

Understanding Tobacco Cessation in Cancer Survivors: What Cancer Coalitions Need to Know

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ACS Webinar Series: Tobacco Cessation in Cancer Survivors
September 25th, 2019

Division of Cancer Prevention and Control

RELIABLE | TRUSTED | SCIENTIFIC



Outline

What do we know?

- Smoking prevalence trends among cancer survivors
 - Data Sources (National and State)

Why is it important?

- Impact of continued smoking
 - On treatment
 - Other negative outcomes
- Benefits of cessation

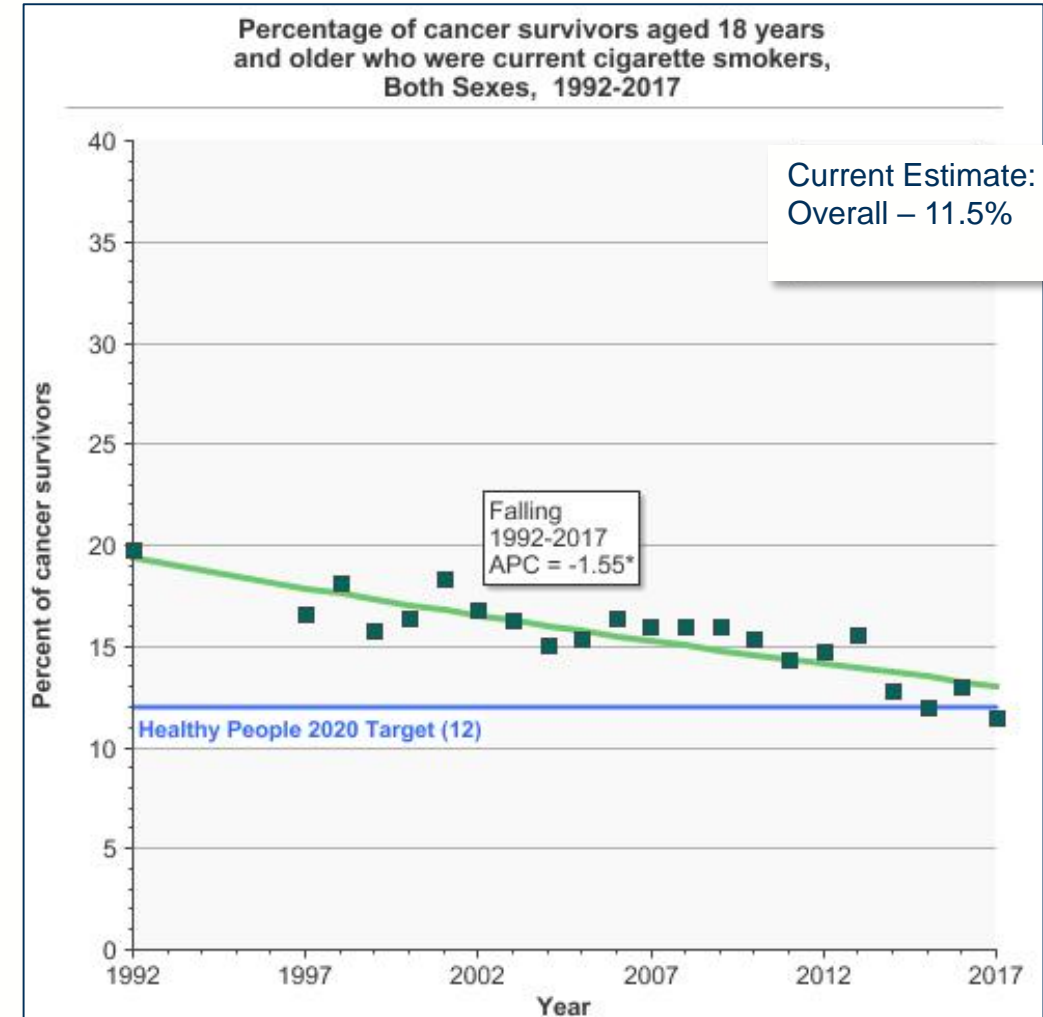
Resources to help?

- Smoking cessation
 - Guidelines for cancer survivors
 - Insurance coverage
 - Other useful stuff

National Trends

National Trends

- Data: National Health Interview Study (1992-2017)
 - Annual self-reported measures
 - Current estimate
- Decreasing trend
 - Fairly consistent by gender
 - Differs by age groups



HP 2020 Target TU-1.1: 12%.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey.

Data are age-adjusted based on the age distribution of cancer patients diagnosed in 2000 in the SEER 18 areas (<http://seer.cancer.gov/registries/terms.html>) using age groups: 18-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85+.

Weighted regression lines are calculated using the Joinpoint Trend Analysis Software, Version 4.6 February 2018, National Cancer Institute.

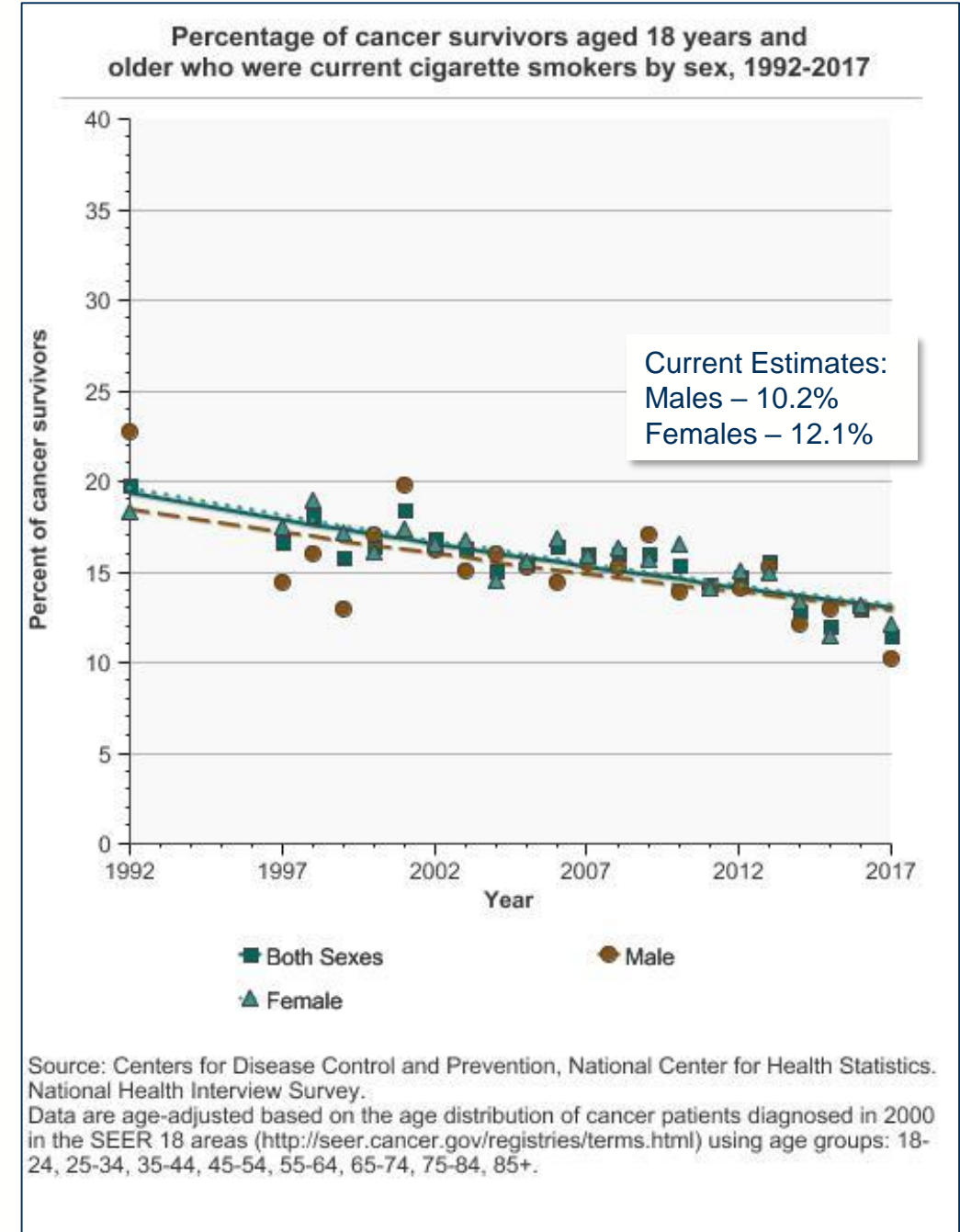
The AAPC is the Average Annual Percent Change and is based on the APCs calculated by Joinpoint.

* The Annual Percent Change (APC)/Average Annual Percent Change (AAPC) is statistically significant.

<https://progressreport.cancer.gov/after/smoking>

National Trends

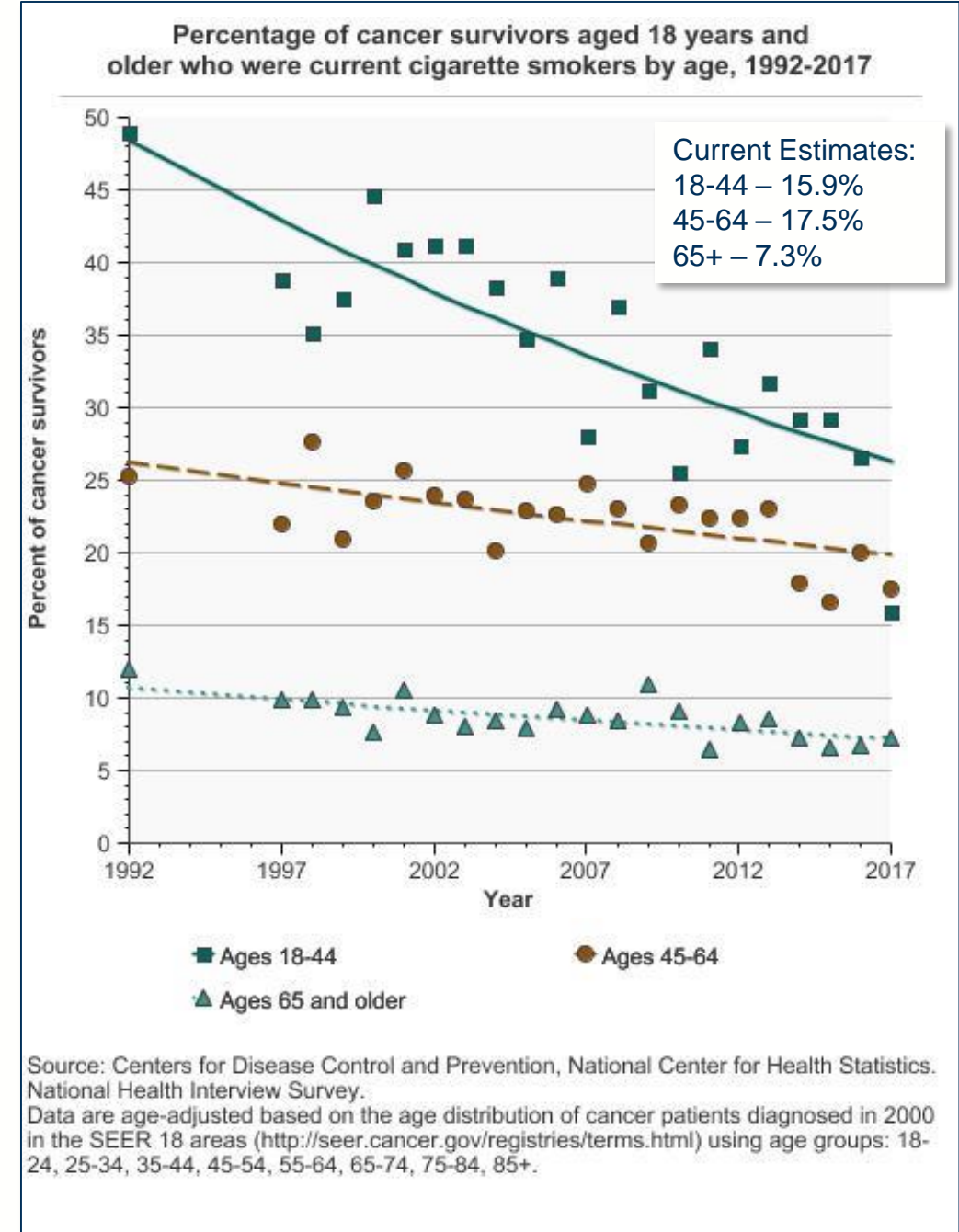
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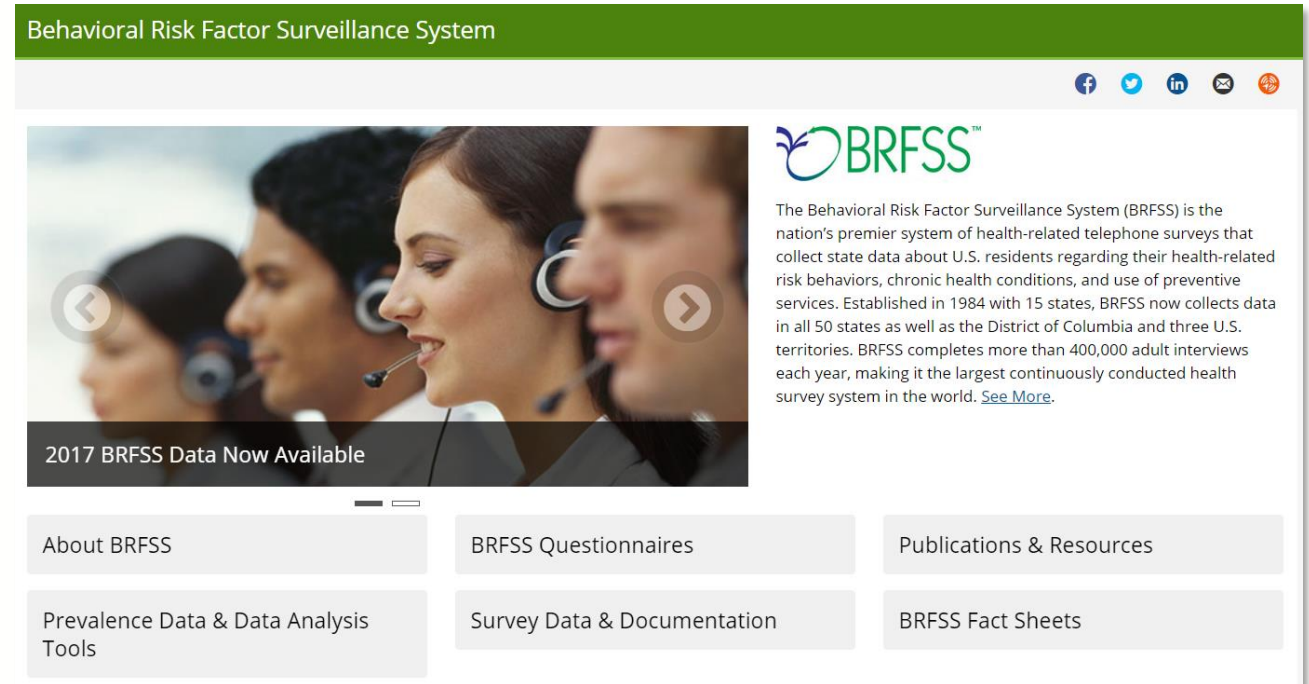


<https://progressreport.cancer.gov/after/smoking>

State-Specific Prevalence

State Prevalence

- Data: Behavioral Risk Factor Surveillance System (BRFSS)
 - › cdc.gov/BRFSS
 - Survey Data & Documentation
 - Prevalence Data & Data Analysis Tools
- Web Enabled Analysis Tool
 - Custom tabulations
 - Easy to use



State Prevalence

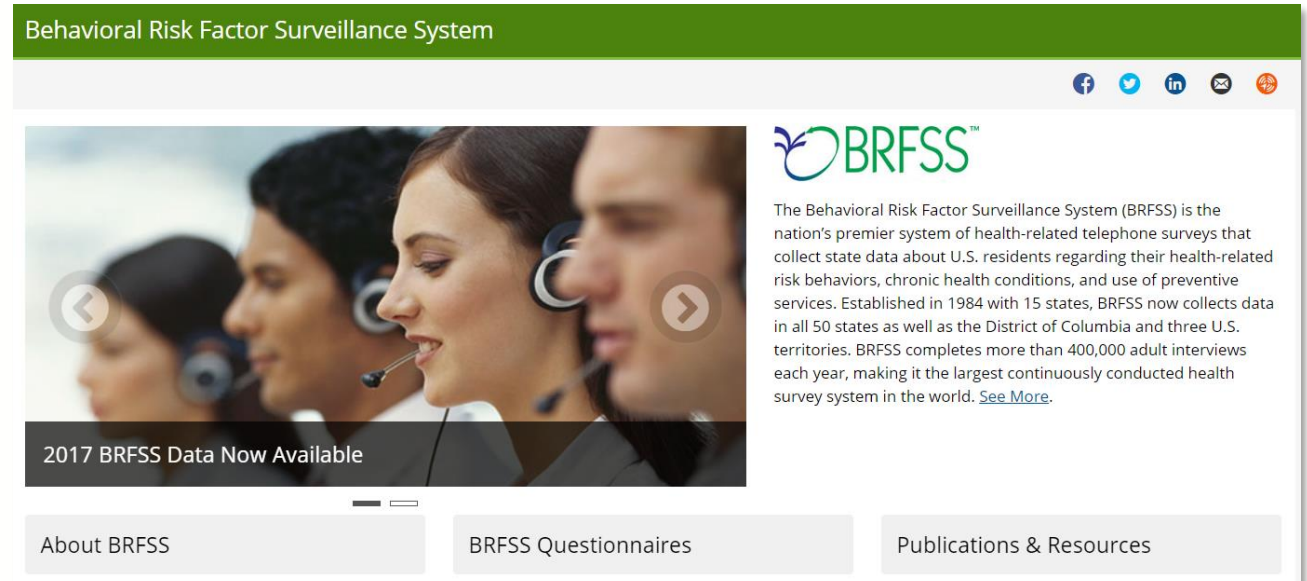
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› cdc.gov/BRFSS

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- Custom tabulations
- Easy to use



Web Enabled Analysis Tool (WEAT)

The Web Enables Analysis Tool (WEAT) permits users to create custom crosstabulation tables for health indicators within selected states. Up to two control variables may be included to create crosstab tables within each category of control variables. WEAT also may be used to create logistic equations using BRFSS data. Users are prompted to make selections of year, state and variables to be included in the analyses.

<https://nccd.cdc.gov/weat/#/analysis>

Cross-tabulation note

- Enables an examination of the relationship between multiple variables
 - Examples:
 - General health states across age groups
 - Mammography use across ethnic/racial groups
 - Current smoking status across sex groups
- Control variable - can restrict analysis to a specific subpopulation
 - Examples:
 - Cancer survivors
 - Current smokers



2017 BRFSS Data Now Available



The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world. [See More](#).

About BRFSS

BRFSS Questionnaires

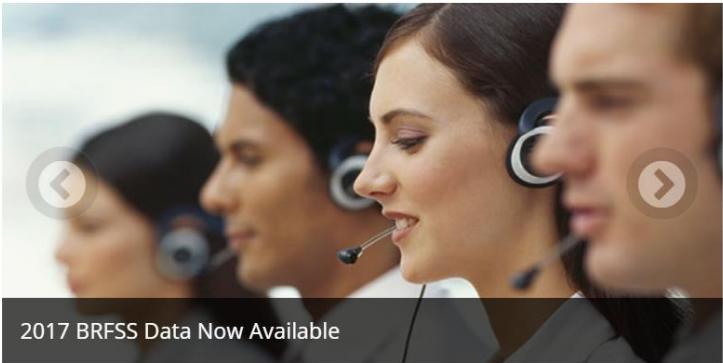
Publications & Resources

Prevalence Data & Data Analysis Tools

Survey Data & Documentation

BRFSS Fact Sheets

cdc.gov/BRFSS



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- About BRFSS
- Prevalence Data & Data Analysis Tools

cdc.gov/BRFSS

- BRFSS
- About BRFSS
- Archived
- Prevalence Data and Data Analysis Tools
- Survey Data and Documentation
- GIS Maps Data
- SMART: City and County Survey Data
- Statistical Briefs
- Questionnaires
- Publications and Resources
- State Information
- Fact Sheets
- Get Email Updates

Prevalence Data & Data Analysis Tools



Find city and county data collected through the Selected Metropolitan/Micropolitan Area Risk Trends (SMART) project, the Web Enabled Analysis Tool (WEAT), interactive maps, and other resources provided through BRFSS.

Prevalence and Trends Data

Using the Prevalence and Trends Data Tools, users may produce charts for individual states or the nation by health topic. Users may select specific years or request multiple year data. The Prevalence and Trend Data Tools will produce line graphs for multiple years and bar charts for single years for each selected indicator.

Web Enabled Analysis Tool (WEAT)

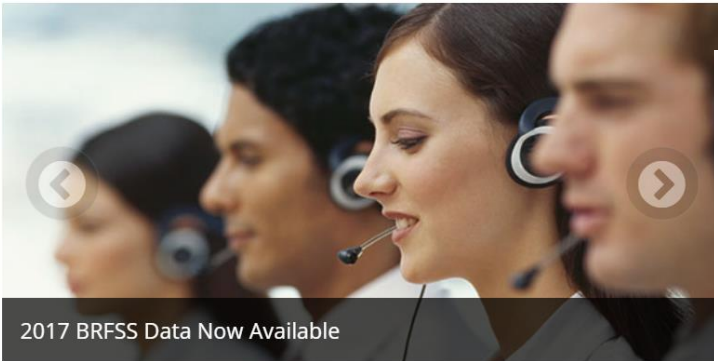
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SMART: City and County Data

Selected Metropolitan/Micropolitan Area Risk Trends (SMART) is an ongoing project that uses BRFSS data to produce some local area estimates. Counties and Metropolitan/Micropolitan Areas (MMSAs) were selected for SMART if there were 500 or more respondents BRFSS combined landline and cell phone data for any year.

Chronic Disease Indicators (CDI)

The Chronic Disease Indicators Tool allows users to select two or more geographic areas such as states, Metropolitan/Micropolitan Areas (MMSAs), or regions within states. The tool then creates a table illustrating differences on user selected health indicators by geographic area. Chronic



BRFSS Web Enabled Analysis Tool

[CDC](#) > [BRFSS](#) > [WEAT](#)

BRFSS WEAT

Analysis -

Cross Tabulation

Logistic Regression

Help +

Related Information +

The BRFSS is the world's largest telephone health survey system, tracking health risks in the United States. Information from the survey is used to improve the health of US residents. The BRFSS Web Enabled Analysis Tool (WEAT) allows users to conduct real-time state-level data analysis.

- About BRFSS
- Prevalence Data & Data Analysis Tools

cdc.gov/BRFSS

- BRFSS Questionnaires
 - BRFSS
 - About BRFSS +
 - Archived
 - Prevalence Data and Data Analysis Tools
 - Survey Data and Documentation +
 - GIS Maps Data +
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BRFSS Analysis

Cross Tabulation

A cross tabulation, or "crosstab," produces frequencies or percentages for one or more variables, in one or more tables. For example, one can use the cross-tabulation procedure in the BRFSS to generate a table showing numbers and percentages of respondents with diabetes by age group. A general formula for cross tabulation can be depicted as A x B, where A is the dependent variable or outcome (e.g., diabetes) and B is the independent or exposure variable (e.g., age). For our purposes, "crosstab" includes frequencies or percentages for a single variable.

Logistic Regression

Logistic regression is a calculation of the contribution of one or more predictors on a particular outcome, such as "Risk factor:At risk for binge drinking." The results provide a predictive model and can be converted to log odds. The basic logistic formula using one predictor is depicted in the form $Y = \exp(a + B1X1) / 1 + \exp(a + B1X1)$.

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more respondents BRFSS combined landline and cell phone data for any year.

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BRFSS Web Enabled Analysis Tool

[CDC](#) > [BRFSS](#) > [WEAT](#) > [Cross Tabulation Years](#)

BRFSS WEAT

Analysis

Cross Tabulation

Logistic Regression

Help

Related Information

Cross Tabulation

Select Year

☒ Single Year

2017

☐ Combine Years

Select Methodology

☐ Compare Years

Select Methodology

Help with this step...

You have chosen to analyze a single year of data.

Click "Next" to choose one or more locations.

Back

Next

My Analysis

| | |
|--------------------------|---------------|
| Year(s) | 2017 (single) |
| Location(s) | |
| Row Variable | |
| Column Variable | |
| Control Variable(s) | |
| Number Of Source Records | 450016 |
| Estimated Execution Time | 18 Seconds |

BRFSS Web Enabled Analysis Tool

[CDC](#) > [BRFSS](#) > [WEAT](#) > [Cross Tabulation Years](#) > [Location](#)

BRFSS WEAT

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Cross Tabulation

Select Location

☒ Single Location

☐ Combine Locations

☐ Compare Locations

Texas

Back

Next

Help with this step...

You have chosen to analyze data from a single location.

Click "Next" to choose a row variable or click "Back" to change your year selection.

My Analysis

[Reset](#)

| | |
|--------------------------|----------------|
| Year(s) | 2017 (single) |
| Location(s) | Texas (single) |
| Row Variable | |
| Column Variable | |
| Control Variable(s) | |
| Number Of Source Records | 12255 |
| Estimated Execution Time | 2 Seconds |

BRFSS Web Enabled Analysis Tool

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BRFSS WEAT

Analysis -

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Cross Tabulation

Select Row Variable (Required)

☒ Variable

Topic

Search All

Search All

Adults
Are you
Blind or
Blood
(CHO)
Calcul
Calcul
Calcul
Calcul
Alcohol Consumption
Arthritis Burden
Cholesterol Awareness
Chronic Health Conditions
Demographic Information
Disability
E-Cigarettes
Exercise
Fruits/Vegetables
Health Care Access
Health Status
Healthy Days
HIV/AIDS
Hypertension Awareness
Immunization
Physical Activity
Seatbelt Use
Tobacco Use
Veteran Status

Search All

oster vaccine (SHINGLE2) (Immunization)
status)
n when wearing glasses (BLIND) (Disability)
ed in the blood, how long has it been since you last had your blood cholesterol checked?
y that adults had alcohol (DROCDY3_ categorical) (Alcohol Consumption)
ental health status (_MENT14D) (Healthy Days)
ysical health status (_PHYS14D) (Healthy Days)
al/mental health kept you from doing usual activities (POOR14D) (Healthy Days)

Back

Next

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click "Back" to

My Analysis

[Reset](#)

| | |
|--------------------------|----------------|
| Year(s) | 2017 (single) |
| Location(s) | Texas (single) |
| Row Variable | |
| Column Variable | |
| Control Variable(s) | |
| Number Of Source Records | 12255 |
| Estimated Execution Time | 2 Seconds |

About CDC

[Employment](#)

Legal

[Link to](#)

at CDC

s for Disease Control and Prevention



BRFSS Web Enabled Analysis Tool

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BRFSS WEAT

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Cross Tabulation

Select Row Variable (Required)

☒ Variable

Topic Tobacco Use ▼

Calculated variable for adults who are current smokers (_RFSMOK3)

Smoker status (daily,some days,former,never)

Quit smoking for 1 day or more in past 12 months (STOPSMK2)

Back

Next

Help with this step...

You have selected a variable for the row. This means that each level of this variable will be displayed as a separate row in the output cross tabulation.

Click "Next" to select your column variable or click "Back" to change your location selection.

My Analysis

[Reset](#)

| | |
|--------------------------|--|
| Year(s) | 2017 (single) |
| Location(s) | Texas (single) |
| Row Variable | Tobacco Use: Calculated variable for adults who are current smokers (_RFSMOK3) |
| Column Variable | |
| Control Variable(s) | |
| Number Of Source Records | 12255 |
| Estimated Execution Time | 3 Seconds |

About CDC

• Employment

Veteran status

Age

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BRFSS Web Enabled Analysis Tool

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BRFSS WEAT

Analysis -

Cross Tabulation

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Help +

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Cross Tabulation

Select a Column Variable (Optional)

☒ Include a Column Variable

☐ Variable

Topic Chronic Health Conditions ▼

Calculated variable for adults who have been told they currently have asthma (_CASTHM1)
Ever told you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis (CHCCOPD1)
Ever told you have kidney disease, do NOT include kidney stones, bladder infection or incontinence (CHKIDNY)
Ever told you had any other types of cancer excluding skin cancer (CHCOCNCR)
Ever told you had skin cancer (CHCSCNCR)
Ever told you had angina or coronary heart disease (CVDCRHD4)
Ever told you had a heart attack, also called a myocardial infarction (CVDINFR4)
Ever told you had a stroke (CVDSTRK3)
Ever told you have diabetes (DIABETE3)

Back

Next

Help with this step...

You have selected a variable for the column. Each level of your selected variable will be displayed as a separate column in the output cross tabulation.

Click "Next" to select your optional control variables or click "Back" to change your row variable selection.

My Analysis

[Reset](#)

| | |
|--------------------------|---|
| Year(s) | 2017 (single) |
| Location(s) | Texas (single) |
| Row Variable | Tobacco Use: Calculated variable for adults who are current smokers (_RFSMOK3) |
| Column Variable | Chronic Health Conditions: Ever told you had any other types of cancer excluding skin cancer (CHCOCNCR) |
| Control Variable(s) | |
| Number Of Source Records | 12255 |

BRFSS Web Enabled Analysis Tool

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BRFSS WEAT

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Select Control Variables (Optional)

☐ Include a Control Variable

☒ Variable

Topic

☐ Include an Additional Control Variable

☒ Variable

Topic

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BRFSS Web Enabled Analysis Tool

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BRFSS WEAT

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Cross Tabulation

Calculated Statistics

Sample Size
Chi Square / Degrees of Freedom /p-value
Row Percentage
Column Percentage
Total Percentage

Select Additional Statistics

- ☐ Standard Error
☒ 95% Confidence Interval

Other

- ☒ Include Weighted N
☐ Include Non Response Categories

Back



Run Report

Behavioral Risk Factor Surveillance System Cross Tabulation, Texas, 2017 of Tobacco Use by Chronic Health Conditions

| | |
|--------------------|---------------------------|
| Sample Size | |
| Row % | (95% Confidence Interval) |
| Column % | (95% Confidence Interval) |
| Total % (Weighted) | (95% Confidence Interval) |
| Weighted N | (95% Confidence Interval) |

Ever told you had any other types of cancer excluding skin cancer (CHCOCNCR)

Yes No Total

Calculated variable for adults who are current smokers (_RFSMOK3)

| | | | | | | |
|-------------------------------|------------|-----------|--------------------|------------|-----------------------|----------------------------------|
| Former smoker or never smoked | n | 1,018 | | 9,162 | | 10,180 |
| | Row% | 5.6% | (4.7 - 6.4) | 94.4% | (93.6 - 95.3) | 100.0% (100.0 - 100.0) |
| | Col% | 85.5% | (80.1 - 90.8) | 84.2% | (82.7 - 85.7) | 84.3% (82.8 - 85.7) |
| | % | 4.7% | (4.0 - 5.4) | 79.6% | (78.0 - 81.1) | 84.3% (82.8 - 85.7) |
| | Weighted N | 937,373 | (792546 - 1082199) | 15,885,706 | (15431845 - 16339568) | 16,823,079 (16375533 - 17270625) |
| Current smoker | n | 123 | | 1,371 | | 1,494 |
| | Row% | 5.1% | (3.1 - 7.1) | 94.9% | (92.9 - 96.9) | 100.0% (100.0 - 100.0) |
| | Col% | 14.5% | (9.2 - 19.9) | 15.8% | (14.3 - 17.3) | 15.7% (14.3 - 17.2) |
| | % | 0.8% | (0.5 - 1.1) | 14.9% | (13.5 - 16.3) | 15.7% (14.3 - 17.2) |
| | Weighted N | 159,264 | (95416 - 223112) | 2,977,914 | (2682569 - 3273259) | 3,137,178 (2836590 - 3437767) |
| Total | n | 1,141 | | 10,533 | | 11,674 |
| | Row% | 5.5% | (4.7 - 6.3) | 94.5% | (93.7 - 95.3) | |
| | Col% | 100.0% | (100.0 - 100.0) | 100.0% | (100.0 - 100.0) | |
| | % | 5.5% | (4.7 - 6.3) | 94.5% | (93.7 - 95.3) | |
| | Weighted N | 1,096,637 | (939519 - 1253754) | 18,863,621 | (18426543 - 19300698) | 19,960,257 |

| | | |
|-----------------------|--------------------|---------|
| Wald Chi-Square Value | Degrees of Freedom | p-value |
| 0.20 | 1 | 0.6567 |

Alternatively, using control variable

My Analysis

| | |
|---------------------|---|
| Table Type | Cross Tabulation Table |
| Year(s) | 2017 (single) |
| Location(s) | Texas (single) |
| Row Variable | Tobacco Use: Calculated variable for adults who are current smokers (_RFSMOK3) |
| Column Variable | Demographic Information: Reported age (18-24,25-44,45-64,65+) |
| Control Variable(s) | Chronic Health Conditions: Ever told you had any other types of cancer excluding skin cancer (CHCOCNCR) |

Controlling for Ever told you had any other types of cancer excluding skin cancer (CHCOCNCR) = Yes

| | | Reported age (18-24,25-44,45-64,65+) | | | | | | | | | |
|--|------------|--------------------------------------|--|--------------------------|--|---------------------------|--|---------------------------|--|----------------------------|--|
| | | Age 18 to 24 | | Age 25 to 44 | | Age 45 to 64 | | Age 65 or older | | Total | |
| Calculated variable for adults who are current smokers (_RFSMOK3) | | | | | | | | | | | |
| Former smoker or never smoked | n | 6 | | 40 | | 247 | | 725 | | 1,018 | |
| | Row% | 1.6% (0.0 - 3.3) | | 11.4% (4.8 - 18.1) | | 32.3% (25.0 - 39.5) | | 54.7% (46.7 - 62.6) | | 100.0% (100.0 - 100.0) | |
| | Col% | * | | 72.3% (52.5 - 92.1) | | 81.1% (70.6 - 91.7) | | 91.9% (86.2 - 97.6) | | 85.5% (80.1 - 90.8) | |
| | % | 1.4% (0.0 - 2.8) | | 9.8% (4.0 - 15.6) | | 27.6% (21.2 - 34.0) | | 46.7% (39.4 - 54.0) | | 85.5% (80.1 - 90.8) | |
| | Weighted N | 15,309 (0 - 31121) | | 107,193 (38876 - 175509) | | 302,513 (222267 - 382760) | | 512,358 (411258 - 613457) | | 937,373 (792546 - 1082199) | |
| Current smoker | n | 2 | | 15 | | 53 | | 53 | | 123 | |
| | Row% | 1.7% (0.0 - 4.4) | | 25.8% (8.8 - 42.9) | | 44.2% (24.0 - 64.3) | | 28.3% (10.4 - 46.2) | | 100.0% (100.0 - 100.0) | |
| | Col% | * | | 27.7% (7.9 - 47.5) | | 18.9% (8.3 - 29.4) | | 8.1% (2.4 - 13.8) | | 14.5% (9.2 - 19.9) | |
| | % | 0.3% (0.0 - 0.6) | | 3.8% (1.0 - 6.5) | | 6.4% (2.5 - 10.3) | | 4.1% (1.1 - 7.1) | | 14.5% (9.2 - 19.9) | |
| | Weighted N | 2,748 (0 - 6989) | | 41,157 (10262 - 72052) | | 70,347 (25615 - 115079) | | 45,012 (11643 - 78381) | | 159,264 (95416 - 223112) | |
| Total | n | 8 | | 55 | | 300 | | 778 | | 1,141 | |
| | Row% | 1.6% (0.2 - 3.1) | | 13.5% (7.4 - 19.7) | | 34.0% (27.1 - 40.9) | | 50.8% (43.5 - 58.2) | | | |
| | Col% | 100.0% (100.0 - 100.0) | | 100.0% (100.0 - 100.0) | | 100.0% (100.0 - 100.0) | | 100.0% (100.0 - 100.0) | | | |
| | % | 1.6% (0.2 - 3.1) | | 13.5% (7.4 - 19.7) | | 34.0% (27.1 - 40.9) | | 50.8% (43.5 - 58.2) | | | |
| | Weighted N | 18,057 (1687 - 34427) | | 148,350 (73557 - 223143) | | 372,860 (281334 - 464387) | | 557,369 (451176 - 663562) | | 1,096,637 | |
| | | | | | | | | | | | |
| | | Wald Chi-Square Value | | Degrees of Freedom | | p-value | | | | | |
| | | 6.03 | | 3 | | 0.1099 | | | | | |
| * Estimate suppressed. Estimates are suppressed when the denominator sample size is less than 50 | | | | | | | | | | | |

Impact of Continued Smoking

Evidence of harm

2014 SG Report¹

- Current smoking increased overall mortality by a median of 51% and cancer-related mortality by a median of 61%
 - The risk of dying could be lowered by 30-40% by quitting smoking at the time of diagnosis
 - For some cancers, the benefit of smoking cessation may be equal to, or even exceed, the value of state-of-the-art cancer therapies

This is a common theme across cancers

Evidence of harm

2014 SG Report¹

- Evidence is sufficient to infer a causal relationship: cigarette smoking and adverse outcomes, including increased all-cause mortality, cancer-specific mortality, and risk for second primary cancers
- Evidence is suggestive, but not sufficient, to infer a causal relationship: smoking and cancer recurrence, poorer response to treatment, and increased treatment-related toxicities

| Table 1.1 | Four-level hierarchy for classifying the strength of causal inferences from available evidence |
|-----------|--|
| Level 1 | Evidence is sufficient to infer a causal relationship |
| Level 2 | Evidence is suggestive but not sufficient to infer a causal relationship |
| Level 3 | Evidence is inadequate to infer the presence or absence of a causal relationship (which encompasses evidence that is sparse, of poor quality, or conflicting) |
| Level 4 | Evidence is suggestive of no causal relationship |

Benefits of Cessation

Within minutes of smoking your last cigarette, everyone can enjoy important health benefits...

**20 minutes
after
quitting**



Your heart rate and blood pressure drop.

**12 hours
after
quitting**



The carbon monoxide level in your blood drops to normal.

**2 weeks to 3
months
after
quitting**



Your circulation improves and your lung function increases.

**1 to 9
months
after
quitting**



Coughing and shortness of breath decrease. Tiny hair-like structures that move mucus out of the lungs (called cilia) start to regain normal function in your lungs, increasing their ability to handle mucus, clean the lungs, and reduce the risk of infection.

**1 year after
quitting**



The excess risk of coronary heart disease is half that of someone who still smokes. Your heart attack risk drops dramatically.

**5 years
after
quitting**



Your risk of cancers of the mouth, throat, esophagus, and bladder is cut in half. Cervical cancer risk falls to that of a non-smoker. Your stroke risk can fall to that of a non-smoker after 2 to 5 years.

**10 years
after
quitting**



Your risk of dying from lung cancer is about half that of a person who is still smoking. Your risk of cancer of the larynx (voice box) and pancreas decreases.

**15 years
after
quitting**



Your risk of coronary heart disease is that of a non-smoker's.

Improved:

- ✓ Sense of smell
- ✓ Sense of taste
- ✓ Appetite

Lower risk of:

- ✓ Osteoporosis-related bone fractures
- ✓ Erectile dysfunction and infertility
- ✓ Premature aging of the skin
- ✓ Loss of teeth and gum disease

<https://www.cancer.org/healthy/stay-away-from-tobacco/benefits-of-quitting-smoking-over-time.html>

Resources to help

Guidelines

- At present there is no standard format to promote smoking cessation in cancer patients
 - Recommendations
 - [American Society of Clinical Oncology](#)
 - [American Association for Cancer Research](#)
 - [International Association for Study of Lung Cancer](#)
 - Assessments
 - [National Cancer Institute](#)
 - [National Comprehensive Cancer Network](#)
- Context of addressing tobacco use in cancer patients is different from the general population

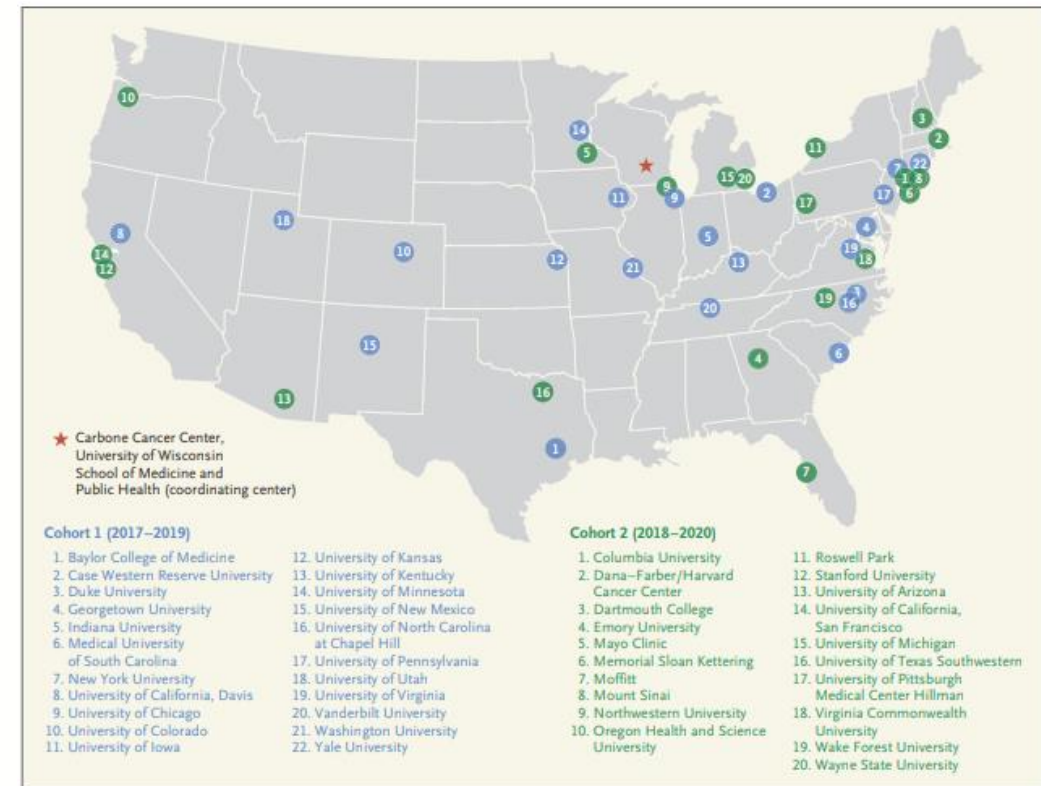
Resources – Cancer Center Cessation Initiative (C3I)

In 2017, NCI launched the Cancer Center Cessation Initiative, as part of the [NCI Cancer MoonshotSM program](https://cancercontrol.cancer.gov/brp/tcrb/cessation-initiative.html). The long-term goal of this Initiative is to help cancer centers build and implement sustainable tobacco cessation treatment programs to routinely address tobacco cessation with cancer patients.

<https://cancercontrol.cancer.gov/brp/tcrb/cessation-initiative.html>

Addressing a Core Gap in Cancer Care — The NCI Moonshot Program to Help Oncology Patients Stop Smoking

Robert T. Croyle, Ph.D., Glen D. Morgan, Ph.D., and Michael C. Fiore, M.D., M.P.H., M.B.A.



NCI-Designated Cancer Centers Selected as Part of the Cancer Center Cessation Initiative (C3I).

Insurance Coverage* – Tobacco Cessation

| INSURANCE STATUS | COVERAGE INFORMATION |
|-------------------|--|
| MEDICARE | <ul style="list-style-type: none">• Evidence-based tobacco cessation counseling is covered• Part D covers FDA-approved cessation drug therapies; over-the-counter therapies are typically excluded |
| MEDICAID | <ul style="list-style-type: none">• Comprehensive cessation benefits are covered for pregnant women with no cost sharing• As of January 1, 2014, all state Medicaid programs will be required to support all FDA-approved tobacco cessation medications without requiring co-pays |
| PRIVATE INSURANCE | <ul style="list-style-type: none">• Patient Protection and Affordable Care Act (ACA or health reform bill) requires all insurance plans to provide evidence-based tobacco cessation interventions• Providers should check with individual insurance plans for coverage specifics |
| NO INSURANCE | <p>Options could include:</p> <ul style="list-style-type: none">• Quitlines (1-800-QUITNOW)• Online cessation resources• Flexible spending account• Employee assistance programs• Community resources• Out-of-pocket spending |

* Coverage varies by insurer and state

Resources – Tobacco Activities

<https://www.cdc.gov/statesystem/>



State Highlights



Use the State Highlights report to see a variety of data from across the system for a single selected state. View highlights in the System or export to PDF.

Custom Reports

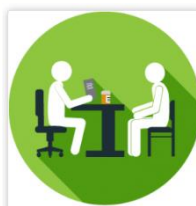


Use Custom Reports to build your own report by selecting the topics, states, and years of data.

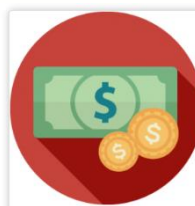
Interactive Maps



Use Interactive Maps to access key data from across the System in a US map and data table.



Cessation Coverage



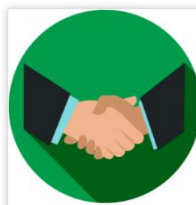
Funding



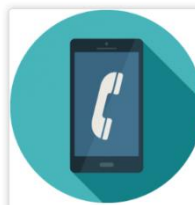
Health Consequences and Costs



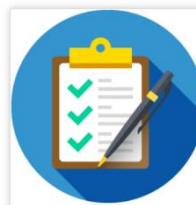
Legislation



Policy



Quitline



Smokefree Rules/Policies



Survey Data

Location
Texas View Report



Health Consequences and Costs

Tobacco Use - Adult

Tobacco Use - Youth

Smokefree Rules/Policies

Legislation

Cessation Coverage

Funding

Quitline

Cessation Coverage - Medicaid Coverage of Cessation Treatments

Texas2019-Q2Other additional data

Medicaid Coverage of Cessation Treatments

2019-Q2

Comprehensive Medicaid Coverage of Treatments

SummaryNo

Individual Counseling†

Fee-For-ServicePregnant Women

Managed Care PlansVaries by Plan

SummaryVaries

Group Counseling†

Fee-For-ServiceNo

Managed Care PlansVaries by Plan

SummaryVaries

Nicotine Patch

Fee-For-ServiceYes

Managed Care PlansYes

SummaryYes

Cessation Coverage - Medicaid Barriers to Treatments

Texas2019-Q2Other additional data

Medicaid Barriers to Treatments

2019-Q2

Barriers to Treatments

SummaryYes

Co-Payments Required

Fee-For-ServiceNo

Managed Care PlansNo

SummaryNo

Counseling Required for Medications

Fee-For-ServiceNo

Managed Care PlansNo

SummaryNo

Stepped Care Therapy Required

Fee-For-ServiceYes

Managed Care PlansYes

SummaryYes

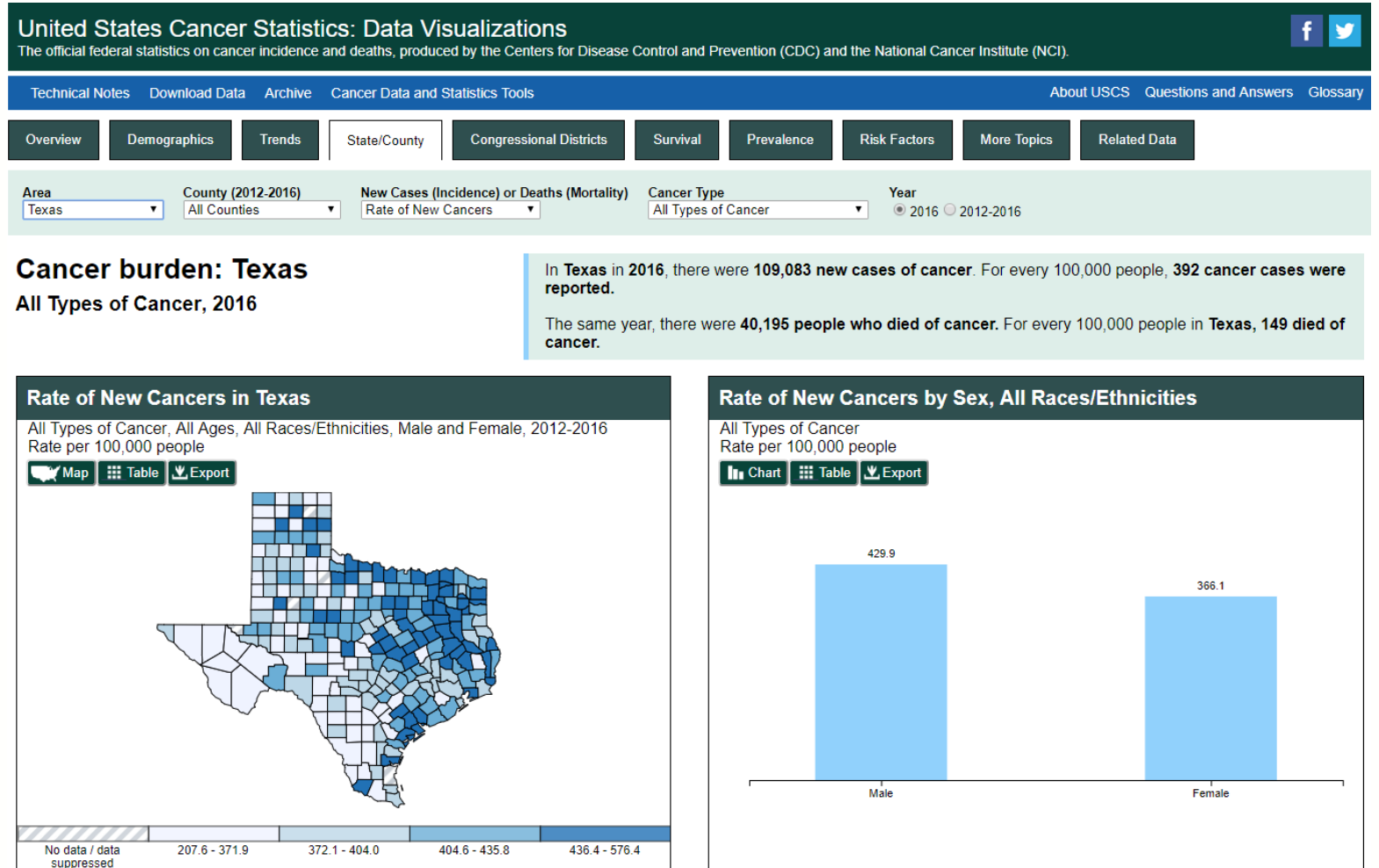
Also see: [Best Practices for Comprehensive Tobacco Control Program Programs, 2014](#)

Resources – Cancer Statistics



Data Visualizations Tool

<https://gis.cdc.gov/Cancer/USCS/DataViz.html>



Surgeon General Report, Tobacco Cessation, 2019

Coming soon! November 2019?

Tobacco Reports And Publications

In 1964, a landmark Surgeon General report was released warning of the health hazards of smoking. Since then, the rate of tobacco use in the United States has significantly decreased but there is still work to do. [Preventing tobacco use remains a high priority](#) of the Office of the Surgeon General because, even with that decrease, it continues to be the leading cause of preventable death in the United States. Today, we know that there is no safe level of exposure to tobacco smoke. We know that the very design of tobacco products, especially e-cigarettes, makes them more attractive and addictive than ever. And we know, without a doubt, that quitting smoking saves lives.

Learn what the Surgeon General has been doing to eradicate the scourge of tobacco. Explore the wide range of publications below on how we can protect all Americans from the dangers of tobacco and nicotine and prevent our youth from starting to use tobacco in the first place.

| Title | Type | Date |
|-------|------|------|
|-------|------|------|

<https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/index.html>

References

1. U.S. Department of Health and Human Services Centers for Disease Control and Prevention: [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#). National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

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CDC Breast Cancer

Go to the official source of cancer prevention information: www.cdc.gov/cancer.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Division of Cancer Prevention and Control

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