

# Preliminary evaluation of a smoking cessation program in Ontario's regional cancer centres

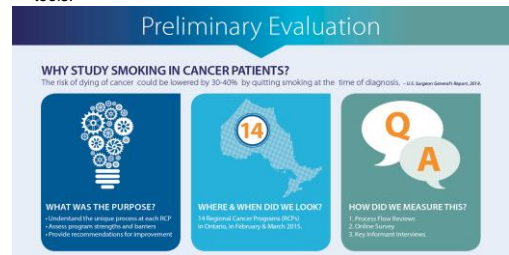
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## Background

- Smoking contributes to 30% of all cancer deaths, and is causally associated with over a dozen cancer types.
- Evidence suggests that continued smoking after a cancer diagnosis can result in poorer response to treatment, increased treatment-related toxicity, a greater risk of recurrence and developing a second primary and increased mortality.
- Recognizing the significant health benefits of smoking cessation among cancer patients, Cancer Care Ontario introduced a program across the 14 Regional Cancer Centres (RCCs) in Canada's largest province.
- A framework was developed for RCCs to screen new ambulatory cancer patients for tobacco use, advise those who smoke on the benefits of quitting, and refer them on internal or external smoking cessation services for support.

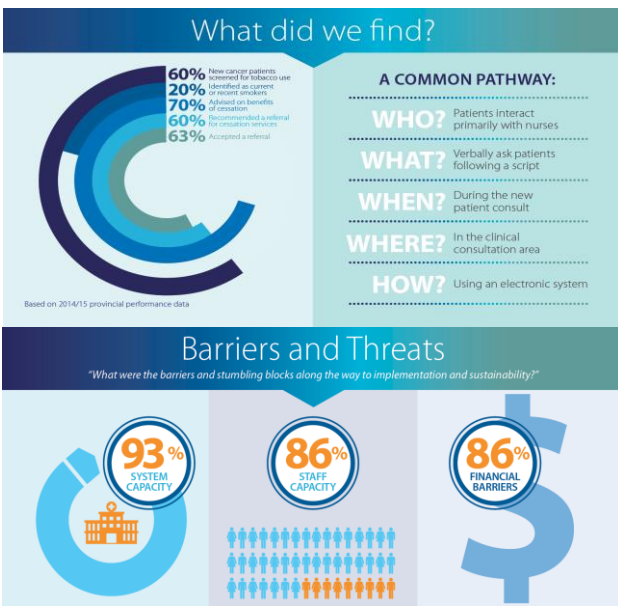
## Methods

- A preliminary process evaluation was conducted to understand how each RCC was implementing the framework, assess strengths and barriers, and help refine the program's implementation by providing recommendations for improvement.
- An evaluation working group was convened to develop a program logic model, along with an evaluation timeline and tools.



## Infographic

- An infographic was created to help disseminate evaluation results and recommendations to stakeholders.



## Findings

- Implementing this initiative across 14 different regions posed numerous challenges; while RCCs varied significantly in their processes, a common implementation pathway emerged.
- Program strengths identified included having a dedicated internal quit specialist; strong leadership support; strong external partnerships; communication to increase awareness and buy-in; and staff training to improve confidence in addressing tobacco use.
- Program barriers identified included system capacity (e.g., absence of a hospital-wide smoking cessation strategy); staff capacity (e.g., increased workload, change fatigue, low physician buy-in); and insufficient funding (e.g., a lack of nicotine replacement therapy provision).

## Implications

- Cancer Care Ontario is encouraged by the success to date of recognizing smoking cessation an important component of quality cancer care.
- This process evaluation was an important step in understanding the unique implementation challenges at each RCC, and identifying areas requiring support.
- Future efforts will focus on creating a refined implementation framework which standardizes certain program elements, while providing each RCC with a tailored action plan to reach best practices in smoking cessation for cancer patients.

## Acknowledgements

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