

CHAPTER 5

CHAPTER 5 INTEGRATING SMOKING CESSATION INTO LUNG CANCER SCREENING PROGRAMS

Objectives:

- 1) Describe why smoking cessation is an important aspect of all lung cancer screening programs.
- 2) Learn best practices to integrate smoking cessation services into lung cancer screening programs.
- 3) Examine the patient navigator role for smoking cessation in the context of lung cancer screening.

Requirements for Smoking Cessation in Lung Cancer Screening

A significant history of smoking is one eligibility requirement for coverage of lung cancer screening by the Centers for Medicaid and Medicare Services (CMS).¹ While screening can improve survival from lung cancer by finding cancers early, quitting smoking is the only way to help prevent cancer from developing. Therefore, the inclusion of smoking cessation outreach to individuals that currently smoke cigarettes is a required component of lung cancer screening programs.

Quitting smoking can improve health and risk of mortality from tobacco-related diseases, even for those who quit in their 60s.² This is important to note since the age group eligible for lung cancer screening coverage by Medicare includes individuals age 55-77 years of age. By including smoking cessation in lung cancer screening programs, the overall impact of the program on the overall health and well-being of this important at-risk group is even further increased.³

It is important to note that even if the individual does not quit smoking, or agree to a quit attempt, they are still eligible to participate in lung cancer screening if they meet the requirements.



Go to Chapter 1 to learn more about eligibility for lung cancer screening.

Best Practices for Smoking Cessation Programs in the Context of Lung Cancer Screening

Although the US Preventive Services Task Force released initial recommendations in 2013 and Medicare coverage of lung cancer screening have been in place since 2015, there is little evidence to support how to best integrate smoking cessation into screening programs. For example, little is known to guide the frequency of outreach, the most effective messaging approaches, the most acceptable delivery route for those messages, or how to tailor the messages based on health and smoking history in the context of lung cancer screening.⁴

There is evidence to suggest that the uptake of smoking cessation services may increase when discussed along with lung cancer screening.⁵ Regardless of length of smoking history, age, or number of quit attempts, the discussion about smoking cessation is important to have with everyone who is considering lung cancer screening.

Among the most accepted frameworks to guide effective smoking cessation programs includes the “Ask-Advise-Refer” strategy. In this strategy, patients are asked about tobacco, advised of the health and mortality benefits of cessation, and referred to a reliable cessation resource. Reliable cessation resources include Quit-Lines, one-on-one counseling with a physician or certified tobacco specialist, or group clinics (e.g., American Lung Association Freedom from Smoking Program). Regardless of the type of cessation resource, evidence supports the use of positive, supportive, and motivating messages for those who are contemplating or have made the decision to attempt to quit.⁴

There is also emerging evidence to suggest that small nudges over time may be more effective in discussions about cessation and screening than lengthy conversations, especially to avoid cognitive overload.⁶ Similarly, multi-modal outreach and cessation services (e.g., physician discussion and referral

combined with counseling) appear to be more effective than single modalities. Referral to established Quitline services by handing a pamphlet to the patient, for example, may fulfill the requirement but not be as effective when it is the only program component, and it requires “opting in” on the part of the participant.⁴

Types of Smoking Cessation Aids and Services

There are many types of available smoking cessation aids and services, including self-help, counseling, nicotine replacement and prescription options.⁷ It is very important to remember that the best aid or service will not be the same for everyone and sometimes different combinations of aids may be the best resource. Patient navigators should be familiar with the smoking cessation services and resources available in their local organization and community.

- Self-help aids include written materials (brochures, pamphlets) or online programs that allow individuals to use on an as needed basis.
- Counseling aids involve working with a counselor in an individual or group format. Counseling can include telephone engagement through a Quitline or can also be held as an in-person format.
- Nicotine replacement aids help deliver a small amount of nicotine to the body as needed. These aids include over-the-counter options such as patches, gum, lozenges, and prescription inhalers and nasal sprays.
- Prescription aids help control nicotine withdrawal symptoms and must only be used under the guidance of a clinician.



Read more about these smoking cessation aids from the US Department of Health and Human Services at Smokefree.gov.

<https://smokefree.gov/tools-tips/how-to-quit/explore-quit-methods>

The Role of Patient Navigators in Smoking Cessation

A patient navigator is generally not responsible or able to deliver smoking cessation services or shared decision making for lung cancer screening because both these activities require specific education, licenses, or certifications. However, patient navigators serve a vital role by connecting patients to these services and providing educating, motivational support, and creating safe spaces to have the important conversations required in lung cancer screening. Learn more tips and tricks about talking about smoking cessation in Table 5-1.

The below summarizes the role of the navigator in connecting patients to smoking cessation services:

- Reduce stigma and nihilism with empathetic and supportive communication.
- Research, understand and connect to smoking cessation resources available in your area/setting especially those that are low or no-cost.
- Provide a “warm hand-off” to smoking cessation services, programs, and providers (i.e., opt out rather than opt in).



See the Resources section for more information on national smoking cessation information and services.



Visit the companion training to learn best practices on how to assess readiness for smoking cessation.



Go to Chapter 4 to learn more about effective communication to help reduce smoking related stigma.



Use the ‘Smoking Cessation Resources Assessment’ tool to help find cessation resources in your local area.

- Understand needs of client and screening-eligible population such as social, emotional, health literacy and financial concerns when providing basic outreach and education about smoking cessation.
- Assess client readiness for cessation.
- Keep track of your client encounters to promote more effective smoking cessation discussions in shared decision-making visits.



Table 5-1 - Tips for Patient Navigators: Smoking Cessation and Lung Cancer Screening Outreach

Background/ Rationale	Do's	Don'ts
Over 50% of individuals eligible for screening currently smoke and have a long history of tobacco use. ⁴	Recognize that in the screening-eligible population, many individual have already made multiple attempts to quit (use empathic approaches Chapter 4).	Despite the fact that many who currently smoke and are eligible for screening have a long history of smoking, the discussion about screening presents a new opportunity for cessation that should not be overlooked.
Assessing readiness for change and understanding reasons for wanting to quit can promote better uptake of cessation services. ^{4,6}	Approach everyone about about smoking cessation regardless of age or length of time smoking. Even individuals with a long-term history of smoking can be successful with support if they are ready.	Many individuals have a long and complicated smoking history that likely include multiple attempts. Scheduling a discussion about screening when there isn't enough time to tailor smoking cessation outreach to individual needs based on their past experience will likely not be helpful.
Small nudges over time may be more effective at engaging clients in discussions about smoking cessation and screening, especially to avoid cognitive overload. ⁶	Initiate and track small, continued steps or "nudges" for smoking cessation services based on client readiness.	Don't plan on lengthy and complex discussions or a single encounter to engage clients in cessation or screening.
Persons in poverty and those with low education are more likely to smoke as compared to the general population. ⁸	Find low or no-cost cessation resources that tailor approaches to individual needs. Resources can be in the form of Quitline referrals, or individual or group counseling.	A one-size fits all approach to cessation services is not the best approach to meeting social, emotional, and health literacy needs.
Persons in poverty are also often targeted by tobacco companies with predatory marketing and increased availability of tobacco products. ⁸	Be aware that there are additional environmental cues and triggers, as well as social pressures, that may present challenges for some persons who smoke.	It's not appropriate to assume that everyone who smokes has an environment that is supportive of quitting, and in some cases may have the opposite effect.
Smoking cessation reduces mortality by reducing risk of getting lung cancer. ¹	<ul style="list-style-type: none"> • Indicate that the best way to reduce mortality is by quitting smoking, not getting screened. Screening can find cancers early but cannot prevent them. • Emphasize that screening is one important step in their overall health and can help reduce their risk of dying from lung cancer if found early. 	<ul style="list-style-type: none"> • Participation in screening is not dependent on engagement in cessation, so do not make it appear to the client that this is a requirement. • Do not shame the person if they are not ready for a quit attempt at this time.

Chapter 5 References

1. American Lung Association. Smoking Cessation Interventions and Lung Cancer Screening. Available at: <https://www.lung.org/getmedia/e09f872c-cc54-4f62-a950-e90cfe722cd6/smoking-cessation-interventions-and-lung-cancer-screening.pdf.pdf> Accessed August 2021.
2. Mayor S. Quitting smoking reduces mortality at any age, study of over 70s finds BMJ 2016; 355 :i6468 doi:10.1136/bmj.i6468.
3. U.S. Department of Health and Human Services. [Smoking Cessation: A Report of the Surgeon General](#). Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020. Accessed August 2021..
4. Steliga MA, Yang P. Integration of smoking cessation and lung cancer screening. *Transl Lung Cancer Res.* 2019;8(Suppl 1):S88-S94. doi:10.21037/tlcr.2019.04.02.
5. Joseph AM, Rothman AJ, Almirall D, et al. Lung Cancer Screening and Smoking Cessation Clinical Trials. SCALE (Smoking Cessation within the Context of Lung Cancer Screening) Collaboration. *Am J Respir Crit Care Med.* 2018;197(2):172-182. doi:10.1164/rccm.201705-0909CI.
6. Moldovanu D, de Koning HJ, van der Aalst CM. Lung cancer screening and smoking cessation efforts. *Transl Lung Cancer Res.* 2021;10(2):1099-1109. doi:10.21037/tlcr-20-899.
7. Smokefree.gov. Explore Quit Methods. Available at: <https://smokefree.gov/tools-tips/how-to-quit/explore-quit-methods>. Accessed August 2021.
8. Centers for Disease Control & Prevention. Smoking & Tobacco Use. Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status. Available at: <https://www.cdc.gov/tobacco/disparities/low-ses/index.htm>. Accessed August 2021.