Transcript Details
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How Cancer Worry Influences Smoking Cessation

Announcer:
You're listening to *On the Frontlines of Small Cell Lung Cancer* on ReachMD. Here's your host, Ryan Quigley.

Ryan Quigley:
Welcome to *On the Frontlines of Small Cell Lung Cancer* on ReachMD. I'm Ryan Quigley, and today I'm joined by Dr. Hermine Poghosyan, Associate Professor at the Yale University School of Nursing. We'll be diving into her research on the relationship between cancer worry and smoking cessation and exploring how understanding patients' concerns might help us improve both lung cancer screening and cessation programs.

Dr. Poghosyan, thanks so much for being here. Let's get started. Can you first explain what prompted you to investigate the relationship between cancer worry and smoking cessation, and walk us through the study design?

Dr. Poghosyan:
Thank you for asking. So we know that smoking cigarettes is a major preventable cause of cancer. And in the United States, many individuals—about 24 million adults age 18 and older—currently smoke cigarettes. So learning more about what helps people to quit smoking cigarettes successfully can help us better support them and also improve smoking cessation programs and prevention efforts to reduce cancer risk.

So the data for this study that we used actually came from a bigger project we conducted earlier to study lung cancer screening behavior. We know that getting an annual low-dose computed tomography for lung cancer screening can detect cancer or lung cancer earlier when it's more treatable and can reduce lung cancer death. The problem is that many individuals who are eligible for lung cancer screening aren't getting screened. To better understand why this is happening, we conducted a cross-sectional online survey that aimed to investigate how people make decisions about lung cancer screening, their cigarette smoking behaviors, smoking patterns, and how much they actually worry about getting cancer.

For this particular study, we used data from 717 individuals who met the US Preventive Service Task Force eligibility criteria for lung cancer screening. Those are adults aged 50 to 80 years who reported current cigarette smoking with at least 20 pack-years of smoking history. So using that sample, we wanted to explore whether the worry about getting cancer was related to people's intention to quit cigarette smoking and whether they actually made a real attempt to quit cigarette smoking.

Ryan Quigley:
Now, what were your findings on patients' intentions to quit smoking and their actual quit attempts? And how did cancer worry factor into those findings?

Dr. Poghosyan:
So the key findings that we found in our study were that a lot of people did say they wanted to quit cigarette smoking. About 59 percent reported intending to quit sometime within the next year. But when you looked more closely at a timeline, about 18 percent reported they wanted to quit within the next 30 days, and we had a group of participants who reported wanted to quit within the next three months. And in terms of actual quit attempts, about half of participants had made at least one attempt to quit in the past 12 months. And when you looked more into this, some people had tried even more than once. Roughly 20 percent made somewhere between two and five attempts over the past 12 months, and there was even a smaller group who had tried six times or more.

Importantly, we found that people who are worried about getting cancer were more likely to report having made a quit attempt in the

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past year, as well as having an intention to quit within the next year. So overall, our findings suggest that cancer worry is related to both cigarette smoking quit attempts and quit intentions. I think this is an important finding, and it tells us that cancer worry can act as a motivator, pushing people to both think about quitting and actually make a quit attempt.

Ryan Quigley:
So how do you think these findings could change the way we assess motivation to quit smoking among midlife and older adults?

Dr. Poghosyan:
I think these findings suggest clinicians need to move away from a single standard approach to assessing smoking cessation motivation. Instead of assuming everyone is or should be worried about getting cancer, I think clinicians should take the time to understand what actually motivates each individual, whether that's fear of cancer, wanting to feel better physically, breathing better, saving money, or being there for their family, and meet people where they are.

So we saw in our study that some participants were not worried about getting cancer, despite having a substantial cigarette smoking history. So focusing only on cancer worry alone would not work for everyone. So we also don't want to make people worry about getting cancer. We want to help them understand the benefits of quitting smoking, what they might gain by quitting at any age, any given time. So understanding what matters to each person and using that motivation to guide a conversation is key to supporting successful quitting.

As for the limitations of our study, this was a cross-sectional study, so we can't really say cancer worry causes quitting, just that they are associated at one point in time. And we're relying on self-reported smoking history, which might include reporting bias. Also, the data we use in this particular study was originally collected to understand lung cancer screening behavior. It was not specifically designed to study cancer worry and smoking cessation. So some of our measures may not be as detailed or targeted as they would be in a study designed specifically for studying cancer worry and smoking cessation. So future research need to use more comprehensive measures. And also, our sample was drawn from online survey of individuals eligible for lung cancer screening. So our findings may not generalize to all midlife and older adults who smoke, particularly those without internet access or those who don't meet the US Preventive Service Task Force lung cancer screening criteria. And also, we cannot generalize the findings to people who are younger than 50 years old.

Ryan Quigley:
With all this in mind, Dr. Poghosyan, what opportunities do you see for incorporating patients' cancer worry and risk perceptions into more personalized cessation programs?

Dr. Poghosyan:
I think moving forward, cancer smoking cessation programs need to be more personalized. And the findings we found in this study were very important, and I think screening for cancer worry can help clinicians tailor the conversation about smoking cessation for those who report worry. So clinicians should use that as a teachable moment and opening to start a real conversation about quitting, talk about their concerns, and help them take the next step. So the key is pairing that worry with an immediate next step to help people quit successfully.

I also think a personalized approach matters most for successful cessation because for people who have smoked for a long time and just aren't worried about getting cancer, which we saw in our study for some participants, clinicians need a different approach. So maybe focusing on other motivators like cost saving, family, quality of life, because fear clearly isn't going to motivate them to take ex- action. So I think smoking cessation programs need to build in some kind of quick check to figure out what is actually going to motivate that particular person to take steps toward quitting cigarette smoking. And really it comes down to, meeting people where they are, figuring out what matters to each individual, and using their own motivations to support quitting cigarette smoking.

Ryan Quigley:
Those are great insights for us to think on as we come to the end of today's program. And I want to thank my guest, Dr. Hermine Poghosyan, for joining me to share these findings on the relationship between cancer worry and smoking cessation.

Announcer:
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