

Stopping Tobacco Use After a Cancer Diagnosis

Resources and Guidance for Patients and Families
from the American Society of Clinical Oncology



ASCO® Cancer.Net

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Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world's leading organization of its kind, ASCO represents nearly 45,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy.

ASCO furthers its mission through Cancer.Net and Conquer Cancer, the ASCO Foundation.

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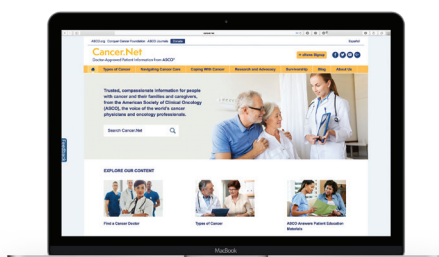
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INTRODUCTION

If you or a loved one has been diagnosed with cancer, quitting tobacco use is one of the best ways to improve the chances of successful cancer treatment. Some people believe that it is too late to quit after a cancer diagnosis, that the damage has already been done. Others believe that the smoking caused their cancer and feel like they have brought this on themselves. People who use tobacco should not blame themselves for a cancer diagnosis or feel that nothing can be done to help them. Quitting can have immediate and long-term benefits.

It is never too late to stop using tobacco.

Quitting smoking can be difficult, and you may need to try several times before successfully quitting. It is extremely important to commit to quitting and to ask for help. Many treatment options and resources exist to help you achieve your goal. Quitting is always possible. Every member of your health care team can help you. Use this booklet to help you learn more about the benefits of stopping tobacco use after a cancer diagnosis.



BENEFITS OF QUITTING

The benefits of stopping tobacco use after a cancer diagnosis can include:

- ▶ Longer life
- ▶ A better chance of successful treatment
- ▶ Fewer and less serious side effects from cancer treatment, including surgery, chemotherapy, and radiation therapy
- ▶ Faster recovery from treatment
- ▶ Lower risk of secondary cancers
- ▶ Lower risk of infection
- ▶ Easier breathing
- ▶ More energy
- ▶ Better quality of life



Continuing to use tobacco after a cancer diagnosis presents these risks:

- ▶ Worse side effects from surgery. These may include side effects involving the heart and lungs, along with a slower recovery.
- ▶ Worse side effects from chemotherapy. These may include infection, fatigue, heart and lung problems, and weight loss.
- ▶ Worse side effects from radiation therapy. These may include mouth sores, loss of taste, worse voice quality, and bone and soft tissue problems.
- ▶ Increased chance of the cancer coming back after treatment.
- ▶ Increased risk of other serious illnesses caused by tobacco use, such as heart and lung diseases or a second cancer.

TALKING WITH YOUR DOCTOR ABOUT YOUR TOBACCO USE

Many people with cancer may not want to tell their doctor or another member of the health care team about their tobacco use. Here are some reasons why:

- ▶ They worry that the doctor or their family will judge or blame them.
- ▶ They think that they may receive less support during their cancer treatment.
- ▶ They believe that quitting after a cancer diagnosis is pointless.
- ▶ They believe that they will need to use tobacco to handle the stress of living with cancer.
- ▶ They assume that they cannot quit because they tried before without success.

You may have these feelings, but quitting tobacco use at any time can improve your health. After a cancer diagnosis, it is more important than ever to quit. Your health care team wants to help you reach this goal.

Many people believe that smoking and using tobacco is a lifestyle choice. **It is not. Tobacco use is an addiction.** Addiction makes it harder to stop any level of tobacco use, even if you want to quit. Quitting tobacco use may be a cycle. Some people need to try many times before they reach their goal of a tobacco-free life.

To give yourself the best chance to quit, talk openly and honestly with your doctor about your tobacco use. Your doctor needs to know how much nicotine you use to find the right treatment to help you quit. Let your doctor know if your spouse, family, or close friends use tobacco, too.



Think about your tobacco use and answer these questions:

- ▶ Do you smoke every day or some days?

- ▶ Do you smoke within the first 30 minutes after waking up?

- ▶ How many years have you been smoking?

- ▶ How many cigarettes do you usually smoke per day?

- ▶ How old were you when you started smoking?

- ▶ If you've quit or cut down, how long has it been since you smoked regularly?

- ▶ How many times have you tried to quit smoking? How long were you able to quit each time?

- ▶ What methods have you used or are using now to try to quit smoking?

- ▶ Do people in your household smoke?

- ▶ Is smoking allowed in your workplace?

- ▶ Have you ever used forms of tobacco other than cigarettes? How often have you used them?

- ▶ Has your tobacco use changed after being diagnosed with cancer?

Questions to ask the health care team

Your health care team is your partner in your effort to quit. Consider asking the following questions:

- ▶ How will continuing to smoke or use other tobacco products affect cancer treatment?
- ▶ How is smoking or using tobacco hurting my general health?
- ▶ What are the health benefits of quitting tobacco?
- ▶ Will I have more or different side effects from cancer treatment if I continue using tobacco?
- ▶ How can I create a plan to stop using tobacco?
- ▶ What medications are available to help me stop?
- ▶ Where can I find resources, such as counseling and support groups?
- ▶ How can I manage or avoid situations that make me want to smoke or use tobacco?
- ▶ How can the health care team help me with this process?
- ▶ How can my family and friends help me?
- ▶ Who can help me understand the costs of programs to help me quit using tobacco?
- ▶ How often should you and I discuss my progress?



Myths about quitting smoking

MYTH Smoking is an entirely personal choice.

FACT Tobacco contains nicotine. Nicotine is addictive. Nicotine addiction is so powerful that it can be considered a “brain disease” because of the way it affects receptors in the brain and throughout the body. Many people who start smoking quickly become addicted to nicotine. The Heaviness of Smoking Index (HSI) is a simple way of measuring the strength of a person’s addiction to nicotine.

MYTH There is no point in quitting smoking now that I have cancer.

FACT It is never too late to quit smoking. People who quit smoking after a cancer diagnosis live longer, have a better chance of successful treatment, have fewer side effects from treatment, recover faster, and have a better quality of life, compared with people who continue to smoke.

MYTH Smoking will help me deal with the stresses of cancer treatment. It will be too stressful to quit smoking at the same time.

FACT Nicotine does not help with stress relief. The calming effect you feel when you smoke is actually the relief of nicotine withdrawal. The symptoms of nicotine withdrawal can begin just 20 minutes after your last cigarette. Breaking a nicotine addiction is hard and uncomfortable. But the health benefits of quitting outweigh the discomfort.

HEAVINESS OF SMOKING INDEX (HSI)

On the days that you smoke, how soon after you wake up do you have your first cigarette?

1. Within 5 minutes (3 points)
2. 6–30 minutes (2 points)
3. 31–60 minutes (1 point)
4. After 60 minutes (0 points)

How many cigarettes do you typically smoke per day?

1. 10 or fewer (0 points)
2. 11–20 (1 point)
3. 21–30 (2 points)
4. 31 or more (3 points)

Results *(add up your points)*

1. 0–2 points: low addiction
2. 3–4 points: moderate addiction
3. 5–6 points: high addiction

MYTH Smokers can quit on their own. A doctor's advice isn't needed.

FACT Smoking is an addiction. While some people are able to quit on their own, most people are more successful when they have the help of their health care team, family, and friends. There are many effective tools to improve your chances of quitting. The health care team is available to provide support, information, and any necessary medications to help people quit.

MYTH Most tobacco-quitting programs have a low success rate.

FACT Quitting smoking is hard, and it often requires several attempts. Studies have shown that counseling and medications improve the odds that you can quit smoking for the long term. There are several medications that can help you deal with nicotine withdrawal. Ask members of the health care team for help.

MYTH If my doctor does not discuss tobacco use, then it must not be important for my cancer treatment.

FACT The data are conclusive. In 2014, the U.S. Surgeon General released the report *The Health Consequences of Smoking—50 Years of Progress*. The report concludes that people with cancer and survivors who smoke have an increased risk of cancer coming back, getting a second cancer, and death. The dangerous risks of smoking apply to all cancer types and treatments. If your doctor does not appear comfortable discussing your tobacco use, ask another member of the health care team for support.



E-cigarettes, smokeless tobacco, and waterpipes

Cigarette smoking is the leading cause of disease and early death in the United States. Even though cigarette smoking has slowly declined in the United States, many alternatives have gained popularity.

Examples of alternative tobacco and nicotine delivery products include:

- ▶ E-cigarettes or “vaping”
- ▶ Smokeless tobacco
- ▶ Waterpipes

These come in various forms, sizes, and flavors.

Alternative tobacco products contain harmful chemicals and toxins that have health risks. The chemicals and toxins may cause serious health problems, including cancer. Because of the risks, the U.S. Food and Drug Administration (FDA) started regulating these products in 2016.

If you smoke or use these products, talk with your doctor. Ask about ways to quit.

■ E-cigarettes or “vaping”

Electronic cigarettes are also known as e-cigarettes, e-cigs, or vapor cigarettes. They are battery-operated devices.

Some e-cigarettes look like traditional cigarettes. Other devices, such as tank systems, do not look like cigarettes.

These devices do not burn tobacco. Instead, they have cartridges filled with nicotine and

other chemicals. The e-cigarette heats the liquid chemicals into a vapor or steam that a person inhales, which is why using these is often called “vaping.”

E-cigarettes contain harmful substances. But the types or concentrations of toxins vary by brand, type of device, and how it is used. They have only been readily available in the United States since 2006. As a result, there is limited research on their long-term health risks.

While many people may turn to e-cigarettes as a way to try to stop smoking, the research available has not shown that they are helpful for quitting. As such, the FDA has not approved e-cigarettes as a way to quit smoking. Doctors and the FDA recommend evidence-based methods for quitting smoking.

■ **Smokeless tobacco**

Smokeless tobacco products contain tobacco or tobacco blends. They have many names. And they fall into several categories.

Chewing tobacco. This is tobacco in the following forms:

- ▶ Loose leaves
- ▶ Leaves pressed together, commonly called a plug
- ▶ Leaves twisted together to resemble a rope, commonly called a twist

Chewing tobacco sits between the cheek and gum. Usually the person spits out the tobacco juices. But long-time users may swallow some of the juices.

Snuff. This is finely ground tobacco. It comes in dry or moist forms. It is sometimes packaged in ready-to-use pouches.

People usually sniff or swallow dry snuff. People place moist snuff between the gum and lip or cheek. Then, it slowly absorbs.

Snus. This is a tobacco product that originated in Sweden. Typically, manufacturers package the moist tobacco powder in a pouch. People place it inside the cheek for absorption. They do not swallow the pouch. It must be thrown away after use.

Dissolvable tobacco. This is compressed powdered tobacco. It resembles a small, hard candy that dissolves in the mouth.

■ **Dangers of smokeless tobacco products**

Prolonged use of smokeless tobacco products contributes to serious health issues. These include cancer and heart disease.

Some smokeless tobacco products contain 3 to 4 times more nicotine than cigarettes. And these products contain substances that increase risk of oral and oropharyngeal cancer.

Chewing tobacco may cause white patches, called leukoplakia. They appear on the gums, tongue, or lining of the mouth. Most of these are not cancerous, but some show early signs of cancer. Oral cancer often occurs near patches of leukoplakia.

Smokeless tobacco products also cause dental problems and contribute to gum disease and tooth decay.

Many people claim that these products are less harmful than smoking and can help people stop smoking. But these alternatives are not evidence-based methods. The FDA has not approved smokeless tobacco products for quitting smoking.

■ **Waterpipes**

Another popular alternative tobacco product is the waterpipe. Some people call them hookahs, among other names. Worldwide, people have smoked them for centuries, particularly in the Middle East, Asia, and Africa.

Modern-day waterpipes are composed of 4 main parts:

1. A small bowl on top of the waterpipe. This holds a mixture of shredded tobacco and sweetener
2. A broad base to hold water
3. A pipe connecting the bowl to the base
4. A rubber hose attached to a mouthpiece. People pull the smoke from the mouthpiece.



Vendors sell small packets of the tobacco mixture in various flavors.

Waterpipes are often used in social settings. And multiple people commonly share the same mouthpiece.

In the United States, waterpipes are popular among young people. People think that water filters tobacco smoke, making it less harmful. But there is no proof of this.

■ Potential health risks of waterpipes

Exposure to the same toxins as cigarettes but in higher quantities. Waterpipe smoke contains high levels of many toxic compounds found in cigarettes. These include carbon monoxide, heavy metals, and chemicals linked to cancer.

Other conditions associated with the toxins and chemicals include heart disease and respiratory diseases like emphysema, which causes difficulty breathing.

Typically, waterpipe smoking sessions last up to 1 hour. This exposes people to higher toxin levels than cigarettes.

Potential to spread infectious disease. Sharing a waterpipe with other people increases the risk of transferring diseases and viruses. This is especially a risk if people do not clean the mouthpieces properly.

Nicotine addiction. The tobacco in waterpipes and cigarettes contains similar levels of nicotine.

HOW TO QUIT SMOKING AND USING TOBACCO

Many treatments and resources can help you stop using tobacco, including medications and counseling. But the first step in quitting is to **commit to quit**. Then, you need to set a plan. Your chances of success are higher if your plan includes these steps:

- ▶ Set a quit date
- ▶ Develop ways to deal with situations that prompt you to use tobacco
- ▶ Build a network of support
- ▶ See a counselor
- ▶ Use medications to help you quit

Talk with your health care team about putting together a treatment plan to help you quit. Remember, it may take several attempts to successfully quit tobacco use. Don't give up. You can do it!



How to manage nicotine withdrawal symptoms

When you first stop smoking, you will likely experience nicotine withdrawal. Common symptoms include:

- ▶ Feeling a strong need to smoke
- ▶ Irritability
- ▶ Difficulty concentrating
- ▶ Restlessness
- ▶ Increased appetite
- ▶ Anxiety
- ▶ Depression

Options for managing these symptoms include medication, counseling, and other supportive resources. These symptoms are usually at their strongest in the first few days after quitting. About 1 to 2 weeks after stopping, the symptoms will usually lessen. However, sometimes these symptoms may last for weeks or months. Overcoming a nicotine addiction can be a life-long process. Do not be afraid to ask for help and support coping with the symptoms of nicotine withdrawal.

Medications

Using medication can double your chances of quitting smoking. The FDA has approved several medications to treat nicotine addiction.

Nicotine replacement therapy (NRT). NRT is the most widely used medication for quitting. It is available over the counter and by prescription. NRT reduces the symptoms of nicotine withdrawal and cravings. Your doctor will help find the best dose for you based on your current smoking habits. NRT comes in several forms:

- ▶ Gum
- ▶ Lozenges
- ▶ Skin patches
- ▶ Inhalers
- ▶ Nasal sprays

All of these types of NRT have mild side effects. These may include headaches, nausea, digestive issues, and sleep problems.

It is uncommon, but people may also experience an overdose of nicotine. Seek medical care right away if you experience a rapid heart rate, nausea and vomiting, dizziness, weakness, or a cold sweat.

Bupropion (Wellbutrin, Zyban). This medication can lessen withdrawal symptoms. Common side effects include dry mouth and difficulty falling asleep or staying asleep.

Varenicline (Chantix). This medication reduces withdrawal symptoms and keeps you from enjoying nicotine if you start smoking again. Common side effects include nausea, vivid dreams, constipation, and drowsiness.

Counseling

Counseling also increases your chances of quitting successfully. Consider seeing a counselor along with taking medication to help you quit. Your health care team can help you find a professional.

Other supportive resources

These additional resources may help you quit smoking or using other tobacco products:

- ▶ Quitlines that allow you to talk with trained representatives
- ▶ Websites that provide factual information
- ▶ Mobile apps that provide tools to help you change behavior
- ▶ Support groups that provide community throughout the process

See **Resources to Help You Quit** on page 16 for a list of support resources.

Insurance coverage

Medicare, Medicaid, and private insurers cover different types of tobacco quitting programs. And they require different levels of payment from participants.

Talk with a member of your health care team about what you may have to pay out of pocket. And ask them if there are free resources.



YOUR PLAN TO QUIT

If you are going to stop using tobacco, having a plan will significantly improve your chances of reaching your goal. Start building your plan by answering the questions below. Then, share your answers with the health care team.

▶ Do I want to quit?

▶ How soon can I quit?

▶ What is stopping me from quitting?

▶ What scares me about quitting?

▶ *(If you have tried to quit before.)* What made me start smoking again? What can I change this time to quit for good?

▶ How can I work with my health care team to create the best plan that will help me quit?

Your health care team can help you create a strong plan to quit. Take the following steps to improve your chances of reaching your goal:

- ▶ Talk with your doctor, nurse, or other health care professional about stopping tobacco use and ask for support
- ▶ Call a quitline (see page 16)
- ▶ Enroll in an online program for stopping tobacco use
- ▶ Ask to meet with a tobacco cessation specialist
- ▶ Ask about medications that can help you stop using tobacco
- ▶ Ask for help identifying and managing situations that make you want to use tobacco

RESOURCES TO HELP YOU QUIT

The following resources can help you quit smoking and using tobacco products. Most of these are free, but some charge a fee. Because programs and services continually change, visit Cancer.Net (www.cancer.net/tobacco) to find the most current information.

American Cancer Society: Quit for Life

www.quitnow.net

American Lung Association: Freedom From Smoking

800-LUNGUSA (800-586-4872)

www.freedomfromsmoking.org

www.lung.org/support-and-community

Centers for Disease Control and Prevention: Tips from Former Smokers website

www.cdc.gov/tobacco/campaign/tips

National Cancer Institute (Smokefree.gov)

Local and state: 800-QUIT-NOW
(800-784-8669)

NCI's telephone quitline: 877-44U-QUIT
(877-448-7848); TTY 800-332-8615;
9 AM to 9 PM ET, Monday through Friday
(English and Spanish). Includes text
message support and smartphone apps
(smokefree.gov/tools-tips/apps).

60plus.smokefree.gov

espanol.smokefree.gov

smokefree.gov/lgbt-and-smoking

teen.smokefree.gov

veterans.smokefree.gov

women.smokefree.gov

Nicotine Anonymous

www.nicotine-anonymous.org

QuitNet Online Community

quitnet.meyouhealth.com

Truth Initiative: Become an EX

www.becomeanex.org

U.S. Department of Defense: UCanQuit2

Live chat and text message support for
TRICARE beneficiaries.

www.ycq2.org



To learn more about cancer, how it is treated, and how to cope with a cancer diagnosis, visit ASCO's free patient education website Cancer.Net (www.cancer.net).

Looking for Other Patient Information Resources?

ASCO ANSWERS GUIDES

ASCO Answers Guides feature comprehensive information about the diagnosis, treatment, side effects, and psychosocial effects of a specific cancer type, as well as practical information for patients and families. Guides on survivorship and caregiving are also available.

ASCO ANSWERS FACT SHEETS

ASCO Answers Fact Sheets provide a one-page (front and back) introduction to a specific type of cancer or cancer-related topic. Each includes an overview, illustration, words to know, and questions to ask the health care team. Cancer.Net has more than 65 fact sheets available (including some in Spanish), covering different cancer types, diagnosis and treatment, and side effects.

ASCO ANSWERS BOOKLETS

ASCO Answers Booklets provide in-depth, practical guidance on specific topics in cancer care, including advanced cancer care planning, pain, cost of care, managing weight, palliative care, and stopping tobacco use.

For Patients and Caregivers: If you are interested in additional educational materials, visit www.cancer.net/ascoanswers to find all of our available materials in electronic format.

For Oncology Professionals: Bulk quantities of high-quality print materials are available for purchase. Visit www.cancer.net/estore or call 1-888-273-3508 to place your order.

To request free promotional materials for your practice, please send an email to contactus@cancer.net.

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WE WANT TO HEAR FROM YOU

If you found this material helpful or if you have comments or suggestions about how it could be better, please let us know at contactus@cancer.net.



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call toll-free 888-651-3038 or e-mail contactus@cancer.net.

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