Prescribe/Refer

• Use of cessation medication reduces acute nicotine withdrawal (e.g., restlessness, irritability, cravings) and discomfort.

• Use of cessation medication also increases the likelihood of cessation.

• Behavioral counseling combined with cessation medication results in best outcomes.
Nicotine Lozenge

Clinical Assessment

START
Have you ever used the Nicotine Lozenge?

Yes

No

Did you experience any side effects/adverse reactions?

Yes

No

Does your scheduled chemotherapy list stomatitis/mouth sores or xerostomia/mouth among its potential side effects?

Yes

No

Are you currently scheduled for RT to any part of the mouth or throat?

Yes

No

*Do you currently have plastic reconstructive surgery scheduled as part of your current treatment plan?

Yes

No

No

Dosing Notes

2mg if smoking the first cigarette more than 30 mins after waking up.

4mg if smoking the first cigarette within 30 mins after waking up

(Up to 12 weeks)

Do not use more than 20 lozenges/day

No

Are you pregnant/breastfeeding?

Yes

No

Are you currently scheduled for a surgical procedure that will involve a resection of any part of the mouth or throat?

Yes

No

Do you have a surgical procedure scheduled that will require you NOT eat or drink for a specified time period following the procedure?

Yes

No

Please list procedure and scheduled date

Patient may consider NRT lozenge as potential option for tobacco cessation

How soon after waking do you smoke your first cigarette?

NRT lozenge may be contraindicated

Check your institutional guidelines regarding use of nicotine replacement in plastic surgery population

Patient may find it uncomfortable to use nicotine lozenge until oral surgical wounds are completely healed

Patient will not be able to use nicotine lozenge while on "no food or drink" precautions

Patient will not be able to use nicotine lozenge while on "no food or drink" precautions

If yes, was side effect acceptable/tolerable?

Yes

No

If yes, was side effect acceptable/tolerable?

Yes

No

Please describe:

Heartburn/Indigestion: Yes – No
Mouth/Throat irritation: Yes – No
Palpitations/irregular heartbeat: Yes – No
Nausea/Vomiting: Yes – No
Other: ..................................................

Yes

No

When?

Less than 4 weeks

More than 4 weeks

If yes, was side effect acceptable/tolerable?

Yes

No

NRT lozenge Contraindicated

DECISION AID
Next Training Workshop will be held
March 23-24, 2019
May 17-18, 2019
New York City

For more information,
visit: [www.mskcc.org/TobaccoCare](http://www.mskcc.org/TobaccoCare)

Supported by NCI Award R25CA217693
Approximately 9 million Americans are high-risk for lung cancer.

Prior trials indicate ~ 50% of those screened are current smokers.

Rates of continued smoking after LDCT-LCS are high (>75%).

Quitting smoking reduces tobacco-related morbidity and mortality (CISNET).

- 0.03 years saved with LDCT screening
- 4+ years saved with smoking cessation (ages 55-64, general population)
## Current Smokers’ Baseline Quitting Motivation

<table>
<thead>
<tr>
<th></th>
<th>NLST/ACRIN (n=312)</th>
<th>NY-ELCAP (n=2079)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not interested in quitting</td>
<td>13%</td>
<td>21%</td>
</tr>
<tr>
<td>(Precontemplation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considering quitting within 6 months</td>
<td>70%</td>
<td>48%</td>
</tr>
<tr>
<td>(Contemplation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning to quit within 30 days</td>
<td>17%</td>
<td>31%</td>
</tr>
<tr>
<td>(Preparation)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Park et al, 2009*  
*Ostroff et al, 2011*
Challenges in Promoting Smoking Cessation in Lung Cancer Screening Settings

• Variable quitting motivation of screening enrollees

• Variable organizational priority, readiness, resources and capacity of lung cancer screening sites/staff

• Inconsistent delivery of smoking cessation treatment in lung screening setting

• Most smokers will get “good news”. Will normal findings reduce quitting motivation and provide “license to smoke”? 
Multiple Opportunities to Deliver Smoking Cessation Advice and Treatment

- Shared Decision Making
- Baseline LDCT Screening
- Notification of Baseline LDCT Results
- Annual Repeat LDCT
- LCS Staff Advice and Treatment
- Onsite Tobacco Treatment Specialist
- Quitline Referral
- PCP Advice and Treatment
- Pulmonologist or Thoracic Oncologist Advice and Treatment
Lung Screening May Not Push Smokers to Quit

By JANE E. BRODY  SEPTEMBER 7, 2015 5:45 AM  
10 Comments

Paul Rogers

Memorial Sloan Kettering Cancer Center.
Commentary

Pairing Smoking-Cessation Services With Lung Cancer Screening: A Clinical Guideline From the Association for the Treatment of Tobacco Use and Dependence and the Society for Research on Nicotine and Tobacco

Lisa M. Fucito, PhD1,2,3; Sharon Czabafy, LCSW4; Peter S. Hendricks, PhD5; Chris Kotsen, PsyD6; Donna Richardson, LCSW7; and Benjamin A. Toll, PhD1,8,9; for the Association for the Treatment of Tobacco Use and Dependence (ATTUD)/Society for Research on Nicotine and Tobacco (SRNT) Synergy Committee

Fucito et al, 2016
Multi-Level Barriers:

Patient:
- Lack of motivation

Provider:
- Lack of time
- Lack of training
- Lack of knowledge

Systems:
- Lack of reimbursement
- Lack of designated champion
- Lack of referral resources
- Lack of perceived organizational priority
Smoking Cessation at Lung Examination (SCALE) Collaborative

Currently 8 R01 funded projects

- Share data and methods for cross-project research
  - Consensus development of data elements (11/2016-2/2017)
- Share best approaches to measure feasibility, cost, and other implementation outcomes
- Dissemination of results and resources
Optimizing Tobacco Treatment for Smokers Seeking Lung Cancer Screening

Supported by R01 CA207442

Memorial Sloan Kettering Cancer Center

LUNG CANCER ALLIANCE

NYU Langone Medical Center
<table>
<thead>
<tr>
<th></th>
<th>Enhanced Standard Care (Training, Quitline Referral Workflow)</th>
<th>Motivational Interviewing</th>
<th>Nicotine Patch</th>
<th>Nicotine Lozenge</th>
<th>Message Framing</th>
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<td>Yes</td>
<td>No</td>
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</table>
Take Away Messages

- Persistent smoking is associated with increased risk of recurrence, second primary cancers, treatment complications, other tobacco-related medical conditions, poor quality of life and reduced survival.
- Smoking is prevalent with 10-30% of newly diagnosed adult cancer patients estimated to be current tobacco users.
- National surveys reveal that oncology providers miss many “teachable moment” opportunities to advise cessation and treat tobacco dependence.
- Lung cancer screening provides unprecedented opportunities for delivery of evidence-based tobacco treatment
- Patient engagement requires a dialogue between the patient and clinician; be supportive, nonjudgmental and encouraging.
Questions?
ostroffj@mskcc.org