Recent evidence suggests that addressing tobacco addiction in patients with cancer is unjustified at best and negligent at worst. Smoking causes cancer (Kuper et al., 2002). Continued smoking among individuals who have cancer causes more cancer. Patients who continue to smoke after diagnosis experience decreased recurrence-free survival (Fleschner et al., 1999; Stevens et al., 1983) and increased risk for a second primary tumor (Do et al., 2004; Johnson, 1998; Richardson et al., 1993; Tucker et al., 1997). Smoking is associated with complications in patients receiving radiation (Eifel et al., 2002; Rugg et al., 1990) and may also impact the metabolism of chemotherapy (Hamilton et al., 2006; van der Bol et al., 2007). Continuing smokers experience diminished quality of life across multiple physical, psychological, and social domains (Garces et al., 2004) and are more likely to report higher pain scores than nonsmokers or former smokers (Daniel et al., 2009). Surgical procedures cost more and do not work as well for tobacco users because of complications such as delayed healing, wound dehiscence, and postoperative infections (Al-Sarraf et al., 2008; Kearney et al., 1994; Krueger & Rohrich, 2001).

Given the adverse outcomes associated with continued smoking, cancer diagnosis and treatment provide an excellent opportunity to intervene (McBride & Ostroff, 2003). The timing is right; patients who receive tobacco use treatment within three months of diagnosis have higher abstinence rates (Garces et al., 2004). The setting is right; patients with cancer interact with multiple healthcare professionals over a short period of time and receive regular long-term follow-up. Oncology nurses are uniquely positioned to develop relationships with their patients over time and to advocate for those who want to quit.

Oncology nurses can and should play a critical role in helping patients with cancer overcome tobacco use and dependence (Cooley et al., 2008). However, nurses do not do this optimally (Sarna et al., 2009).
Remember the 5 As: Ask, Advise, Assess, Assist, and Arrange. Whether the support consists of assessing smoking status and advising patients to quit, providing ongoing guidance and encouragement during a quit attempt, initiating referrals to quitlines and cessation programs, engaging in relapse prevention, and/or helping cancer centers develop comprehensive tobacco treatment programs, oncology nurses can lead. Take advantage of the upcoming American Cancer Society’s Great American Smokeout, held annually on the third Thursday of November, and work with your colleagues to do this for your patients. Find out how at www.tobaccofreenurses.org.

Our patient with breast cancer wants to stop smoking and thousands more like her need counseling every year (Schnoll et al., 2003, 2004; Taylor et al., 2007). Tobacco use treatment is one of the most essential preventive services that cancer centers and cancer providers can offer, with tremendous potential to reduce lifelong morbidity and mortality, not to mention costs. Quitting smoking will not cure cancer. But we cannot really say that we are curing cancer unless we help patients quit.

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