



**For Immediate Release:
March 13, 2015**

Media Contacts:
Amanda Harper, OSUCCC – James
614-685-5420
Amanda.Harper2@osumc.edu

Katie Kiley Brown, NCCN
215-690-0238
brown@nccn.org

NCCN Publishes New Guidelines for Smoking Cessation

Written for the treatment of smokers diagnosed with cancer, the NCCN Guidelines® for Smoking Cessation recommends treatment plans that include evidence-based pharmacotherapy and behavioral therapy.

FORT WASHINGTON, PA — Tobacco-related diseases are the most preventable cause of death worldwide; smoking cessation leads to improvement in cancer treatment outcomes, as well as decreased recurrence. According to the American Cancer Society, in 2015, nearly 171,000 of the estimated 589,430 cancer deaths in the United States—more than 25 percent—will be caused by tobacco smoking.

To meet the needs of patients who are smokers at the time of a cancer diagnosis, the [National Comprehensive Cancer Network® \(NCCN®\)](#) has published the [NCCN Clinical Practice Guidelines in Oncology \(NCCN Guidelines®\) for Smoking Cessation](#). The NCCN Guidelines® for Smoking Cessation were presented on March 13, 2015, at the [NCCN 20th Annual Conference: Advancing the Standard of Cancer Care™](#).

The NCCN Guidelines Panel for Smoking Cessation, chaired by Peter G. Shields, MD, [The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute \(OSUCCC – James\)](#), recommends that treatment plans for all smokers with cancer include the following: evidence-based pharmacotherapy, behavior therapy, and close follow-up with retreatment, as needed.

“Smoking addiction is a chronic, relapsing disease and many factors contribute to a person’s success or failure to kick the habit long-term. Science has shown us that smokers with cancer have a high level of dependence and smoking cessation leads to improvement in cancer treatment effectiveness and decreased cancer recurrence,” said Dr. Shields, Deputy Director of The OSUCCC – James and oncologist specializing in lung cancer.

“Although the medical community recognizes the importance of smoking cessation, supporting patients in ceasing to smoke is generally not done well. Our hope is that by addressing smoking cessation in a cancer patient population, we can make it easier for oncologists to effectively support their patients in achieving their smoking cessation goals,” said Dr. Shields.

According to the NCCN Guidelines for Smoking Cessation, combining pharmacologic therapy and counseling is the most effective treatment approach and leads to the best results in smoking cessation. Furthermore, smoking status should be documented in patient health records and updated at regular intervals; smoking relapse is common, and providers should discuss relapse and provide guidance for patients.

“The NCCN Guidelines for Smoking Cessation is a crucial addition to the NCCN Guidelines for Supportive Care,” said Robert W. Carlson, MD, Chief Executive Officer, NCCN. “Addressing the physical and behavioral

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impact of cigarette smoking dependency and offering a support system for people with cancer can positively impact their quality of life, both during treatment and during survivorship.”

The NCCN Guidelines for Smoking Cessation joins a library of 10 additional [NCCN Guidelines for Supportive Care](#), which comprise evidence-based treatment recommendations for supportive care areas including, but not limited to adult cancer pain, antiemesis, cancer- and treatment-related anemia and infections, fatigue, distress management, palliative care, and survivorship. NCCN publishes a full library of 61 clinical guidelines detailing sequential management decisions and interventions that currently apply to 97 percent of cancers affecting people in the United States, as well as cancer prevention, detection and risk reduction, and age-related recommendations.

For more information about the NCCN and the NCCN Guidelines, visit [NCCN.org](#).

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About the National Comprehensive Cancer Network

The National Comprehensive Cancer Network[®] (NCCN[®]), a not-for-profit alliance of 25 of the world’s leading cancer centers devoted to patient care, research, and education, is dedicated to improving the quality, effectiveness, and efficiency of cancer care so that patients can live better lives. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. As the arbiter of high-quality cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers.

The NCCN Member Institutions are: Fred and Pamela Buffett Cancer, Omaha, NE; City of Hope Comprehensive Cancer Center, Los Angeles, CA; Dana-Farber/Brigham and Women’s Cancer Center | Massachusetts General Hospital Cancer Center, Boston, MA; Duke Cancer Institute, Durham, NC; Fox Chase Cancer Center, Philadelphia, PA; Huntsman Cancer Institute at the University of Utah, Salt Lake City, UT; Fred Hutchinson Cancer Research Center/Seattle Cancer Care Alliance, Seattle, WA; The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, MD; Robert H. Lurie Comprehensive Cancer Center of Northwestern University, Chicago, IL; Mayo Clinic Cancer Center, Phoenix/Scottsdale, AZ, Jacksonville, FL, and Rochester, MN; Memorial Sloan Kettering Cancer Center, New York, NY; Moffitt Cancer Center, Tampa, FL; The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, Columbus, OH; Roswell Park Cancer Institute, Buffalo, NY; Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine, St. Louis, MO; St. Jude Children’s Research Hospital/The University of Tennessee Health Science Center, Memphis, TN; Stanford Cancer Institute, Stanford, CA; University of Alabama at Birmingham Comprehensive Cancer Center, Birmingham, AL; UC San Diego Moores Cancer Center, La Jolla, CA; UCSF Helen Diller Family Comprehensive Cancer Center, San Francisco, CA; University of Colorado Cancer Center, Aurora, CO; University of Michigan Comprehensive Cancer Center, Ann Arbor, MI; The University of Texas MD Anderson Cancer Center, Houston, TX; Vanderbilt-Ingram Cancer Center, Nashville, TN; and Yale Cancer Center/Smilow Cancer Hospital, New Haven, CT.

Clinicians, visit [NCCN.org](#). Patients and caregivers, visit [NCCN.org/patients](#).

About The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute strives to create a cancer-free world by integrating scientific research with excellence in education and patient-centered care, a strategy that leads to better methods of prevention, detection and treatment. Ohio State is one of only 41 National Cancer Institute-designated Comprehensive Cancer Centers and one of only four centers funded by the NCI to conduct both phase I and phase II clinical trials on novel anticancer drugs. As the cancer program’s 306-bed adult patient-care component, The James is one of the top cancer hospitals in the nation as ranked by U.S. News & World Report and has achieved Magnet designation, the highest honor an organization can receive for quality patient care and professional nursing practice. At 21 floors with more than 1.1 million square feet, The James is a transformational facility

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that fosters collaboration and integration of cancer research and clinical cancer care. For more information, visit cancer.osu.edu.