



NCCN
GUIDELINES
FOR PATIENTS®

2024

Quitting Smoking



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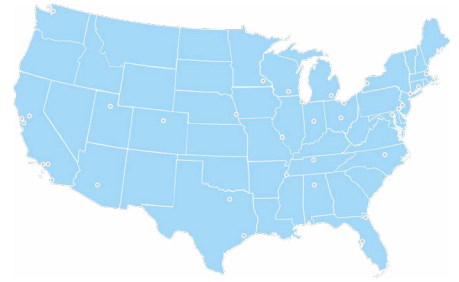
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About the NCCN Guidelines for Patients®



Did you know that top cancer centers across the United States work together to improve cancer care? This alliance of leading cancer centers is called the National Comprehensive Cancer Network® (NCCN®).



Cancer care is always changing. NCCN develops evidence-based cancer care recommendations used by health care providers worldwide. These frequently updated recommendations are the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). The NCCN Guidelines for Patients plainly explain these expert recommendations for people with cancer and caregivers.

These NCCN Guidelines for Patients are based on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Smoking Cessation, Version 1.2024 – April 30, 2024.

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1

Smoking basics

- 5 Why smoking is so addictive
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By reading this guideline, you're flipping the page to your next chapter. The one where you take a solid step forward to finally being done with smoking and getting healthier. Good for you!

This book will show you how to quit smoking with recommendations backed by research and experts.

First, it's important to know how smoking or using tobacco products affects your body because it will help you better understand the recommendations. While the following advice will help you quit smoking and the term "smoking" is used throughout, it applies to quitting all tobacco products.

Why smoking is so addictive

Smoking is not just a habit — it's an addiction. And behind that addiction is nicotine, a highly addictive chemical compound. Nicotine exists in nearly all tobacco products including cigarettes, cigars, hookah tobacco, smokeless tobacco, and most electronic cigarettes (e-cigarettes). These products are designed to deliver nicotine to your brain quickly.

As nicotine stimulates parts of your brain over and over, your brain gets used to having it. And in time, your brain changes in response to nicotine. It craves nicotine just to feel normal. So, you grab that cigarette.

When you start the quit process, your brain and body get confused. You may start to feel anxious when you don't get nicotine. It might be hard to concentrate or to sleep. And you

Quitting isn't easy but it is possible. Some people try a dozen or more times before they quit smoking for good.



will crave cigarettes. This process is known as withdrawal — more on that in *Chapter 2: The benefits of quitting*.

While nicotine is responsible for the addictive side of smoking, it is the hundreds of other chemicals in tobacco that can cause health problems.

to infections, as well as heart and lung issues. And after surgery, you might have a longer hospital stay.

But doing the opposite: quitting smoking can help make you healthier. Read the next chapter for exactly how.

Effects on cancer treatment

If you have cancer or you're a survivor, smoking carries additional health risks. For one, smoking interferes with your body's response to cancer medicine. That means you could have a poorer treatment response with medicines like systemic therapies, targeted therapies, as well as with radiation therapy.

Smoking while having cancer is also known to raise your risk for:

- A second primary cancer
- A cancer recurrence
- More harmful effects of your treatment (known as toxicity)

Effects on surgery

Smoking can also make surgery more complicated. It can contribute to a decrease in quality of life after surgery. For example, you might have more fatigue, more pain, or more shortness of breath (called dyspnea) than someone who doesn't smoke with cancer.

You might have more trouble healing from surgery. Smoking also makes you more prone

Key points

- Smoking is more than just a habit — it's an addiction.
- Nicotine is an addictive chemical compound in tobacco.
- Nicotine is present in nearly all tobacco products.
- Your brain changes in response to nicotine.
- Tobacco has hundreds of chemicals that can cause cancer.
- Smoking can harm your cancer treatment.
- After cancer surgery, smoking can make you feel more fatigue, pain, and shortness of breath.

Quitting is tough, but so are you!



2

The benefits of quitting

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- 10 Cancer benefits
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There are so many health benefits to quitting smoking. But did you know it can really help with cancer and its treatment?

Overall health benefits

Once you stop smoking, you can see some benefits almost right away. For instance, about 12 hours after you quit smoking, the carbon monoxide level in your blood drops to normal. Carbon monoxide is harmful in the blood because it crowds out oxygen, which your heart, brain, and other vital organs need to work properly.

Between 1 and 12 months, coughing and shortness of breath will decrease. And the longer you go with quitting, the more health benefits you'll experience.

Other ways you'll start to feel better:

- Your senses of taste and smell will improve
- You'll have more energy
- Being active will be easier because your lungs will get stronger

Health benefits of quitting



Breathe easier



Taste more



Smell your surroundings better



Have more energy



Be more active

Cancer benefits

Related to your cancer, quitting smoking and sticking with it is linked with:

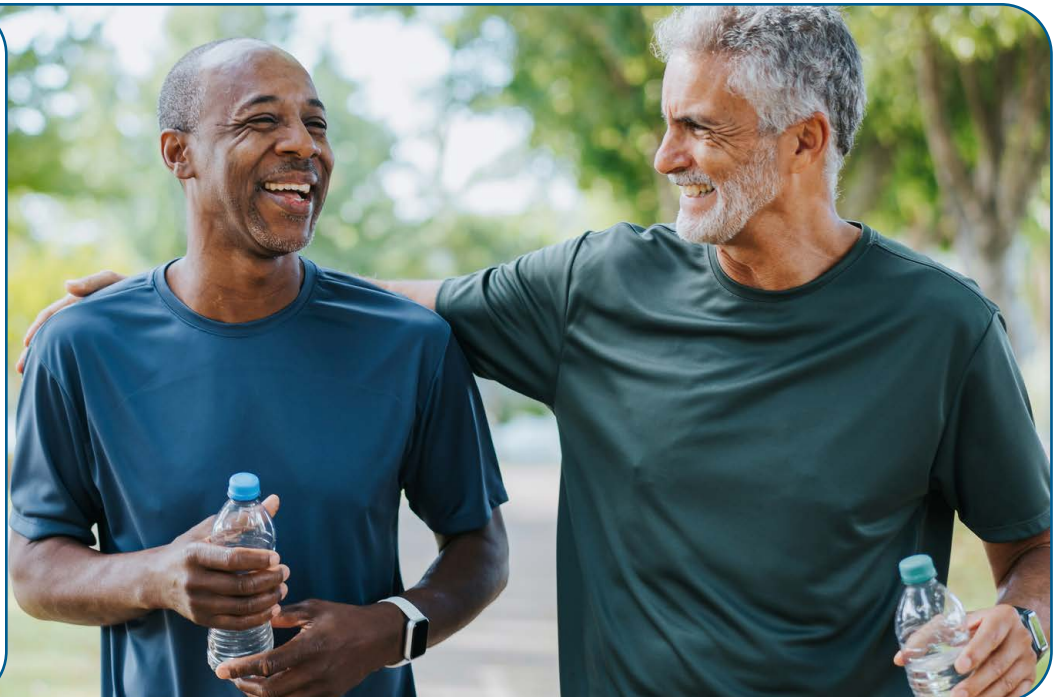
- › Better cancer survival rates
- › Improved cancer treatment results
- › Enhanced health-related quality of life
- › Decreased treatment-related toxicity
- › Fewer drug side effects and surgical complications

And when it comes to surgery benefits, research has shown that people with cancer who smoke and stop before surgery are significantly more likely to survive. Studies have also proven that people who recently quit smoking after being diagnosed with cancer have better survival than people who continue to smoke. That's really good news!

Everyone, no matter their age or stage of cancer, can benefit from quitting smoking.

Aside from all the health benefits of quitting, think about all that money you will save from not buying cigarettes!

It's never too late to quit.



Recognizing withdrawal

When you discuss the advantages of quitting, it's not fair to do so without mentioning a disadvantage: withdrawal. During the quit process, you'll likely be faced with withdrawal symptoms, which can be tough. If you've tried to quit before or know someone who has, you know that's one of the reasons it's so hard to quit completely.

But it is possible. Patience and persistence are key. To help you manage withdrawal with recommended treatments, see *Chapter 3: Treatment options*.

Withdrawal happens because you stop using products with nicotine. When the chemical compound is no longer there, your brain and body have to get used to not having it. So the brain craves nicotine and can make you feel overall unwell at first. It's normal to feel that

way coming off nicotine. It takes time to get over withdrawal. But you can do it.

Aside from the cravings, you might have trouble concentrating or have a tough time falling asleep. Some other common withdrawal symptoms include feeling:

- Irritable
- Restless
- Hungrier
- Anxious, sad, or depressed

Physical withdrawal symptoms tend to go away after a few days to a week, but the cravings could continue for weeks to months. It's important to know that nicotine withdrawal cannot hurt you and over time, it will get easier. The good news is it will get better with each day as your brain readjusts to not having it.

You've got this!



Some people want to quit suddenly without help — known as going cold turkey — but withdrawal can be harder this way. And if you smoke a half a pack or more a day, you're less likely to quit for good without assistance. In the next chapter, you'll learn your options so you can quit for good.

Key points

- It's never too late to quit smoking.
- Your health will start to improve from quitting smoking almost immediately.
- The longer you can stay quit, the more your health will improve.
- It's easier to be active after you quit.
- Quitting smoking makes you more likely to have better cancer survival and treatment outcomes.
- Withdrawal happens because the brain is craving nicotine and takes time to adjust.
- Withdrawal can be easier if you get help.



I truly believe that you have to go through something life changing to gain something life affirming.”

3

Treatment options

- 14 Nicotine replacement therapy
- 16 Non-nicotine medicines
- 17 Behavior therapy
- 18 Key points

Most people will say their biggest challenge with quitting is withdrawal. But there are ways to make it easier. Read on for more information on the types of treatment available to help you quit.

As mentioned in the last chapter, withdrawal can be tough. But you can talk to and get help from your health care professional who might recommend the following products and strategies. Keep in mind that these products and strategies can be used on their own or in combination to help with your mind and your body's response to withdrawal.

The good news is most health insurance plans cover FDA-approved quit-smoking medicines, including over-the-counter medicines. Read *Chapter 4: How to quit* for more information on

working with your health care professional on your quit plan.

Nicotine replacement therapy

Nicotine replacement therapy (NRT) is designed to help with withdrawal symptoms. Most NRT products are readily available over the counter (no prescription needed). NRTs work by replacing some of the nicotine you'd get from cigarettes, so you don't feel as uncomfortable quitting.

The nicotine in NRTs has proven to be safe and effective to use to help you quit. It's important to know that NRTs do not cause death and diseases like cigarettes do. Most of the dangers of smoking are because of the hundreds of toxic chemicals in cigarette smoke — not nicotine.

Using nicotine replacement therapy (NRT) like the nicotine patch can be very effective at helping you quit smoking.



The way they work: You slowly reduce the use of the NRT in order to decrease the amount of nicotine you take in.

NRT products include the nicotine patch, nicotine lozenge, nicotine gum, and nicotine nasal spray. **See Guide 1** for a description of quit smoking aids.

Side effects

You might experience side effects with NRTs but usually they're mild, such as skin rash with the patch or upset stomach with the gum or lozenge. You do not usually need to stop a medicine because of a minor side effect. Talk to your health care professional if side effects are more severe for you.

Guide 1 Types of quit-smoking aids

Over-the-counter nicotine replacement therapies (NRTs)

- Skin patches (also called transdermal nicotine patches): These patches stick to your skin much like adhesive bandages. They are considered long-acting NRTs.
- Gum (also called nicotine gum): You have to follow the directions for this type of gum to be effective. It's not chewed like regular gum.
- Lozenges (also called nicotine lozenges): These look like hard candy and dissolve in your mouth.

Nicotine prescription medicine

- Nicotine spray: This is a handheld spray bottle that you spray in each nostril.

Non-nicotine prescription medicines

- Two FDA-approved quit-smoking products that are in pill form and do not contain nicotine:
- Varenicline
 - Bupropion

Non-nicotine medicines

Other options to help you quit are FDA-approved, non-nicotine medicines, but you must work with a health care professional and get a prescription. After an overview of your tobacco use (current or past), quit attempts, and if you used anything to help you quit in the past, your health care professional might suggest a non-nicotine medicine to help you.

There are two approved non-nicotine medicines used to help people quit smoking: varenicline (formerly known as Chantix) and bupropion (known as Wellbutrin or Zyban). Because these medicines don't contain nicotine, they help you stop smoking in other ways — by lessening your brain's urge to smoke.

You usually have to take the medicine for 12 weeks or longer. Talk openly and honestly with your health care professional about any concerns you have so you both can find the right medicine for you.

Varenicline

Varenicline is a pill that works by attaching to the same parts of your brain that are stimulated by nicotine. This means that nicotine from a cigarette has fewer places to attach because the varenicline is already there and reduces the urge to smoke. For it to work properly, you have to start this medicine a week before you quit. It can be combined with NRTs but must be done under a health care professional's supervision.

Side effects

Varenicline can have side effects. Some of the most common are nausea or vomiting, constipation and flatulence, and strange

dreams and sleep disturbances. Talk with your health care professional about side effects because there can be ways around them. For example, it may be that taking the medicine with food, making dietary changes, or avoiding taking the medicine before bed will help ease those side effects. Changes in mood or behavior can also be side effects but they're rare.

Remember to talk to your health care professional right away if you experience potential side effects.

Bupropion

Bupropion may be a good choice for people who have tried using other quit-smoking medicines but haven't been able to quit successfully. Bupropion is a pill that you take twice a day. Start taking it 1 to 2 weeks before quitting. It can be combined with NRTs but must be discussed with your health care professional first.

Side effects

Like varenicline, bupropion can have side effects. Some of the most common are nausea or dizziness, trouble sleeping, constipation, dry mouth, and rash (stop taking if you develop a rash).

Talk to your health care professional about the side effects. There are ways to deal with them like taking bupropion with food to combat nausea, taking it in the late afternoon to combat sleep issues, and drinking plenty of water to help with constipation and dry mouth.

But don't hesitate to ask questions about potential side effects.

Behavior therapy

Used on its own or in combination with NRT or non-nicotine medicines, behavior therapy can be very effective in helping you quit. It is a type of counseling that may include anything from a short talk with a member of your care team to in-person counseling or a group meeting with a tobacco treatment specialist or even telehealth counseling.

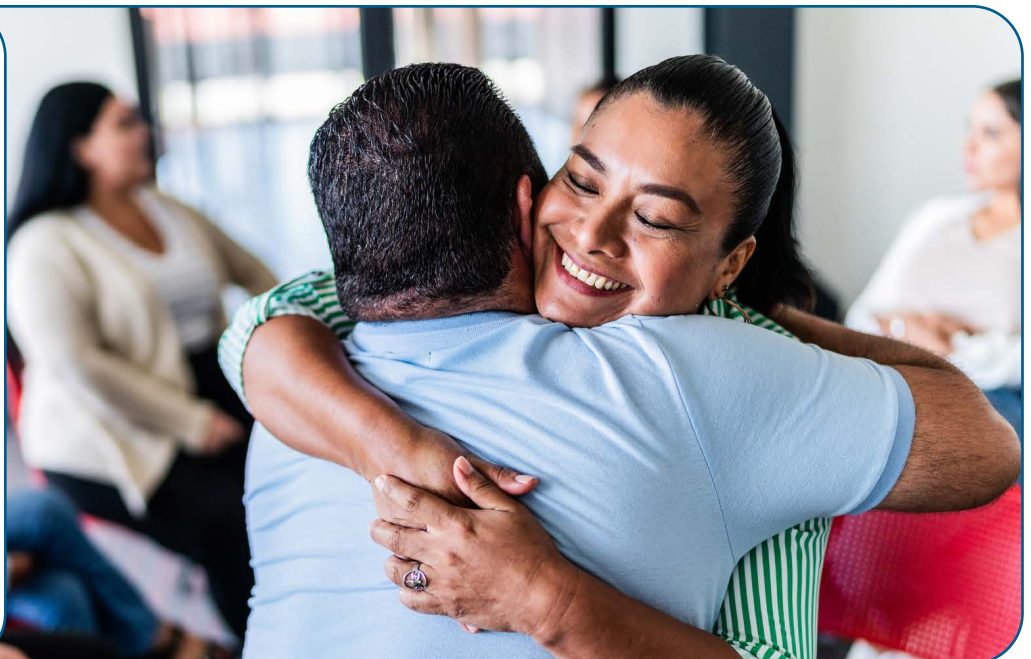
You can also take advantage of free app and web-based quit smoking programs, as well as quit lines you can call to talk to counselors who are trained to help you quit (see *Resources* section for more information).

Behavior therapy is intended to help you learn coping strategies and receive support and education to move you toward your goal of quitting.

With this counseling, you will learn how to:

- ▶ Cope with nicotine withdrawal symptoms and cravings
- ▶ Recognize your triggers (like coffee, alcohol, social situations, or stress)
- ▶ Deal with stressful situations when you're more likely to smoke
- ▶ Handle situations where you might be tempted to smoke (like break time at work or getting together with other people who smoke)
- ▶ Address other roadblocks to quitting and what might help
- ▶ Manage barriers like pain, maintaining personal control, secondhand smoke, guilt over smoking, fear of stigmatization, and how you think of your cancer.

**"Ask for help:
Use the websites,
support groups, or
any understanding
people."**



In this chapter, you learned about what types of approved treatments are available. Read the next chapter to find out how you can work with your health care professional to have better success in quitting smoking.

Key points

- Behavior therapy, FDA-approved medicines, and nicotine-replacement therapies (NRTs) can make quitting easier.
- Most NRTs can be bought without a prescription.
- NRTs can have side effects but they're usually mild.
- Behavior therapy can be useful on its own or in combination with NRTs and non-nicotine medicines.
- Behavior therapy can include counseling from an individual or group or even free web-based programs, quit lines, or apps.
- Non-nicotine medicines require a prescription from your health care professional.
- While non-nicotine medicines can be very effective in helping you quit, talk to your health professional about their side effects — many can be managed.



Who can help you

This book uses the term **health care professional** to describe the person who can provide or prescribe behavior therapy or medicine to help you quit smoking.

Fortunately, there are many types of health care professionals who can help you quit. This may be your primary care doctor, your oncologist, your pulmonologist, a mental health professional, a tobacco treatment specialist, or a quitting counselor.

You may even meet with several people who can help you with different aspects of quitting.

You are not alone!

4

How to quit

- 21 Ready to quit?
- 22 What's recommended
- 23 What's not recommended
- 24 Key points

Quitting is tough, but working with your health care professional can help smooth your path to success. FDA-approved treatments and behavior therapy can help.

Because you have or had cancer, you may want to ask someone on your care team for help with quitting smoking. You'll likely be

more successful if you have the guidance and support from someone who knows about your specific type of cancer.

One of the first things you'll be asked about is your tobacco use. For example, how much and how long you've been smoking or using other tobacco products like pipes, cigars, hookah, cigarillos, e-cigarettes, and smokeless tobacco. See sample questions in **Guide 2**. For more information on e-cigarettes, see *What's not recommended*.

Guide 2

Questions you might be asked

Your health care professional may ask you questions like these to help you come up with a plan to quit.

<p>About your tobacco use</p>	<ul style="list-style-type: none"> • How much do you currently smoke or use tobacco products (cigarettes, pipes, cigars, hookah, cigarillos, e-cigarettes/vaping, smokeless tobacco) per day? • What is the typical amount? • How soon do you smoke or use tobacco products after you wake up in the morning?
<p>About your previous quit attempts</p>	<ul style="list-style-type: none"> • What is the longest period you have gone without smoking? • Which strategies worked? • Which strategies didn't work and why? (side effects, cost, continued cravings, not enough behavioral support) • When was your last quit attempt?
<p>What you used to help you quit in the past</p>	<ul style="list-style-type: none"> • No help? • Medicines (varenicline, bupropion, NRT)? • Support group? • Behavior therapy? • Quit lines, websites, smart phone apps, or other media? • E-cigarettes? • Other?
<p>About the tobacco use of others at home</p>	<ul style="list-style-type: none"> • If they smoke, how are you exposed? • How often?

Your health care professional will also ask about your previous quit attempts and what you've used to help you in the past. And they'll recommend your family members stop smoking because of the added health concerns of secondhand smoke. Not having other people who use tobacco in the house makes it easier for you to quit and stay that way, too.

Ready to quit?

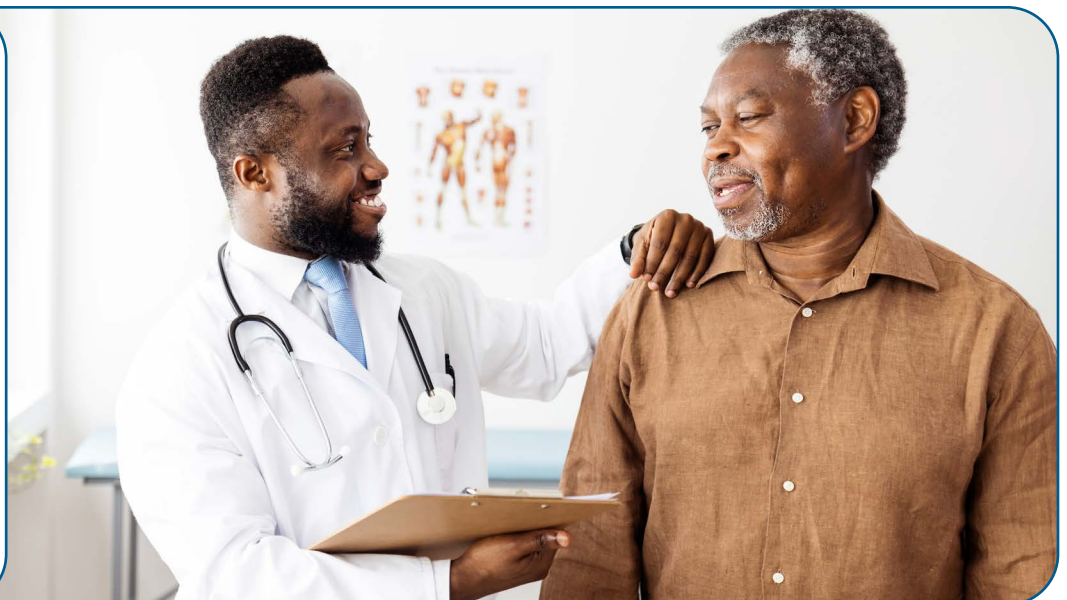
If you feel ready to quit, your health care professional may encourage you to set a quit date. At that time, they will tell you your options for treatment (mentioned in *Chapter 3: Treatment options*). They may also encourage you to quit as soon as possible, especially if cancer surgery is planned. The longer the time between quitting smoking and surgery, the better. It will help you in recovering from surgery.

If you've already quit and it happened within the past 30 days (when slips and relapses are most likely), your health care professional will encourage you to keep going but also evaluate you for the risk of a slip or relapse. If it's been more than 30 days since you smoked, you will also be assessed for relapse. For more information, see *Chapter 5: Slips and relapses*.

If you're still not ready to quit, that's okay. Your health care professional might want to find out what is keeping you from quitting. They might recommend that you take non-nicotine medicines or nicotine replacement therapy (NRT) with a goal of reducing your smoking in the meantime. Then, you can set a quit date for the future.

Just be aware that smoking less is not as helpful as quitting smoking completely because you're still exposed to tobacco and its chemicals. Yet any bit less can help. At each visit, your health care professional will likely encourage you to quit to help you have better cancer treatment results.

Working closely with your health care professional can give you the support that you might need in becoming smokefree.



What's recommended

Quitting tends to be more successful when backed up with behavior therapy. Longer, more frequent sessions with trained counselors make it more likely you will succeed in your quit attempt. So, your health care professional might suggest at least 4 or more sessions of individual or group therapy.

And what can be even more effective is combining behavior therapy with NRTs or non-nicotine medicines. **See Guide 3** for different treatments.

Your health care professional may recommend behavior therapy along with what's called combination NRT for 12 weeks (at which time you'll check in with them). Combination NRT adds a long-acting NRT like the nicotine patch and a short-acting NRT like the lozenge, gum, or nasal spray.

Or your health care professional may recommend behavior therapy plus varenicline for 12 weeks (at which time you'll check in with them).

Follow up

Within the first 3 weeks of quitting, your health care professional may ask you to check in to see how you're doing. Then at your 12-week check-in, your health care professional might adjust the frequency of behavior therapy or the medicine dosage.

If you're smokefree at that point (doing well with quitting and not needing more assistance), your health care professional might suggest continuing taking the medicine for 6 months or longer. And you will be asked to check in 6 months and 12 months after you started your quit attempt.

Guide 3

Treatments for quitting smoking

Preferred medicine combinations	<ul style="list-style-type: none"> • Combination NRT: Long-acting NRT (nicotine patch) with short-acting NRT (lozenge/gum/inhaler/nasal spray) or <ul style="list-style-type: none"> • Varenicline
Other recommended medicine combinations	<ul style="list-style-type: none"> • Varenicline with or without NRT • Bupropion (long-acting) with or without NRT
Behavior therapy	<ul style="list-style-type: none"> • At least 4 sessions of individual or group therapy with added sessions as needed.

If you have a slip or a relapse, don't worry. They are common. Read the next chapter for help with them.

What's not recommended

Remember that even if you think you can't quit after one or two (or more) attempts, it doesn't mean you can't keep trying to quit and eventually succeed. You — like so many others who use tobacco — just might need the right combination of recommended options (non-nicotine medicines, NRT, and behavior therapy) to keep you smokefree.

Alternative methods

Still, some people will turn to other ways of quitting like hypnosis, acupuncture, or nutritional supplements. While these alternatives might work for some people, your health care professional won't likely recommend them because there isn't as much research to show they work for quitting smoking.

E-cigarettes

Another method some people try to help them stop smoking is electronic cigarettes (e-cigarettes). Most e-cigarettes contain nicotine but not tobacco. Because nicotine is derived from tobacco, the FDA classifies e-cigarettes as tobacco products.

What are they?

E-cigarettes are battery-operated devices that heat a liquid and produce an aerosol. An aerosol is a mix of small particles released in the air. Some people refer to the aerosol from an e-cigarette as vapor but it is not water vapor.



There are many options to help you quit. You can do it! Be a quitter!”

Also known as vapes, they are often called e-cigs, vape pens, and electronic nicotine delivery systems (ENDS).

You might have heard using e-cigarettes (or vaping) is less harmful than smoking traditional cigarettes. While e-cigarettes typically have fewer chemicals than regular cigarettes, they may still contain toxic heavy metals like lead, flavorings linked to lung disease, small particles that can be inhaled deep into the lungs, and cancer-causing chemicals.

And it's important to realize that e-cigarettes still include the addictive chemical compound of nicotine.

Not FDA-approved

Some people switch to e-cigarettes as a way to stop smoking traditional cigarettes, thinking they're a healthier alternative. But there's just not enough evidence to recommend them as a quit-smoking aid. For example, the FDA has not approved them as a smoking treatment.

Still, if you do quit smoking traditional cigarettes and e-cigarettes are helping you do that, your health care professional should support you. But they may eventually encourage you to stop using e-cigarettes, too, and instead use FDA-approved methods of NRTs, behavior therapy, and/or non-nicotine medicines to quit them.

Bottom line

It's best to quit smoking completely than to switch to vaping. Based on the unknown risks of using e-cigarettes, your health care professional will likely encourage you to quit all smoking. It's equally not a good idea to add e-cigarettes to traditional cigarettes (called dual use) because it poses additional risks for cancer and other smoking-related diseases.

“

I grew up smoking. Our heroes smoked. After 50 years of smoking, I quit during my cancer treatment. I quit, hoping it may help.”

Key points

- Quitting smoking is easier with support from your care team.
- Quitting can be more successful when behavior therapy is used — alone or in combination with NRTs and non-nicotine medicines.
- Combination NRT is using a long-acting NRT (nicotine patch) with a short-acting NRT (lozenge, gum, inhaler, or nasal spray).
- You might just need the right combination of recommended options to quit for good.
- Your health care professional will want to check in with you at 3 weeks and then again at 12 weeks after quitting.
- Some people switch to e-cigarettes, but they're not FDA-approved as a smoking treatment.
- It's best for your health to quit smoking completely rather than switching to e-cigarettes.

5

Slips and relapses

- 26 Risk factors for relapse
- 27 Treatment for relapse and sustained smoking
- 28 Key points

In your attempt to quit, you might experience a slip or a relapse, which is not unusual. Keep trying! It's worth it. Read on for what to do if either of those happen.

If you tried quitting but started smoking again soon after, that's okay. It's called a slip. They tend to be most common within the first three months of quitting. But slips can happen at any time.

If you've quit for a longer period but started smoking regularly again, that's called a relapse.

Slips and relapses are both common. Just about everyone who has tried to quit experience them. A slip doesn't mean you'll start smoking again. And a relapse doesn't mean you're back to smoking for the rest of your life. You can still quit smoking for good. Try quitting again as soon as you can.

Each time you try, think of slips and relapses as small and medium-size bumps in the road of the journey to your destination: being smokefree. Keep going!

Risk factors for relapse

Your health care professional will likely talk with you about slips and relapses as well as your risk factors for them. Risk factors are what make you more likely to have a slip or relapse.

Two key risk factors for relapse are:

- You quit smoking less than a year ago (and especially less than 30 days ago)
- You start smoking within 30 minutes of waking up each day

But there are other risk factors.

See Guide 4.

Guide 4

Risk factors for smoking relapse

Frequent or intense cravings

Elevated anxiety, stress, or depression

Mental health issues (current or past)

Chronic or uncontrolled pain

Living or working with someone who uses tobacco

Quitting less than 1 year ago

Recent quit attempt (starting NRT or non-nicotine medicine)

Drug (cannabis, opioids, stimulants) and alcohol use

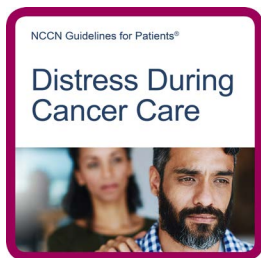
Low self-confidence in ability to quit or stay that way

Recent history of smoking 20 or more cigarettes per day

Smoking within 30 minutes of waking up

If you have more than one risk factor, your health care professional will likely recommend behavior therapy that focuses on relapse, as well as combination nicotine replacement therapies (NRTs), or non-nicotine medicines. They might also offer more resources for support such as a referral to a mental health specialist if you need help with stress management.

More information about stress management can be found in *NCCN Guidelines for Patients: Distress During Cancer Care*, available at [NCCN.org/patientguidelines](https://www.nccn.org/patientguidelines) and on the [NCCN Patient Guides for Cancer](#) app.



Your health care professional will continue discussing your smoking status and risk of relapse at each visit.

If you have no risk factors for relapse, then you will likely be encouraged at each visit to keep going with your quit attempt. Your health care professional might extend the duration of your treatment to make sure you stay smokefree, possibly 6 months or longer. They also might assess smoking status at the end of treatment, and again after another 6 to 12 months.

Treatment for relapse and sustained smoking

But if after your first visit, you relapse after quitting or you still have not yet quit (called sustained smoking), your health care professional will encourage you to try the first-recommended (primary) treatment.

Your health care professional might also ask about any side effects from the treatments or any other obstacles in your way. At that point, you might need to try something new. For example, if you used combination NRT only, then you might try varenicline. A different behavior therapy might also be recommended. For more options, see *Chapter 4: How to quit*.

After switching the therapy or making medicine adjustments, your health care professional will want you to check in within 3 weeks and then again after 12 weeks of treatment.

If at that time you're smokefree, then you might continue your medicine for 6 months or longer. You will be asked to check in at the end of 6 months and again at 12 months to see how you're doing.

If you relapse again or are still not ready to quit, your health care professional might recommend more behavior therapy and another medicine (NRT or non-nicotine medicine). For example, if you were on combination NRT only, then maybe add varenicline or bupropion.

Quitting smoking can be more like a marathon than a sprint. Give yourself a break. You can — and should — try again. You and your health are worth it!

Key points

- Quitting smoking slips and relapses are common.
- If you have a slip or a relapse, you can still quit smoking for good.
- There are risk factors for relapses, but even if you have some, quitting is still possible.
- Even if you don't feel ready to quit today, you might be ready tomorrow and can be successful with help.
- Your health care professional might ask questions to find out why you're having trouble quitting.
- A new behavior therapy might be added or you might switch to a different NRT or non-nicotine medicine to help you quit.
- Your health care professional will want to follow up with you within 3 weeks and again after 12 weeks of treatment.



Never give up. Fight a good fight. Keep the faith and believe you will conquer this. You are not alone.”

6

Making treatment decisions

- 30 It's your choice
- 30 Questions to ask
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It's important to be comfortable with the treatment you choose. This choice starts with having an open and honest conversation with your care team.

It's your choice

In shared decision-making, you and your care team share information, discuss the options, and agree on a treatment plan. It starts with an open and honest conversation between you and your team.

Treatment decisions are very personal. What's important to you may not be important to someone else. Some things that may play a role in your decision-making:

- What you want and how that might differ from what others want
- Your religious and spiritual beliefs
- Your feelings about certain treatments
- Your feelings about side effects
- Cost of treatment, travel to treatment centers, and time away from school or work
- Quality of life
- How active you are and the activities that are important to you

Think about what you want from treatment. Discuss openly the risks and benefits of specific treatments. Weigh options and share concerns with your care team. If you can build a relationship with your team, you'll feel supported when considering options and making treatment decisions.

Support groups

Many people find support groups to be helpful. If your hospital or community doesn't have support groups for quitting smoking, check out the websites listed in this book.

Questions to ask

Possible questions to ask your care team are listed on the following pages. Feel free to use these or come up with your own. Be clear about your goals for treatment and find out what to expect from treatment.

Questions about treatment options

1. What are my treatment options?
2. Is a clinical trial an option for me?
3. What will happen if I do nothing?
4. How do my age, sex, overall health, and other factors affect my options?
5. What if I am pregnant, or planning to become pregnant?
6. What are the side effects of the treatments?
7. How long do I have to decide about treatment, and is there a social worker or someone who can help me decide?

Questions about what to expect

1. Does this facility offer the best treatment for me?
2. Do I have a choice of when to begin treatment?
3. How long will treatment last?
4. Will my insurance cover the treatment you're recommending?
5. Are there any programs to help pay for treatment?
6. What supportive care and services are available to me?
7. Who should I contact with questions or concerns if the office is closed?
8. How will you know if treatment is working?
9. What are my risk factors for slips and relapses?
10. What follow-up care is needed after treatment?

Questions about side effects

1. What are the possible complications and side effects of treatment?
2. Which side effects are most common and how long do they usually last?
3. Are any side effects serious or life-threatening?
4. Are there any long-term or permanent side effects?
5. What symptoms should I report right away, and who do I contact?
6. What can I do to prevent or relieve the side effects of treatment?
7. Do any medications worsen side effects?
8. Do any side effects lessen or worsen in severity over time?
9. Will you stop or change treatment if there are serious side effects?

Resources

American Lung Association

lung.org/quit-smoking/i-want-to-quit

CancerCare

[Cancercares.org](https://cancercares.org)

Caring Ambassadors Program, Inc.

LungCancerCAP.org

Centers for Disease Control and Prevention (CDC) Office on Smoking and Health

cdc.gov/tobacco/campaign/tips/quit-smoking/

Free ME from Lung Cancer

freemefromlungcancer.org

Go2 Foundation for Lung Cancer

go2.org

Imerman Angels

Imermanangels.org

LiveLung (Dusty Joy Foundation)

livelung.org

Lung Cancer Action Network (LungCAN)

lungcan.org

Lung Cancer Research Foundation

lungcancerresearchfoundation.org

National Cancer Institute Quitline:

1.877.448.7848

LiveHelp chat support: livehelp.cancer.gov

National Coalition for Cancer Survivorship

canceradvocacy.org

Smokefree.gov

smokefree.gov

Triage Cancer

triagecancer.org



Words to know

behavior therapy

Counseling and advice designed specifically to help people quit smoking.

combination NRT

Treatment that includes both long-acting nicotine replacement therapy (NRT) and short-acting NRT.

electronic cigarettes (e-cigarettes)

A device that has the shape of a cigarette, cigar, or pen and does not contain tobacco. They are not FDA-approved to treat smoking.

nicotine

An addictive chemical found in tobacco.

nicotine replacement therapy (NRT)

Medicine that can help people quit smoking by decreasing cravings and withdrawal symptoms.

non-nicotine medicines

FDA-approved medicines (varenicline and bupropion) to help people quit smoking that require a prescription.

relapse

The period after quitting smoking where a person returns to smoking regularly.

slips

One or two cigarettes after a person quits smoking — a temporary setback.

withdrawal

The brain and body's craving response to not having nicotine after stopping smoking.



We want your feedback!

Our goal is to provide helpful and easy-to-understand information on cancer.

Take our survey to let us know what we got right and what we could do better.

[NCCN.org/patients/feedback](https://www.nccn.org/patients/feedback)

NCCN Contributors

This patient guide is based on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Smoking Cessation: Version 1.2024. It was adapted, reviewed, and published with help from the following people:

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Abramson Cancer Center
at the University of Pennsylvania
Philadelphia, Pennsylvania
800.789.7366 • penncancer.org

**Case Comprehensive Cancer Center/
University Hospitals Seidman Cancer Center and
Cleveland Clinic Taussig Cancer Institute**
Cleveland, Ohio
UH Seidman Cancer Center
800.641.2422 • uhhospitals.org/services/cancer-services
CC Taussig Cancer Institute
866.223.8100 • my.clevelandclinic.org/departments/cancer
Case CCC
216.844.8797 • case.edu/cancer

City of Hope National Medical Center
Duarte, California
800.826.4673 • cityofhope.org

**Dana-Farber/Brigham and Women's Cancer Center |
Mass General Cancer Center**
Boston, Massachusetts
877.442.3324 • youhaveus.org
617.726.5130 • massgeneral.org/cancer-center

Duke Cancer Institute
Durham, North Carolina
888.275.3853 • dukecancerinstitute.org

Fox Chase Cancer Center
Philadelphia, Pennsylvania
888.369.2427 • foxchase.org

Fred & Pamela Buffett Cancer Center
Omaha, Nebraska
402.559.5600 • unmc.edu/cancercenter

Fred Hutchinson Cancer Center
Seattle, Washington
206.667.5000 • fredhutch.org

Huntsman Cancer Institute at the University of Utah
Salt Lake City, Utah
800.824.2073 • healthcare.utah.edu/huntsmancancerinstitute

**Indiana University Melvin and Bren Simon
Comprehensive Cancer Center**
Indianapolis, Indiana
888.600.4822 • www.cancer.iu.edu

Johns Hopkins Kimmel Cancer Center
Baltimore, Maryland
410.955.8964
www.hopkinskimmelcancercenter.org

Mayo Clinic Comprehensive Cancer Center
Phoenix/Scottsdale, Arizona
Jacksonville, Florida
Rochester, Minnesota
480.301.8000 • Arizona
904.953.0853 • Florida
507.538.3270 • Minnesota
mayoclinic.org/cancercenter

Memorial Sloan Kettering Cancer Center
New York, New York
800.525.2225 • mskcc.org

Moffitt Cancer Center
Tampa, Florida
888.663.3488 • moffitt.org

O'Neal Comprehensive Cancer Center at UAB
Birmingham, Alabama
800.822.0933 • uab.edu/onealcancercenter

**Robert H. Lurie Comprehensive Cancer Center
of Northwestern University**
Chicago, Illinois
866.587.4322 • cancer.northwestern.edu

Roswell Park Comprehensive Cancer Center
Buffalo, New York
877.275.7724 • roswellpark.org

**Siteman Cancer Center at Barnes-Jewish Hospital
and Washington University School of Medicine**
St. Louis, Missouri
800.600.3606 • siteman.wustl.edu

**St. Jude Children's Research Hospital/
The University of Tennessee Health Science Center**
Memphis, Tennessee
866.278.5833 • stjude.org
901.448.5500 • uthsc.edu

Stanford Cancer Institute
Stanford, California
877.668.7535 • cancer.stanford.edu

**The Ohio State University Comprehensive Cancer Center -
James Cancer Hospital and Solove Research Institute**
Columbus, Ohio
800.293.5066 • cancer.osu.edu

The UChicago Medicine Comprehensive Cancer Center
Chicago, Illinois
773.702.1000 • uchicagomedicine.org/cancer

The University of Texas MD Anderson Cancer Center
Houston, Texas
844.269.5922 • mdanderson.org

UC Davis Comprehensive Cancer Center
Sacramento, California
916.734.5959 • 800.770.9261
health.ucdavis.edu/cancer

UC San Diego Moores Cancer Center
La Jolla, California
858.822.6100 • cancer.ucsd.edu

UCLA Jonsson Comprehensive Cancer Center
Los Angeles, California
310.825.5268 • uclahealth.org/cancer

UCSF Helen Diller Family
Comprehensive Cancer Center
San Francisco, California
800.689.8273 • cancer.ucsf.edu

University of Colorado Cancer Center
Aurora, Colorado
720.848.0300 • coloradocancercenter.org

University of Michigan Rogel Cancer Center
Ann Arbor, Michigan
800.865.1125 • rogelcancercenter.org

University of Wisconsin Carbone Cancer Center
Madison, Wisconsin
608.265.1700 • uwhealth.org/cancer

UT Southwestern Simmons
Comprehensive Cancer Center
Dallas, Texas
214.648.3111 • utsouthwestern.edu/simmons

Vanderbilt-Ingram Cancer Center
Nashville, Tennessee
877.936.8422 • vicc.org

Yale Cancer Center/Smilow Cancer Hospital
New Haven, Connecticut
855.4.SMILOW • yalecancercenter.org



**Let us know what
you think!**

Please take a moment to
complete an online survey
about the
NCCN Guidelines for Patients.
NCCN.org/patients/response

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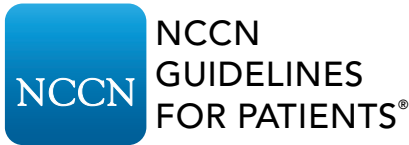


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Quitting Smoking

2024

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