

Disclosure of Affiliations, Financial Support, and Mitigating Bias



Deborah Saunders (PI)

<input type="checkbox"/>	No, nothing to disclose
<input checked="" type="checkbox"/>	Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
Amgen	X		X					
Pfizer	X							
Dermtreat	X	X						
Galera		X						
Johnson and Johnson	X							



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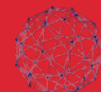
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Introduction



One of Ontario Health's (formerly Cancer Care Ontario's (CCO)) essential components of quality cancer care is the smoking cessation framework which provides guidance on implementing evidence-based smoking cessation activities.

The North Eastern Cancer Center (NECC) is one of 14 sites in Ontario offering CTI to patients at the time of their diagnosis.



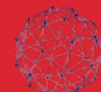
Introduction



From April 2020-21, the patients screened at the NECC rank among the highest in the province for Smoking Status (20.6% > 16.6% Provincial Average), Tobacco Screening among new patients (95.6% > 54.9%), Recommended Referrals among smokers (93.6% > 69.4%) and Referrals Accepted for CTI (87.2% > 32.4%).

Internal based CTI metrics are also a provincial high (276 > 48).

In order to expand Ontario Health's framework for CTI a successful partnership needed to be established between the NECC and the Sault Area Hospital (SAH).



Introduction



Despite the evidence that tobacco use throughout cancer treatment can increase risk of adverse effects and reduce survival, approximately **20%-60%** of cancer patients continue to smoke throughout their treatments^{1,2,3}.

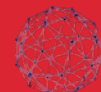
Relapse of tobacco use in cancer patients has been demonstrated to be higher than in the non oncology setting, with **50-83%** relapse rates compared to **18-23.6%**⁴.

¹Karam-Hage, M., P.M. Cinciripini, and E.R. Gritz. Tobacco use and cessation for cancer survivors: an overview for clinicians. *CA: a cancer journal for clinicians*, 2014. 64(4): p. 272-290.

²Coups, E.J. and J.S. Ostroff. A population-based estimate of the prevalence of behavioral risk factors among adult cancer survivors and noncancer controls. *Preventive medicine*, 2005. 40(6): p. 702-711.

³Liu, J., et al. Smoking behaviours of current cancer patients in Canada. *Current Oncology*, 2016. 23(3): p. 201.

⁴Chang EHE, Braith A, Hitsman B, Schnoll RA. Treating nicotine dependence and preventing smoking relapse in cancer patients. *Expert Rev Qual Life Cancer Care* 2017;2:23–39.



Introduction



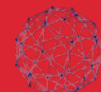
Potential Health Benefits of Smoking Cessation



- All cause and cancer specific mortality
- Risk of wound complications and post-operative infections
- Toxicity with radiation therapy
- Risk of recurrence and second primary cancers



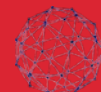
- Response to anti-cancer therapies in a variety of cancer types
- Effectiveness of molecular targeted drugs
- Survival
- Quality of life



Purpose



The purpose of this study is to expand Ontario Health's framework for Clinical Tobacco Intervention (CTI) at the North East Cancer Centre(NECC) to the Algoma District by establishing a formal partnership with Sault Area Hospital (SAH).

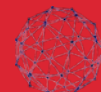


Methods



Design and Setting

- In 2013 the NECC established initiatives to educate and develop CTI champions, implement the 3A model and adopt the OPT-OUT approach to CTI while documenting all metrics through the electronic medical record (EMR) MOSAIQ.
- A formalized method to screen patients for tobacco was created which used MOSAIQ to flag patients for CTI at or near the time of their first visit.

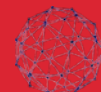


Methods



Design and Setting

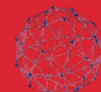
- Inter-professional collaboration produced a system allowing patients access to cessation services if required.
- Sault Ste. Marie's Algoma District Cancer Program (ADCP) has incorporated these many processes into their implementation plan.



Anticipated Results



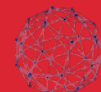
- By partnering with the NECC, the SAH was able to overcome the barriers to implementing CTI services in the ADCP.
- We anticipate that an expansion of smoking cessation to the SAH will result in an increase of cancer patients from the NE who take part in high-quality, evidence-based CTI, resulting in an increase of patients who quit and remain tobacco free.



Final Thoughts and Future Directions



1. The collaborative approach to CTI between centers in the north and offering the same intensive approach to cessation is achievable between sites.
2. Pharmacotherapy and Combination Therapy in conjunction with Tobacco Counselling is the most effective way to cessation.
3. Metrics will be available next year to objectively measure our successes.



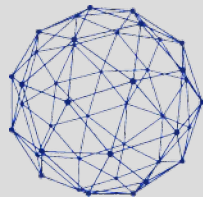
Thank you.

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