Working Across Borders:
A Collaboration Between Polish and US Cessation Experts
Speakers

Magdalena Cedzyńska
Director of Smoking Cessation Service at National Research Institute of Oncology

Jennifer Perogoy
Tobacco Treatment Specialist at University of Virginia’s Comprehensive Cancer Center

Dr. Melissa Little
Associate Professor of Public Health Sciences and a member in cancer control and population health research in the Cancer Center at the University of Virginia

Moderator

Laurent Huber
ASH Executive Director
Transferring model of nicotine dependence treatment in University of Virginia Cancer Center to National Research Institute of Oncology

Madalena Cedzynska, Poland
Jennifer Perego, US
Apart from the location of the neoplasm and the stage of the disease, abstinence from smoking is considered to be the strongest predictor of cancer survival in ever smoking patients!

- Better survival results, quitting smoking can lower the risk of death by 30% to 40%
- Reduction of the risk of recurrence and next primary cancer
- Reduction of the risk of treatment-related complications, e.g. <1 month shorter duration of oral mucositis
- Increased response to both chemotherapy and radiation therapy
- Self-assessment of the quality of life related to the disease and treatment better than among smokers
- Less pain...and just as importantly: patients feel they have an influence on the effects of the treatment and contribute to their recovery
<table>
<thead>
<tr>
<th>Countries</th>
<th>Studied areas</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia, Georgia,</td>
<td><strong>Guidelines</strong> on smoking cessation for oncological patients</td>
<td><strong>Guidelines</strong> – only in Serbia</td>
</tr>
<tr>
<td>Hungary, Kazakhstan</td>
<td><strong>Quit smoking programs</strong> for cancer patients</td>
<td><strong>Quit smoking programs</strong> – Poland and Hungary</td>
</tr>
<tr>
<td>Kirgizstan, Lithuania, Poland, Macedonia, Serbia</td>
<td><strong>Existing literature</strong> on barriers for delivery smoking cessation advice</td>
<td><strong>No literature</strong> in those countries</td>
</tr>
<tr>
<td></td>
<td><strong>Personal opinion</strong> of tobacco control experts regarding barriers</td>
<td><strong>Experts opinions</strong> consistent with literature findings – the main barriers:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* lack of knowledge,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* lack of training,</td>
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<tr>
<td></td>
<td></td>
<td>* overloading with diagnosis and anticancer treatment,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* cost of antismoking drugs (not reimbursed in all countries).</td>
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</table>

participants of Workshop on Tobacco Control and Cessation, organized by the Maria Skłodowska-Curie National Research Institute of Oncology, US and the Activity for Innovation and Economic Growth (AIEG).
Quit smoking supports treatment project in National Research Institute of Oncology

- Materials for patients
- Forms for patients: 1 August 2019
- Form in hospital admission room
- Active tobacco user
- Does not want to quit
- MI provided by nurse
- Want to quit
- Call from Quitline
- Training for nurses
- Call from Quitline

Quitting supports treatment project in National Research Institute of Oncology
Obstacles

• Low motivation among personnel (no additional finance, overload, high prevalence of smoking, designation)
• Lack of e-documentation in Institute = delays in sending patients’ documentation
• Lack of constant education and motivation activities among personnel
• No medications reimbursed
University of Virginia (UVA) Health
Cancer Center Tobacco Treatment Program

U.S. Surgeon General 2014 Report - continued smoking after cancer diagnosis is associated with significant increases in: all-cause mortality; cancer specific mortality; and second, primary cancers¹

Background:
• In 2017 received ($500,000) U.S. National Cancer Institute (NCI) grant - Cancer Center Cessation Initiative (C3I)

Tobacco Treatment Program (TTP):
• **Goal:** assist patients in developing a quit plan and offer continued support along their quit journey
• **Services:** Individualized counseling, medication management, active treatment follow-up and long term follow-up
• **Implementation:**
  • Tobacco use reviewed at every appointment
  • Progress notes/charting directly into patient’s chart and is shared with patient and their providers
  • Prescribing algorithms
• **Sustainability:**
  • TTP is embedded in electronic health records (EHR) – flowsheets - stage of change, tobacco use and kind of product
  • Referrals placed by any staff – developed different referral pathways in relation to staff permissions

Program Workflow [ASK – ADVISE – ASSESS – ASSIST – ARRANGE (5As)]

- **Patient Checks into Clinic**
- **(Active Tobacco User’s) Readiness to quit?**
  - Yes → **Referral Placed** → **Initial Visit Scheduled** → **Tobacco Treatment Specialist** Completes initial consult
  - No → **Conduct additional visit(s)**
  - No → **Assess Readiness move to Long-Term Follow-up**
    - Yes → **Complete # visits based on triage level**
    - No → **Follow-up Visit Scheduled**
  - Yes → **3, 6, 12 Month Follow-up Visits Scheduled/Completed**
  - No → **Patient Relapse** → **Patient Completes Full Program**
  - No → **Reassess at Next Visit**
Resources

We provide an assortment of educational materials for the patient and patient’s family/support system. Our treatment plan includes counseling and medication to improve success rates and lower relapse rates.

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Type</th>
<th>Combo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varenicline (Chantix)</td>
<td>Slow</td>
<td>No</td>
</tr>
<tr>
<td>Bupropion (Wellbutrin, Zyban)</td>
<td>Slow</td>
<td>Yes</td>
</tr>
<tr>
<td>Nicotrol Inhaler</td>
<td>Quick</td>
<td>Yes</td>
</tr>
<tr>
<td>Nicotrol Nasal Spray</td>
<td>Quick</td>
<td>Yes</td>
</tr>
<tr>
<td>Nicotine patch</td>
<td>Slow</td>
<td>Yes</td>
</tr>
<tr>
<td>Nicotine Gum</td>
<td>Quick</td>
<td>Yes</td>
</tr>
<tr>
<td>Lozenges-mini or large</td>
<td>Quick</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Patient Education Provided

We provide an assortment of education, work sheets, and family education to patients:

- All of our handouts are designed to work along with counseling to assist the patient with working through the steps discussed during sessions.

**Patient Education**

- What happens when you quit
- Tobacco cessation medication descriptions and proper use
- Additional resources- apps, ted talks, websites
- 1-800-QUITNOW- National portal of state quit lines that offer counseling, medication, and support

**Worksheets**

- Distracting activities
- Pack tracks
- Trigger worksheet
- Motivational cards-why it is important to quit
- Tobacco Treatment Program booklet designed to work as a mini-quick guide
- Mindfulness

**Family Support information**

- How to support a family/friend who is quitting

**Additional Supports**

- Starter Kit of NRTs if insurance does not cover
- Quit Kits
  - Coloring book and colored pencils
  - Fidget spinner
  - Cinnamon candy
  - Suckers
Progress To Date

Quit Rates

End of Active Treatment
- Quit Rate (100%): 47%
- Reduced Rate (≥50%): 24%
- Reduced Rate (≤49%): 7%
- No change: 22%

Long-Term Follow-up
- Quit Rate (100%): 51%
- Reduced Rate (≥50%): 26%
- Reduced Rate (≤49%): 8%
- No change: 15%

Best Decisions
- Utilize process mapping
- Streamline procedure for prescribing medications
- Using evidence based counseling guidelines

BEST Advice
- Dig deep and explore
- Understand metrics
- Start small
Lessons learned from UVA program

• Interviews with personnel on how to integrate and implement the program within current workflow
• Grant needed
• Antitobacco medications reimbursement
• Family support activities
• IT solutions to integrate smoking cessation documentation with institute documentation
• Smoking cessation unit within the Institute
DETERMINING THE FEASIBILITY OF A PHARMACIST-DELIVERED SMOKING CESSATION INTERVENTION FOR RURAL SMOKERS IN PARTNERSHIP WITH INDEPENDENT COMMUNITY PHARMACIES

MELISSA LITTLE, PhD, MPH
ASSOCIATE PROFESSOR
DEPARTMENT OF PUBLIC HEALTH SCIENCES, SCHOOL OF MEDICINE
UNIVERSITY OF VIRGINIA
Adult smoking rates in the U.S. are highest in economically depressed rural Appalachia.
Rural smokers face increased barriers to quitting smoking.
NRT Effective, Safe and Easily Accessible Smoking Cessation Aid
NRT IS NOT OFTEN NOT USED AS RECOMMENDED
Interventions are needed to improve adherence to NRT.
CRITICAL SHORTAGE OF PRIMARY CARE PROVIDERS IN RURAL AREAS
Local pharmacies are ideally situated to facilitate smoking cessation.
Barriers to Pharmacist Delivered Smoking Cessation Interventions
QuitAid MTM Intervention
MTM Smoking Cessation vs. No Treatment

NRT Gum + Patch vs. Patch

8 Weeks of NRT vs. Standard 4 Weeks

Feasibility Pilot Study
**Ask-Advise-Connect Effective Recruitment Model**

- **Word of mouth** – 16%
- **Pharmacy signage** – 16%
- **Ask-Advise-Connect** – 66%
- **Prescription bag flyer** – 4%
Ease of Recruitment

- **Oct. 2021**: N=9 (37%)
- **Nov. 2021**: N=14 (58%)
- **Dec. 2021**: N=1 (4%)

**Goal**: 24!!!
<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Interest</td>
<td>39</td>
<td>90%</td>
</tr>
<tr>
<td>Eligible</td>
<td>35</td>
<td>90%</td>
</tr>
<tr>
<td>Enrollment</td>
<td>24</td>
<td>69%</td>
</tr>
<tr>
<td>Retention</td>
<td>22</td>
<td>92%</td>
</tr>
</tbody>
</table>
85% of MTM sessions were delivered

83% of patch was used

46% of gum was used
89% of participants set a quit date.

Quit status at 3M follow-up:

- 68% Quit
- 32% Smoking
Satisfaction with QuitAid MTM

- 67% Pharmacist was knowledgeable about NRT and side effects
- 75% Comfortable talking to pharmacists about quit attempt
- 25% Difficult to find time to meet with pharmacist
- 0% Too many sessions
94% Felt that the program helped them cut down or quit

89% Were satisfied with the program

89% Would recommend the program

89% Believed the program made it easy to use the patch
Next Steps
QUIT AID
Ask Advice. Connect. Quit.

Text Messaging
NRT
Quitline
Apps
COLLABORATORS

Dr. Roger Anderson
Dr. Wendy Cohn
Dr. Rebecca Krukowski
Dr. Kathleen Porter
Ms. Taylor Reid
Dr. Kara Wiseman
Dr. Wen You
- Number of pharmacies and outlets in 16 voivodships
- Population per 1 pharmacy and pharmacy point by voivodships in 2020

Source: Central Statistical Office in Poland (GUS)
Stay Involved

@ASHglobalAction

@ASHorg

info@ash.org

ash.org/webinars

NEXT WEBINAR: December 15th at 12:00pm ET / 17:00 GMT
2022 ASH Town Hall

Tools for Advocates

Tobacco & Human Rights Hub
ash.org/hrhub

U.S. Tobacco Lobbyist & Lobbying Firm Registration Tracker
ash.org/tobacco-money

Have you seen tobacco industry interference in public health policymaking? Email us the details at info@ash.org!