



INSTITUTE OF MEDICINE

OF THE NATIONAL ACADEMIES

National Cancer Policy Forum Workshop on

**Reducing Tobacco-Related
Cancer Incidence and Mortality**

JUNE 11&12, 2012

**Session 4:
Treatment for Cessation**

Session 4: Treatment for Cessation

**Cessation: Clinical Practice Guidelines
for Treating Tobacco Dependence**

Michael Fiore
University of Wisconsin

**Opportunities and Challenges
for Healthcare Providers in
Tobacco Dependence Treatment**

Linda Sarna
University of California
Los Angeles

**The Art of Treatment: Clinical
Applications and Challenges**

Richard Hurt
Mayo Clinic

**Lung Cancer Screening
and Cessation**

Jamie Ostroff
Memorial-Sloan Kettering

Clinical Practice Guidelines for Treating Tobacco Dependence

June 11, 2011

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UW-CTRI

Two Year Disclosure Statement

Nothing to report.

Clinical Practice Guidelines for Treating Tobacco Dependence

- Current Guideline Recommendations
- Evidence Base for Current Guidelines
- Expanding Treatment Options and Evidence

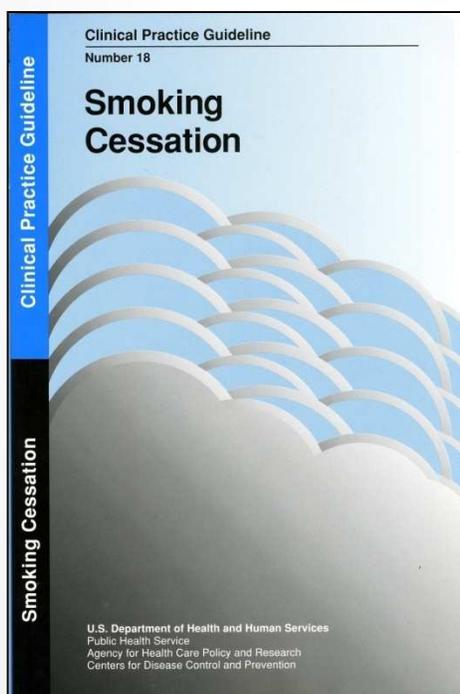
Treating Tobacco Use and Dependence: Why It is So Important

- About 80% see a clinician each year
- 70% of smokers report that they want to quit
- Only about 25% of those seeing a clinician leave that visit with evidence-based counseling and/or medication

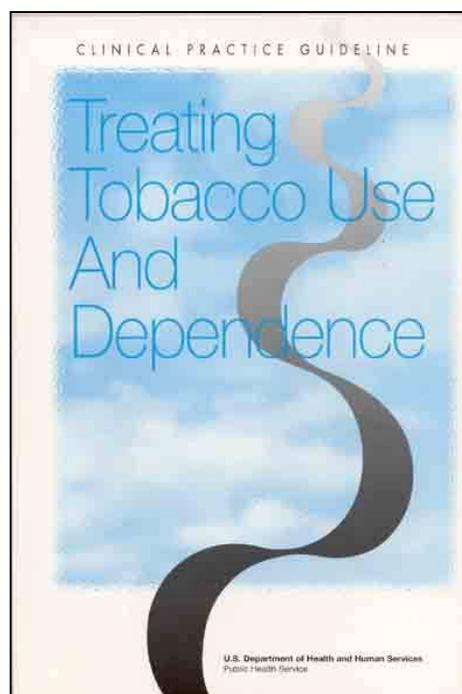
Clinical Practice Guidelines for Treating Tobacco Dependence

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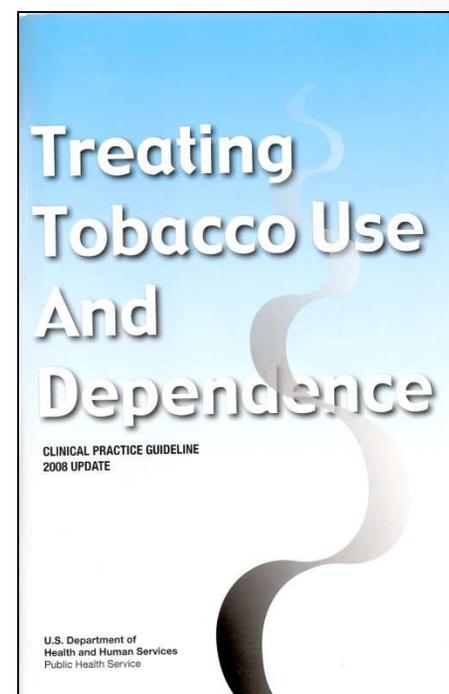
United States Public Health Service Guidelines



1996



2000



2008

The 2008 PHS Guideline

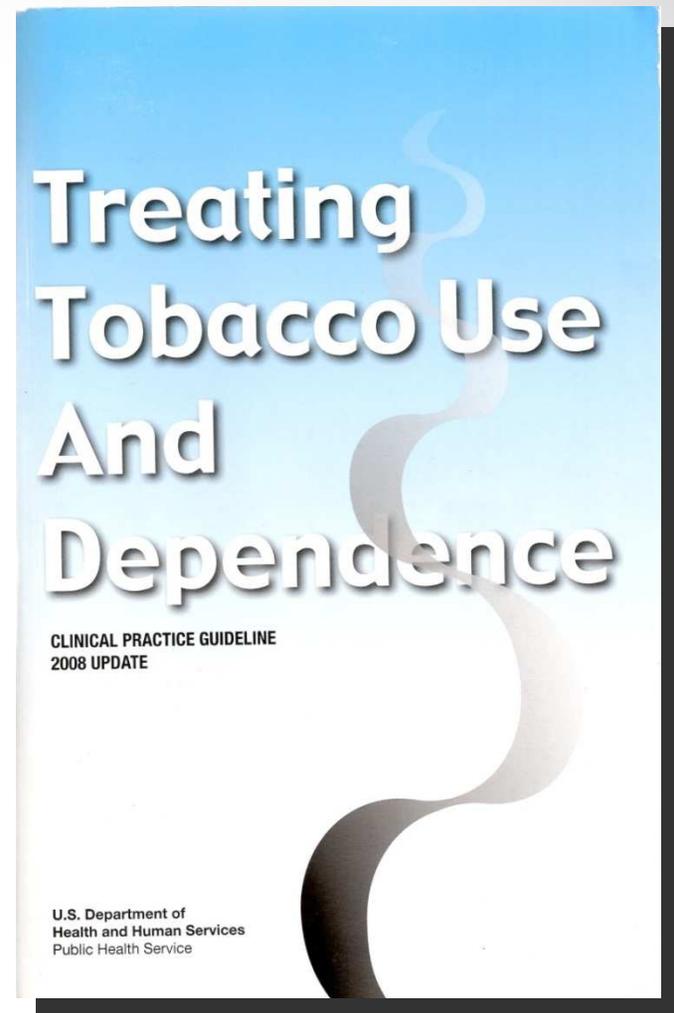
- Literature from 1975–2007
- Approximately 8,700 total articles

- Reference:

Fiore MC, Jaén CR, Baker TB, et al.

Treating Tobacco Use and Dependence: 2008 Update.

Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.



2008 PHS Guideline

Ten Key Guideline Recommendations

1. Tobacco dependence is a chronic disease that often requires repeated intervention. Effective treatments exist that can significantly increase rates of long-term abstinence.

2008 PHS Guideline

Ten Key Guideline Recommendations

2. Clinicians and healthcare delivery systems should consistently identify and document tobacco use status and treat every tobacco user seen in a healthcare setting.

2008 PHS Guideline

Ten Key Guideline Recommendations

3. Tobacco dependence treatments are effective across a broad range of populations.

Clinicians should encourage every patient willing to make a quit attempt to use the counseling treatments and medications recommended in this Guideline.

2008 PHS Guideline

Ten Key Guideline Recommendations

4. Brief tobacco dependence treatment is effective.

Clinicians should offer every patient who uses tobacco at least the brief treatments shown to be effective in this Guideline.

2008 PHS Guideline

Ten Key Guideline Recommendations

5. Individual, group and telephone counseling are effective, and their effectiveness increases with treatment intensity.

Two components of counseling are especially effective:

- Practical counseling (problem-solving/skills training)
- Social support delivered as part of treatment

2008 PHS Guideline

Ten Key Guideline Recommendations

6. There are numerous effective medications for tobacco dependence and clinicians should encourage their use by all patients attempting to quit smoking, except when medically contraindicated or with specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers and adolescents).

Seven first-line medications:

- Bupropion SR
- Nicotine gum
- Nicotine inhaler
- Varenicline
- Nicotine nasal spray
- Nicotine patch
- Nicotine lozenge

2008 PHS Guideline

Ten Key Guideline Recommendations

7. Counseling and medication are effective when used by themselves for treating tobacco dependence.

However, the combination of counseling and medication is more effective than either alone. Thus, clinicians should encourage all individuals making a quit attempt to use both counseling and medication.

2008 PHS Guideline

Ten Key Guideline Recommendations

8. Telephone quitline counseling is effective with diverse populations and has broad reach.

Therefore, clinicians and healthcare delivery systems should both ensure patient access to quitlines and promote quitline use.

2008 PHS Guideline

Ten Key Guideline Recommendations

9. If a tobacco user is currently unwilling to make a quit attempt, clinicians should use the motivational treatments shown in this Guideline to be effective in increasing future quit attempts.

2008 PHS Guideline

Ten Key Guideline Recommendations

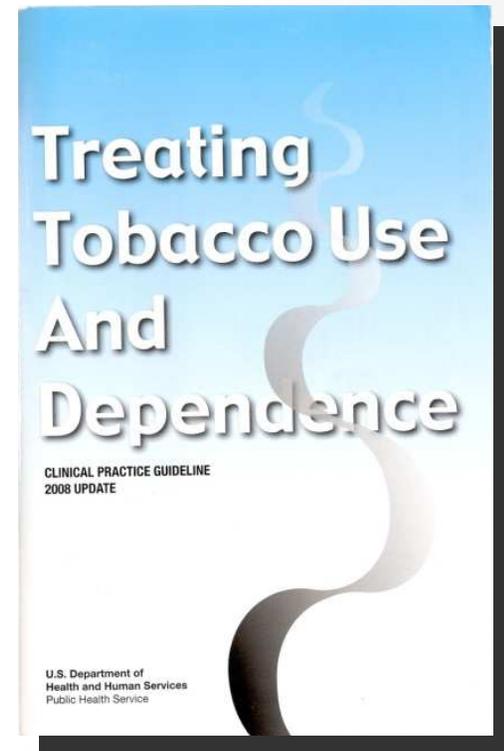
10. Tobacco dependence treatments are both clinically effective and highly cost-effective relative to interventions for other clinical disorders. Providing coverage for these treatments increases quit rates. Insurers and purchasers should ensure that all insurance plans include the counseling and medication identified as effective in this Guideline as covered benefits.

Summary of Key Findings

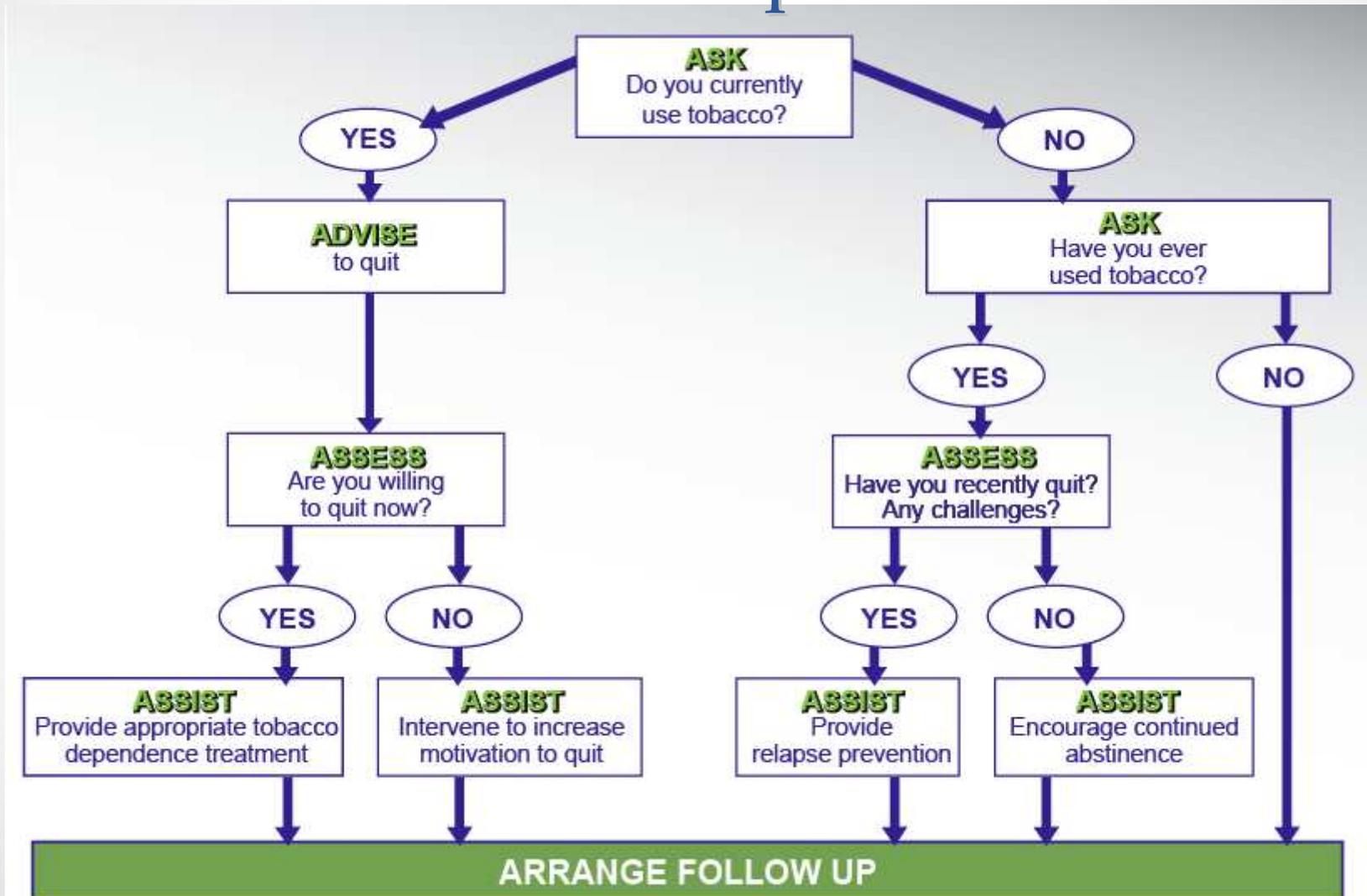
2008 PHS Guideline

Effective Tobacco Dependence Treatments Consist of:

- Brief clinician coaching/ counseling
- One of the 7 FDA Approved medications
- Systems-level changes that institutionalize cessation treatment



The "5 A's" Model for Treating Tobacco Use and Dependence - 2008



2008 PHS Guideline Conclusion

Tobacco use presents a rare confluence of circumstances:

- a highly significant health threat
- a disinclination among clinicians to intervene consistently
- the presence of effective interventions

Clinical Practice Guidelines for Treating Tobacco Dependence

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- **Evidence Base for Current Guidelines**
- Expanding Treatment Options and Evidence

2008 PHS Guideline

- Included 35 Meta-Analyses

Cochrane Reviews: Tobacco Dependence and Cessation

- There have been 56 Reviews since 2008

How confident should we be that smoking cessation treatments work?

John R. Hughes

Departments of Psychiatry, Psychology and Family Practice, University of Vermont, Burlington, VT, USA

Aim: *To obtain concordance among smoking cessation meta-analysis*

Results: *There was high concordance. Among 72 of 76 meta-analyses, the OR differed by < 0.5*

How confident should we be that smoking cessation treatments work?

John R. Hughes

Departments of Psychiatry, Psychology and Family Practice, University of Vermont, Burlington, VT, USA

Conclusion:

The efficacy of treatments for smoking cessation are extremely reliable. This argues for inclusion of treatment as an essential feature of tobacco control and clinical practice and argues for reimbursement of smoking cessation treatments on a par with other medical and behavioral disorders.

Clinical Practice Guidelines for Treating Tobacco Dependence

- Current Guideline Recommendations
- Evidence Base for Current Guidelines
- **Expanding Treatment Options and Evidence**

Expanding Treatment Options and Evidence

1. Pre-Quit Date Medication
 - For those not yet willing to make a quit attempt
2. Pre-Quit Date Medication
 - For those willing to make a quit attempt
3. Motivational Interviewing for Smokers Unwilling to Make a Quit Attempt
4. Combination Medication & Long-Term Medication

REF: Treating Smokers in the Health Care Setting. Fiore and Baker. NEJM 9-2011

Expanding Treatment Options and Evidence

1. Pre-Quit Date Medication
 - For those not yet willing to make a quit attempt

References: Guideline and Cochrane Review

Expanding Treatment Options and Evidence

2. Pre-Quit Date Medication
 - For those willing to make a quit attempt

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Summary

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