

Rygeophør ved nyligt diagnosticeret lungekræft

en undersøgelse af effekt og implementering af et
rygestopbehandlingsforløb

&

og et kvalitativt studie af patienter, pårørende og
sundhedsprofessionelles holdninger

Anders Løkke & Ingeborg Farver-Vestergaard



Baggrund



TASK FORCE REPORT
ERS STATEMENT



CrossMark

Statement on smoking cessation in COPD and other pulmonary diseases and in smokers with comorbidities who find it

TABLE 4 Benefits of smoking cessation in lung cancer

Reduction in surgical complications

- Reduction in the incidence of surgical wound complications
- Reduction in the incidence of post-operative pulmonary complications
- Reduction in the incidence of post-operative cardiovascular complications
- Reduction in the incidence of re-operations
- Reduction in the length of hospital stay
- Reduction in hospital mortality

Improvement of responses to chemotherapy and radiotherapy

- Improvement of response to platinum-based chemotherapy
- Avoiding the effects of smoking on the metabolism of drugs used for chemotherapy
- Reduction in the side-effects of chemotherapy and radiotherapy

Increase in survival time

Diminishing the risk of recurrence

Diminishing the risk of having a second primary malignancy

Improvement of quality of life

^{5,2}, Keir E. Lewis³, Philip Tonnesen⁴,
Tonstad⁷, Bertrand Dautzenberg⁸,
opa Powell¹⁰, Thomas Hering¹¹,
ristina Gratiou¹⁴

**Støtte til rygestop
HVORNÅR og HVORDAN?**

‘Window of opportunity’

HVORNÅR?



- Registerstudie (Copenhagen General Population Study 2003-2014)
- Større sandsynlighed for rygeophør ved opstået hjertesygdom (OR=2.33) og astma (OR=1.84), men ikke KOL og diabetes

'The teachable moment'

HVORNÅR?

CONCISE CLINICAL REVIEW



Lung Cancer Screening and Smoking Cessation Clinical Trials

SCALE (Smoking Cessation within the Context of Lung Cancer Screening) Collaboration

Anne M. Joseph¹, Alexander J. Rothman², Daniel Almirall³, Abbie Begnaud¹, Caroline Chiles⁴, Paul M. Cinciripini⁵, Steven S. Fu¹, Amanda L. Graham⁶, Bruce R. Lindgren⁷, Anne C. Melzer¹, Jamie S. Ostroff⁸, Elizabeth L. Seaman⁹, Kathryn L. Taylor¹⁰, Benjamin A. Toll¹¹, Steven B. Zeliadt¹², and David M. Vock¹³

¹Department of Medicine, ²Department of Psychology, ⁷Clinical and Translational Science Institute, and ¹³Division of Biostatistics, University of Minnesota, Minneapolis, Minnesota; ³Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor, Michigan; ⁴Department of Radiology, Wake Forest Baptist Health, Winston-Salem, North Carolina; ⁵Department of Behavioral Science, University of Texas MD Anderson Cancer Center, Houston, Texas; ⁶Schroeder Institute for Tobacco Research and Policy Studies, Truth Initiative, Washington, DC; ⁸Department of Psychiatry and Behavioral Sciences, Memorial Sloan Kettering Cancer Center, New York, New York; ⁹Tobacco Control Research Branch, National Cancer Institute, Rockville, Maryland; ¹⁰Department of Oncology, Georgetown University Medical Center, Washington, DC; ¹¹Department of Public Health Sciences and Psychiatry, Medical University of South Carolina, Charleston, South Carolina; and ¹²VA Center of Innovation for Veteran-Centered and Value-Driven Care, School of Public Health, University of Washington, Seattle, Washington

Cochrane review (2019)

Additional behavioural support as an adjunct to pharmacotherapy for smoking cessation (Review)

Behavioural interventions as adjuncts to pharmacotherapy for smoking cessation Hartmann-Boyce J, Hong B, Livingstone-Banks J, Wheat H, Fanshawe TR

Patient or population: People using smoking cessation pharmacotherapy

Settings: Healthcare and community settings

Intervention: Behavioural interventions as adjuncts to pharmacotherapy

Outcomes	Illustrative absolute effects* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed successful quitters without intervention	Estimated quitters with intervention				
	Pharmacotherapy (with variable level of behavioural support)	Additional behavioural support (in addition to pharmacotherapy)				
Smoking cessation at longest follow-up Follow-up: 6 - 24 months	Study population¹		RR 1.15 (1.08 to 1.22)	23,331 (65 studies)	⊕⊕⊕⊕ high ^{2,3}	Effect very stable over time: updates of this analysis (15 new studies added 2015; 18 new studies added 2019) have had minimal impact on the effect estimate. Little evidence of differences in effect based on amount of support or type of pharmacotherapy provided.
	171 per 1000	197 per 1000 (185 to 209)				

The estimated rate of quitting with behavioural intervention (and its 95% confidence interval) is based on the assumed quit rate in the control group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

HVORDAN?

Danske retningslinjer

HVORDAN?



TABEL 2

Andele af patienter, som ophører med tobaksrygning: etårsrygestopprævalens – omtrentlige angivelser. Gengivet fra [21].

Terapi	Andel som ophører
Kun rådgivning	10
<i>Rådgivning kombineret med</i>	
Nikotinsubstitution	20
Bupropion	20
Vareniclin	30

Danske retningslinjer



KLINISKE RETNINGSLINJER | KRÆFT

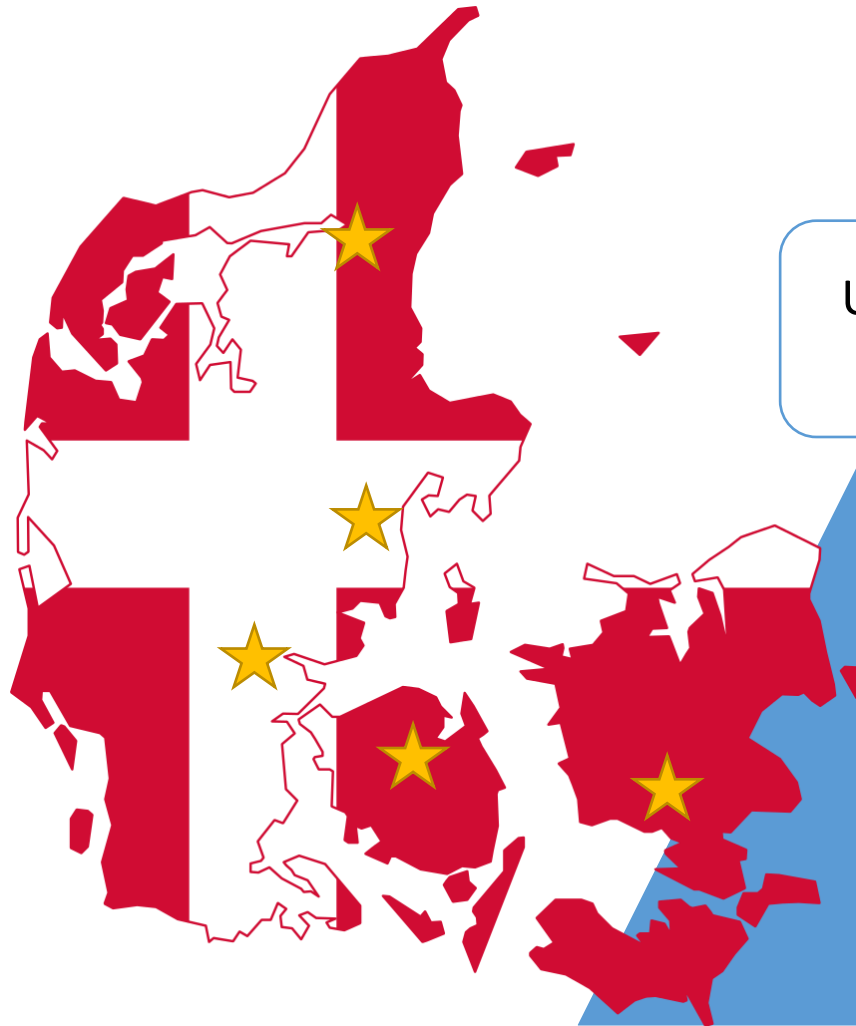
HVORNÅR?

- **Tilstræb rygestop på alle tidspunkter under udrednings- og behandlingsforløbet**, da effekterne kan være udtalte – på niveau med dem der kendes fra den konventionelle lungekræftbehandling (kirurgi, stråling og kemoterapi). (A)

HVORDAN?

- **Rådgivning om rygestop bør altid gives sammen med farmakologisk behandling, da det giver størst chance for rygeophør.** Vareniclin er dokumenteret mest effektivt, har ingen alvorlige bivirkninger, og bør derfor overvejes som førstevalg. (A)

Formål



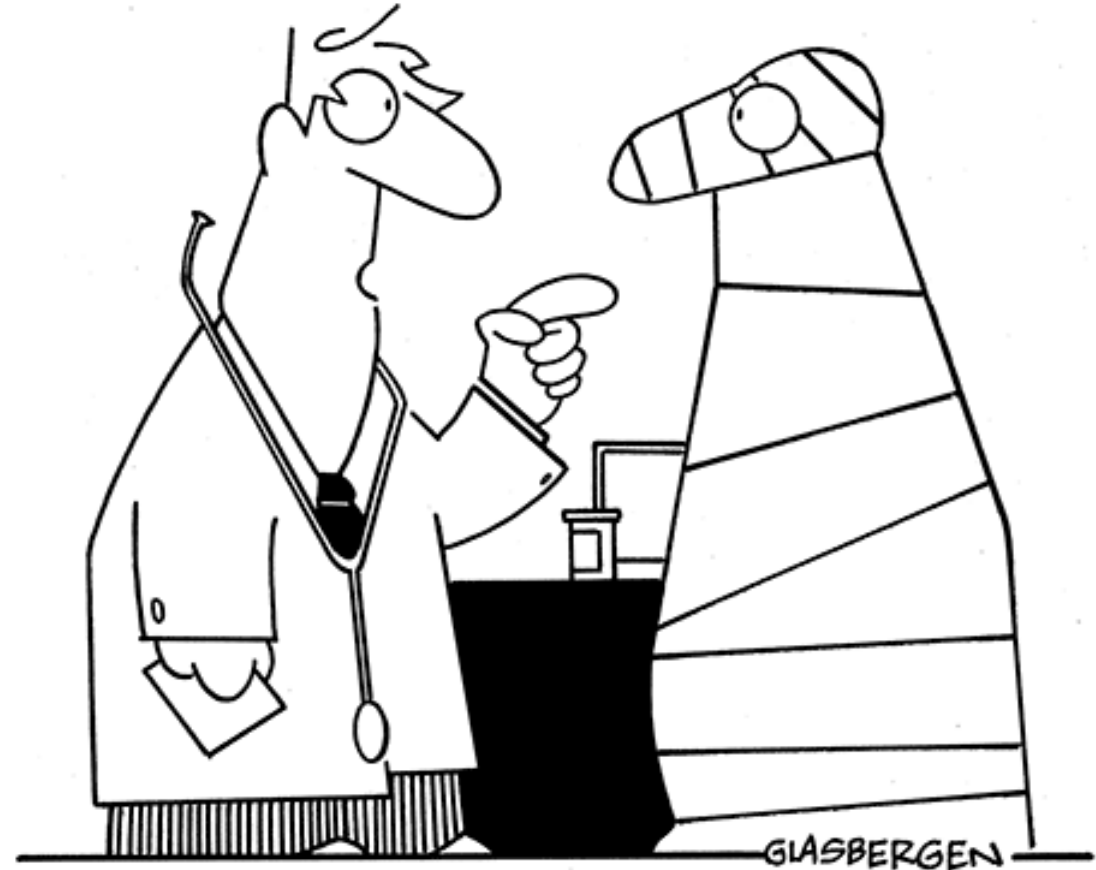
Undersøge ptt's og personales holdninger mhp.
optimering af indsatsen

Afprøve effekten på rygeophør, symptomer og
livskvalitet

Implementere og evaluere rygestopbehandling
ved nydiagnosticeret lungekræft

Intervention til implementering

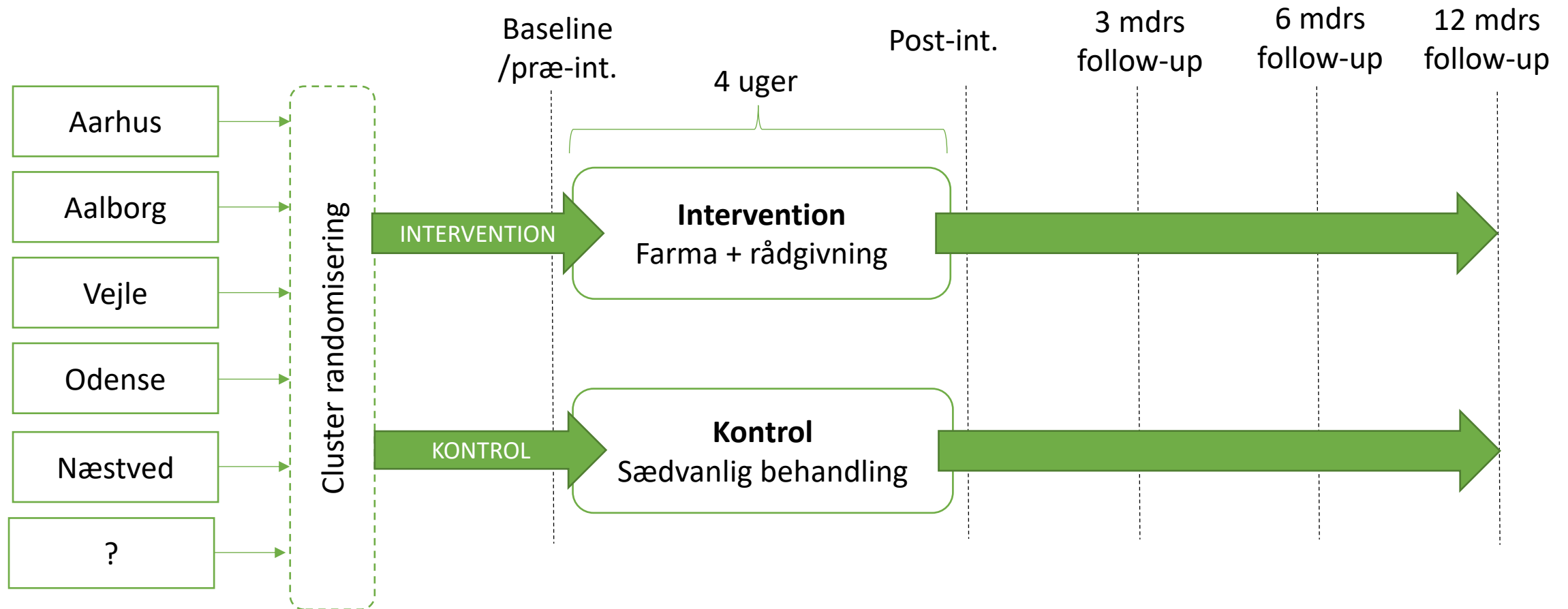
- Farmakologisk rygestopbeh.
- +
- Rådgivningsforløb:
 - 1-times indledende samtale
 - Kortere opfølgningssamtaler med jævne intervaller
 - Leveret af sygeplejerske
 - Baseret på retningslinjerne for rygestoprådgivning
 - De deltagende centre vil blive trænet i at levere rådgivningsforløbet



"It's not easy to quit smoking, but we've had good results with the whole-body nicotine patch."

Effektundersøgelse

A multi-center, pragmatic, cluster-randomised controlled trial

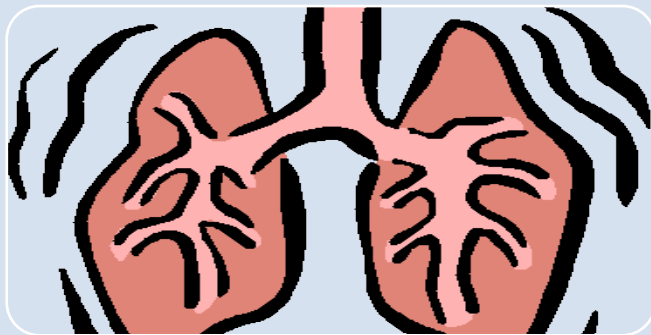


Effektmålinger



Rygeophør

Status
Afhængighed



Symptomer

Selvrapport
Beh.respons



Livskvalitet

HRQoL
Disease-
specific

Omkostningseffektivitet

Kvalitativ undersøgelse

- Patienter, pårørende og personale
- Rekrutteret fra både interventions- og kontrolcentre
- Interview af 1 times varighed
- Holdninger til rygeophør ved nydiagnosticeret lungekræft
- Behov for og oplevelse af støtte til rygeophør

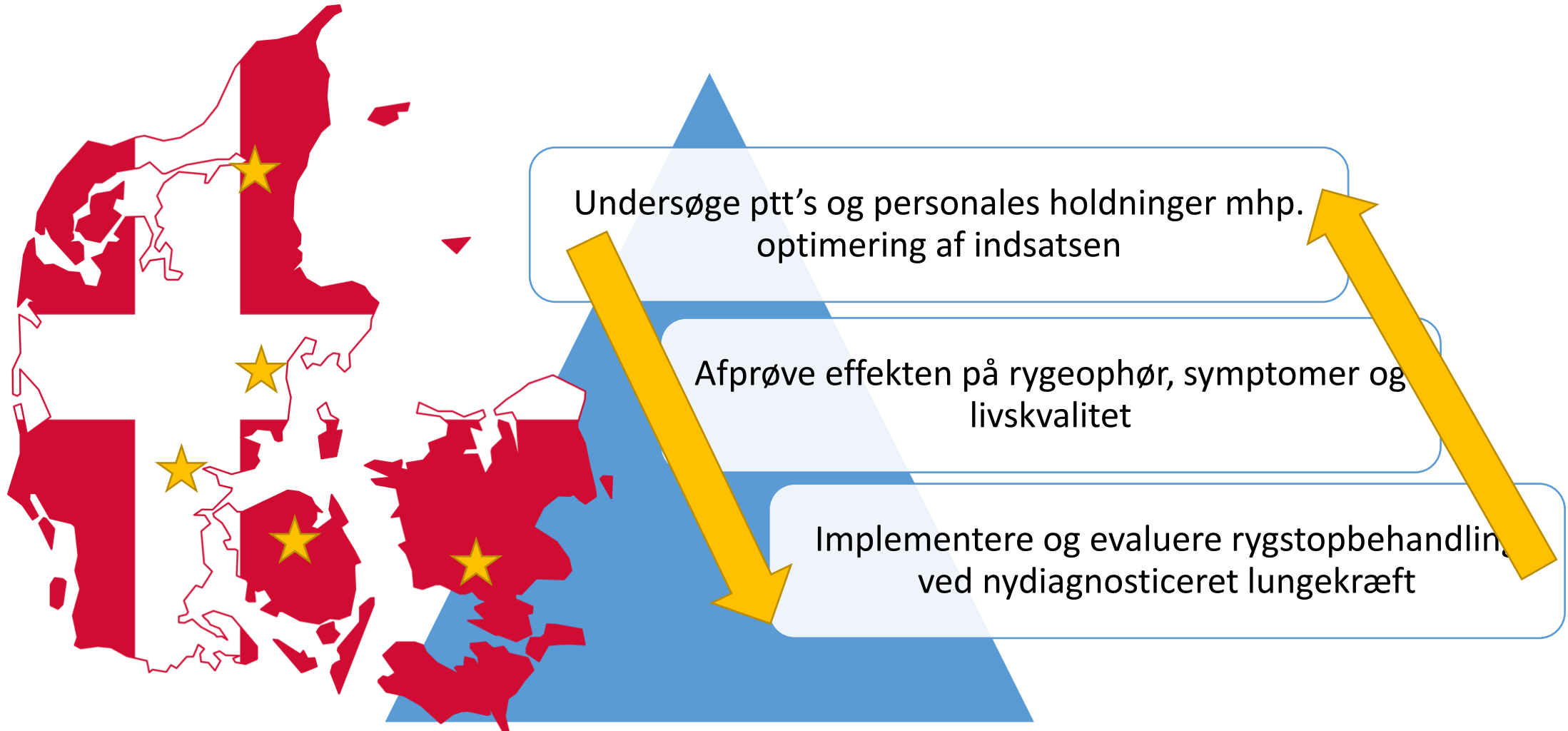


"We make clouds, clouds make rain, rain spoils baseball games. That's why people don't like smokers!"

Forberedende arbejde

- Rekruttering af diagnoseenheder
- Afdækning af lokale behov og eksisterende praksis ift. rygestopbehandling ved nydiagnosticeret lungekræft
- Tilpasning af interventionen

Perspektiver



Tak for opmærksomheden...

