Even After a Cancer Diagnosis

It's Never Too Late To Assist Patients to Stop Tobacco Use

The 5 A's Treatment Model for Patient's with Cancer

MODEL COMPONENT	CONSIDERATIONS
ASK	
ASK all patients if they have used tobacco in the last 6 months. **ASK** about patterns of use. **ASK** about exposure to second-hand smoke in the home or other environments.	• At minimum, screening for tobacco use should occur at the first oncology visit with follow-up screening/assessment at critical time points (pre/post chemotherapy, radiation and/or transfer of care). • Since tobacco use status may change throughout the cancer journey, some guidelines suggest more frequent screening (i.e., at every visit). • Even though many cancer patients report that they have quit right before diagnosis, relapse is very common so it's important to assess tobacco use at each encounter. Congratulate recent quitters for having quit, and reiterate the importance of staying tobacco-free and avoiding situations where others are using tobacco. • Family members/caregivers who attend appointments with patients should also be asked about their tobacco use. Cancer patients who smoke often have social circles who smoke and live with others who smoke. As well as being a teachable moment with regards to their own tobacco use, family members don't always understand the impact of their tobacco use on the patient in relation to exposure to second-hand smoke, as well as providing a trigger for relapse. • It is not unusual for cancer patients to be reluctant to disclose their tobacco use because of perceived stigma and feelings of shame and guilt associated with continued use. Studies have demonstrated that even those who self- report not smoking may have tobacco use confirmed on positive biochemical testing. • Health care providers should approach patients with sensitivity when asking about and discussing tobacco use. • Let patients know that you will be asking about tobacco use at future visits. • Electronic or paper forms used in cancer care settings may require modification to document the ASK.

Government of Northwest Territories

Adapted with permission from Nova Scotia Health Authority's Nova Scotia Cancer Care Program.
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ADVISE	
ADVISE patients to quit and/or remain tobacco-free with a personalized message.	• Advice to quit should be clear, supportive and personalized, with unequivocal messages about the benefits of quitting for cancer treatment outcomes. • Be supportive and tactful in advice to quit without admonishing or making the patient feel criticized. Be sensitive to the stigma of tobacco use after a cancer diagnosis and recognize that cancer patients are already blaming themselves for their diagnosis especially, if it is tobacco-related. • Educate patients about how continued tobacco use during cancer treatment can negatively affect outcomes related to surgery, radiation and chemotherapy. • Use positive messaging and recognize that quitting smoking is one thing that cancer patients can do to exert control over their health at a time when that sense of control will be very challenged. • Cancer patients diagnosed with a lower stage of disease are at a higher risk of continued smoking. • Acknowledge barriers to quitting while providing encouragement. • Acknowledge that some patients' smoking can be attributed to trauma is a way of coping. Provide referrals for further help- i.e. counseling and guidance to on the land programs/resources. • Electronic or paper forms used in cancer care settings may require modification to document the ADVICE provided.

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	MODEL COMPONENT	CONSIDERATIONS
ASSESS	**ASSESS** readiness to quit or reduce tobacco use. **ASSESS** interest in cessation treatment (counselling and/or medication) to achieve abstinence (quitting) and/or relieve symptoms of nicotine withdrawal.	• Those with newly diagnosed cancer are often highly motivated to quit, but quitting may still be very difficult in the long-term. This may be a reflection of high levels of addiction. • Readiness to quit can fluctuate significantly during the course of treatment; not everyone will be ready to quit at the time of diagnosis so assessment should be done repeatedly. • For patients who are not yet ready to quit, it may be helpful to explore current barriers. "What would need to happen to make you feel ready to make a serious quit attempt?" • If a patient suggests cutting down as a strategy, let him/her know that while reducing consumption may reduce health risks, quitting altogether is the best thing he/she can do for his/her health. • Electronic or paper forms used in cancer care settings may require modification to document the ASSESSment.

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ASSIST	**ASSIST** the patient who is ready to quit, reduce or prevent relapse with self support materials and links to behavioural counselling. **ASSIST,** when appropriate, with pharmacotherapy for withdrawal support. **ASSIST** the patient who is not ready to quit or may not be willing to reduce tobacco use by supporting autonomy.	• The combination of pharmacotherapy and behavioural support is optimal for tobacco cessation. • Discuss referral options such as NWT Quitline or other available services. • Even those who are not ready to quit need intervention, including patient information resources and/or referrals to a tobacco cessation specialist who can support them during the appropriate stage of change. • Resources specific to cancer patients and families are available. • If pharmacotherapy is identified as appropriate, provide the link to a prescriber and/or facilitate the order. • Even cancer patients who are near the end of life can benefit from intervention to manage comfort and withdrawal, especially if they are physically unable to smoke or are in an environment that restricts tobacco use. • Provide ongoing monitoring for withdrawal and mood assessment. • Recognize that there are similarities between common signs and symptoms of nicotine withdrawal and symptoms that cancer patients frequently experience. DSM-5 symptoms of withdrawal include: irritability, anxiety, difficulty concentrating, restlessness, insomnia, depressed mood and increased appetite. • Social support is known to improve quit rates; however, many cancer patients don't have the support that they need. Help patients identify people in their own environment who can help and encourage them to quit. • Electronic or paper forms used in cancer care settings may require modification to document the ASSISTance provided.

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	MODEL COMPONENT	CONSIDERATIONS
ARRANGE	**ARRANGE** link to ongoing behavioural support. **ARRANGE** continued pharmacotherapy, as appropriate.	• Link to ongoing supports such as NWT Quitline and offer to make the referral for the patient using the referal from on EMR. Referrals completed by health professionals are more effective than asking a client/patient to self-refer. • Even though NRTs are considered over-the-counter products, providing a written prescription often facilitates follow-through by patients and allows for costs to be covered. • Electronic or paper forms used in cancer care settings may require modification to document what was ARRANGED.