Smoking cessation in patients undergoing treatment for head and neck cancer

Smoking is a risk factor for many disease processes and adds a great burden on our healthcare system. It is a major public health issue in New Zealand with a prevalence of 21%.\(^1\) Smoking and alcohol are independent risk factors for cancer of the aerodigestive tract and their synergistic effect is well documented.\(^2\)\(^–\)\(^7\) Techniques are available to assist people to quit smoking. Advice on cessation of smoking is part of our management of head and neck cancer patients. We present here results of our study determining the effectiveness of smoking cessation strategy, contributing factors, and long-term abstinence in these patients.

Consecutive patients who were smokers at the time of diagnosis of head and neck cancer were culled from our prospective head and neck database. Demographic data, diagnosis, tumour location and risk factors were obtained. The patients were sent a questionnaire to document their smoking habits, factors that influenced cessation and the interval of abstinence. A follow-up telephone interview was conducted for non-responders.

Fifty-six (49\%) of the 114 consecutive patients had deceased. The remaining 58 patients had cancer in the oral cavity (n=31), salivary gland (n=7), oropharynx (n=5), bone (n=4) and paranasal sinus (n=3), metastatic skin cancer (n=7), and neck metastasis with unknown primary (n=1). 50 (86\%) of the 58 patients responded to the questionnaire. Of those who responded 37 (74\%) stopped smoking, with 27 (75\%) doing so around the time of diagnosis and treatment.

The most influential factor for quitting smoking were the diagnosis of cancer (n=20), hospitalisation (n=14), medical advice (n=13), family advice (n=8), Quit Line (n=2), and nicotine replacement therapy (n=1). The latter two factors were ranked 6 and 5 times respectively as the least important factor influencing their quitting smoking. 18 (49\%) of the 37 participants who stopped smoking restarted, and the remainder continued to abstain. Of those who restarted smoking, 5 (28\%) did so within 1 month, 7 (39\%) 1–12 months, 2 (11\%) 1–5 years, and 4 (22\%) did not mention the interval.

We infer that most patients undergoing treatment for head and neck cancer quit smoking in response to a personal “crisis”, i.e. the diagnosis. This is reinforced by the non-smoking hospital environment and consistent medical and family advice. This finding may have implications to mechanisms leading to successful quitting in other patients who smoke. However, strategies are needed to reduce the high rate of restarting smoking for successful quitters in head and neck cancer patients.

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References:


