

# It's Time to Integrate Smoking Cessation into Cancer Treatment

<https://doi.org/10.32635/2176-9745.RBC.2024v70n2.4717>

*Está na Hora de Integrar a Cessação do Tabagismo ao Tratamento do Câncer*

*Es Hora de Integrar la Deshabitación Tabáquica en el Tratamiento del Cáncer*

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Brazil's policies for tobacco control and prevention of nicotine addiction make the country a world model. Scientific-based evidences, mobilization of decision-makers, governmental technical teams and most of all the civil society account for the robust decline of smoking prevalence in adults and youngsters.

A comprehensive integration of care to smokers into the National Health System (SUS) nationally, with offer of approved medication<sup>1</sup> is a remarkable achievement of Brazil. Notwithstanding the challenges of continuously providing services and medication, the integration of smoking cessation into the health primary attention network continues to be a model of implementation of the World Health Organization (WHO) recommendations and commitment with the Framework Convention on Tobacco Control of which Brazil is a signatory party. However, many tobacco users, among them individuals with cancer do not benefit from these services.

For more than one decade, the benefits of smoking cessation after cancer diagnosis have already been determined – most of the studies are targeted to quit cigarette smoking although it is recommended for any type of tobacco use. Cessation after diagnosis reduces the risk of death, a meta-analysis estimated a decline of 43% to 52% of mortality for patients who quit smoking compared with those who continue smoking after the diagnosis of cancer<sup>2</sup>. In addition to reducing mortality and increasing survival, cessation potentializes the success of several treatments and diminishes the prevalence of side effects and its complications<sup>3</sup>. In 2023, the National Cancer Institute published its Monograph 23, highlighting the treatment of smoking dependence in cancer patients<sup>4</sup>, listing educative materials for health professionals and drawing attention to higher prevalence of tobacco use in cancer patients *versus* the general population.

The American Society of Clinical Oncology published in 2019 a detailed guide for health professionals<sup>5</sup>, patients and families<sup>6</sup> on tobacco cessation after cancer diagnosis. It was developed because most of the USA cancer reference treatment centers did not systematically identify tobacco users and failed to offer treatment for cessation which led to a national initiative to integrate treatment of tobacco dependence into cancer treatment<sup>7</sup>.

However, the implementation of these initiatives is unsatisfactory yet. Health professionals are reluctant in addressing tobacco use and are unable to understand that cessation is an integral part of the success of cancer treatment. Most likely, they are reflecting years of tobacco industry campaigns which promoted addiction as a “life style” or “personal preference”, but they are denying their patients the opportunity of better prognosis when they neglect to address tobacco and treatment plans when approaching them. Poor training in universities and specialized residence in oncology to treat tobacco users are additional reasons explaining this scenario.

In Brazil, a small portion of reference cancer treatment centers adopts the measures recommended by the National Plan of Tobacco Control for cessation as recently published data revealed, but the same pattern was noticed in other countries worldwide<sup>8</sup>. It is quite clear that treat the smoker diagnosed with cancer is a priority.

Solutions exist. Brazil counts with a wide network of smoke cessation training for health professionals that could be mobilized to educate oncology professionals on how to approach tobacco users. They can be identified when they access the health system even before the diagnosis and noted on their charts, the success or relapse can be incorporated in the follow-up of cancer patients.

Why and how to treat is known and proven. Today, institutional decision-takers need to put in practice and enforce evidence-based measures that potentially lead to improvement of the life of individuals diagnosed with cancer. There are no scientific and ethical justifications to not offer these patients the care they deserve.

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Recebido em 14/5/2024  
Aprovado em 14/5/2024

