

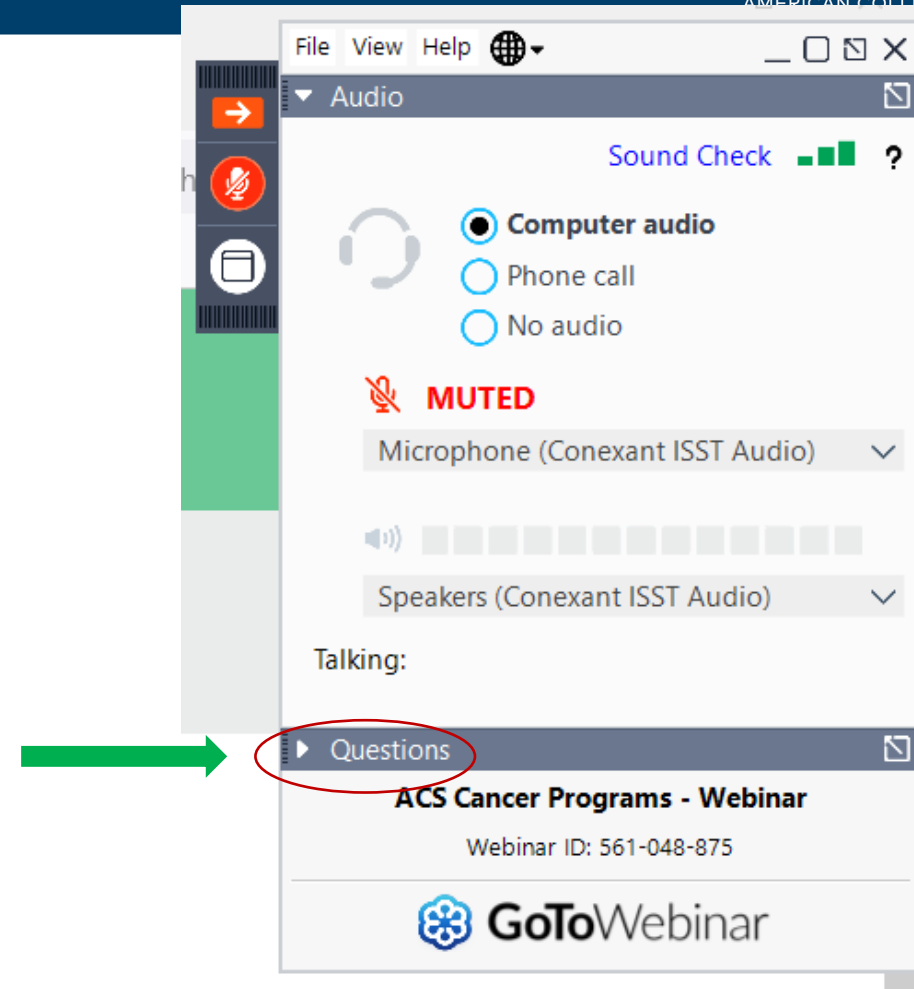
Beyond ASK: Towards Advising and Assisting Newly Diagnosed Cancer Patients on Smoking Cessation

Informational Webinar

January 20, 2023

Logistics

- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website
- Please complete the post-webinar evaluation you will receive via email

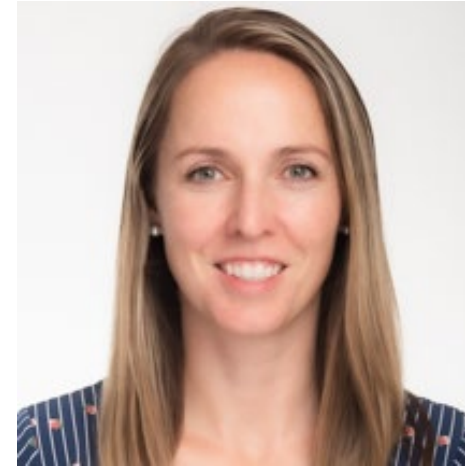


Introducing our Panelists



Timothy Mullett, MD, MBA, FACS

Thoracic Surgery, University of Kentucky
Markey Cancer Center, Kentucky
Chair, Commission on Cancer
Kentucky



Eileen Reilly, MSW

Manager, Quality Improvement
American College of Surgeons Cancer Programs

- Welcome
- Beyond ASK
 - Building upon Just ASK
 - Why Assisting Matters
- Beyond ASK At a Glance
- Important dates
- Q & A

- Access to asynchronous learning materials, toolkits, didactic webinars, and one on one coaching and technical assistance, as needed.
- Data reports to benchmark program progress against aggregate project benchmark
- Collaborate and network with peer programs and national leaders Earn credit for CoC standards 7.3 OR NAPBC standards 6.1 (1 of 2 required projects)
- Opportunity to showcase innovations and learnings at future ACS conferences

The Impact of Just ASK

Just ASK-

How many more patients were asked about smoking in the cancer care setting because of this effort?

We don't know....yet.

BUT

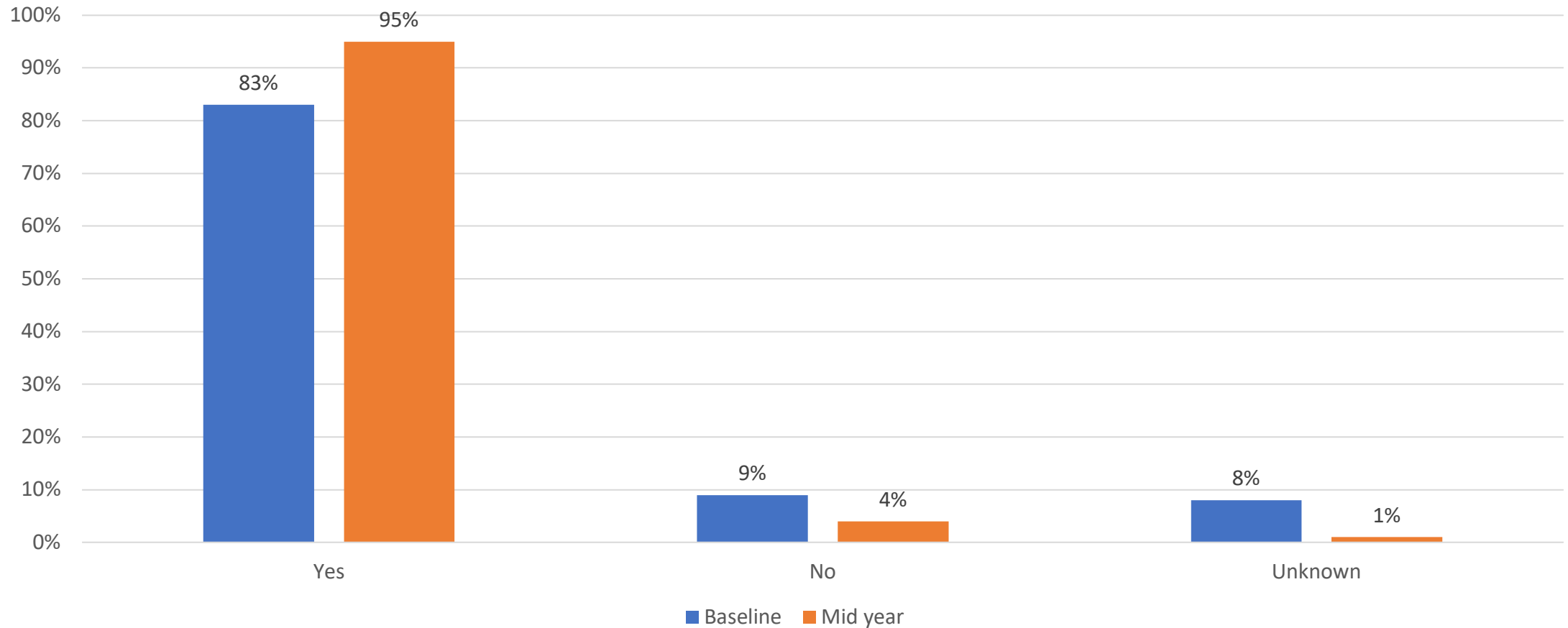
776 Accredited Programs Enrolled

2,000 PDSA Projects Initiated

Over **700,000** patients potentially impacted

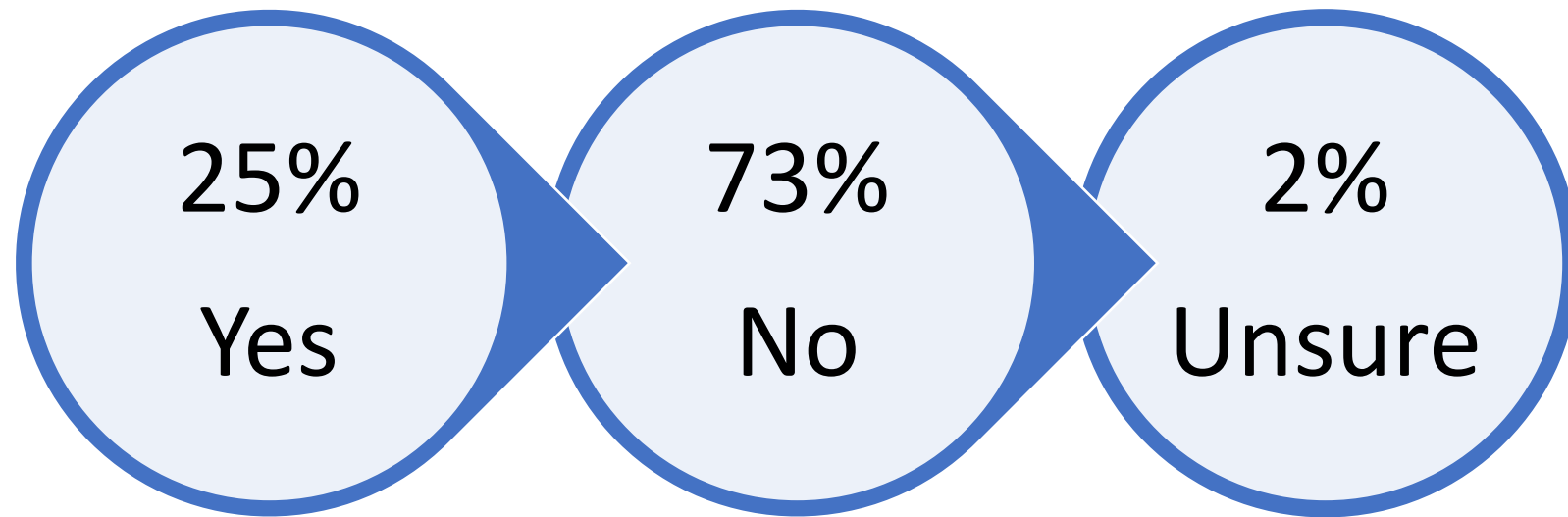
Do you have a system in place for ASKing?

Baseline= 776; midyear=730



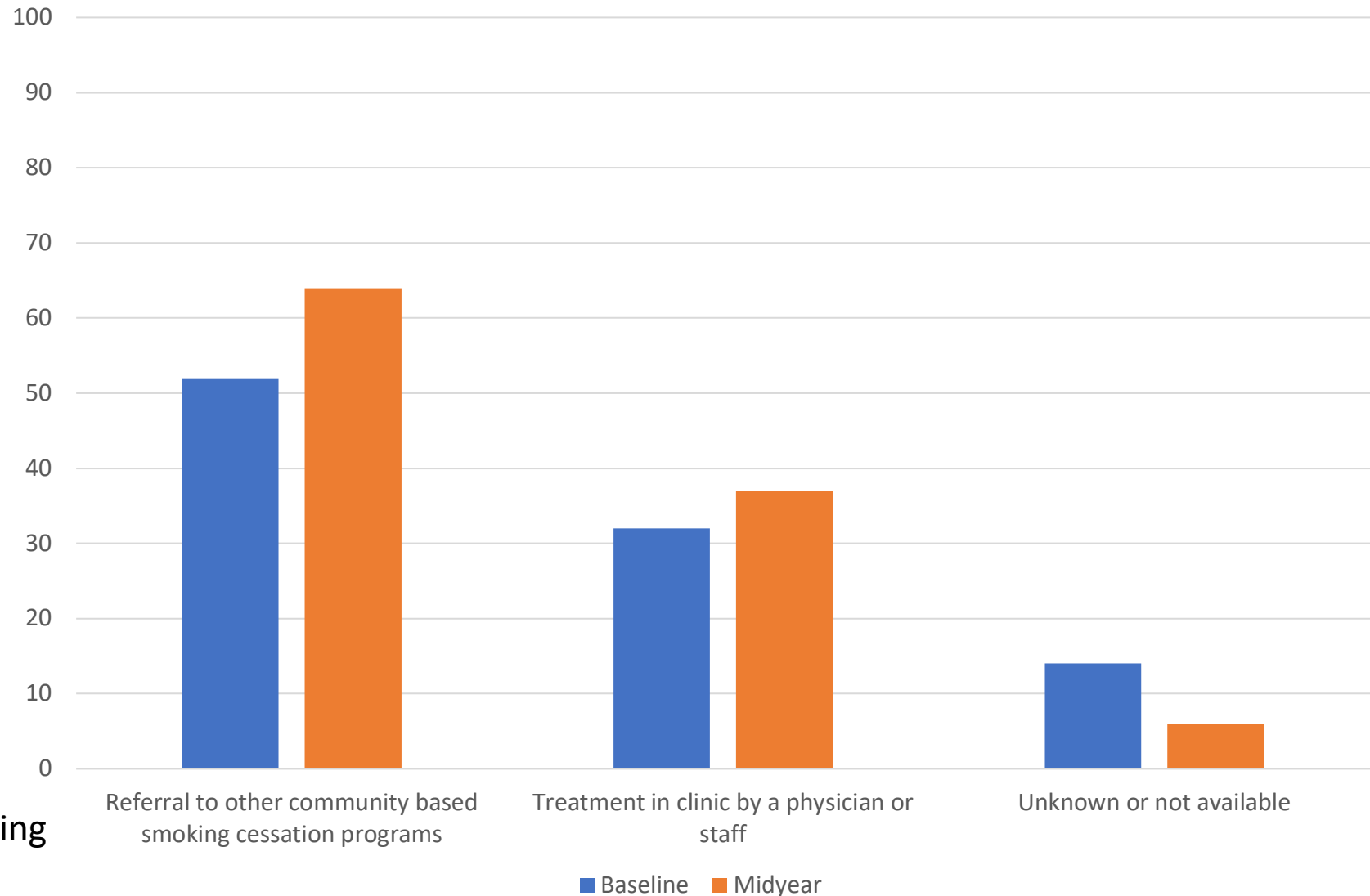
*Final Survey results pending

Do you have a smoking cessation specialist or counselor embedded in your cancer setting?



*As of September 2022

What smoking cessation resources are currently available?



*Final Survey results pending

Beyond ASK: The Impact of Assisting

ASK

- Ask all new patients about smoking
- Identify current smoking



ADVISE

- Continued smoking negatively affects cancer treatment
- Smoking cessation can improve survival



ASSIST, REFER, or CONNECT

- Clinicians can assist patients with quitting: counseling and medication
- Refer/Connect: institutional, community, or quitlines (1-800-QUIT-NOW)

WHY is this important

WHAT to do

**2014 SGR: >400 studies,
500K patients 1990-2012**

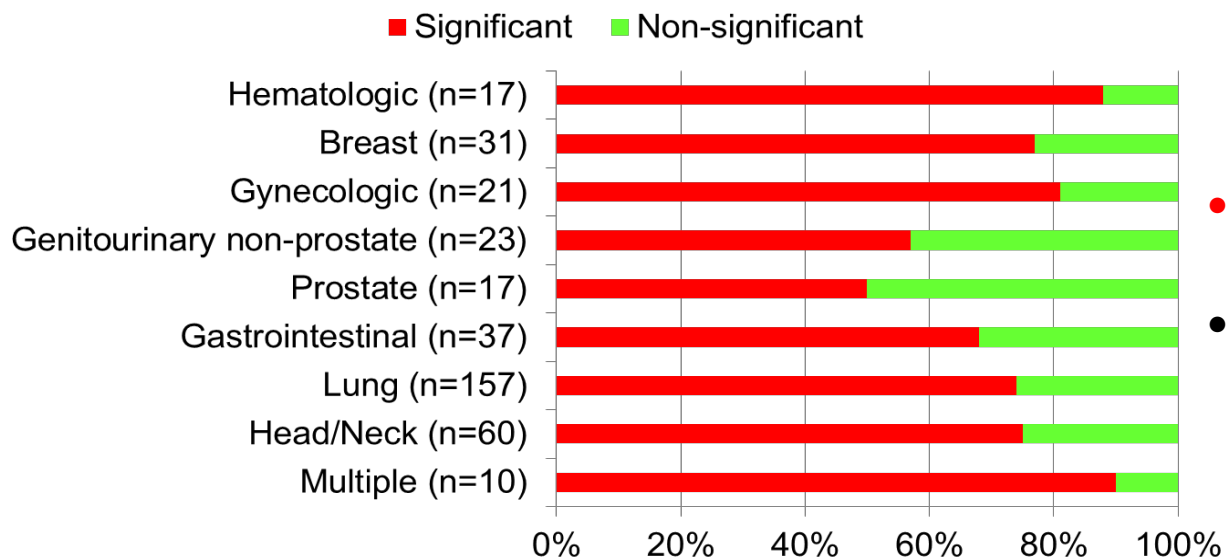
| Effect | Associations | Median RR |
|---------------------------------|--------------|--------------------------------------|
| Overall Mortality (159 studies) | 87% | Current: 1.51 Former: 1.22 |
| Cancer Mortality (58 studies) | 79% | Current: 1.61 Former: 1.03 |

Overall Mortality Among 129 studies, 2013-17

- Smoking at diagnosis with 61% increased risk
- Smoking at follow-up with 113% increased risk

Financial Effects of Smoking at Diagnosis

- Smoking after diagnosis adds ~\$3.4 billion in cancer treatment costs annually (2019 estimates)



Benefits of Smoking Cessation

- **Smoking cessation AFTER diagnosis associated with 45% median reduction in mortality**
- Smoking cessation AT ANY TIME reduces non-cancer mortality (heart disease, pulmonary disease, etc.)

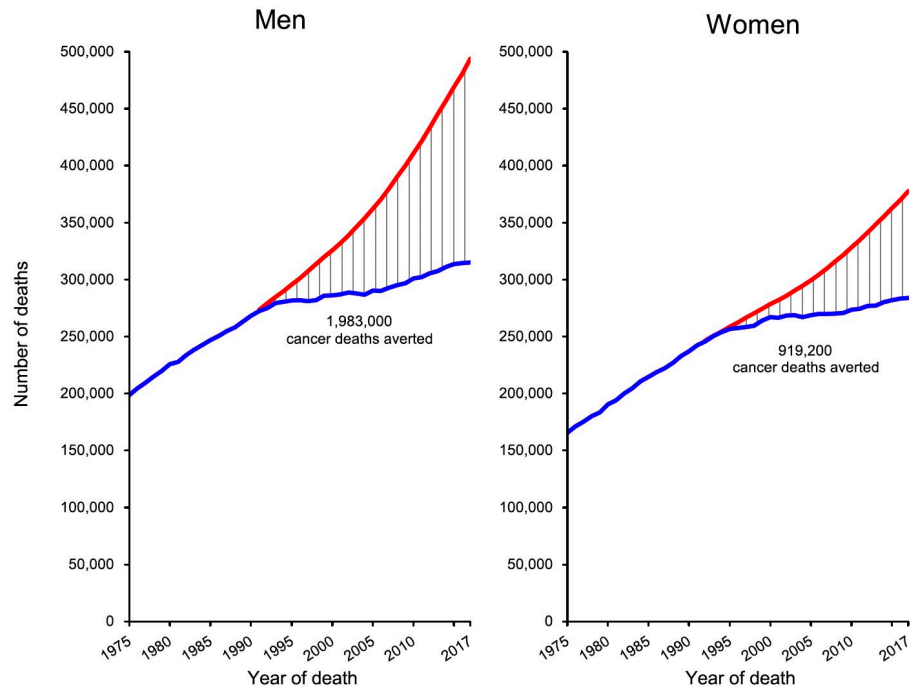


FIGURE 6. Total Number of Cancer Deaths Averted From 1991 to 2017 in Men and From 1992 to 2017 in Women, United States. The blue line represents the actual number of cancer deaths recorded in each year, and the red line represents the number of cancer deaths that would have been expected if cancer death rates had remained at their peak.

- Cancer patients 1991-2017
- 29% decline in cancer deaths
- 2.9 million lives saved

*Siegel et al. 2020 CA J Clin

Potential Magnitude:

- What if we eliminated the effects of smoking over the next 26 years?
- 1.8 million new cancer patients annually*
- ~600,000 cancer deaths annually*
 - Smoking: 50% higher mortality (2014 SGR)
 - ~72% survival for non-smoking (GW)
 - ~58% survival for smoking (GW)
- ~85,600 excess annual deaths due to continued smoking
- 2.2 million excess deaths that could be saved if we eliminated the effects of current smoking

- **Find an EFFECTIVE SOLUTION for your clinics**
 - Brief advice
 - Behavioral Counseling
 - Medications
 - Referral
 - On site tobacco treatment
 - Off site tobacco treatment
 - State Quitline
 - Patient education materials
 - EMR based resources (treatment, referral, education)

Project Details

What is the goal of this project?

By December 2023, programs will increase the number of patients who are offered quitting assistance by 20% over baseline or a > 90% overall increase.

Who can participate?

All accredited programs

What standards will you receive credit for?

CoC: 7.3

NAPBC: 6.1 (1 of 2 required studies)

How long is this project?

Year 1- Now thru December 15, 2023

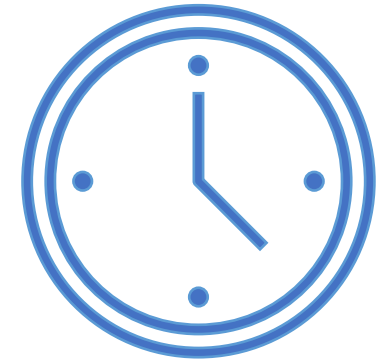
How much time is required? (for Year 1)

We approximate 10-12 hours of time per year will be spent on:

- 5 rounds of metric submission

- 1 pre and 1 post survey

- 4 webinars



This time does not include any team huddles/meetings or time spent on PDSA cycles or



Form a team

- Physician Champion
- Lead clinician
- Data analyst/data support
- QI coordinator
- Nurse navigator, social worker, or behavioral health clinician

Gain Support

- Gains support of cancer committee leaders
- Identify internal and external stakeholders who you will want to involve in this work, including IT for data support

Current state assessment

- Assess current strategies used to support cancer patients in smoking cessation
- Identify opportunities to enhance existing systems and workflows
- Evaluate internal and external referral strategies

Consider interventions

- Ready clinical providers and staff to be able to offer assistance through educational events, lunch and learns, and internal campaigns
- Develop relationships with local, state, and national referral providers

Run PDSA Cycles

- Test your interventions through iterative testing cycles
- View change package and pre-recorded webinars to help you decide where and how to start

All newly diagnosed patients with cancer (consistent with [STORE v22](#) definition, include those diagnosed elsewhere and being seen by your program for initial treatment)

1. Patients that have been asked about smoking
2. Patients that report they are smoking
3. Patients that were offered assistance
 - In office brief counseling
 - In office Behavioral counseling
 - “In house” referral to TTS (face to face, telephone, or online)
 - Community referral
 - Cessation medication prescription
 - Quitline
 - Referral to web-based treatment program (e.g. smokefreeTXT.gov)

Resources including case scenarios and a brief webinar will be provided to highlight data collection strategies

- REDCap is a web-based interface secure to the American College of Surgeons.
- You do not need to purchase software to enter data into REDCap
- A link will be sent to the primary contact's email at all data collection intervals

| Date | Event |
|--------------|----------------------------------|
| January 20 | Informational webinar at 12pm CT |
| February 16 | Pre-survey released |
| April 3 | Pre-survey due |
| May 19 | Webinar |
| June 15 | Data due |
| July 21 | Webinar or group call |
| August 15 | Data due |
| September 15 | Webinar or group call |
| October 15 | Data due |
| November 17 | Webinar |
| December 15 | Data due, post-survey |

No patient facing data will be collected

Data will only be collected in aggregate, whole numbers

Pre/post surveys collect data on current practices, perceived barriers and facilitators, and organizational readiness and are not provider/staff specific

ACS Cancer programs has submitted an IRB application for exempt/non-human subjects research status



Webinars and small group calls- an opportunity to connect with others



Technical Assistance from the project team



A change package with helpful implementation tools



February 16: Enrollment information/baseline survey released via the Cancer Programs newsletter



April 3: Pre-survey due and baseline data due

Q & A

Reach out to cancerqi@facs.org

ACS CANCER CONFERENCE

Where Cancer Care
Comes Together

MARCH 1-4, 2023 • ATLANTA, GA

March 1st

- NAPBC 2024 Standards, Optimal Resources for Breast Care

March 2nd -4th

- Learn Quality Improvement basics and how-to examples that apply to cancer programs to assist your colleagues with QI studies back home.
- Hear the success stories with implementing the operative standards and synoptic reporting that you can apply at your accredited program.
- Improve the quality of your cancer registry data with a deep dive into the basics of AJCC staging requirements and learn more about the newest AJCC protocols.

Offering more than 20 CME/CNE/CE credits (pending approval)

Additional conference information : <https://www.facs.org/quality-programs/cancer-programs/acs-cancer-conference-where-cancer-care-comes-together/>

Or search for Cancer Events and Education

Email us at: Cancerprogramsevents@facs.org

The only in-person
Cancer Programs
Conference in
2023!



CANCER PROGRAMS

ACS Cancer Conference: Where Cancer Care Comes Together

The conference focuses on the cancer team and goes beyond accreditation standards to include all entities within Cancer Programs.

Register today!