POLICY BRIEF

A disconnect between guidelines and practice: provider pharmacotherapy counseling for cancer survivors

Translational Behavioral Medicine

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POLICY IMPLICATIONS

1. Policies within healthcare systems can incentivize providers to follow guideline recommendations on smoking cessation to cancer survivors.
2. Policies that facilitate record keeping and follow-up may increase adherence to recommended guidelines.

RESEARCH IMPLICATIONS

1. More research is needed on the most effective ways to increase guideline recommended smoking cessation interventions among providers.
2. More research is needed to identify the most effective ways to increase awareness of the benefits and perceived risks of pharmacotherapy to cancer survivors who smoke.

Background—Significant progress has been made in improving treatment for long-term survival of childhood and young adult cancer. However, these survivors face an increased risk for secondary cancers. The current smoking rate for adult cancer survivors is estimated at 15–20 %, putting them at even a greater risk for cancer and other chronic conditions. The Agency for Healthcare Research specifies that smoking status should be assessed and cessation discussed at every visit. Healthcare provider input and advice is an effective tool in facilitating cessation, yet only about 1/3 of all patients receive advice to quit and only 2 % receive information on pharmacotherapy, an evidence-based cessation intervention.

Purpose—The purpose of this study was to report on the prevalence of provider-delivered cessation advice and discussion of pharmacotherapy between childhood/young adult cancer survivors and their healthcare providers.

Who was studied?

Participants were between the ages of 18–55 who were diagnosed with cancer before age 35 and also reporting that they were current smokers. The 329 participants were part of a larger study on comparison of cessation methods and were eligible for free pharmacotherapy with healthcare provider approval.

What did follow-up show?

- Results from a 15-month follow-up survey showed that only about half of the participants reported having a discussion with their provider about smoking and less than 40 % had discussions about pharmacotherapy.
- About half of those who did not have these discussions did not want to quit.
- Women and heavier smokers were more likely to report receiving advice to quit and heavier smokers plus those who had previous cessation advice were more likely to discuss pharmacotherapy.

BOTTOM LINE

This study demonstrates that translation of evidence-based guidelines for smoking cessation to survivorship care is suboptimal, even when the vast majority of healthcare providers know the smoking status of their patients.