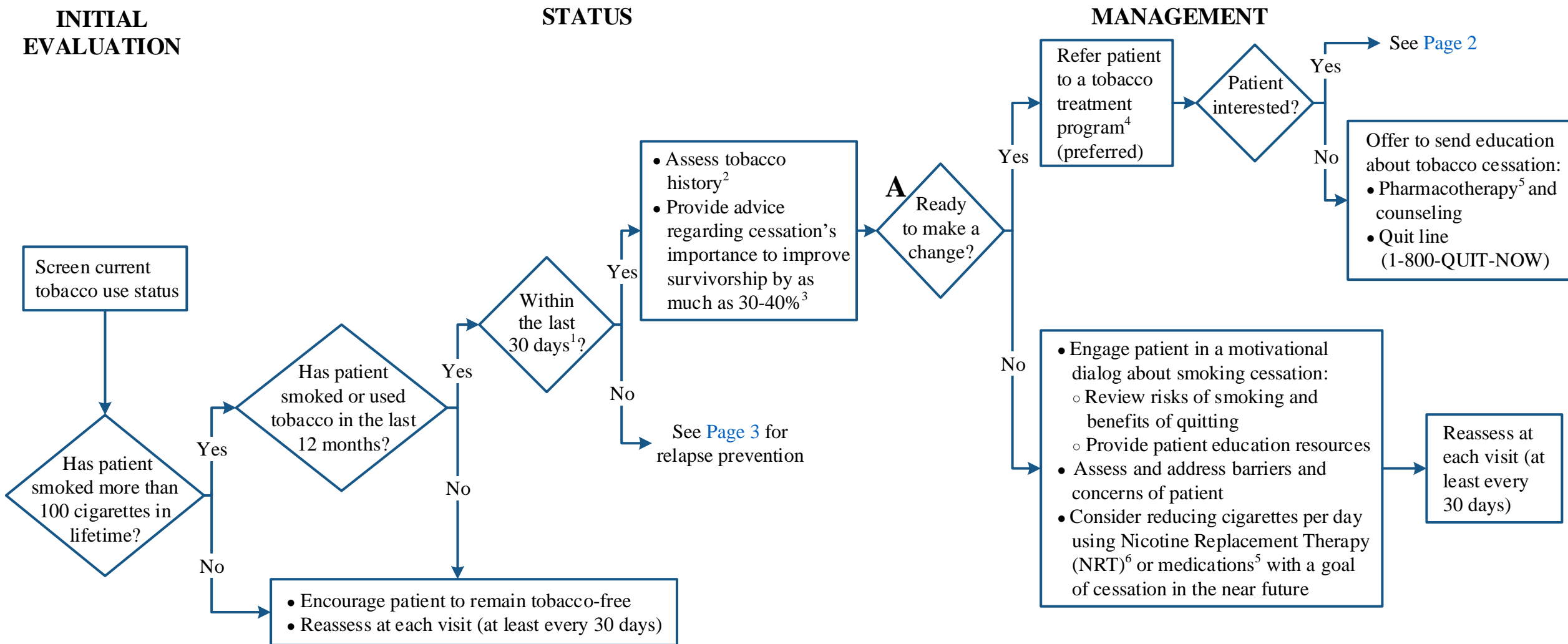


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<sup>1</sup> If patient has not smoked in the past 7 days, treatment may not be required

<sup>2</sup> Refer to [Appendix A](#) for Tobacco History Assessment

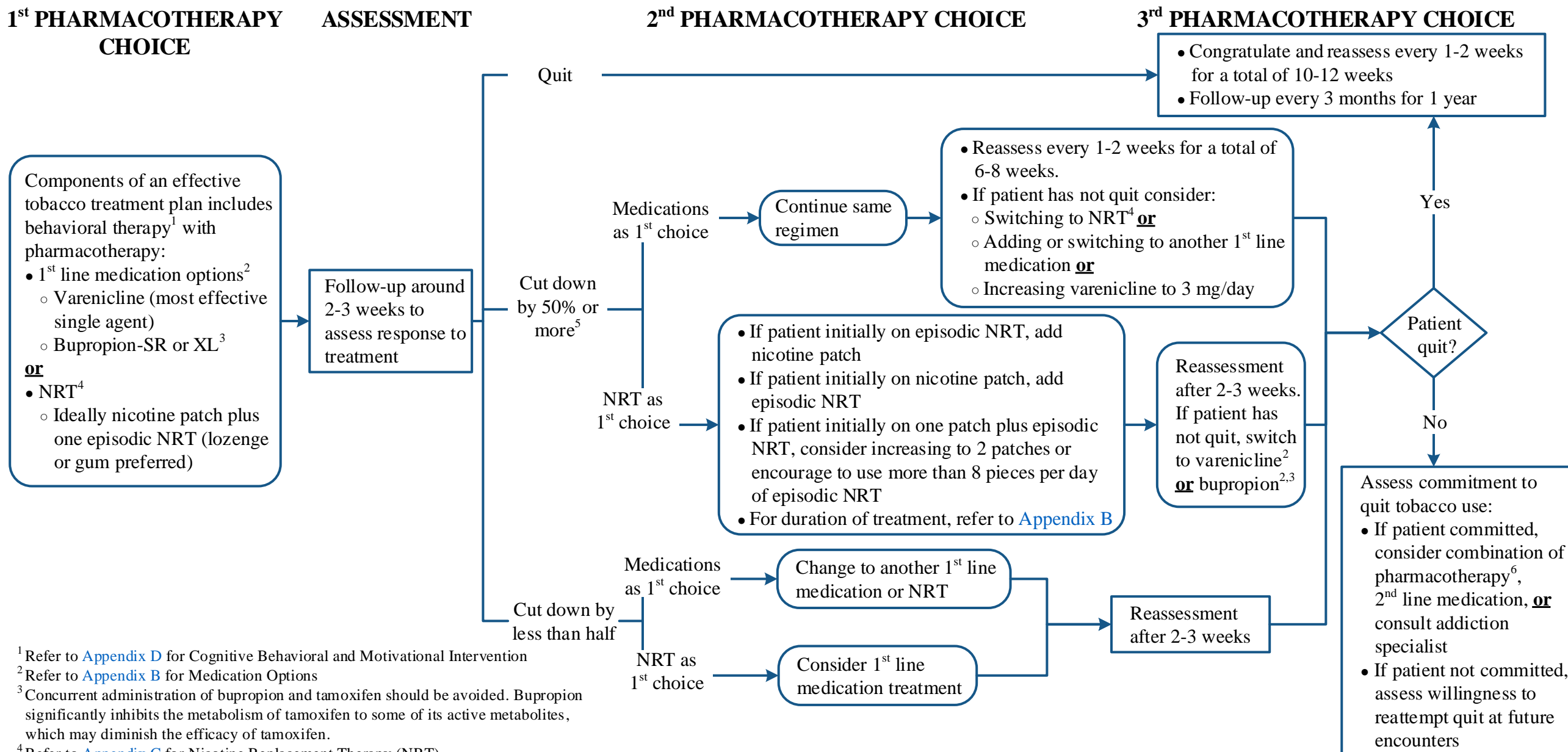
<sup>3</sup> Refer to the 2014 U.S. Surgeon General Report, see [Page 6](#)

<sup>4</sup> The tobacco treatment program provides both outpatient and inpatient services

<sup>5</sup> Refer to [Appendix B](#) for Medication Options

<sup>6</sup> Refer to [Appendix C](#) for Nicotine Replacement Therapy (NRT)

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<sup>1</sup> Refer to [Appendix D](#) for Cognitive Behavioral and Motivational Intervention

<sup>2</sup> Refer to [Appendix B](#) for Medication Options

<sup>3</sup> Concurrent administration of bupropion and tamoxifen should be avoided. Bupropion significantly inhibits the metabolism of tamoxifen to some of its active metabolites, which may diminish the efficacy of tamoxifen.

<sup>4</sup> Refer to [Appendix C](#) for Nicotine Replacement Therapy (NRT)

<sup>5</sup> Cutting back by half on the number of cigarettes smoked or the amount smoked of each cigarette

<sup>6</sup> Two 1<sup>st</sup> line medications or one medication plus NRT

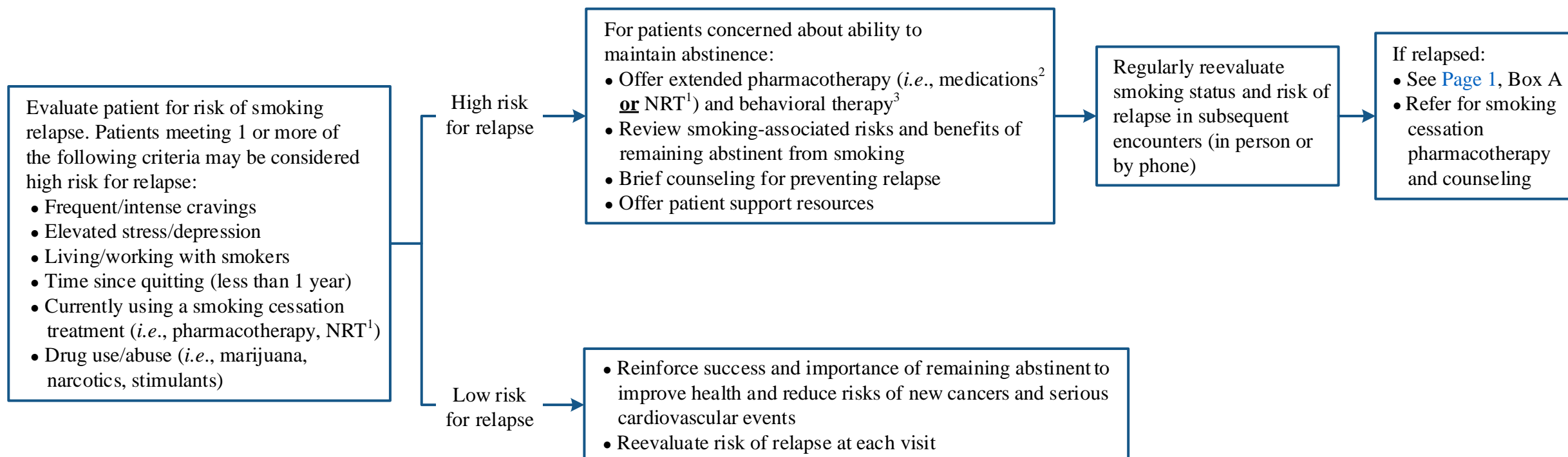
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## RELAPSE RISK EVALUATION

## STATUS

## MANAGEMENT

## RE-EVALUATION



<sup>1</sup> Refer to [Appendix C](#) for Nicotine Replacement Therapy (NRT)

<sup>2</sup> Refer to [Appendix B](#) for Medication Options

<sup>3</sup> Refer to [Appendix D](#) for Cognitive Behavioral and Motivational Intervention

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## APPENDIX A: Tobacco History Assessment

- **How much do you smoke per day?**  
 If greater than 20 cigarettes, see footnote<sup>1</sup>
- **How soon do you smoke after you wake up in the morning?**  
 If within 30 minutes, see footnote<sup>1</sup>
- **Do you use any other type(s) of tobacco/nicotine products and if so, how much?** (e.g., pipes, cigars, snuff, and/or e-cigarettes)
- **Do you use tobacco everyday or some days?**  
 If daily, see footnote<sup>1</sup>
- **Fagerstrom Test of Cigarette Dependence (FTCD)** (optional):  
 If they score 3 or higher indicates dependence on nicotine

### Document history of quit attempts in patient health record:

- What is the longest period you have gone without smoking?
- When was your last quit attempt?
- Did you use anything to help you quit in the past? If so, what?
  - Unaided
  - Medications
  - Support group
  - Behavior therapy
  - Quitlines, websites, smart phone applications, or other media
  - E-cigarettes
  - Other
- **Why were previous quit attempts unsuccessful?**  
 (e.g., side effects, cost, continued cravings, did not work)
- **Engage patients in a motivational dialog about smoking cessation:**
  - Review risks of smoking and benefits of quitting
  - Provide patient education resources

<sup>1</sup> Patient has a higher likelihood of being nicotine dependent and more difficult to quit

## APPENDIX B: Medication Options

- Varenicline (Chantix<sup>®</sup>) for 12 weeks; if patient quits, then renew another 12 weeks
  - 0.5 mg for three days, then
  - 0.5 mg twice a day for 4 days, then
  - 1 mg twice a day
- Bupropion-SR<sup>2</sup> (Zyban<sup>®</sup>) for 12 weeks; if patient quits, then renew another 12 weeks
  - 150 mg daily for 3-7 days, then
  - 150 mg twice a day **or** bupropion-XL<sup>2</sup> 150 mg every morning for 3-7 days, then 300 mg every morning

<sup>2</sup> Bupropion inhibits the metabolism of tamoxifen diminishing the availability of active tamoxifen metabolites and therefore tamoxifen becomes ineffective in preventing recurrence of certain breast cancers (HR+ types)

## APPENDIX C: Nicotine Replacement Therapy<sup>3</sup> (NRT)

### Nicotine patch:

- If greater than 5 cigarettes per day or smokes within 30 minutes of awaking:
    - 21 mg daily for 6 weeks or more
    - 14 mg daily for 2 weeks or more
    - 7 mg daily for 2 weeks or more
    - If patient quits, either stop or taper to next lower level. Minimum of 12 weeks, recommended up to 24 weeks.
  - If less than 5 cigarettes per day or smokes after at least 30 minutes of awaking
    - 14 mg daily for 6 weeks or more
    - 7 mg daily for 2 weeks or more
    - If patient quits, either stop or taper to 7 mg. Use for a minimum of 12 weeks; recommended for up to 24 weeks.
- Episodic NRT:** (Dosing minimum of 8 doses/day; maximum 20 doses/day. One dose every 1-2 hour(s) on a schedule for 12 weeks or more.)
- Gum or lozenges: 2 mg or 4 mg/piece (4 mg lozenge is preferred due to favorable cost, effectiveness and ease of use)
  - Nasal spray: 2 squirts (1 mg) equals 1 dose (not preferred due to higher cost and difficulty of use)
  - Oral inhaler: 10 mg/cartridge (20 puffs equal 1 dose) (not preferred due to higher cost and difficulty of use)

<sup>3</sup> Continuous use of NRT: There is no standard timeframe beyond 12 weeks; it is based on individual preference

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## APPENDIX D: Cognitive Behavioral and Motivational Intervention

Type of Counseling	Interventions
In-person, videoconference, and/or by phone	<ul style="list-style-type: none"> <li>• Negotiate quit date, a trial quit attempt or a scheduled reduction</li> <li>• Support cessation and build abstinence skills</li> <li>• Review educational handouts</li> <li>• Explore social support</li> <li>• Problem solving</li> <li>• Discuss medication options<sup>1</sup></li> <li>• Assessment of motivation and readiness to quit</li> <li>• Relapse prevention</li> </ul>
Related Interventions	<ul style="list-style-type: none"> <li>• Explore psychiatric symptoms</li> <li>• Cancer related distress:                             <ul style="list-style-type: none"> <li>◦ Internal resources: Place of Wellness, Palliative Care, Integrative Medicine</li> <li>◦ External resources: Cancer Counseling Incorporated, help locate community resources</li> <li>◦ Consultation:                                     <ul style="list-style-type: none"> <li>- Psychiatrist-physician</li> <li>- APN/PA</li> </ul> </li> </ul> </li> </ul>

<sup>1</sup> Refer to [Appendix B](#) for Medication Options

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## DEVELOPMENT CREDITS

This screening algorithm is based on majority expert opinion of the Tobacco Cessation work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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