

# Integrating smoking cessation counseling into oncology practice — benefits and barriers

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Exposure to tobacco smoke, which contains around 70 carcinogenic components, leads to approximately 8 million deaths worldwide annually. Poland ranks among the top countries with the highest tobacco-related DALY (Disability-Adjusted Life Years) rates. Despite the well-documented risks of continuing to smoke after a cancer diagnosis and the benefits of quitting, many cancer patients continue to smoke. The benefits of quitting smoking for cancer patients are significant: improved survival rates, better treatment efficacy, reduced complications, lower risk of recurrence and secondary cancers, enhanced quality of life, and long-term health benefits such as lower risk of cardiovascular and respiratory diseases. Abstinence from smoking is considered the strongest predictor of survival in cancer patients who have ever smoked. However, the topic of smoking cessation is not frequently discussed by medical staff. A study conducted in Poland found that only 11% patients were informed about its negative impact on oncological treatment. This suggests a low level of awareness among medical personnel regarding the consequences of continued smoking on treatment outcomes and possible concerns about discouraging patients. Incorporating smoking cessation counseling into prehabilitation for oncology patients is crucial. Personalized information about improving treatment outcomes and the availability of specialist help could significantly increase patients' chances of quitting smoking. Tailored counseling approaches and psychological support are essential to address individual concerns and overcome barriers to quitting, especially during the „teachable moment” of a chronic disease diagnosis. Time constraints during patient visits pose a challenge for oncologists and healthcare providers. However, delivering a personalized message about the benefits of quitting smoking and available support services can be done in under a minute. This message should be framed to avoid inducing guilt in patients. Despite the clear benefits of smoking cessation for cancer patients, Poland lacks an organized system of assistance. Integrating smoking cessation into oncology practice requires systemic changes. Ideally, oncology centers should refer smoking patients to dedicated cessation support centers staffed by trained health educators, psychologists, and nurses. Training sessions by the National Institute of Oncology can support this integration. In conclusion, integrating smoking cessation counseling into oncology practice is essential for improving cancer treatment outcomes and overall patient health. Overcoming barriers through education, dedicated resources, patient-centered approaches, and policy support can make smoking cessation a standard part of cancer care.

**Keywords:** smoking cessation, cancer care, benefits of quitting

## How to cite:

Cedzyńska M, Przepiórka IA. *Integrating smoking cessation counseling into oncology practice — benefits and barriers*. NOWOTWORY J Oncol 2024; 74: 314–316.

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Exposure to tobacco smoke components, around 70 of which are carcinogenic, causes approximately 8 million deaths worldwide annually. Poland is a country with a very high burden of smoking-related consequences — it ranks among the dozen or so countries with the highest tobacco-related DALY (Disability-Adjusted Life Years) rates in the world [1]. Tobacco smoke is classified by the International Agency for Research on Cancer (IARC) in Lyon as a carcinogenic factor that unequivocally initiates and promotes the process of carcinogenesis. This knowledge is well-established and known among medical personnel. Unfortunately, despite well-documented risks associated with continuing smoking after a cancer diagnosis and the benefits of quitting smoking among cancer patients, many continue to smoke. International and Polish studies have shown that between 30% and 60% of patients do not quit smoking after a cancer diagnosis. The benefits experienced by patients who stop smoking are invaluable: improved survival rates and treatment efficacy, reduced complications and side effects, reduced risk of disease recurrence and secondary cancers, enhanced quality of life, and long-term health benefits including a lower risk of cardiovascular disease, respiratory issues, and other smoking-related illnesses [2]. Apart from disease site and stage, abstinence from smoking is considered the strongest predictor of survival in cancer patients who have ever smoked [3].

Although the aforementioned benefits of stopping smoking after a cancer diagnosis and the risks associated with continuing smoking are well documented, this topic is rarely discussed by medical staff. A study, conducted by Fundacja Wygrajmy Zdrowie, on Polish cancer patients indicates that only 40% received information about the harmful impact of smoking on health at the oncology center, and even fewer, only 11%, received information from medical staff about the negative impact of smoking on the effectiveness of oncological treatment. These data may suggest a potentially low level of awareness among medical personnel at these centers regarding the consequences of continued smoking on cancer treatment outcomes, as well as concerns about discouraging patients. Additionally, the small number of places where the patient can get help is a factor that makes it difficult to undertake smoking cessation activities. Nevertheless, there is a high probability that if patients received personalized information about the possibility of improving treatment outcomes and the availability of specialist help, their chances of quitting smoking could significantly increase. Incorporating smoking cessation counseling into prehabilitation for oncology patients is essential to address this gap. By doing so, patients can be better prepared — both physically and mentally — for the rigors of cancer treatment.

It is worth noting, however, that even organized programs cannot help all patients. Many factors influence the effectiveness of smoking cessation programs. These factors lie not only

with the medical staff but also with the patients themselves and the organization of the healthcare system. Medical staff should bear in mind that cancer patients are unique, differing from the general population attempting to quit smoking. Patients may be resistant to quitting smoking due to addiction, fear of withdrawal symptoms, or a lack of motivation, particularly when dealing with the stress of a cancer diagnosis. Tailored counseling approaches that address individual concerns and provide psychological support are essential to overcoming this barrier.

On the other hand, it is important to remember that a chronic disease diagnosis is a so-called “teachable moment,” when patients are more receptive and willing to make health-related changes in their lives. Therefore, delivering a message about the necessity of quitting smoking during this critical moment should become good medical practice. Tailoring smoking cessation interventions to individual patient needs and preferences can improve their effectiveness.

Oncologists and healthcare providers often face time constraints during patient visits, making it challenging to incorporate smoking cessation counseling into routine practice. However, a properly constructed message containing only personalized information about the benefits of quitting smoking and the availability of nicotine addiction treatment and support services, such as Quitline (Telefoniczna Poradnia Pomocy Palącym), takes no more than a minute. It is especially important that the message is constructed in a way that does not induce feelings of guilt in the patient, particularly in cases of cancers obviously related to smoking.

Unfortunately, despite the clear benefits of smoking cessation for patients undergoing cancer treatment, there is no organized system of assistance in Poland. Integrating smoking cessation into oncology practice requires systemic changes, including modifying clinic workflows and establishing referral systems to cessation programs. Ideally, every oncology center should identify smoking patients and refer them to a smoking cessation support center located within the oncology center. Such a center does not necessarily require the involvement of an oncologist; health educators, psychologists, and nurses trained in nicotine addiction treatment can and should be the ones to provide this support. Training sessions are regularly organized by the team at the National Institute of Oncology as part of the National Health Program.

In conclusion, integrating smoking cessation counseling into oncology practice is a critical step toward improving cancer treatment outcomes and overall patient health. While there are significant barriers to overcome, the benefits of such integration are substantial. By addressing these challenges through education, dedicated resources, patient-centered approaches, and policy support, healthcare providers can effectively incorporate smoking cessation into cancer care.

## Article information and declarations

### Author contributions

M.C. — conceptualization, writing — original draft preparation.

I.A.P. — conceptualization.

### Funding

None.

### Acknowledgments

None.

### Conflicts of interest

The authors declare no conflict of interest.

### Supplementary material

None.

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Received: 12 Jul 2024

Accepted: 31 Aug 2024

Early publication: 22 Oct 2024

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