

Abstract Title:

Smoking cessation in head and neck cancer patients after receiving an Intensive Clinical Tobacco Intervention.

Deborah P. Saunders, Stacey A. Santi, Margaret L. Meigs, Stacey M. Davidson, Kyle Mispel-Beyer, Michael S.C. Conlon

Author name, degree and institutional affiliation:

Deborah P. Saunders, DMD

Medical Director, Department of Dental Oncology

Regional Program Lead, Clinical Tobacco Intervention

Health Sciences North, North East Cancer Centre

Associate Professor, Northern Ontario School of Medicine

Sudbury, ON P3E 5J1, Canada

Telephone: 705-523-7334 | Email: dsaunders@hsnsudbury.ca

Purpose: The incidence of head and neck cancer has been associated with tobacco use. Smoking while receiving cancer treatment is related to adverse treatment outcomes, reduced treatment efficacy, and increased risk of cancer recurrence. Targeting this clinical population with a smoking cessation intervention is an important part of successful cancer treatment. The purpose of the present study was to examine the smoking characteristics in head and neck cancer patients who had prior or recent tobacco use (n=503) and provide an intensive clinical tobacco intervention to those who were currently smoking (n=186).

Methods: An intensive clinical tobacco intervention was provided to newly diagnosed head and neck cancer patients who were smoking, and was then combined with weekly cancer treatment appointments (8 week duration). This intervention utilized the ‘Opt-Out’ approach and the 3A’s (Ask, Advise, Arrange), provided nicotine replacement therapy, pharmacotherapy, or a combination of both to assist with smoking cessation. Additional study follow-ups were scheduled at 6- and 12-months to assess commitment to remaining cessation. Study participants were also asked about their past and present smoking behaviours and characteristics.

Results: The study population displayed high levels of nicotine dependence, 33.9% of those who were currently smoking (n=186) had a Fagerstrom score of 6-7 (‘High Dependence’) and a Time To First Cigarette of 30 min or less (84.4%). At 6-months, 23.7% (n=41) of patients who were still smoking at the beginning of the study successfully quit after participating in the intensive clinical tobacco intervention. Of those patients, 34.9% used pharmacotherapy (varenicline), and 51.2% chose to quit using no additional smoking cessation aids or pharmacotherapy (‘cold turkey’).

Conclusions: Patients who were smoking at the beginning of the study and were able to quit remained cessation at the 6- and 12-month study follow-ups, demonstrating that providing an intensive smoking cessation intervention at the time of cancer treatment can provide the necessary tools for successful long-term smoking cessation (published in *Curr Oncol* 2022 29:1554-1558).

Keywords: smoking cessation, head and neck cancer tobacco, nicotine dependence

Conference: Oral Oncology Symposium, MD Anderson Cancer Center, May 12-14, 2022