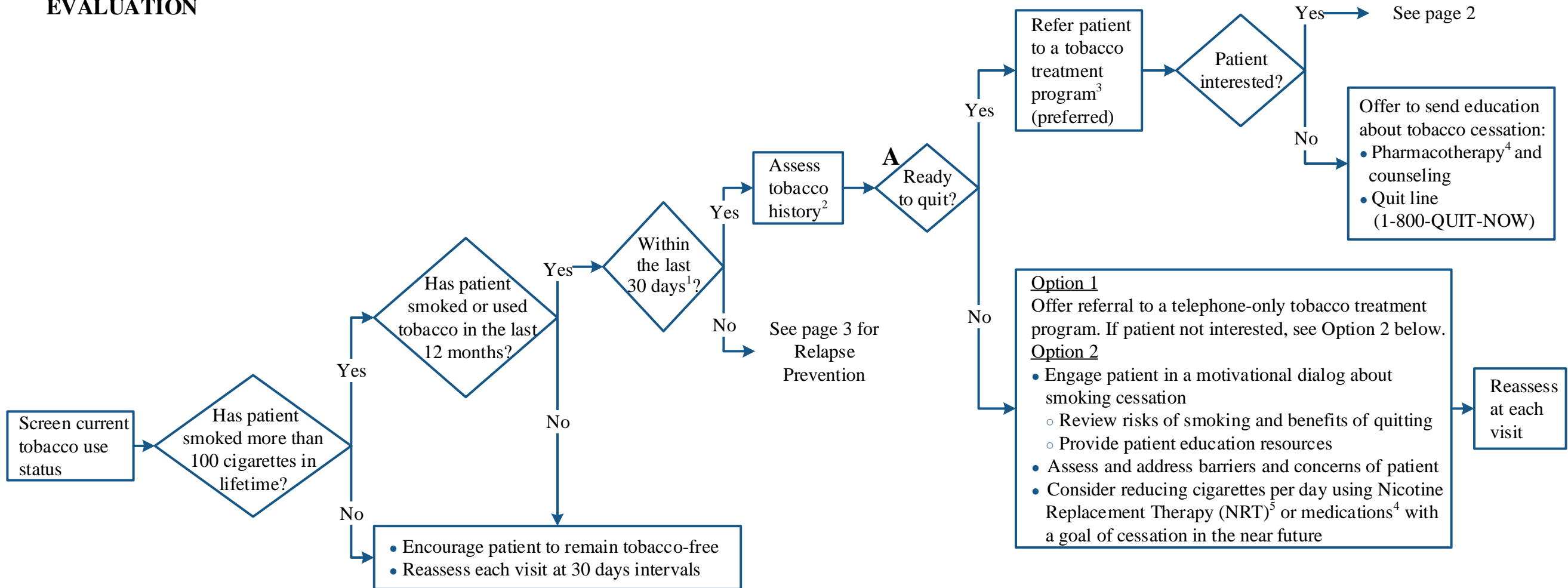
Tobacco Cessation Algorithm - Adult

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson's specific patient population; MD Anderson's services and structure; and MD Anderson's clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers.

INITIAL EVALUATION

STATUS

MANAGEMENT



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)

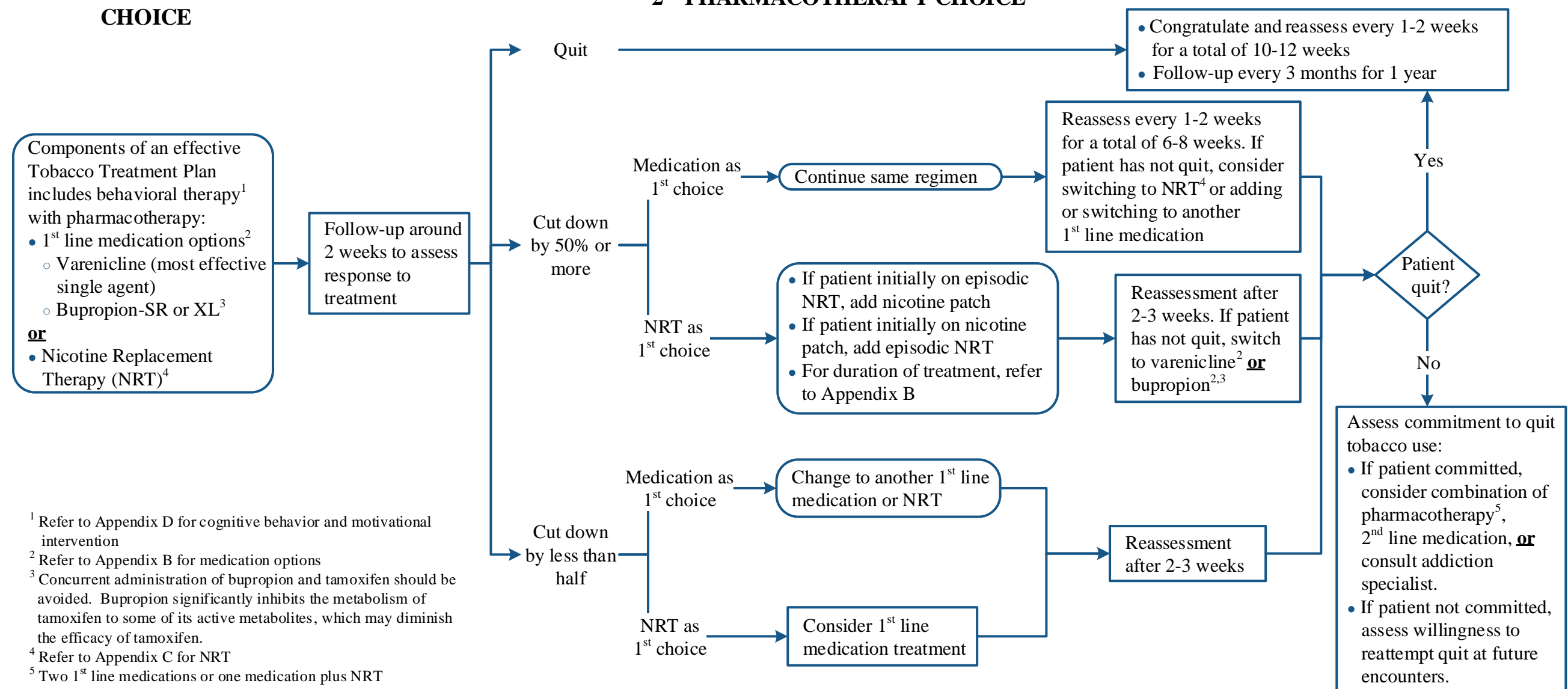
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1st PHARMACOTHERAPY CHOICE

ASSESSMENT

2nd PHARMACOTHERAPY CHOICE

3rd PHARMACOTHERAPY CHOICE



¹ Refer to Appendix D for cognitive behavior 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 NRT
⁵ Two 1st line medications or one medication plus NRT

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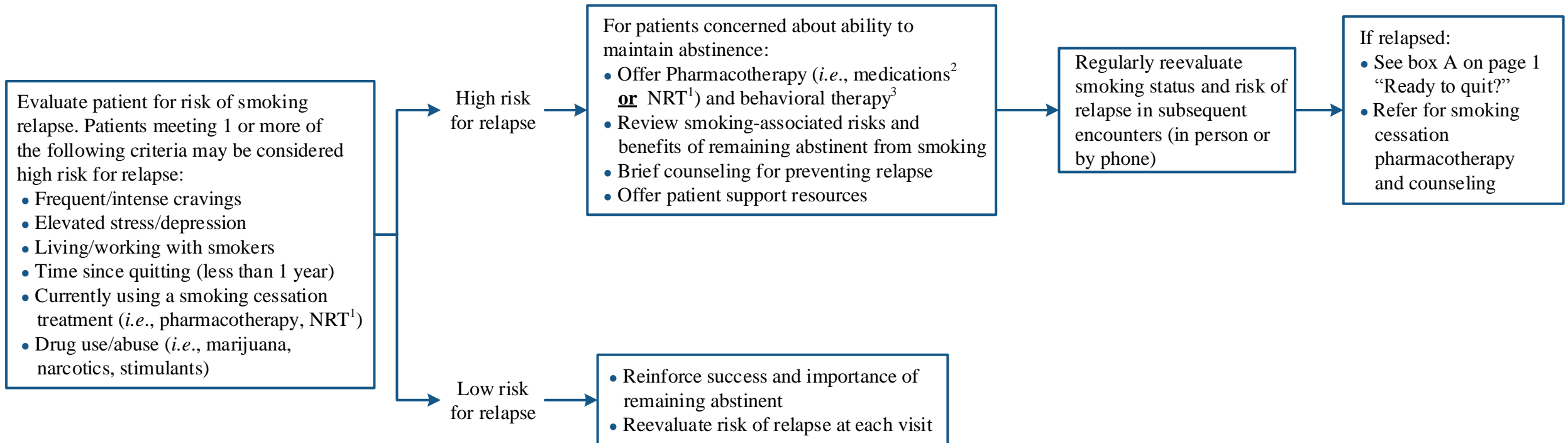
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RELAPSE EVALUATION

STATUS

MANAGEMENT

RE-EVALUATION



¹ Refer to Appendix C for NRT

² Refer to Appendix B for Medication Options

³ Refer to Appendix D for Cognitive Behavior 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 footnote¹
- **How soon do you smoke after you wake up in the morning?**
If within 30 minutes, see footnote¹
- **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 footnote¹
- **Fagerstrom Test of Nicotene Dependency (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

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

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

²Bupropion 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).

APPENDIX C: Nicotine Replacement Therapy³ (NRT)

Nicotine Patch:

- If greater than 10 cigarettes per day or smokes 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 week
 - If less than 10 cigarettes per day or smokes 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 puffs equal 1 dose) (not preferred due to higher cost and difficulty of use)

³Continuous use of NRT: There is no standard timeframe beyond 12 weeks; it is based on individual preference.

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APPENDIX D: Cognitive Behavioral and Motivational Intervention

Type of Counseling	Interventions
Inpatient/Outpatient and by Phone	<ul style="list-style-type: none"> • 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 options¹ • Assessment of motivation and readiness to quit • Relapse prevention
Related Interventions	<ul style="list-style-type: none"> • Explore psychiatric symptoms • Cancer related distress: <ul style="list-style-type: none"> ◦ Internal resources: Place of Wellness, Palliative Care, Integrative Medicine ◦ External resources: Cancer Counseling Incorporated, help locate community resources ◦ Consultation: <ul style="list-style-type: none"> - Psychiatrist-physician - APN/PA

¹ Refer to Appendix B for Medication Options

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SUGGESTED READINGS

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DEVELOPMENT CREDITS

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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