

A Sustainable Smoking Cessation Program for Patients With Lung Cancer

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Background: Lung cancer is the most preventable leading cause of cancer death in the United States. Smoking while receiving treatment for lung cancer can decrease the effectiveness of the treatment and may reduce quality of life. Although many smoking cessation proposals have focused on how to deliver various interventions, they have neglected the issue of how to sustain the interventions and integrate them into practice.

Objectives: The purpose of this article is to provide an effective way of educating healthcare professionals (HCPs) on smoking cessation interventions that meet the U.S. Department of Health and Human Services' 2008 evidence-based clinical practice guidelines.

Methods: This article reviews strategies to integrate evidence from research on smoking cessation into practice in sustainable ways that target patients with lung cancer who smoke.

Findings: HCPs need evidence-based smoking cessation guidelines, along with interventions that will be effective with their specific smoking population. In addition, HCPs need to incorporate clinical practice guidelines for smoking cessation into their care of patients in ways that can be sustained and evaluated.

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Key words: lung neoplasms; nurses; quality of life; smoking cessation; guidelines; professional

Digital Object Identifier: 10.1188/16.CJON.E106-E111

Lung cancer is the leading cause of cancer death in the United States (Centers for Disease Control and Prevention [CDC], 2016), with 224,390 new cases and 158,080 deaths expected in 2016 (American Cancer Society [ACS], 2016). Two objectives put forth in the Healthy People 2020 initiative that are significant to lung cancer are reducing the lung cancer death rate to 45.5% and increasing the number of cancer survivors living five years or longer to 71.7% (U.S. Department of Health and Human Services [USDHHS], 2014b). The overall five-year survival rate of lung cancer is 17%, which is considerably less than the 69% overall survival rate for cancer (ACS, 2016).

The primary cause of lung cancer is smoking (Jemal et al., 2008). Globally, use of tobacco products leads to 1.6 million of the total 7.4 million deaths from cancer each year (World Health Organization, n.d.). Another Healthy People 2020 goal, which was retained from the 2010 goals, is the reduction of the number of adults 18 years and older who smoke to 12%. The National Health Interview Survey revealed the 2014 smoking prevalence among adults in the U.S. to be

about 17%; however, it remains high among those with low educational attainment (43%) and low income (26%) (Jamal et al., 2015). The yearly cost of smoking from 2009–2012 exceeded \$200 billion because of decreased workplace productivity and costs of treatment for smoking-related illness (USDHHS, 2014a).

Impact of Smoking on Lung Cancer

People who continue to smoke after a lung cancer diagnosis may have exacerbated side effects from treatment (Raleigh, 2010), decreased effectiveness of their treatment, and increased likelihood of secondary cancers or recurrence of cancer at the primary site (Warren et al., 2013b; Weaver et al., 2012). In addition, they may have reduced quality of life that can also affect their caregivers (Fujinami, Otis-Green, Klein, Sidhu, & Ferrell, 2012; Warren et al., 2013a). Mounting evidence shows that, compared to patients who are prior smokers or who recently quit, those who continue to smoke after a diagnosis of lung cancer can increase their overall