

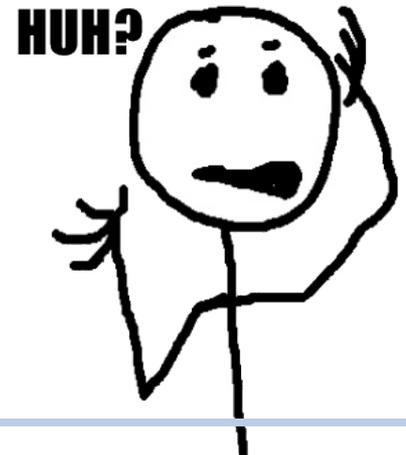
A Tobacco Risk Communication Intervention for Veterans Receiving Cancer Care: Preliminary Findings

(VA HSR&D CDA 11-256)

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What are doing today?

- Overview tobacco in relation to cancer treatment
- Study design
- Current findings



Poll:

I am primarily a...

- A. Tobacco Researcher
 - B. Health Services researcher
 - C. Clinician
 - D. Student/trainee
- 

Background

Smoking is common in this population

- ~33% of veterans smoke
- 74.2% lifetime history of smoking

Cancer patients don't necessarily quit

- 50-64% of cancer patients continue to smoke after diagnosis
- 50+% relapse in 3 mos following a quit attempt

Tobacco use is a chronically relapsing condition

- 70% of smokers make more than one quit attempt
- Average smoker makes 5-7 quit attempts

"I've been a two-pack-a-day man for fifteen years and I've found much milder Chesterfield is best for me."
Perry Como

NOW...10 Months Scientific Evidence For Chesterfield

A MEDICAL SPECIALIST is making regular bi-monthly examinations of a group of people from various walks of life. 43 percent of this group have smoked Chesterfield for an average of over ten years.

After ten months, the medical specialist reports that he observed...

no adverse effects on the nose, throat and sinuses of the group from smoking Chesterfield.

MUCH MILDER
CHESTERFIELD
IS BEST FOR YOU

First and Only Premium Quality Cigarette in Both Regular and King-Size

CHESTERFIELD CIGARETTES
KING-SIZE CIGARETTES

CONTAINS TOBACCO OF BETTER QUALITY AND HIGHER PRICE THAN ANY OTHER KING-SIZE CIGARETTES

Problem

Continuing to smoke after cancer diagnosis:

- ↑ Surgical complications
- ↑ Risk of recurrence
- ↓ Effectiveness of RT and chemo
- ↓ Survival (59% increase in mortality)
- ↓ Health-related quality of life

Few studies, quit rates (14–30%)



Concept

- Cessation interventions built on various theories

Social Cognitive

Health Belief Model

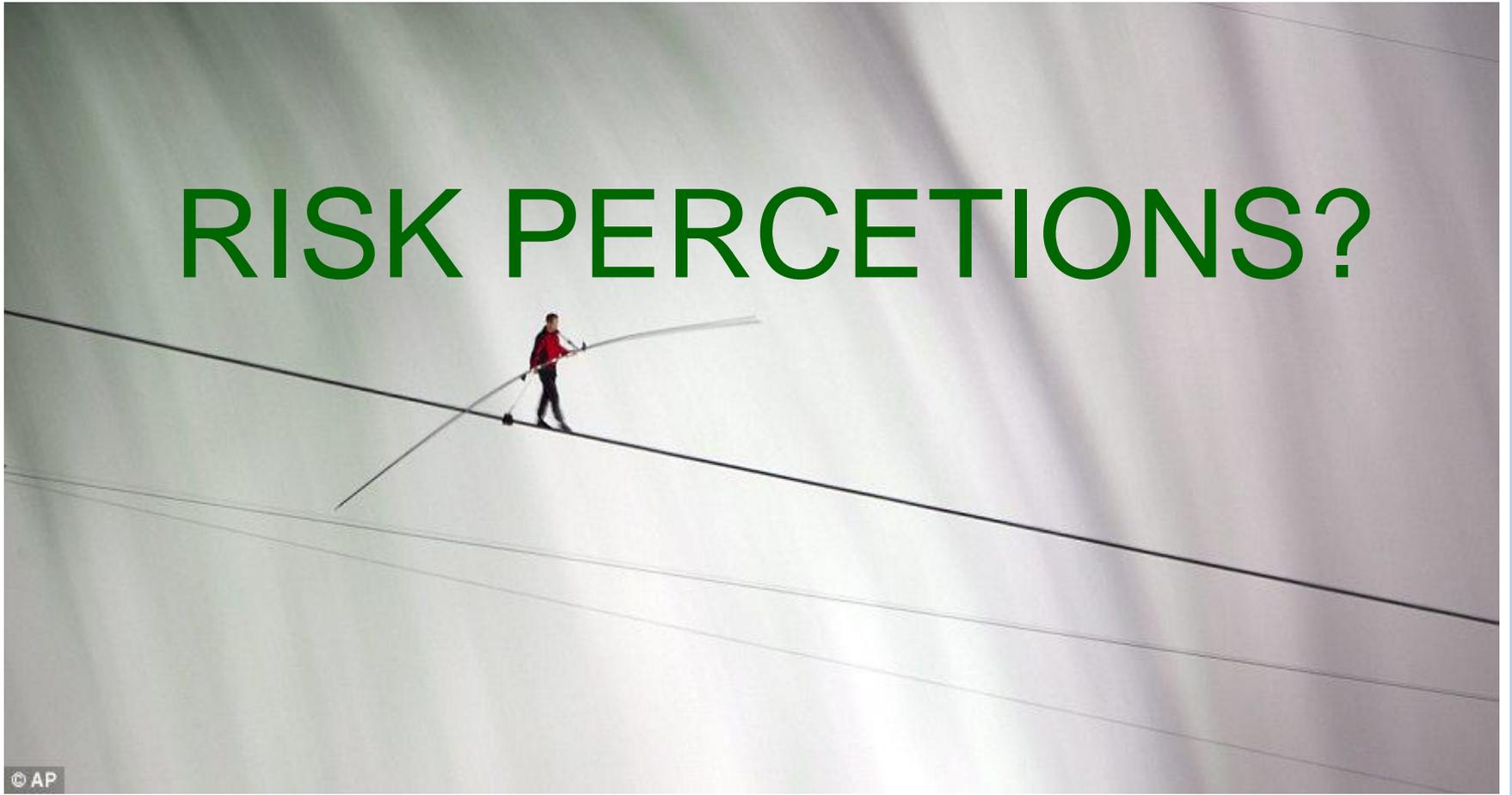
Transtheoretical (stages of change) model

*Self
determination*

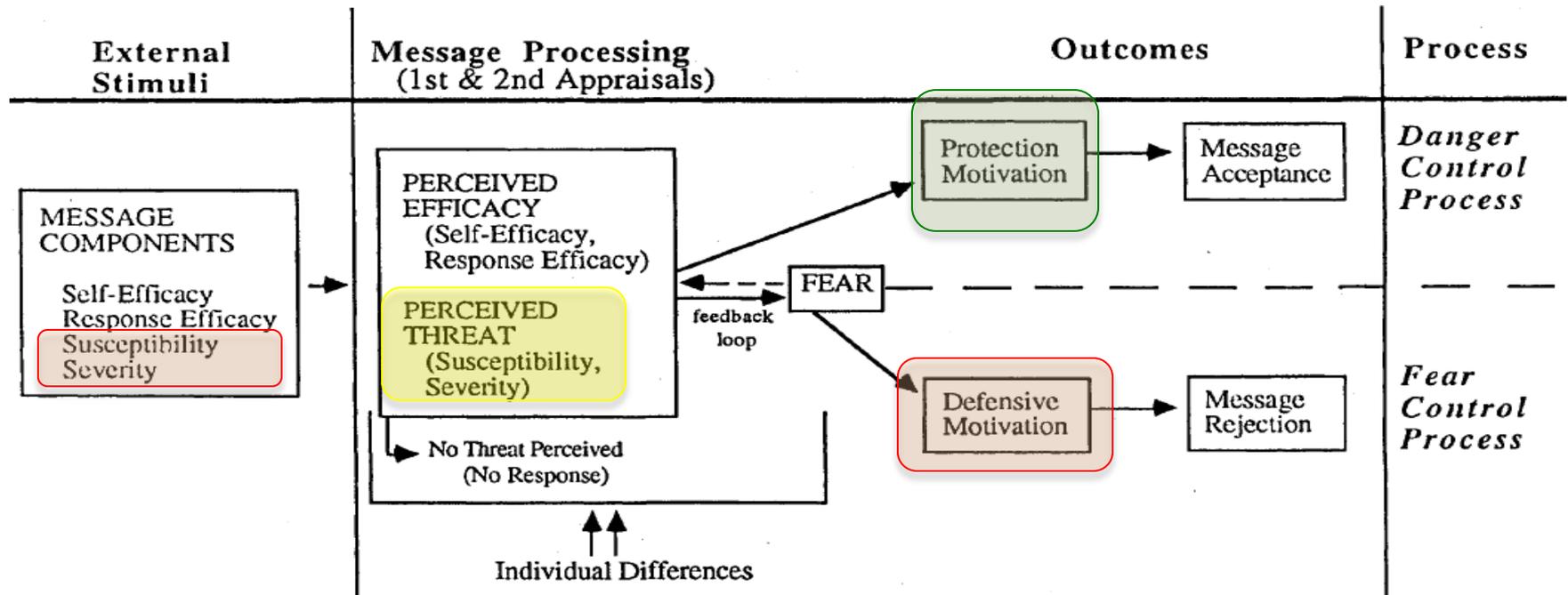
- And constructs

Stage
Social Support
Self-efficacy
environment
Decisional
balance

RISK PERCEPTIONS?



Theoretical Foundation: Extended Parallel Process Model



Poll:

With regard to the EPPM...

- ▶ I have *never* heard of it
 - ▶ I have heard of it somewhere
 - ▶ I have used it to guide an intervention
- 

Aims of Grant

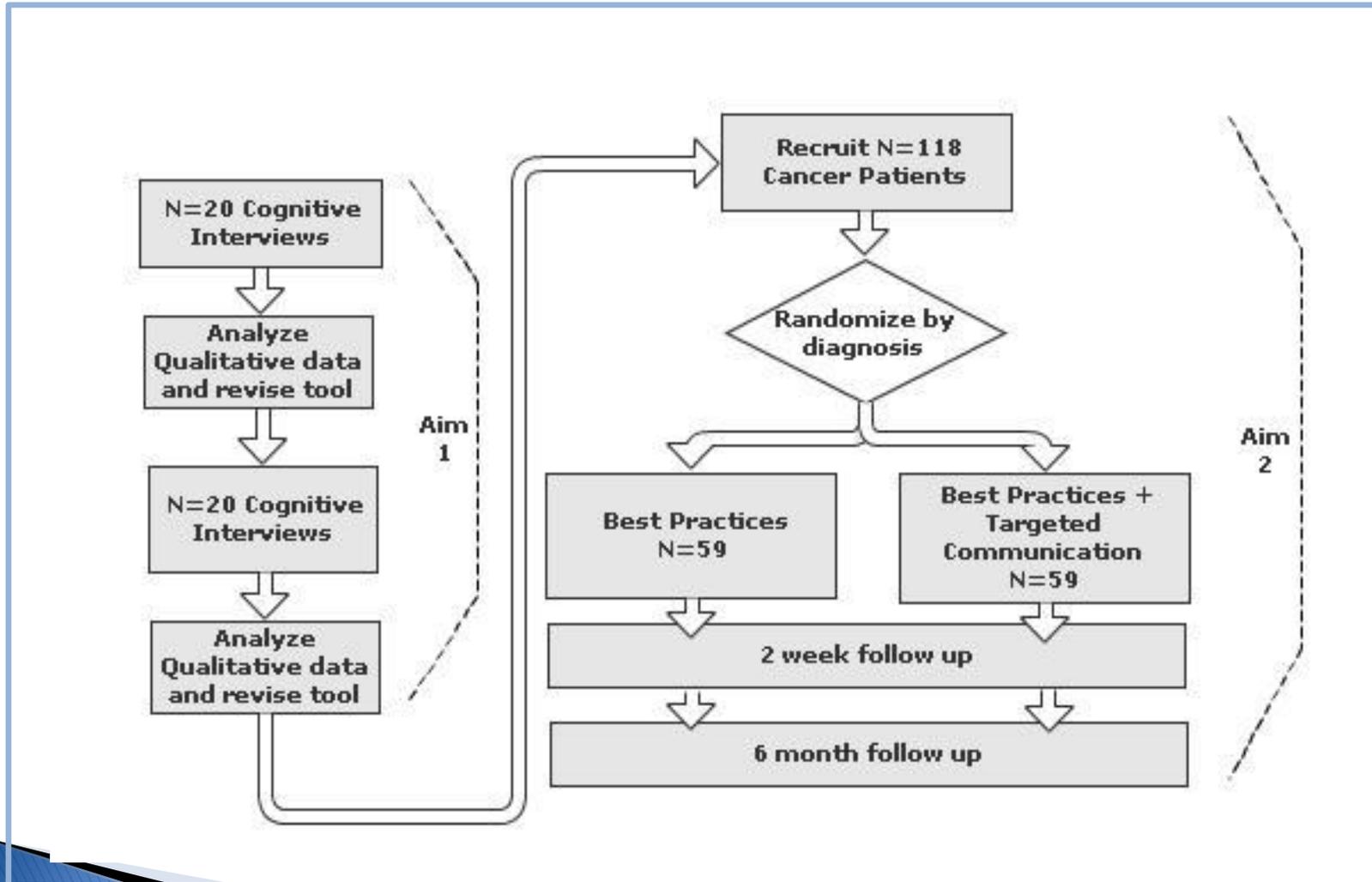
Aim 1. Development/Cognitive interviews

Develop a targeted risk communication tool
(bladder, prostate, head/neck, lung)

Aim 2. Pilot Test

RCT: Best practices vs. Best practices + targeted
risk communication

Development Process



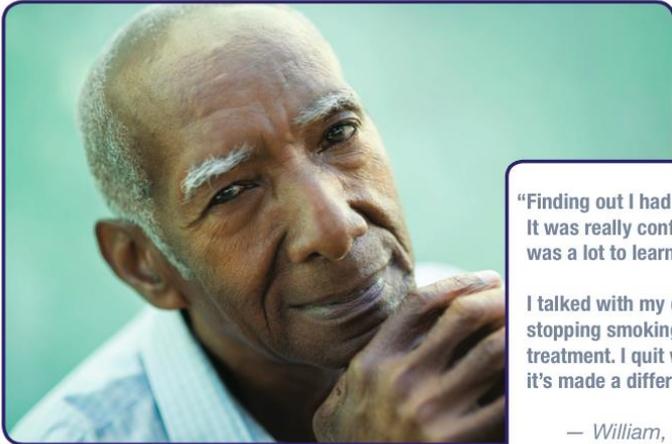
Theory in Practice

Control group (Best Practices Tobacco Tactics)	Intervention Group (Best Practices + Targeted Communication)	Constructs Emphasized
- Screening	- Screening	Knowledge
- Brief counseling and medications	- Brief counseling and medications	Stage of change; Motivation; Benefits/Barriers; Goal setting
- Patient education materials (general)	- Patient education materials (general)	Knowledge
- Linkage to state quit line	- Linkage to state quit line	<i>Self-efficacy; Goal setting; Social Support</i>
	- Patient education materials (specific to tobacco use and cancer)	<i>Severity; Susceptibility; Knowledge; Attributions</i>
	- Pictograph 1: Effects of quitting on cancer	<i>Susceptibility; Response efficacy (for quitting); Knowledge</i>
	- Pictograph 2: Benefits of cessation treatment	<i>Self-Efficacy; Response efficacy (for tobacco treatment); Knowledge</i>

Decision Aids

PROSTATE CANCER AND SMOKING

What Do I Need to Know?



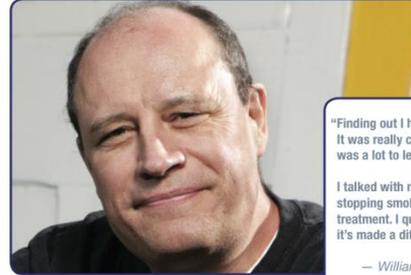
"Finding out I had cancer wasn't easy. It was really confusing at first, and there was a lot to learn."

I talked with my doctor and realized that stopping smoking was important for my treatment. I quit with help from the VA and it's made a difference."

— William, Army Veteran, age 67

HEAD AND NECK CANCER AND SMOKING

What Do I Need to Know?



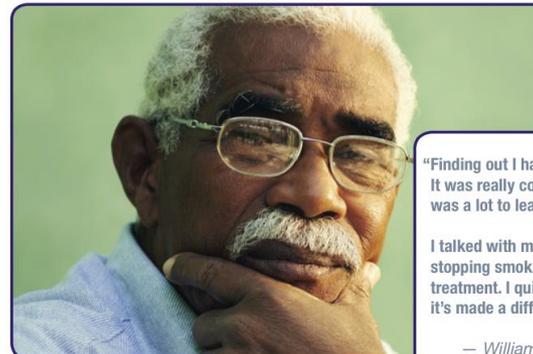
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Lung CANCER AND SMOKING

What Do I Need to Know?



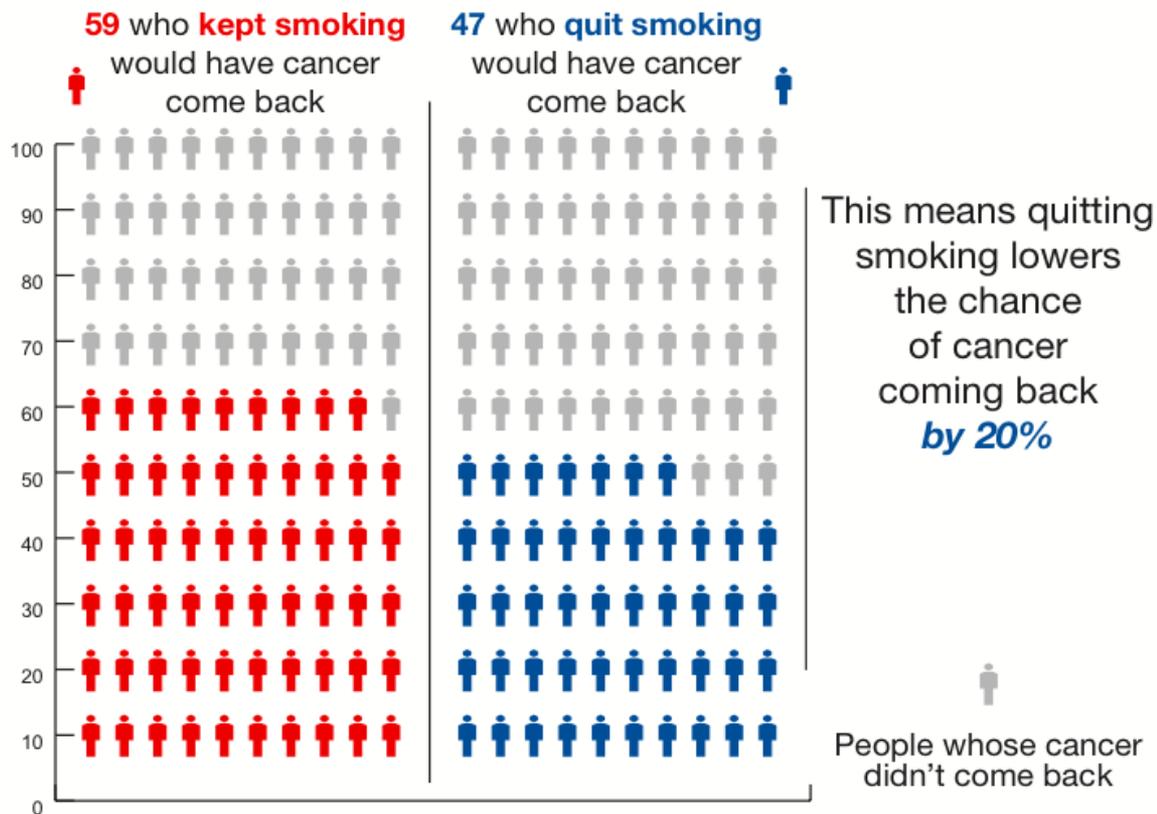
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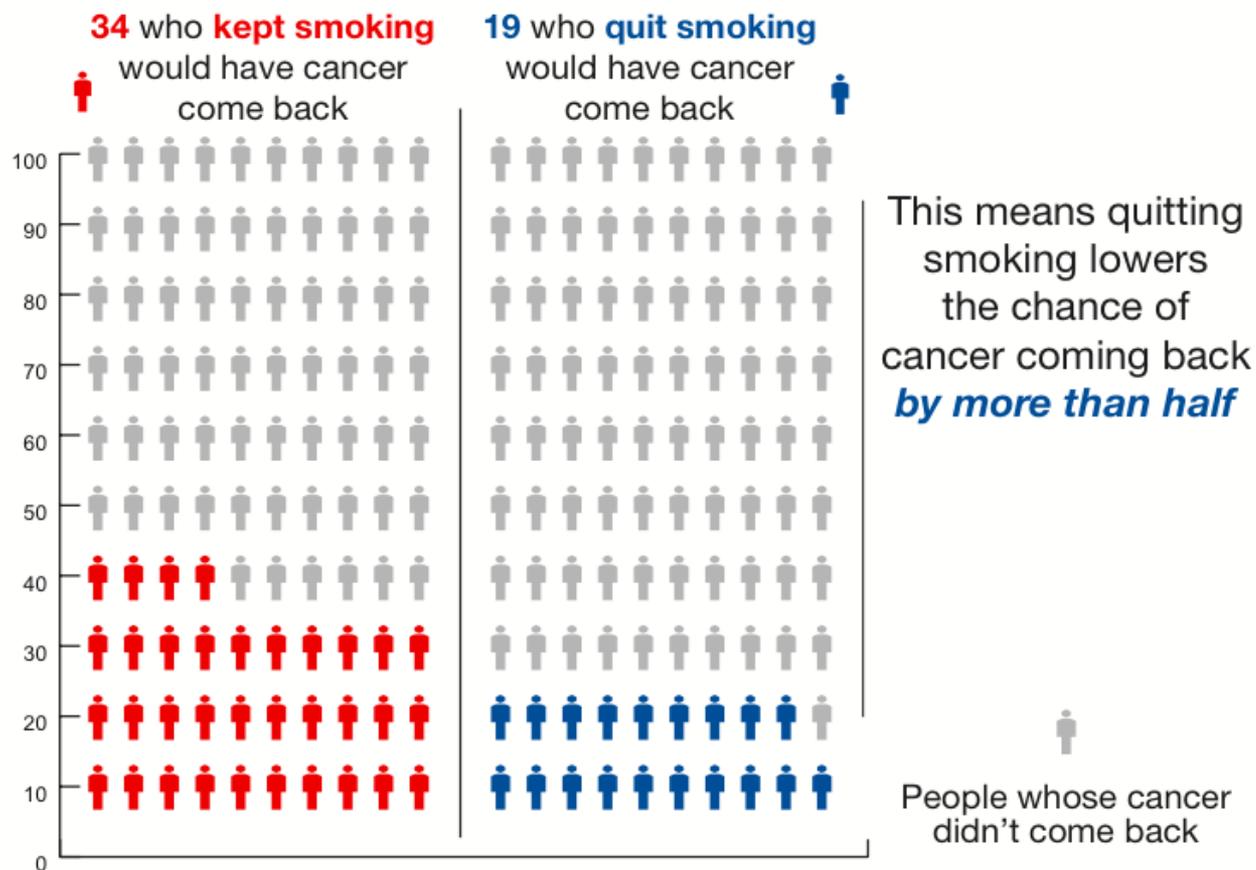
Head and Neck

CHECK THIS OUT: Out of 100 people treated for head and neck cancers...



Prostate

CHECK THIS OUT: Out of 100 men 1 year after prostate cancer treatment...



Tobacco Tactics Results

Overall self-reported quit rates	Intervention Sites N=884			Control Sites N=486	
Pre-intervention	6.8%			6.2%	
Post-intervention	17.6%			7.4%	
P-Value	<.001			.741	
Cotinine-verified quit rate*					
Pre-intervention	3.7%			2.5%	
Post-intervention	7.1%			3.2%	
P-value	<.05			.670	
Self-reported quit rate by site	Muskegon Mercy N=132	Ann Arbor N=349	Grand Rapids N=403	Muskegon Hackley N=215	Livonia N=271
Pre-intervention	5.4%	7.2%	6.8%	6.5%	5.9%
Post-intervention	13.2%	14.2%	23.4%	8.3%	6.6%
P-value	0.137	0.038	<0.001	0.617	0.814

Tobacco Tactics Manual

**TOBACCO TACTICS:
TOUGH ENOUGH TO QUIT!**



**I WANT YOU
TO QUIT SMOKING**

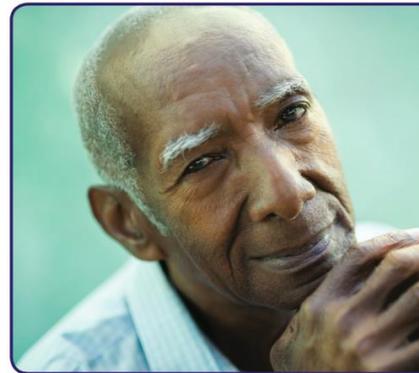


Decision Aids: Cognitive Interviews

- 2 Rounds N=10 each
- Semi-structured interview and survey
- Assessed
 - Comprehension
 - Relevance
 - Length
 - Presentation style

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Decision Aids: Sample (N=20)

Characteristic	N	%
Male	20	100%
Hispanic	4	20%
Race		
Black/AA	10	50%
White	8	40%
Other	2	10%
Education		
< HS	2	10%
HS	8	40%
> HS	10	50%
Occupation		
Disabled	9	45%
Retired	10	10%
Unemployed	1	5%

Characteristic	N	%
Smoke		
Every day	14	74%
Some days	5	26%
Quitting History		
Never tried	8	40%
2-5 times	7	35%
> 5 times	4	25%
Diagnosis		
Prostate	10	50%
Colorectal	4	20%
Lung	3	15%
Bladder	3	15%
Cig/Day	M=11	
Years smoked	M=44	

Decision Aids: Results

Item	N	%
Easy to read		
Very easy	18	90%
Somewhat	2	10%
In between	0	–
Somewhat/very confusing	0	–
Kept your attention		
Very much	11	55%
Somewhat	7	35%
In between	0	–
Not very	2	10%
Definitely not	0	–
Overall look		
Very good	17	85%
Somewhat good	2	10%
Poor	0	–
Very poor	1	5%
How relevant to you?		
Very	11	55%
Moderately	5	25%
Somewhat	2	10%
Not at all	2	10%

Decision Aids: Results

Item	N	%
Nothing offensive or problematic	20	100%
I had no discomfort with the information	19	95%
If I decided to quit this handout gave me		
Completely enough information	10	52.6%
Almost enough	5	26.3%
Some information	4	21.1%
Not enough at all	0	–
Would you recommend to other patients?		
Definitely	14	70%
Probably	4	20%
May/may not	2	10%
Probably/Definitely would not	0	–
Length		
Too long	1	5%
About right	18	90%
Too short	1	5%
Who would you want to give to you?		
Nurse	4	20%
Oncologist	9	45%
PCP	16	80%
Assistant	4	20%

Decision Aids: Patient Feedback

Risk Graphs

- “I see that there is a good possibility that the cancer would return which I’m very surprised by that.”
- “It shows that over here that certain people are more successful with their quitting smoking if they use for example nicotine patch or zyban and whatever and coaching sessions as oppose to the people who just stop cold turkey.”

Targeting

- “Probably what made it most interesting for me was that on the first page, this guy is my age with prostate cancer, like I have, and automatically drew me into it. The information was good. My doctors have told me that I shouldn’t smoke during cancer treatment, but this is the first time that I’ve read it like this.”
- “I thought the information was put together well. It was straight to the point and concise.”
- “You find out things from patients described in the pamphlet. It gives you a better understanding.”

Education/Misperceptions

- “The information on the nicotine patch not being harmful.”
- “I really thought nicotine was serious, dangerous, but I found out it’s not.”

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Let's Discuss!



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