Treating and Preventing Lung Cancer

This issue’s Guidelines focus on small cell and non-small cell lung cancer and bring up an important issue, both for physicians and patients: compliance and barriers to it. Among the major barriers to physician compliance with the recommendations made in a clinical practice guideline are 1) how much the recommendations upset normal practice routines and 2) whether they require new clinical skills. Both the non-small cell and small cell lung cancer guidelines in this issue call for counseling patients with these tumors about the need to stop smoking. Counterintuitively, some lung cancer patients will continue to smoke even after treatment for tobacco-related tumors. The pernicious effects of persistent use of this noxious substance, both in decreasing the efficacy of therapy and promoting second primary tumors, is well documented. The guidelines impel oncologists to include smoking cessation as part of routine management of these patients. Physicians are often well aware of their power to promote healthy change, especially in the “moment of opportunity” afforded by a dread diagnosis. But do we make the most of the opportunity? Unfortunately, in the crush of explaining complex therapies, not to mention administering them, this effort may be somewhat perfunctory and therefore not optimized. Importantly, a recent study has shown that a brief intervention by an oncologist is effective in increasing smoking abstinence rates at 12 months for patients with lung and head and neck cancers.

The task is not trivial. Extra time must be allotted (routine is upset) and new, structured interventions must be learned and practiced (new skills acquired). In addition to behavioral interventions, the treating oncologist should also acquire a knowledge of pharmacologic approaches for dealing with tobacco dependence. AHQR’s Five As approach can serve as a basic tool for the busy oncologist: Ask, Advise Assess, Assist, Arrange for follow-up.

The dividends are real. The mandate for comprehensive care of the lung cancer patient, the goal of these guidelines, is fulfilled in all its dimensions. Oncology, and medicine in general, is unique among professions in that it constantly strives to put itself out of business. Including smoking cessation as an integral part of the NCCN lung cancer program typifies this commitment to a healthy citizenry.

References