Smoking Cessation More Successful When Quitting Before Surgery

Lung, head and neck cancer patients who smoked before surgery are more likely to relapse than those who had quit before surgery, Moffitt Cancer Center researchers say. They found that smoking-relapse prevention interventions are needed immediately after surgery to help prevent relapse. The study was published in a recent issue of the journal *Cancer.*

“Cigarette smoking is responsible for 30 percent of all cancer-related mortalities,” said study corresponding author Vani Nath Simmons, Ph.D., assistant member of the Health Outcomes and Behavior Program at Moffitt. “Head and neck and lung cancers are the most strongly linked to tobacco use. Many patients with these cancers make an attempt to quit smoking at the time of diagnosis. However, little attention has been paid to looking at how successful patients are at quitting and what predicts who is likely to resume smoking. This is particularly a concern for cancer patients because continued smoking can be related to cancer recurrence, cancer treatment complications, second primary tumors and poorer quality of life.”

According to study co-author Thomas H. Brandon, Ph.D., director of the T [1]obacco Research and Intervention Program at Moffitt, “Only a few studies have examined factors associated with smoking relapse among patients with head and neck cancer or lung cancer, and this information is needed to develop smoking-relapse prevention interventions for this population.” The goal of this study is to examine smoking trajectories among lung and head and neck cancer patients for 12 months after surgery and to test potential predictors of smoking relapse.

Study participants were recruited from clinics at Moffitt. Patients had either quit smoking shortly before or immediately after surgery. Smoking behavior was assessed at two, four, six and 12 months after surgery. “We found that relapse rates varied significantly depending on a patient’s pre-surgery smoking status,” Simmons explained. “Sixty percent of patients who smoked during the week prior to surgery resumed smoking afterward, contrasted with a 13 percent relapse rate for those who had quit smoking prior to surgery.”

Given the significantly lower relapse rates among those who quit smoking prior to surgery, smoking cessation should be encouraged at diagnosis, the researchers said. Because most relapses occurred shortly after surgery, they recommend that smoking cessation assistance is important before and after surgery. The researchers also found that factors such as high fears regarding cancer recurrence, greater proneness to depression, and less belief in their ability to quit smoking predicted smoking relapse.

“Cancer patients are highly motivated to quit, so receiving a cancer diagnosis can be viewed as a ‘teachable moment’ for delivering smoking cessation and relapse

prevention interventions," Brandon said. "Cancer patients need to know that it's never too late to quit," Simmons said. "Of course, it would be best if they quit smoking before getting cancer; but barring that, they should quit as soon as they get diagnosed. And with a little assistance, there is no reason that they can't succeed."

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