

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

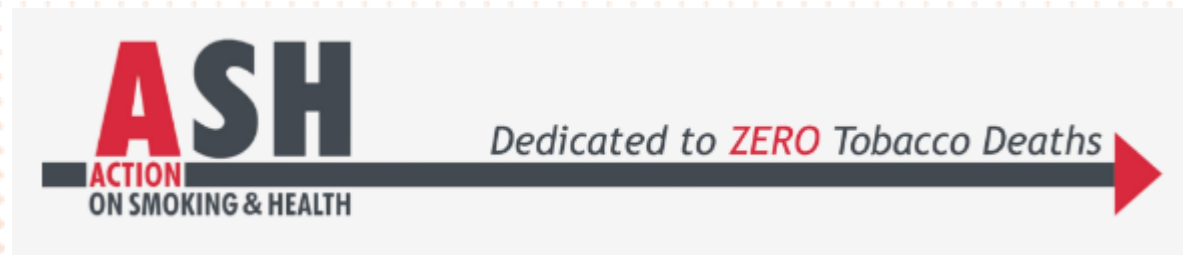


Moderator

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 Peregoy, US

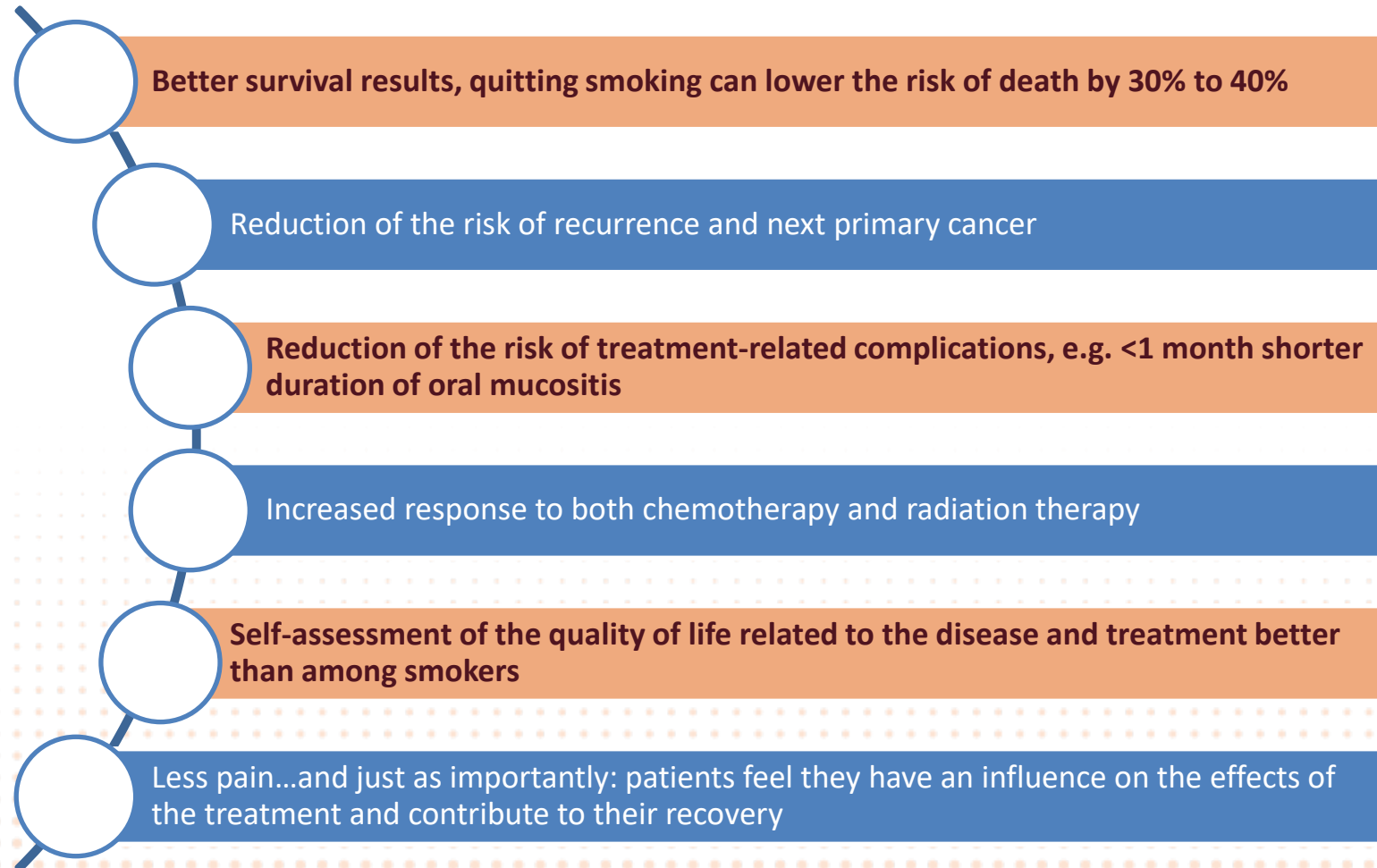


Maria Skłodowska-Curie

**National Research
Institute of Oncology**



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!



Countries



- Armenia
- Georgia
- Hungary
- Kazakhstan
- Kirgizstan
- Lithuania
- Poland
- Macedonia
- Serbia

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).

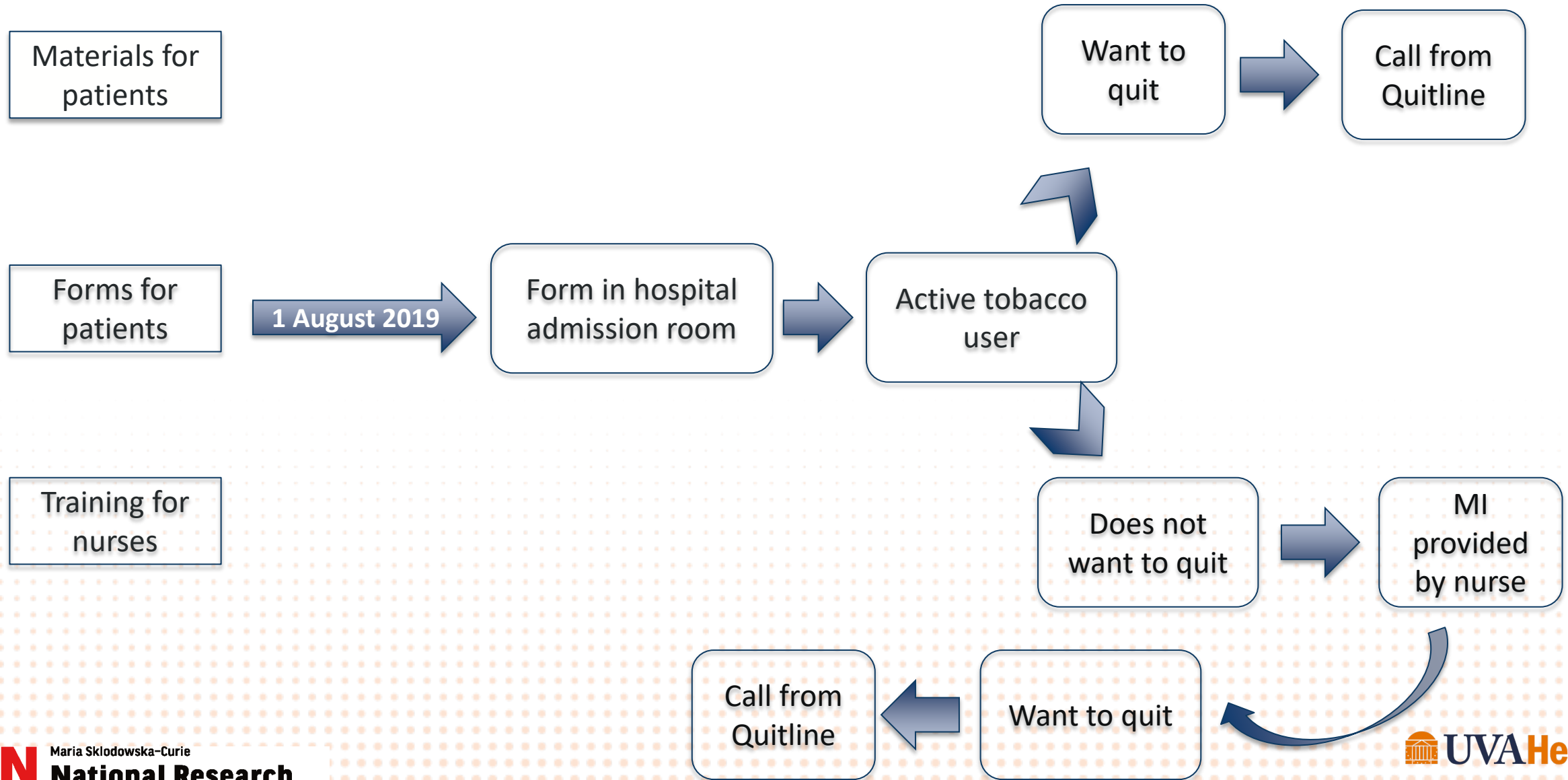
Studied areas

- **Guidelines** on smoking cessation for oncological patients
- **Quit smoking programs** for cancer patients
- Existing **literature** on barriers for delivery smoking cessation advice
- **Personal opinion** of tobacco control experts regarding barriers

Results

- **Guidelines** – only in Serbia
- **Quit smoking programs** – Poland and Hungary
- **No literature** in those countries
- **Experts opinions** consistent with literature findings – the main barriers:
 - * lack of knowledge,
 - * lack of training,
 - * overloading with diagnosis and anticancer treatment,
 - * cost of antismoking drugs (not reimbursed in all countries).

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)

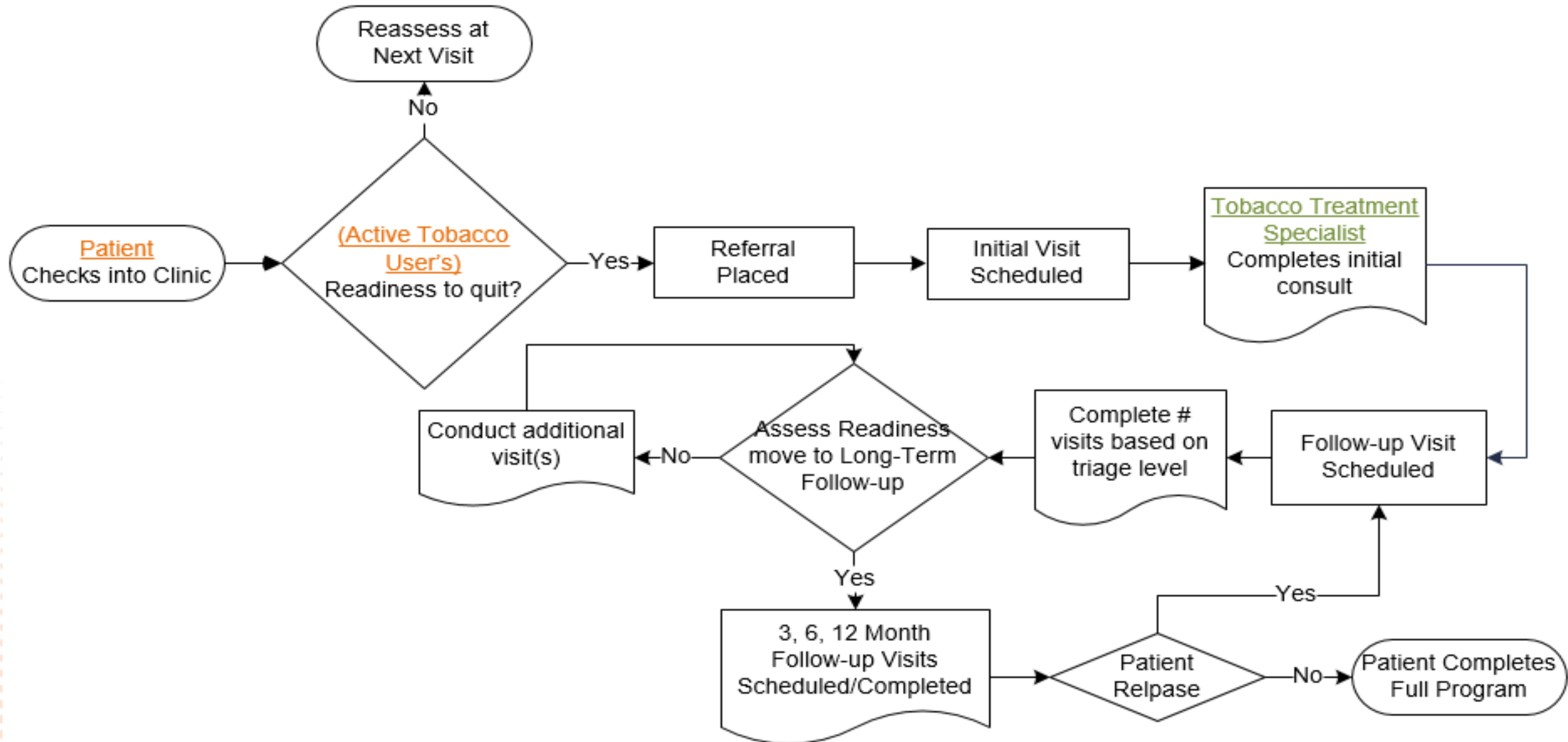
Tobacco Treatment Program (TTP):

- **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



¹ U.S. Department of Health and Human Services. *The health consequences of smoking - 50 years of progress: A report of the Surgeon General*. Atlanta, GA. 2014.

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



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.

Product Name	Type	Combo
Varenicline (Chantix)	Slow	No
Bupropion (Wellbutrin, Zyban)	Slow	Yes
Nicotrol Inhaler	Quick	Yes
Nicotrol Nasal Spray	Quick	Yes
Nicotine patch	Slow	Yes
Nicotine Gum	Quick	Yes
Lozenges-mini or large	Quick	Yes

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 is it 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

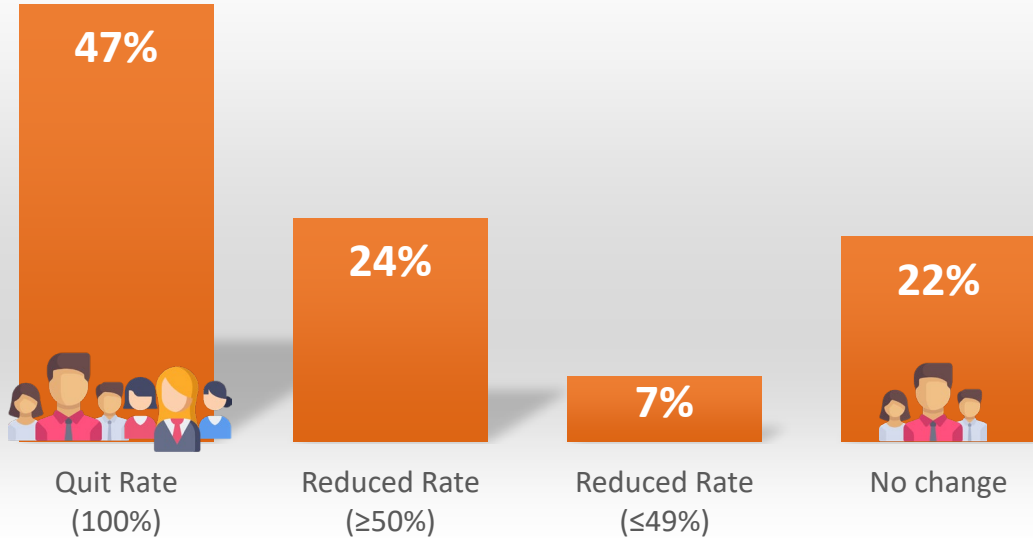
Additional Supports

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

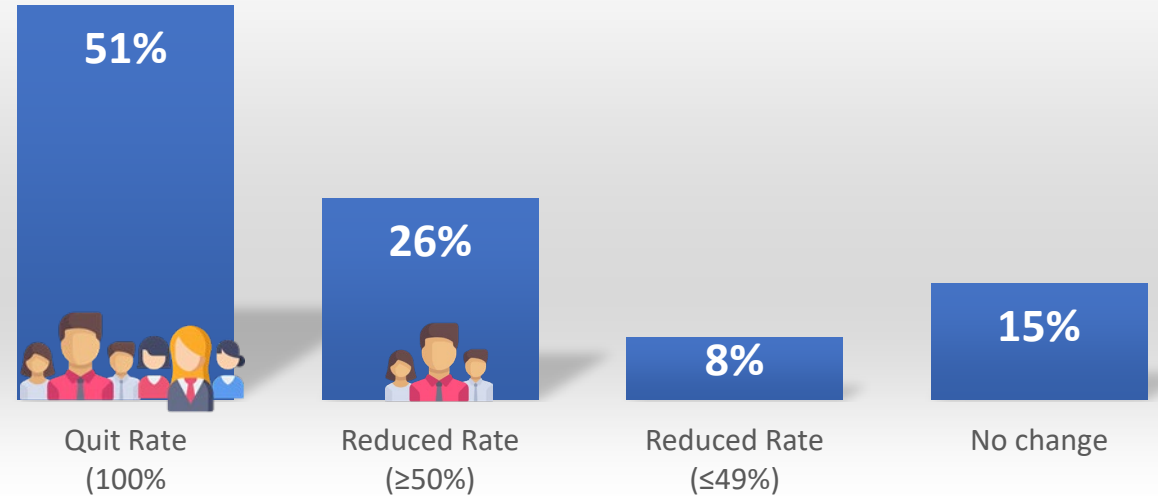
Progress To Date

Quit Rates

End of Active Treatment



Long-Term Follow-up



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 work flow
- Grant needed
- Antitobacco medications reimbursement
- Family support activities
- IT solutions to integrate smoking cessation documentation with institute documentaion
- 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

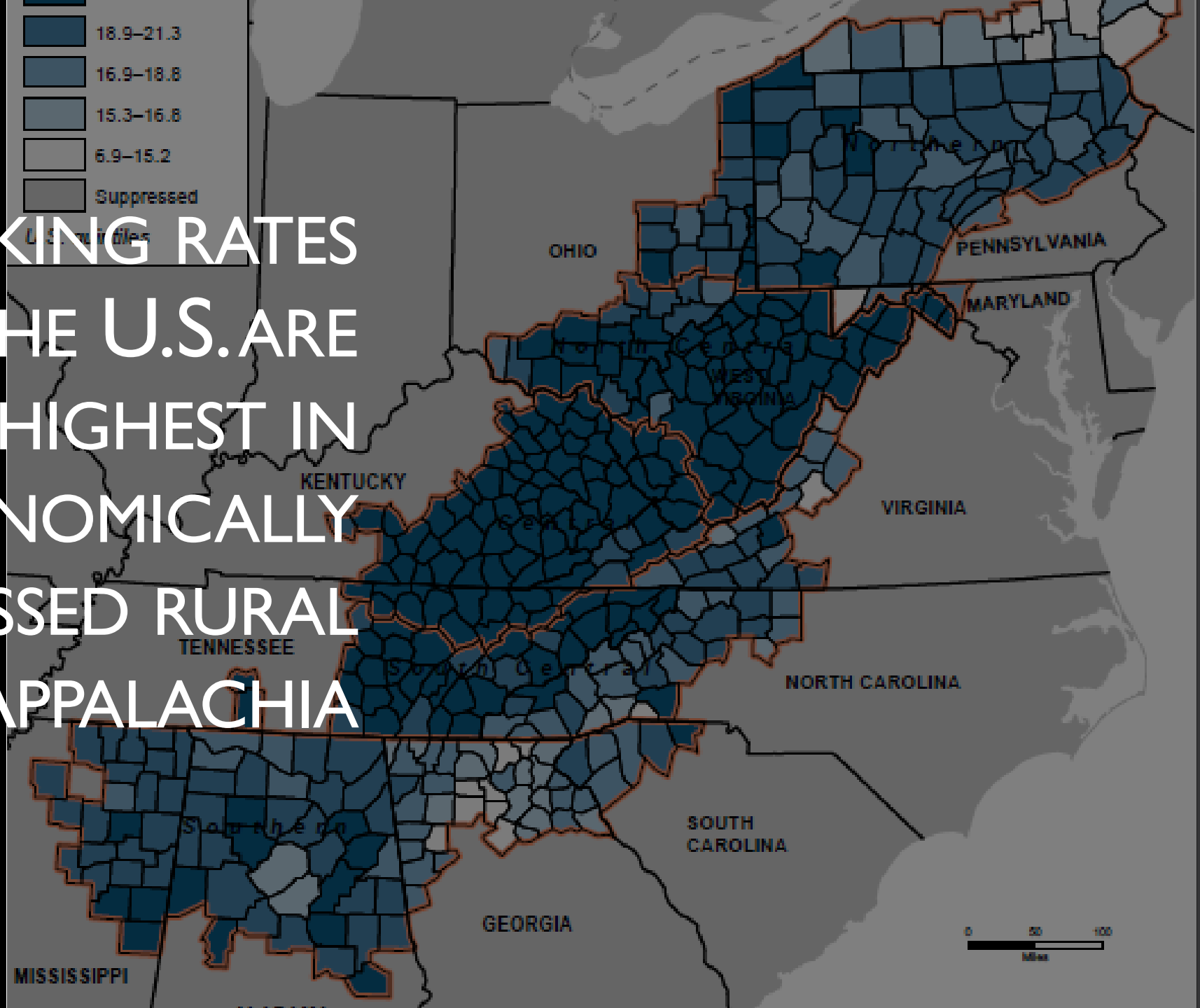
ASSOCIATE PROFESSOR

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

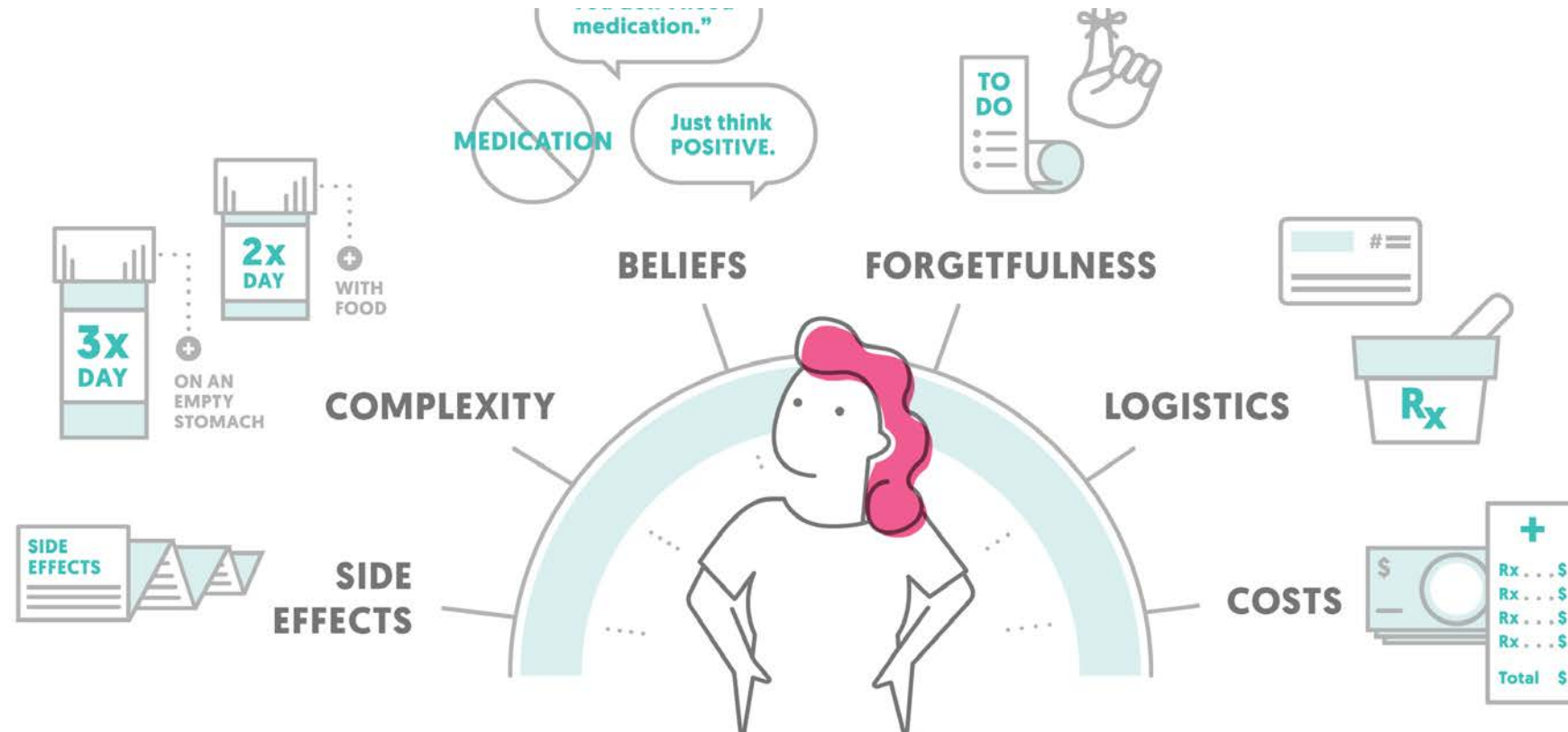




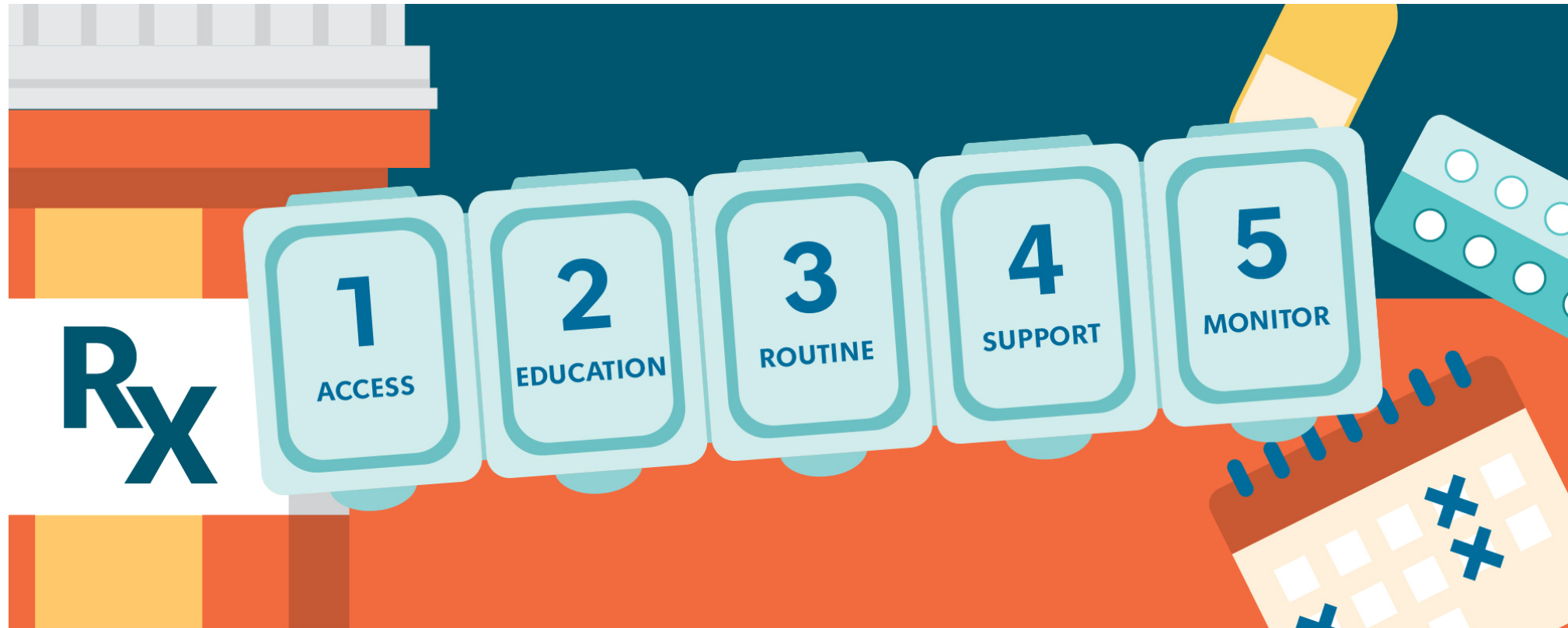
RURAL SMOKERS FACE INCREASED BARRIERS TO QUITTING SMOKING



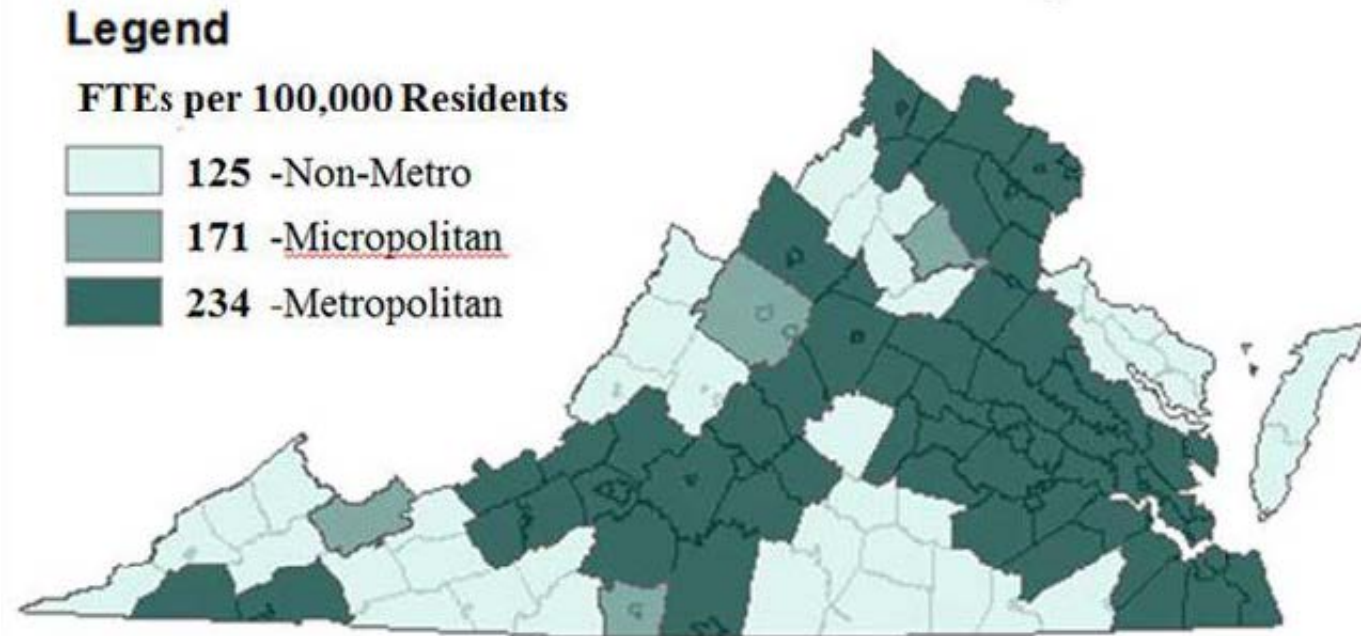
NRT EFFECTIVE,
SAFE AND EASILY
ACCESSIBLE
SMOKING
CESSATION AID



**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.

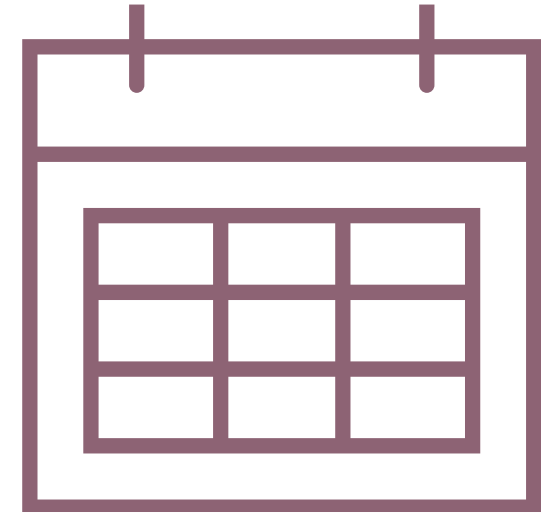
No Treatment



NRT Gum + Patch

vs.

Patch

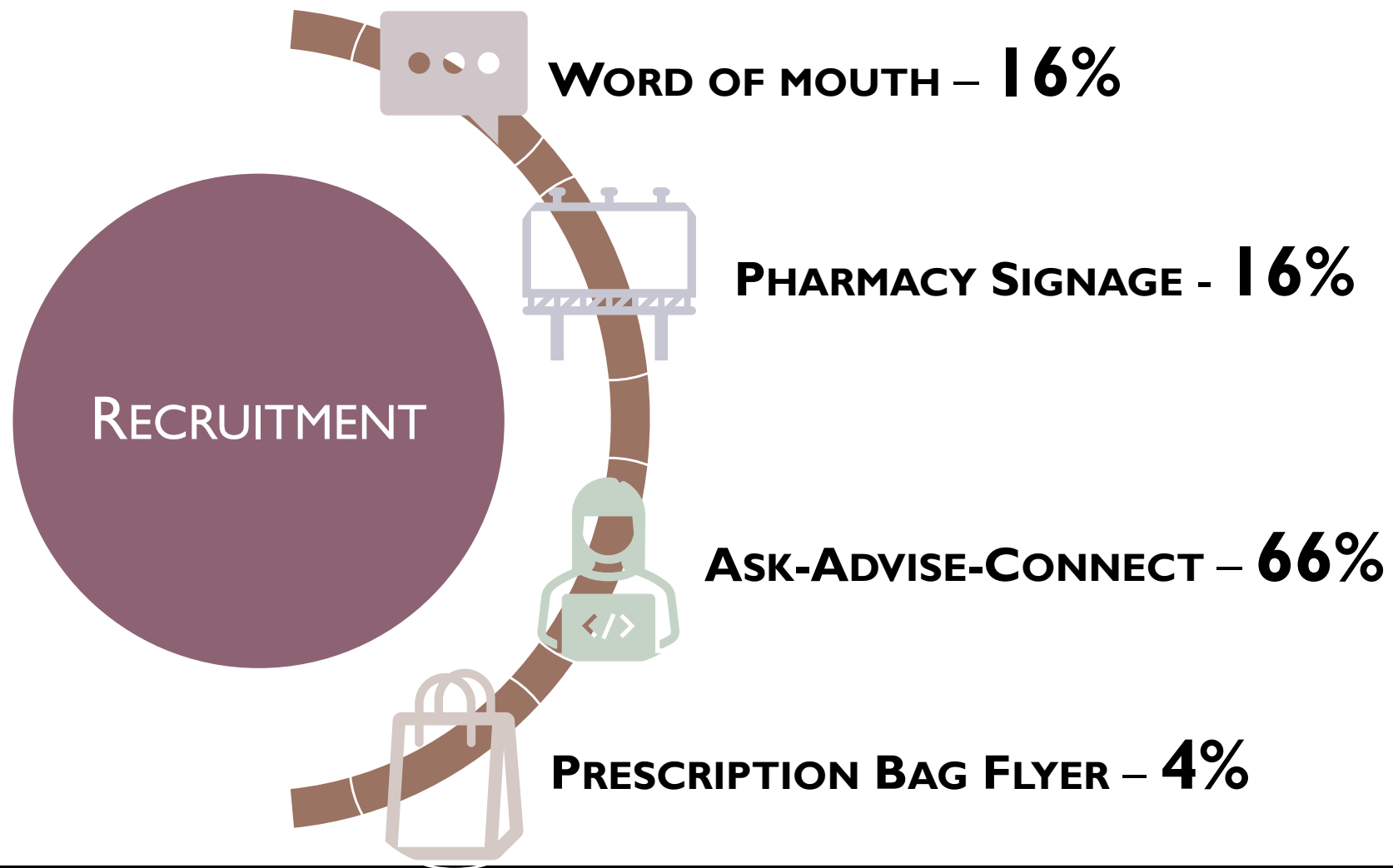


8 Weeks of NRT

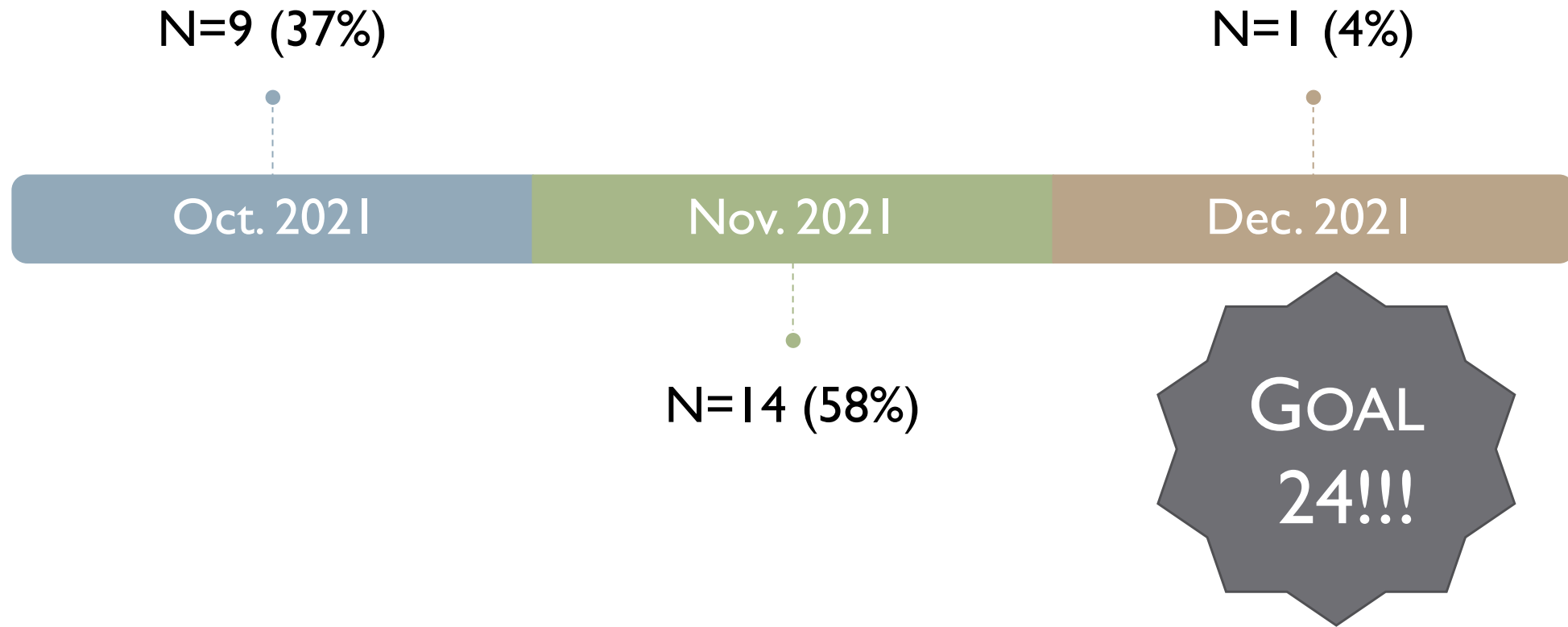
vs.

Standard 4 Weeks

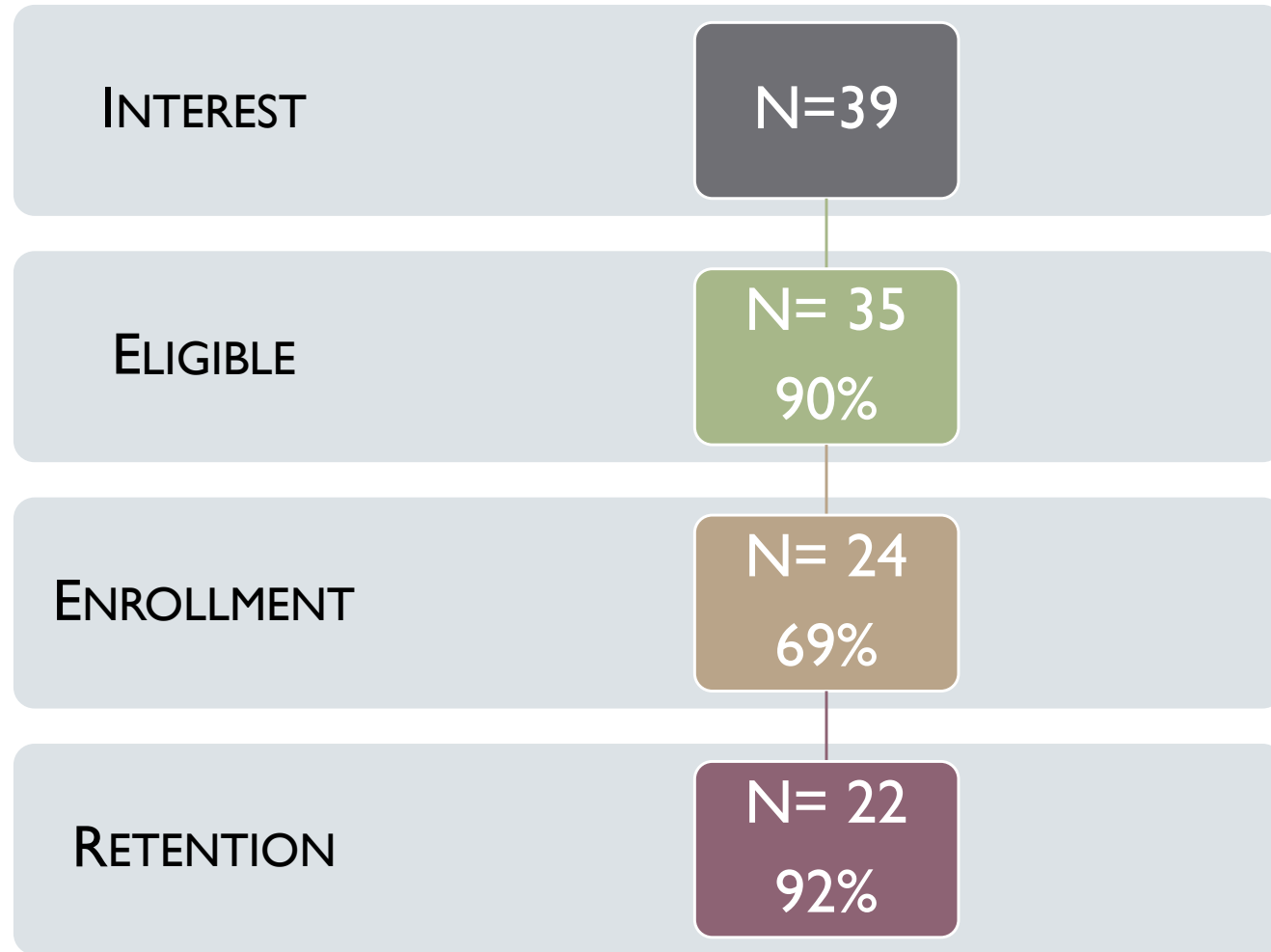
FEASIBILITY PILOT STUDY



**ASK-ADVISE-CONNECT EFFECTIVE
RECRUITMENT MODEL**

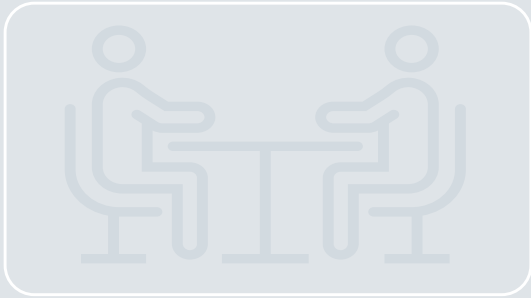


EASE OF RECRUITMENT



FEASIBILITY OF RECRUITMENT & RETENTION

HIGH DOSE OF INTERVENTIONS



85%
OF MTM
SESSIONS WERE
DELIVERED

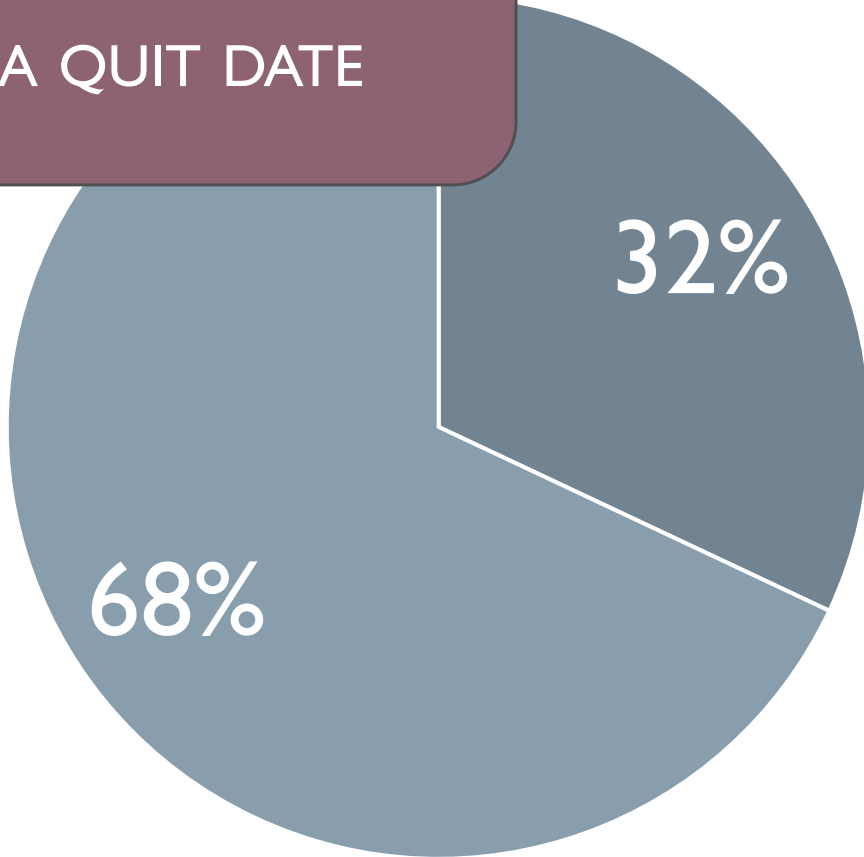


83%
OF PATCH WAS
USED



46%
OF GUM WAS
USED

89% OF PARTICIPANTS
SET A QUIT DATE



■ QUIT ■ SMOKING

QUIT
STATUS AT
3M
FOLLOW-UP

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%

WOULD RECOMMEND
THE PROGRAM



89%

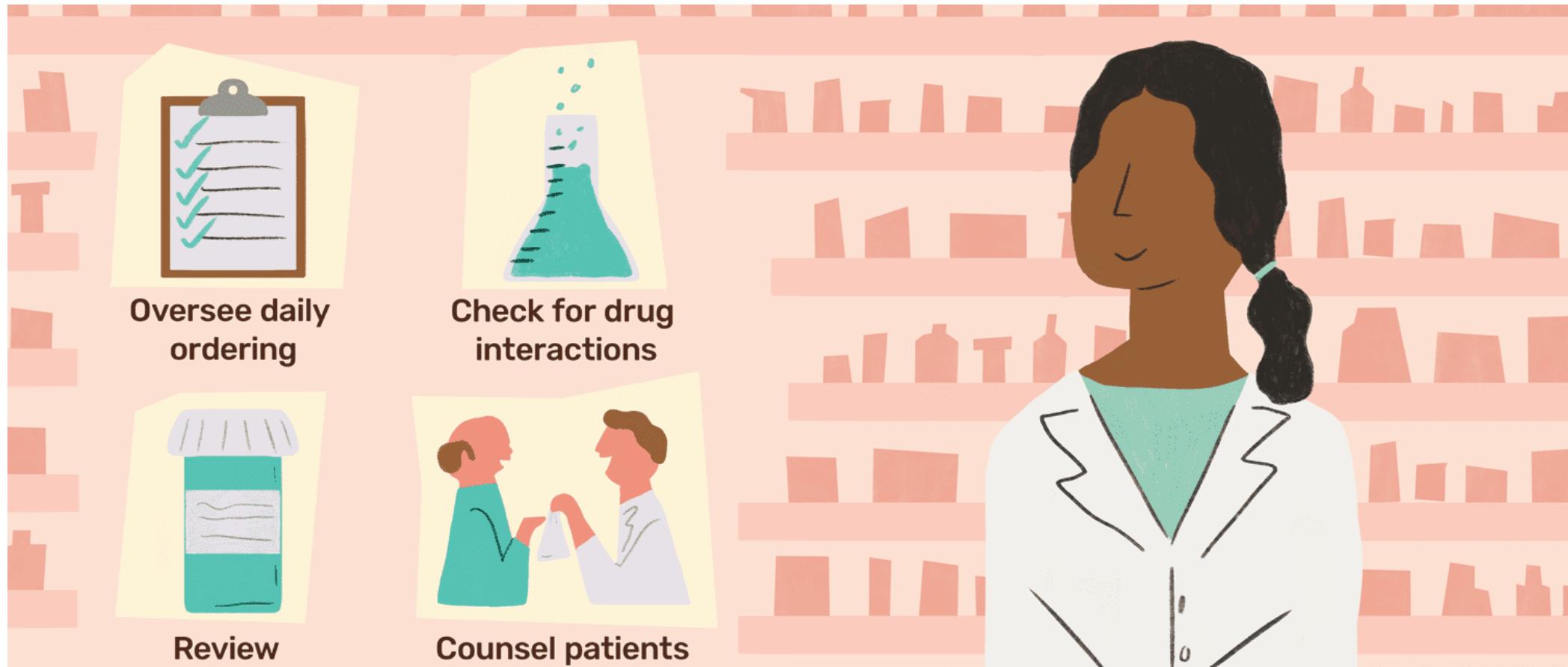
WERE SATISFIED WITH
THE PROGRAM



89%

BELIEVED THE PROGRAM
MADE IT EASY TO USE
THE PATCH

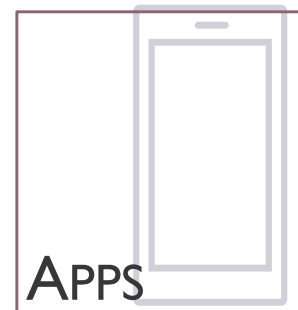
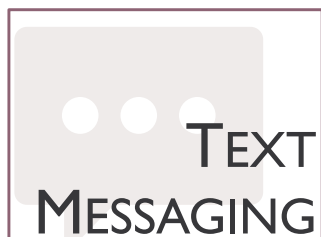
PROGRAM SATISFACTION



PHARMACISTS' PROGRAM SATISFACTION

The background is a dark, textured surface, possibly asphalt, with several light-colored arrows pointing in various directions. The text "NEXT STEPS" is written in a bold, white, sans-serif font, centered horizontally and slightly lower vertically.

NEXT STEPS



QUIT AID

Ask Advice. Connect. Quit.





COLLABORATORS

Dr. Roger Anderson

Dr. Wendy Cohn

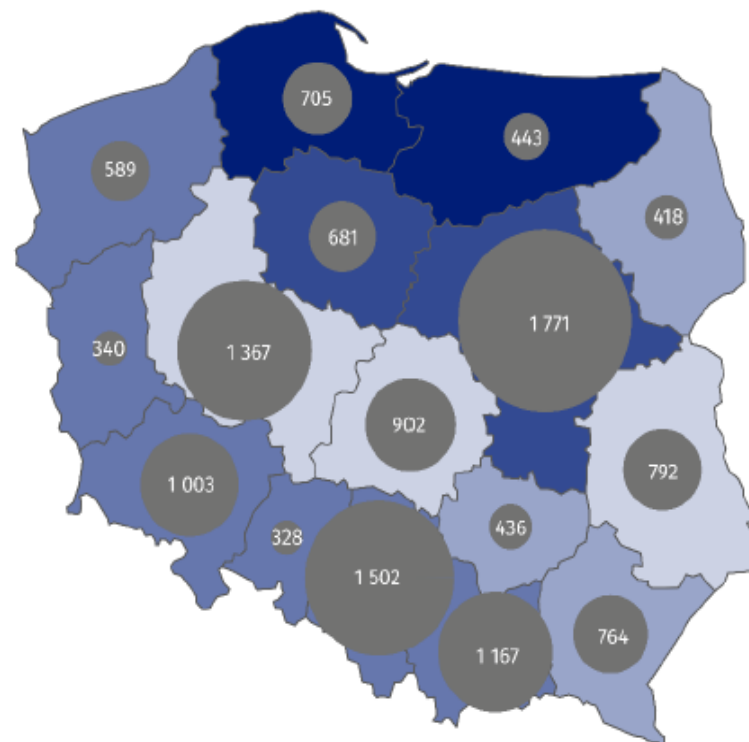
Dr. Rebecca Krukowski

Dr. Kathleen Porter

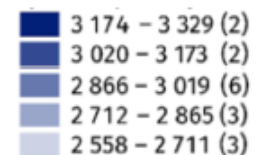
Ms. Taylor Reid

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)

QuitAid Poland

Stay Involved



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

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

