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Printed February 6, 2016 from <http://www.cancer.net/navigating-cancer-care/prevention-and-healthy-living/tobacco-use/stopping-tobacco-use-after-cancer-diagnosis/expert-qa-stopping-tobacco-use-after-cancer-diagnosis>

Expert Q&A: Stopping Tobacco Use After a Cancer Diagnosis

 Listen to the Cancer.Net Podcast: *Stopping Tobacco Use After a Cancer Diagnosis*, with Graham Warren, MD, PhD, adapted from this feature.

warren_headshot_2.jpg



Many people believe it is already too late to quit using tobacco after they have been diagnosed with cancer and think there would be no benefit to quitting at this point. However, it is never too late to stop using tobacco. Cancer.Net spoke with Graham Warren, MD, PhD, to learn more about the benefits of stopping tobacco use after a cancer diagnosis, as well as to get some practical advice on how to quit.

Q: Why is stopping tobacco use important even if you have already been diagnosed with cancer?

A: Stopping tobacco use immediately after being diagnosed with cancer gives a person the best chance for their cancer treatment to work. When a person is diagnosed with cancer, their best chance for a cure is their first cancer treatment. This means if the cancer comes back, the chances of eliminating the cancer completely are reduced. If tobacco decreases the effectiveness of chemotherapy or radiation therapy, then waiting 6 months or a year before quitting tobacco use means that our best chance for successfully treating the cancer is likely gone. As a result, it is very important for patients to realize that it's never too late to quit and that quitting immediately at the time of diagnosis is very important.

Q: How can tobacco use affect cancer treatment and prognosis (chance of recovery)?

A: Using tobacco can decrease the effectiveness of surgery, chemotherapy, and radiation therapy. Tobacco can decrease the response to cancer treatment, increase the risk of cancer recurrence, increase treatment-related toxicity, and decrease survival. In addition to the negative effects of tobacco on cancer treatment, tobacco also weakens general cardiovascular health, potentially leading to heart disease and lung disease. People with cancer

who use tobacco will still have an increased risk of heart attacks, pulmonary (lung) disease, kidney disease, cardiovascular (heart) disease, and other tobacco-related diseases, just like people who use tobacco who have not been diagnosed with cancer. So overall, not only is tobacco use bad for cancer treatment, but it also continues to increase the risk of other non-cancer-related diseases.

Q: Do all forms of tobacco carry these risks?

A: Smoking represents more than 90% of all tobacco use. As a result, most of the information we have is based on patients who smoke. There is far less information on other forms of tobacco. However, I encourage all of my patients who use any form of tobacco to stop in order to gain the biggest health benefits.

Q: What are some of the benefits of stopping tobacco use after a cancer diagnosis?

A: Besides the increased chance that cancer treatments will be more effective, which is the most significant concern for most people after a diagnosis of cancer, it is still important to realize that quitting tobacco will improve pulmonary function, cardiovascular function, and decrease the risk of developing other non-cancer-related diseases. In addition, people who smoke during chemotherapy or radiation therapy are at a particularly increased risk of developing a second cancer several years later. It is devastating for a cancer survivor to hear that they now have a new cancer, so stopping tobacco use has several cancer and non-cancer-related benefits.

Q: Why can it be so difficult to quit?

A: We already know that tobacco is an extremely addictive substance, which automatically makes quitting tobacco use difficult. However, for a person with cancer, trying to quit can be even more difficult. A diagnosis of cancer often causes a significant amount of stress for the patient and the patient's family. Smoking is usually a stress reliever for a smoker. As a result, a cancer diagnosis could push a person into smoking more simply to alleviate the stress of the diagnosis.

Unfortunately, if someone who is trying to quit using tobacco lives with a person who continues to smoke, then it makes quitting much more difficult. Having a good social support system is important for both cancer treatment and quitting tobacco use. The continuous stress from a cancer diagnosis and treatment, coupled with the temptation from family members or friends who smoke, can often prevent cancer patients from effectively quitting tobacco use. These are the reasons why I tell my patients and their family/friends that it is important for all of them to quit tobacco use. I also point out that it will not only benefit the person with cancer but everyone else who quits as well.

Q: What is the best way for people with cancer to stop using tobacco?

A: We know that patients have a much better chance of quitting if doctors, nurses, pharmacists, and other health care providers can provide support. There are also a number of resources available depending upon the location of a patient. State and national quitlines are always available for patients. However, I personally suggest two important steps. First, a patient must know that tobacco cessation is extremely important and that their best chance is to quit immediately. Second, the patient should approach their doctor or clinical team and say: "I know that quitting tobacco use is very important for me. Please help me quit tobacco use." The mainstays for tobacco cessation include medications and counseling, but the first step is a decision to quit. The patient is the only one who can make that decision.

In addition, since tobacco use decreases the effectiveness of cancer treatment and decreases the person's overall health, then stopping tobacco use is one important aspect of cancer care that the patient—and only the patient—has complete control over. Quitting tobacco use can be an extremely big accomplishment that puts some of the control of cancer treatment back into the hands of the patient.

Dr. Warren is a radiation oncologist and the clinical director of the Just Breathe Tobacco Assessment and Cessation Program at Roswell Park Cancer Institute in Buffalo, NY. He serves on the Tobacco Task Force for the American Association for Cancer Research and is a member of the Prevention Committee for Cancer and Leukemia Group B Alliance Cooperative Clinical Trials Program Sponsored by the National Cancer Institute. He is also a recipient of the 2008 Conquer Cancer Foundation of the American Society of Clinical Oncology Young Investigator Award^[1].

More Information

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[Tobacco](#) [3]

[Quitting Smoking](#) [4]

Links:

[1]

<http://www.youtube.com/watch?v=ezZpdNEzivQ&list=UUAIn2tTMZNXTT0dkL83VpQA&index=16>

[2] <http://www.cancer.net/node/28476>

[3] <http://www.cancer.net/node/25002>

[4] <http://www.cancer.net/node/25003>