

BEYOND ASK

BY DECEMBER 2023, PROGRAMS WILL INCREASE THE NUMBER OF PATIENTS WHO ARE OFFERED TOBACCO CESSATION ASSISTANCE BY AT LEAST 20% OVER BASELINE, OR MAINTAIN ASSISTANCE PROVIDED AT > 90%

1 UNDERSTAND THE IMPORTANCE OF SMOKING CESSATION AS A CORE COMPONENT OF CANCER CARE

- a. Smoking by cancer patients and survivors increases overall and cancer related mortality, risk for second cancer, and is associated with increased toxicity from cancer treatment.
- b. Smoking cessation after a cancer diagnosis is associated with a 45% median improved survival.
- c. Smoking cessation reduces risk and can improve symptoms of other non-cancer health conditions such as heart disease, stroke, pulmonary function, etc.
- d. Make sure your clinical setting understands why smoking cessation after cancer diagnosis is important.



2 IDENTIFY PATIENTS WHO NEED ASSISTANCE

- a. Identify all patients currently smoking and those who recently quit. The Just ASK project was designed to support this effort.
- b. Engage patients in smoking cessation conversations in a supportive and non-stigmatizing manner.
- c. Build systems to identify patients who smoke in an efficient and sustainable way.



3 DETERMINE WHAT RESOURCES ARE AVAILABLE TO ASSIST PATIENTS TO QUIT SMOKING

- a. Can patients be assisted by clinical staff in clinic?
- b. Are there institutional (in house) smoking cessation programs that you can refer patients for treatment?
- c. Are community resources available to assist patients with quitting?
- d. Can referrals be made to the state quitline?
- e. "One size does not fit all" and there are multiple ways to help your patients quit smoking.



4 CHOOSE AN ASSIST PATHWAY THAT WILL WORK FOR YOUR PROGRAM

- a. ASSISTING can include referring patients to an evidence-based treatment program or directly assisting (treating) patients in clinic or by telehealth
- b. Smaller centers frequently either treat patients individually in clinic or refer to community resources or quitlines
- c. Larger centers often have smoking cessation programs staffed by specialists
- d. Document that patients have received assistance or referral. Build reminders or flags to follow up with patients as needed
- e. Choose a method that is feasible and fits into your clinical workflows and will be sustainable long term.

UNDERSTAND THE IMPORTANCE OF SMOKING CESSATION AS A CORE COMPONENT OF CANCER CARE

- 5 A's Tobacco Cessation Counseling Guide- Comprehensive framework and Ask-Advise-Refer brief framework
- Tobacco and Cancer Treatment Outcomes- World Health Organization- A resource discussing the clinical effects of smoking on cancer treatment outcomes
- "Treating Smoking in Cancer Patients: An Essential Component of Cancer Care"- From the National Cancer Institute, Monograph 23 synthesize evidence of the impact of smoking cessation treatment
- Quit Smoking Before Your Operation- American College of Surgeons 4-page Strong for Surgery handout with 2 pages about why it helps to quit before surgery and 2 pages about how to quit

IDENTIFY PATIENTS WHO NEED ASSISTANCE

- The Just ASK project supported programs in identifying patients. See webinars for more information on the [Just ASK website](#)
- Smoking and Cancer Care: What Health Professionals Need to Know -A 2-page flyer that summarizes key points about the importance of ASKing about smoking in cancer care.
- Implementing Ask-Advise-Refer Clinical Resources – Tools for Patients
- Smoking can cause cancer almost anywhere in your body-1-page flyer that visually shows how smoking causes 12 types of cancer

DETERMINE WHAT RESOURCES ARE AVAILABLE TO ASSIST PATIENTS TO QUIT SMOKING

- National and State Tobacco Control Program- CDC hosted interactive resource to help identify state tobacco control programs and state-specific cessation resources.
- NCI
 - [Smokefree.gov](https://www.smokefree.gov)
 - [Smokefree.gov/tools-tips/text-programs](https://www.smokefree.gov/tools-tips/text-programs)
 - [Smokefree.gov/tools-tips/apps](https://www.smokefree.gov/tools-tips/apps)
 - [Veterans.smokefree.gov/smokeless-tobacco](https://www.veterans.smokefree.gov/smokeless-tobacco)
- C3I Roadmap: Help cancer clinics identify, adapt, and implement electronic health record (EHR) and other tools to deliver evidence-based smoking cessation treatment strategies
- UC Quits: Medications for Smoking Cessation- brief video of pharmacologic approaches to supporting tobacco cessation
- 1 800-QUIT-NOW: National quitline number that routes to free counseling services and state quitlines. Consider posting in clinic or waiting rooms to raise patient awareness
- Empowered to Quit: Patient-facing resource from the American Cancer Society
- Implementing Ask-Advise-Refer Clinical Resources – Tools for Clinicians
- Quit Connect Health: A Specialty Staff Protocol to Improve Referrals to Tobacco Quit Lines (p.11-12)- UW Health, UW-Madison SMPH, and UW-CTRI

CHOOSE AN ASSIST PATHWAY THAT WORKS FOR YOUR PROGRAM

- Tobacco Cessation Guide for oncology providers to implement the 5A's of smoking cessation in cancer care, including resources for patient assessment and guidance on strategies to address smoking in cancer care
- Program Sustainability Assessment Tool
- How to report smoking and tobacco use cessation counseling visits
- Using Champions and Opinion Leaders to Support Learning, Evidence-Based Practice, and Quality Improvement- Two page description of champions and leaders from AHRQ