

SMOKING CESSATION: DO WE ENCOURAGE OUR PATIENTS TO QUIT?

Devin Piccott, MH Rigby, SM Taylor, J Trites, E Hirsch, Robert Hart

OTOLARYNGOLOGY

BACKGROUND: Tobacco consumption is a significant risk factor for head and neck malignancy. Secondary and tertiary prevention surrounding smoking cessation demonstrate improved outcomes, while continued active smoking is associated with increased morbidity and mortality. There is no known evidence surrounding frequency of smoking cessation counselling and management by Otolaryngologists in the setting of a new cancer diagnosis.

METHODS: A retrospective cohort study of 500 patients with suspected head and neck cancer was performed. Patient charts were reviewed for pre/post diagnosis smoking status, health practitioner's smoking cessation counselling and management plans. The primary outcome was presence of smoking cessation counselling. Secondary outcomes looked into the smoking status at follow-up, counselling rates of collaborative care partners, cessation intervention modality and self-quit rates.

RESULTS: Of the 492 patients who qualified, 63% had a previous history of smoking and 39% were actively smoking at the time of diagnosis. 18% of actively smoking patients had documented evidence of smoking cessation counseling by the Otolaryngologists while 24% had documented evidence of smoking cessation counseling by medical/radiation oncology. Of the counselled patients, 5 of 22 patients received an intervention plan. 63% of patients who were actively smoking at diagnosis, still smoked at follow-up. Of those counseled, 24% quit smoking. While 24% quit smoking without documentation of counseling.

CONCLUSION: Counseling on smoking cessation is usually not performed and/or not documented in patients with malignancy. Smoking cessation is an important part of cancer management, which often ignored, despite the association between continued smoking with increased morbidity and mortality.