

SMOKING CESSATION

FOR CANCER PATIENTS

Quotes from Cancer Patients who Quit Smoking

MARCH 2017



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Tobacco use in this document does not refer to use of traditional tobacco for ceremonial and/or spiritual purposes, it refers instead to misuse and cessation of commercial tobacco products

**Why is this
resource
important?**



Why is this resource important?

- Tobacco use is the world's leading cause of preventable death
- Tobacco use costs Canadians billions of dollars each year in direct health care costs and indirect costs (e.g., lost productivity, long-term disability and death)

Why is this resource important?

- Many cancer patients still smoke regularly
(Lucchiari et al., 2013; U.S. Department of Health and Human Services (HHS) 2014)
- About 20% of current cancer patients in Canada are smokers
(Liu et al., 2016)
- Cigarette smoking can reduce the effectiveness of cancer treatments and increase the risk of therapy-related side effects
(Li et al., 2015)
- Given the addictive nature of smoking and the high risk of relapse, the incorporation of smoking cessation efforts into cancer care is needed
(HHS 2014; Warren & Ward, 2015)

Why is this resource important?

Evidence indicates that tobacco cessation improves the effectiveness of treatment and likelihood of survival amongst all cancer patients, not just those with tobacco-related cancers, yet tobacco use is rarely addressed within oncology practice.

While evidence-based approaches to tobacco cessation exist in Canada, these services are rarely offered in cancer settings.

**What information
is contained in
this resource?**



What information is contained within this resource?

This resource includes:

- Findings of patient interviews presented by theme, with selected quotes highlighting these patient's perceptions of and experiences with tobacco use and the cancer journey
- Slides containing quotes from cancer patient experiences with quitting smoking
- Each slide contains quotes by theme, easy to copy + paste

How can I use
this resource?



How can I use this resource?

To support cancer agencies and governments in sustaining, spreading and scaling up evidence-based approaches to tobacco cessation within the cancer system, the Canadian Partnership Against Cancer has compiled multiple lines of evidence in a suite of resources.

These slides containing cancer patient quotes related to quitting smoking are one of several resources available from the Partnership to support evidence-informed decision-making on tobacco cessation for cancer patients.

Suite of Tobacco Cessation in Cancer Systems Resources

SLIDES

- Key Evidence from Peer-reviewed and Grey Literature on Smoking Cessation for Cancer Patients
- Key Statistics on Smoking amongst Cancer Patients in Canada
- **Quotes from Cancer Patients who Quit Smoking**
- Key Cost Estimates on Cancer Treatment and Smoking Cessation in Canada

SUPPLEMENTARY RAW DATA FILES

- Key Evidence Raw Data File*
 - Key Evidence Data Extraction File*
- Key Statistics Raw Data File*
- Quotes from Cancer Patients who Quit Smoking Raw Data File*
- Key Cost Estimates on Cancer Treatment and Smoking Cessation in Canada Raw Data File*

LEADING PRACTICES IN SMOKING CESSATION PROGRAM SCANS

- Leading Practices in Clinical Smoking Cessation Program Scan
- Leading Practices in First Nations, Inuit and Métis Smoking Cessation Program Scan
- Coverage of Cessation Aids in Canada Infographic

EVIDENCE SYNTHESSES

- Rapid Review of Impact of Continued Tobacco Use on Treatment Efficacy in Cancer Patients
- Summary of Tobacco Cessation Interventions across Cancer Care Continuum
 - Review of Interventions for Tobacco Use Cessation Along Cancer Care Continuum*
 - Data Extraction Table from Review of Tobacco Use Cessation Along Cancer Care Continuum*
- Rapid Review on the Economic Evaluation of Smoking Cessation in the Oncology Setting

www.cancerview.ca/tobacco

*Available in English only

How can I use this resource?

- Copy-and-paste quotes into presentations, briefing notes, reports, etc
- Cite the resource using the suggested citation in your presentations, briefings, reports, etc

Methods



Methods

- An interview guide was developed to address key issues of interest
- Patients were identified through Partnership tobacco cessation + cancer care project teams across Canada
- Patients were contacted via email to arrange an interview in person or by telephone
- Interviews were approximately one hour in length

Methods

Cancer Patient demographics

| | PATIENT A | PATIENT B | PATIENT C |
|-----------------------|---|--|---|
| AGE (YEARS) | 53 | 65 | 66 |
| GENDER | Female | Male | Male |
| JURISDICTION | Nunavut | Alberta | Nova Scotia |
| CANCER TYPE AND STAGE | Breast cancer survivor | Multiple Myeloma survivor | Lung cancer with terminal diagnosis |
| TOBACCO USE | Former heavy smoker | Former heavy smoker | Former heavy smoker |
| TOBACCO ABSTINENCE | Quit 3 years before breast cancer diagnosis | Quit 5 months after multiple myeloma diagnosis | Quit 13 years after initial lung cancer diagnosis |

Scope and Limitations

- Limited sample of patients (n=3)
- Generalizability to other patient experiences and cancer journeys is limited
- Selection bias as all patients were volunteers and not chosen at random; therefore they may not represent all ranges of patient and survivor experiences
- All patients and/or survivors are former smokers and none are current smokers

Key Quotes

Patient Quotes: Themes

The findings are presented in terms of themes:

- Role of smoking in patient's life
- Reasons for quitting
- Barriers to quitting/reasons for continued smoking
- Smoking relapses
- Cessation strategies and supports
- Experiences with healthcare provider advice on quitting smoking post-diagnosis
- Stigma
- Supporting others in their quit journey
- Messages to healthcare professionals

Role of smoking in patient's life



Role of smoking in patient's life

“I would smoke as soon as I got up, and on my way to work...it was a stress reliever but I didn't know what it was doing to me”

(PATIENT #1)

Role of smoking in patient's life

“It was extremely difficult to quit and the addiction...is so strong. It's a drug and your brain is altered by this drug and it got to a point where nicotine controlled your life”

(PATIENT #3)

Role of smoking in patient's life

“...my mother passed away... from lung cancer...I never associated her death with lung cancer, even when I was diagnosed with lung cancer myself. I still had this mental wall that was 10 feet high and 3 feet thick that smoking didn't cause cancer”

(PATIENT #3)

Quitting Smoking



Reasons for quitting

“After maybe 5 months [of cancer treatment] he stopped smoking because he was having trouble breathing...he said I am not smoking anymore and he was successful.”

(PATIENT #2)

Barriers to quitting / reasons for continued smoking

“One of the reasons I think that I probably didn’t quit smoking was that the type of cancer I had was not caused by cigarettes...that to me was a license to smoke”

(PATIENT #3)

Barriers to quitting / reasons for continued smoking

“[At a stop smoking clinic] they threw a whole bunch of documentation at us that...the average person couldn't understand...passing that kind of information to a layman is a waste of time.”

(PATIENT #3)

Smoking relapses

“I would make it sometimes 2 or 3 days, sometimes 2 or 3 hours, sometimes 2 or 3 weeks, but I would always go back to it. I just had to have the cigarette and once I had that cigarette in my mouth I was fine”

(PATIENT #3)

**Cessation
Support(s)
Used**



Cessation Strategies and Supports

“If you can get a 20 year old to stop smoking today, then by the time they are 60, 65 years old they are going to be pretty darn physically and mentally fit compared to somebody like myself with a litany of cigarette induced illnesses”

(PATIENT #3)

Cessation Strategies and Supports

“I discovered a drug called Champix...that’s what did it for me...[Champix] was covered under my medical plan. So that was great, it didn’t cost me any money”

(PATIENT #3)

Cessation Strategies and Supports

“Cover the cost of quitting smoking”

(PATIENT #3)

Cessation Strategies and Supports

“Now some of the other previous stop smoking aids I tried...actually costs more than it costs to smoke. A smoker is going to look at it, well it costs me \$20 a day to smoke, and its going to cost me \$40 per day to quit, I am going to keep smoking simply because it costs less to keep smoking than it does to quit.”

(PATIENT #3)

Cessation Strategies and Supports

“If its going to cost \$2000 - \$4000 to cover the cost...that investment is going to save you millions down the road”

(PATIENT #3)

Clinical Cessation Experiences



Experiences with healthcare provider advice on quitting smoking post-diagnosis

“The doctors said that you are going into hard days, it is stressful and all the treatments, and they said if he stopped smoking it would give him more stress. They told him, if you smoke less, even better, but they didn’t push him.”

(PATIENT #2)

Experiences with healthcare provider advice on quitting smoking post-diagnosis

“There is no sense in telling me that smoking is bad for me, I know that already. And to constantly harp on the fact that this what you should be doing is not going to really affect an awful lot of people. So that’s sort of a little bit of a barrier on some healthcare professionals, on some not all”

(PATIENT #3)

Stigma



Stigma

“A lot of the attitudes towards smoking needs to definitely change...people who have smoked their second cigarette aren't doing it by choice, they are doing it because they are bloody well addicted to nicotine”

(PATIENT #3)

**Supporting
Others to Quit**



Supporting others in their quit journey

“[Quitting smoking] really helped me out and I always encourage my sisters or my friend to try and cut down”

(PATIENT #1)

Supporting others in their quit journey

“If anything I say can help one 20 year old to stop smoking it’s all been worth it”

(PATIENT #3)

Advice to Healthcare Professionals



Messages to healthcare professionals

“There is going to be a relapse a week from now, and the relapse is going to last for years, weeks, days or even hours before it’s over with, but if I am a healthcare professional I want to look at people non-judgementally. I don’t want to be judgemental towards...you probably never smoked a single cigarette in your whole life, and when you talk to a smoker don’t talk to them like they are beneath you”

(PATIENT #3)

Messages to healthcare professionals

“You realized at a young age that cigarette smoking was bad so you never did smoke, and you look at a smoker like they are somebody you don’t want to associate with, they are stupid because they keep on smoking, well basically don’t be judgemental.”

(PATIENT #3)

Messages to healthcare professionals

“...tell the smoker that the help is there,
all they need to do is ask for it”

(PATIENT #3)

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www.cancerview.ca/tobacco

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