TITLE: Smoking Cessation Interventions for Patients with Cancer: Clinical Evidence and Guidelines

DATE: 8 June 2011

RESEARCH QUESTION

1. What is the clinical evidence regarding the benefits or harms of pharmacotherapy for smoking cessation for patients undergoing cancer treatment?

2. What are the evidence-based guidelines regarding pharmacotherapy for smoking cessation for patients undergoing cancer treatment?

KEY MESSAGE

Evidence suggests that pharmacotherapy for smoking cessation can be clinically effective in cancer patients depending on the cessation duration.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library (May 2011), University of York Centre for Reviews and Dissemination (CRD, Medline, Cinahl, and an abbreviated list of Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between Jan 01 2006 and May 24 2011. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.
RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

Two randomized controlled trials and one evidence-based guideline were identified regarding pharmacotherapy for smoking cessation for patients undergoing cancer treatment. Additional studies of potential interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

One randomized controlled trial\(^1\) examined the effectiveness of bupropion on smoking cessation, withdrawal, and quality of life in cancer patients stratified by depressive symptoms. Although there was no main difference on abstinence for bupropion compared to placebo, in patients with more depressive symptoms, bupropion increased abstinence rates compared to placebo. Quality of life and withdrawal symptoms were also improved in patients with depressive symptoms taking bupropion compared to placebo.

One randomized controlled trial\(^2\) examined the effectiveness of a brief smoking cessation intervention comprised of motivational interviewing and nicotine replacement therapy on postoperative outcomes in breast cancer patients undergoing surgery. The authors found that a brief smoking cessation intervention did not reduce the postoperative complication rate compared to the control group.

One guideline\(^3\) discusses the time of diagnosis as an opportune moment for clinicians to introduce smoking cessation interventions for cancer patients. Additional articles pertaining to smoking cessation after cancer diagnosis have been included in the appendix as the smoking cessation intervention used was not specified in the abstract.
REFERENCES SUMMARIZED

Health technology assessments
No literature identified.

Systematic reviews and meta-analyses
No literature identified.

Randomized controlled trials


Non-randomized studies
No literature identified.

Guidelines and recommendations

See: Page 152 Medical Comorbid Conditions, Including Cancer, Cardiac Disease, COPD, Diabetes, and Asthma

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APPENDIX – FURTHER INFORMATION:

Systematic reviews

Smoking cessation intervention not specified

PubMed: PM20093278

Non-randomized studies - smoking cessation intervention not specified

PubMed: PM20399030

PubMed: PM19497635

PubMed: PM20541274

PubMed: PM19019489

PubMed: PM19569250


PubMed: PM17419696


Review articles


Additional References
