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Srmena KRSTEV

INSTITUTE OF OCCUPATIONAL HEALTH, BELGRADE, SERBIA

Oncologists as leaders in tobacco control

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INTRODUCTION

Adverse health consequences of tobacco use are well documented and widely acknowledged. Smoking kills half of all lifetime users and half of those deaths occur between ages of 30 and 69 (1). Smoking accounts for 12 % of global adult mortality with more persons dying in developing countries than in industrialized countries. Currently, more men than women die from smoking, but smoking rates are increasing among women in many developing countries.

There is a long list of cancers associated with smoking, including lung, bladder, cervical, esophageal, kidney, laryngeal, oral, lip, stomach and pancreatic cancers, and leukemia (2). It is estimated that cigarette smoking is responsible for at least 29% of all cancer deaths (3). Lung cancer is highly linked to tobacco use and the risk of dying from lung cancer is more than 22 times higher among men who smoke cigarettes, and about 12 times higher among women who smoke cigarettes compared to never smokers. Smoking is responsible for 90% of lung cancer deaths in men and 79% in women (4). Only 2% of lung cancers occurred in nonsmokers (5). Therefore, lung cancer is an almost totally avoidable disease. It is of great importance that physicians, particularly oncologists, pay more attention to post diagnosis health behavior changes, such as smoking cessation of cancer survivors.

CANCER SURVIVORS AND SMOKING CESSATION

Due to the advancements in early detection and treatment, many adult cancer survivors can expect to live for decades. However, there is generally lack of awareness that continued tobacco use can further compromise cancer patients' health. Studies with cancer patients observe that continued smoking after diagnosis and treatment reduces survival time, increases the risk of a recurrence and second primary cancers, reduces treatment efficacy and increases and prolongs risk of late effect of treatment (6,7). Data from different studies show that 8% to 35% of cancer survivors continue to smoke. Smoking cessation produces substantial and immediate health benefits among persons with and without smoking-related diseases. Patients whose primary cancer is not linked to tobacco use (e.g., breast or testicular cancer, lymphoma) and younger survivors (18 to 40 years) are less likely to quit smoking (6,7). Study preformed in the U.S. indicated that among 74 patients who smoked before their cancer diagnosis, 35% continued to smoke after surgery (8). Authors concluded that although the diagnosis of a tobacco-related malignancy clearly represented a strong catalyst for smoking cessation, a sizable subgroup of patients continued to smoke. Patients with less severe cancers who underwent less extensive treatment are particularly at risk for continued tobacco use. Another population-based study of 4.878 breast cancer survivors found that 13% continued to smoke after diagnosis, less than non-cancer controls (21.9%) (9). Analysis by cancer site, revealed a high prevalence of smoking in cervical (46.0%) and uterine cancer survivors (29.4%). Much effort is needed to motivate cancer survivors to quit smoking.

ROLE OF ONCOLOGISTS

Although smoking cessation is not easy at all for the majority of smokers, clinicians and particularly oncologists can improve patients' chances to quit. Clinicians and oncologists are in a unique position to offer cessation as they have access to large numbers of smokers. In addition, it was reported that more than 80% of smokers visit a physician at least once each year (6). However, clinicians often fail to assess and treat tobacco use consistently and frequently (5). A National Ambulatory Medical Care Survey in 1991 found that 67% of 3.254 physicians surveyed reported having asked about patients' smoking status (10). Smokers, on the other hand, also have reported that advice from physician to stop smoking would increase their motivation to quit (11).

It has been shown that brief intervention such as physician advice that took 3 minutes or less can lead to an overall cessation rate from 5% to 10%. The percentage rises from 20% to 36% when physicians are more involved in providing counseling and advice (5,11). The meta-analysis conducted for the US Clinical Practice Guidelines concluded that minimal duration counseling (up to 3 minutes) results in an abstinence rate at 6 months of 13.4% (2.5% higher than control); low intensity (3-10 minutes) in an abstinence rate of 16.0% (5% higher than controls); and higher intensity (more than 10 minutes) in an abstinence rate of 22.1% (11% higher than controls) (12). Because physicians and other health professionals see a large number of patients on a routine basis, such involvement can have a substantial public health impact. On the other hand, there is evidence that most smokers believe it is their physician's responsibility to ask about their smoking status and to advise them to quit.

The role of oncologists in counseling their cancer patients to quit smoking has to be enforced, although data show that they do not use that opportunity enough. A study performed among 63 surgical, medical and radiation oncologists at a cancer center in Russia, found that 43% of them advise patients to quit smoking, but less than 20% provide smoking cessation treatment or provide self-help books, and even fewer provide Nicotine Replacement Therapy (NRT) (13). Oncologists should take an active role in smoking cessation for many reasons. Patients faced with diseases treating their own life would be more prone to accept an advice to quit smoking. Further, oncology professionals are in a strong position to change health behavior of their patients. Patients expect their oncologists not only to treat a current cancer, but to reduce the risk of future diseases (5). That means that smoking cessation will maximize the effectiveness of available treatment and minimize consequences of the treatment, as well as mortality.

Oncology professionals as well as other physicians can use several smoking cessation interventions. They are as follows:

- Brief advise to quit
- Distribution of written materials, such as pamphlets, booklets, manuals or advice to call quit lines

Address correspondence to:
Srmena Krstev, Institute of Occupational Health "Dr. Dragomir Karajović", Deligradska 29, 11 000 Belgrade, Serbia, E-mail: srmena@sbb.co.yu

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– Telephone advise
– Pharmacotherapy (NRT, Bupropion), and
– Behavioral intervention that need specially trained physicians.

Brief counseling by adopting "5As" treatment recommended by the National Cancer Institute in Bethesda, US can be the method of choice, and should be widely used. This means, as it is well known, that smokers should be *asked* about smoking status on every visit, *advised* to quit in a strong and personalized manner, *assessed* regarding their readiness to quit, *assisted* with smoking cessation efforts, and follow-up visit should be *arranged* (5,11).

It is also important that oncologists, along with other physicians, accept behavior that ban smoking anywhere in hospitals, outpatient clinics, institutes, etc. Code of Practice on Tobacco Control Health Professional Organizations, adopted and signed by the participants of the WHO Informal Meeting on Health Professionals and Tobacco Control in 2004, emphasis that physicians are role models to their patients by not using tobacco and promoting a tobacco-free culture. They should make an effort to make their own organizations' premises and all scientific events tobacco-free. The Code of Practice should be accepted and obeyed by all health care professionals, no matter of their own smoking habits. However, it has been shown that physicians who smoke are less likely to assess patients smoking status, and to counsel them to quit smoking (13).

CHALLENGES IN SMOKING PREVENTION

Many physicians, as well as oncologists report a lack of adequate training and education in smoking prevention. Although they are usually trained during their medical studies about the adverse health effects of smoking, training in smoking cessation counseling and different techniques for intervention are missing (6,13). In 1999, Ferry et al. published results of their survey of 120 U.S. undergraduate medical programs and found that only 2.4% of those schools require students to complete a course in tobacco education (14).

The Global Health Professional Study performed in 2006 on the sample 3rd year students of Medical Schools in Serbia (Belgrade, Novi Sad, Niš, Kragujevac) showed that 65.5% think that health professionals serve as role model for their patients, 21.3% received formal training in smoking cessation approaches during their medical studies, and 79.3% learned to take smoking as the part of the medical history. A study conducted among more than 9.000 medical students in 51 medical schools in 42 countries in Europe, Asia and Africa, identified serious deficiencies in the knowledge of tobacco-related disease (15). Few medical students believed it to be the role of doctor to advise patients on smoking cessation unless they had developed a smoking-related disease.

It is evident that curricula at Medical Schools in Serbia should be improved to meet the need of physicians and current smoking trends in country. More knowledge and training is needed in different smoking cessation techniques. Further, there is a need for handbook of smoking cessation techniques for health care professionals. Currently, Ministry of Health of the Republic of Serbia has been initiated the development of handbook with different approaches to smoking cessations methods, as well as evaluation of smoking cessation services in Serbia.

CONCLUSION

We can conclude that there is enough evidence that oncologists have a significant role in smoking cessation of their already affected cancer patients. The following procedure should be accepted as minimum requirements:

– Oncologists are role models for their patients and should never smoke in front of their patients, as well as in hospitals, outpatient clinics, meetings, etc. (tobacco free hospitals);
– They should use every possibility to speak publicly about the harmful effects of smoking and inform public where medical help in smoking cessation can be found;
– They should always ask about smoking history of their patients;
– They should always council their patients on smoking cessation;
– In some cases they can also offer some more intensive counseling or inform their patients where to find help in quitting smoking.

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