Seizing the Moment of Diagnosis to Help Patients Stop Smoking

By Andrew Holtz

The diagnosis of cancer is an underutilized teachable moment for cessation among patients, family, and significant others. Program dissemination of existing interventions, effective in healthy populations, is rarely undertaken, especially in a high-tech environment focused on cancer diagnosis, treatment, and rapid discharge.

So write Ellen R. Gritz, PhD, Damon Vidrine, DrPH, and Amy Lazev, PhD, in the new book *Evidence Based Interventions in Oncology (Given B, Given CW, Champion V, Kozachik S, Devoss D [Eds], New York: Springer Publishers, in press).*

About half of the patients diagnosed with smoking-related tumors are still smoking when their cancers are discovered. As the title to their chapter, "Smoking Cessation in Cancer Patients: Never Too Late to Quit," makes clear, the M. D. Anderson researchers see opportunity in the moment of crisis.

> *"It's time the clinicians shaped up. They can't just ignore it. They can't just palm it off on someone else. It is as important as the primary medical treatment."*

"Patients are probably aware of the risks that their smoking has induced, but they've used a lot of denial to convince themselves that it wasn't necessary to quit. Or maybe they've tried and failed, and thought that they could continue to smoke without a life-threatening impact," Dr. Gritz notes.

"The time when you are being worked up for a malignancy or being diagnosed with a malignancy is when it basically confronts you. We've seen that in many of the smoking-related cancers, a large proportion of the patients are able to stop spontaneously with the advice of their physician and perhaps some formal assistance."

Do More

Dr. Gritz and her colleagues say clinicians need to do more to take advantage of this opportunity to remove tobacco from their patients' lives.

"Certainly it is the medical obligation, of every oncologic practitioner who comes in contact with that patient to explain that this is a key factor in their disease." Taking action is especially important for those patients diagnosed with early-stage disease, because they are likely to survive, yet they remain at elevated risk for recurrence or a new primary tumor.

The type of tumor being treated affects how clinicians react, Dr. Gritz continued. Clinicians who deal with brain or breast cancers or other tumors not tightly linked to smoking may not see cessation as a top priority. Even though smoking is linked to bladder cancer, cessation rates among these patients are lower than those among lung cancer or head and neck cancer patients.

But even when the causal link between smoking and cancer is tragically obvious, clinicians may not have the skills to effectively intervene.

"Those physicians who deal with head and neck cancer patients are exquisitely aware of the dangers that smoking induces and the importance of quitting, and they are usually quite emphatic with the patient," she said. "However, they may convey their message primarily in a direct statement, 'You must quit for your surgery,' and

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Different Patients, Different Responses

Dr. Rowland notes that just as with any treatment, individual patients will respond differently: "I think what you are going to find is that there is not going to be a single prescription for this. Some of our seniors prefer more group-based programs, they want to come in to some place and do it as a group. Others, often young people with kids, want to do it at home."

Effective lifestyle interventions avoid lecturing. Dr. Curry warns against tactics that appear to "blame the victim" for the occurrence of cancer.

"If it were that simple, wouldn't we be there already?," she said.

Some of the most effective measures to improve behavior look beyond individuals to a broader, societal approach. "We are really talking at the population level. If you look at the policy recommendations, they really are targeted, not at individuals, but at the health care delivery system, at the public health system, at the private sector, at the legislature," Dr. Curry said.

For example, the most effective anti-smoking measures include smoking bans in public spaces and higher tobacco taxes.

In addition, an overweight patient is more likely to be able to follow advice about getting more exercise if a neighborhood has sidewalks, parks, and other facilities that encourage physical activity.

Although such techniques fall outside the realm of typical clinical practice, Dr. Curry says physicians and other health care providers still have important roles.

She urges physicians and other health care providers to make use of the credibility they have with policy makers and other community leaders in order to encourage improvements in facilities and circumstances that can promote healthier lifestyles.

"Does everyone have to become an activist?," Dr. Curry asks. "No. But we are consumers of health care as well as deliverers of health care, so we can be asking for ourselves and our families what we hope would be available to everybody.

"Physicians are often affiliated with professional organizations, and those organizations can have a place at the policy table and they can weigh in."

Reimbursement

An important policy that directly affects individual practice is reimbursement. That fact is that physicians are more likely to be paid for monitoring drug therapy than for carefully reviewing and assessing a patient's lifestyle.

And despite well-publicized gaps in prescription drug coverage, it is still easier for many patients to get reimbursed for drugs than for an intensive lifestyle management program.

Yet while payment issues are a roadblock to broader use of behavioral techniques, Dr. Gruman at the Center for the Advancement of Health says change is in the air.

"There is a growing recognition in the area of chronic disease that this is really important. People are recognizing that no matter how much we learn about high-tech medicine, genetics, and the molecular aspects of disease, that what people actually do is the thing that links all that knowledge to better health," she said.

"So there is finally this glimmer of recognition that patient behavior might be important; and that you can't just tell people what to do and expect them to do it."

Better Support

Dr. Rowland also sees hope for better support of behavioral approaches to reducing cancer risk.

"I think if we were to have an evidence base that suggested that these measures alter outcomes, you might be able to build it into the reimbursement system," she said.

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"An example of that comes from the cardiovascular realm, where the dietary and exercise intervention programs are built into the comprehensive cardiac care. This hasn't been part of the cancer world because physical activity isn't seen as a compelling risk factor yet, except for colorectal cancer."

The IOM report called for broader insurance coverage as an important step toward gaining more acceptance of behavioral modification programs in the clinical setting.

"To the extent that health insurers or health plans make those resources an available part of their health care delivery, then it would be the same as a health care provider being able to refer to a specialist for an ingrown toenail or a rash," Dr. Curry said.

But physicians should not use a lack of reimbursement as an excuse to neglect patient lifestyle issues," she cautioned.

"At one level, we are almost talking about a revolution in the culture of how health care is delivered; so that you look at certain things as just being the standard of care. For example, when you go to the doctor you get weighed. The doctor doesn't write down, 'I weighed my patient' for reimbursement. It's part of the visit. You get your blood pressure checked. They listen to your chest. Well, what about tobacco as a vital sign? When your kids are little they are compared against growth charts, and parents compare percentiles for height and weight; but they stop doing that for adults."

Looking to the Future

While lifestyle interventions do not yet match medical and surgical treatments in terms of either evidence of specific effectiveness against cancers or support within the health care system, progress is being made.

Dr. Gruman said she has seen important advances since she began working on issues of health and behavior a decade ago. "These things were so far from anybody's consciousness. I'd go out and talk about how these were the most important things in the world and people would laugh at me. Now a mere 10 years later, people are really recognizing they are important. They don't know how to do them right, but they are recognizing their importance."

HEMATOLOGY ONCOLOGY NEWS CENTER PHARMACY

Creating the Right Environment

By Andrew Holtz

The general recommendation for most people is to try to engage in 30 minutes of physical activity on most days, says William Dietz, MD, PhD, Director of the Division of Nutrition and Physical Activity of the Centers for Disease Control and Prevention.

"The most important thing, though, is that more is better. If you have a patient who is doing nothing, just getting them moving should be the first goal. For somebody who is sedentary, getting them to 30 minutes a day is going to take some time, so the first task is to get them to five or 10 minutes, and then move on from there."

That recommendation doesn't necessarily mean patients should be told to sign up with a personal trainer at a gym. Indeed, the common perception of exercise as something that has to be put on the daily planner, separate from other activities, can be a barrier to increasing the amount of physical activity.

"We try to distinguish between 'physical activity' and 'exercise,' because the term exercise connotes uncomfortable, sweaty, repetitive activity, which needs to occur in a specific setting. Well, that's not necessarily available to people," Dr. Dietz notes.

"In the area of cancer, you have patients who are particularly motivated. They are likely to be very responsive to what their physician has recommended."

William Dietz, MD, PhD

But as every physician knows, simply writing a prescription does not guarantee that the patient will take the medicine. When it comes to a prescription for more physical activity, Dr. Dietz says one of the biggest barriers to action is the world we've created around us.

"We've engineered physical activity out of lives in so many ways, with TV remotes and cars to do the simplest errands and garage door openers and lawnmowers that you sit on and electric can openers. We need to begin re-engineering our environment so that it's easy for people to be physically active as part of their everyday life. The stairwell is one of those opportunities."

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StairWELL

The CDC has tackled stairwell design as part of its efforts to look at ways to engineer activity back into our lives. Using their own building in a typical suburban Atlanta office park as a test site, researchers placed sensors to record when someone entered the stairwell. "We then set out to make the stairwells the nicest part of the building," Dr. Dietz explained.

However, a fresh coat of paint, new carpeting, and even scenic murals at each landing weren't enough to boost traffic.

So then they placed signs at the elevators displaying prompts including, 'Use the stairs for your health,' 'No waiting, one door over,' and 'If you walk up the stairs you use 15 calories, if you ride the elevator, you use 1.' Stairwell use rose 8%, but then returned to baseline within three months as the novelty wore off.

So the experimenters tried to keep the stairwell experience fresh, by adding satellite radio music with an ever-changing playlist.

"You can choose the genre of music and change it, so that you can have hip-hop for a week and country for a week and then classical for a week. It's really pretty neat, and at a fairly modest price," Dr. Dietz said. "And usage again went up 8%, but stayed up, because the music was constantly changing.

"We don't believe that if you use stairwells, that that's all you need to do; but it showed us that this was a relatively inexpensive way, that didn't require special equipment or clothing, that enabled people to get physical

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not necessarily with pharmacologic and behavioral tools to help the patient quit."

AHRQ

The federal Agency for Healthcare Research and Quality (AHRQ) disseminates clinical practice guidelines on smoking cessation, accessible at **www.ahcpr.gov/clinic/smokesum.htm**.

Dr. Gritz also says a new generation of cancer researchers is paying more attention to the benefits of smoking cessation for cancer patients.

"Oncologists, now that the adverse effects of smoking are being documented in treatment outcome trials, are also becoming more convinced that it is an important part of treatment; not just an adjunct, but a part of treatment," she said.

Some physicians have been reluctant to press smoking cessation, because they didn't want to rob patients of a pleasure, even one as destructive as tobacco.

However, Dr. Gritz says cessation can be portrayed as something positive: "You say, 'Now that we have this threat to your health, there is something you can do right now that is going to help you through your treatment, and hopefully prolong your life. And it is probably something you have wanted to do for a long time and have tried to do.'

"What you are doing is motivating and encouraging the individual with positive supportive language," she explained. "You are empowering them to make another quit effort. You are giving them the personal reasons it is very important for them. You are offering them tools to help them quit, whether it's professional counseling or pharmacologic support, like a patch or an antidepressant that works for quitting smoking. Finally, you are making them feel that they are part of their own treatment, and hopefully, cure."

Core Components of Skill-Training Interventions

Self-Monitoring	The systematic observation and recording of behavior.
Stimulus Control	Eliminating or minimizing environmental cues for the behavior that are identified through self-monitoring.
Cognitive Restructuring	The systematic identification and alteration of distorted thoughts and beliefs that may undermine behavior change efforts.
Goal Setting	Setting specific, quantifiable, and reasonable goals. Focus is on setting both short-term (i.e., 1 to 2 weeks) and long-term (i.e., 6 months) goals.
Problem Solving	Used to identify and cope with high-risk situations that may lead to relapse. The problem solving method for coping with high-risk situations involves: (1) specifying a situation; (2) generating several possible strategies for coping with it; (3) evaluating the possible coping strategies; (4) planning and implementing the best coping strategy(ies); (5) evaluating the effectiveness of the chosen strategy; and (6) reevaluating and selecting another solution if necessary.
Social Support	Seeking support from others and informing others of the types of support desired.

From: Fulfilling the Potential of Cancer Prevention and Early Detection, Curry, Byers, Hewitt (eds.), National Cancer Policy Board, Institute of Medicine, 2003, p 93

Beyond the Individual Patient

Clinicians also need to look beyond the individual patient to include the whole family, both because continued smoking by a spouse or other member of the household will make it more difficult for the patient to quit, and because the cancer diagnosis may motivate other smokers in the family to try quitting.

Dr. Lazev says these family issues may be something new for oncologists.

"It is somewhat unfamiliar to a lot of physicians; however, there is a growing focus on involving families in every aspect of patient care, so as physicians become more used to family members advocating for the patient and asking questions and being involved in the treatment, they can also then turn to the family members and give them something very powerful that they can be doing to contribute," she says.

Dr. Gritz and her colleagues note that helping cancer patients to quit smoking isn't always easy, and the first attempt often won't succeed. Nevertheless, Dr. Gritz says, even after a tumor has already appeared, taking action against the chronic, relapsing, addictive behavior is imperative.

"It's time the clinicians shaped up. They can't just ignore it. They can't just palm it off on someone else. It is as important as the primary medical treatment."