Key Terms

- Smoking cessation = quitting smoking
- Thoracic region = part of body with lungs and heart
- Abstinence = completely stopped smoking

Introduction

- Known correlation of smoking cigarettes and cancer, esp. lung cancer
- Known correlation of presence psychiatric disorders and Substance Use Disorder (SUD)
- Aim to examine interaction of psychiatric disorders and smoking cessation
- Aim to examine if region of cancer effects sustained cessation
- No literature understanding smoking cessation outcomes in interaction of type of cancer and presence of psychiatric disorders, specifically depression and anxiety.

Methods

- Using data of 3245 patients participating in MD Anderson Tobacco Treatment Program (2006-2014) (TTP)
- TTP uses initial questionnaires and follow up visits to assess psychiatric and smoking status
- TTP Provides free counseling and medication
- One consultation face to face and on paper
- 6-8 follow up sessions over an 8-12 week period that can be repeated as many times as necessary
- Examine collected data using regression analysis to determine if statistical significance exists per cancer effect
- Rates of sustained abstinence per region were compared to the abstinence of those with no cancer history

Considerations

- Of 5061 initial participants, 1816 patients were removed for several reasons:
  - No program initiated because undergoing treatment from another program or incomplete
  - No consultation
  - Died before 9 month follow up
  - Smoked less than 1 cigarette per day or used tobacco product besides cigarettes

Main takeaway:
Cancers in the head and neck region have higher correlation with success in quitting smoking, and patients with psychiatric disorders had lower rates of success quitting smoking.

Results

- Mean smoking abstinence rates not significantly different in patients with cancer history and with no cancer history except at 9 months
  - At 9 months those with no cancer history had a slightly higher rate of sustained abstinence
  - Patients with cancers in the head and neck region are more likely to have sustained abstinence
  - Patients with cancers specifically related to smoking are do not have higher likelihood of sustained abstinence
  - Presence of one psychiatric disorder is correlated with the decrease of smoking cessation success, and more than one psychiatric disorder is correlated with greater decrease in smoking cessation success

Conclusions

- Understanding increased correlation of smoking cessation in cancer effecting differing regions will allow more tailored approaches to treatment for cancer patients
  - Specifically, those with lung cancer, what would be believed to have a more direct causal link with smoking, do not have significantly greater success with abstinence than those with other cancer affected regions, so the approach could be adjusted to focusing more on overall health instead of specifically lung health
  - Those with psychiatric disorder recognized as needing more support in smoking cessation, therefore require more resource allocation

Future Steps

- Examine the interaction of psychiatric disorders and cancer region classification in sustained smoking abstinence
- Examine namely depression, anxiety, and insomnia

References