

Implementation Date: January 1, 2026

Standard 5.9: Smoking Cessation for Patients with Cancer

Definitions and Requirements

Cigarette smoking by patients with cancer and survivors causes adverse health outcomes. Smoking cessation at or following a cancer diagnosis improves cancer outcomes and enhances quality of life.

The cancer committee must implement a process for patients with newly diagnosed cancer to be screened for current smoking. Patients who report current smoking must receive or be referred for smoking cessation treatment consistent with evidence-based guidelines. Services to deliver evidence-based smoking cessation treatment must be available on site or by referral (for example to the state quitline).

For purposes of this standard, current smoking is limited to cigarette smoking.

Screening

Screening for smoking must be performed for patients newly-diagnosed with cancer at an initial patient encounter or consultation within the accredited program for cancer treatment. Continued screening during follow-up visits is encouraged but not required by this standard.

Screening for smoking must identify patients as currently smoking, formerly smoking, or never smoking (options mutually exclusive). For this standard, current smoking is defined as any smoking within the past 30 days.

Timing of Screening

Cancer programs must conduct and document screening for current smoking at the patient's first encounter or an initial consultation at the accredited cancer program for cancer treatment.

Method of Screening

Cancer programs may utilize standardized screening protocols available through most medical record systems. Documentation must be in a structured, accessible format (ideally, a core data element in the electronic medical record). Programs that screen using paper-based methods must be able to evaluate data to provide an annual report to the cancer committee.

Assessment and Referral

All patients who report current smoking must be referred or receive access to evidence-based smoking cessation treatment within 30 days of the screening for smoking status. Evidence-based smoking cessation treatment must be available either on site or by referral with an established protocol.

Cancer programs must provide access to smoking cessation treatment, either on-site or by referral, consisting of core elements of behavioral counseling and pharmacotherapy, which must include one or more of the following:

- Individual counseling by certified Tobacco Treatment Specialists

- Physicians or healthcare providers providing counseling concordant with evidence-based smoking cessation guidelines.
- Referral to on-site smoking cessation group or classes
- Referral to state quitlines or other community resources such as Health Departments or the American Cancer Society free smoking cessation program
- Prescription of FDA-approved smoking cessation medication
- Enrollment in established mobile health program (example: SmokefreeTXT)
- Any combination of the above treatment approaches

Providing brochures with patient education without referral to treatment does not meet the standard. Additionally, verbal suggestions for smoking cessation without evidence-based concordant counseling does not meet the standard.

Tools

The Cancer Committee selects and approves the local method for screening, documentation, and referral using evidence-based approaches. Screening must use standardized assessments, cannot rely simply on reviews of prior assessments (copy forward), and must be documented in the medical record. Smoking status from primary care visits or other non-cancer visits do not meet the requirements of the standard.

Smoking cessation treatment should include core elements of behavioral counseling and pharmacotherapy.

Protocol for Identifying and Referring Patients who Smoke

A protocol must be in place for identifying and referring patients with newly diagnosed cancer who currently smoke to evidence-based smoking cessation treatment. The protocol must outline the methods of treatment available on-site or by referral.

Auditing Smoking Cessation Process

Each calendar year, the cancer committee must conduct an internal audit of a minimum of 20 patients with newly diagnosed cancer to determine:

- The number of patients with newly diagnosed cancer screened
- The number of patients with newly diagnosed cancer who reported current smoking
- The number of patients with newly diagnosed cancer who reported current smoking who received or were referred to smoking cessation treatment

The internal audit must include, at a minimum, 10 patients who currently smoke to determine whether they were referred. If the initial 20 medical records reviewed do not include 10 patients who currently smoke, additional medical records must be reviewed until at least 10 patients who currently smoke and their referral status are identified.

A refusal of a referral by the patient counts as a referral for purposes of the internal audit.

An action plan must be documented in the cancer committee meeting minutes if:

- Less than 90% of patients with newly diagnosed cancer received current smoking status screening, **and/or**
- Less than 80% of patients with newly diagnosed cancer who reported current smoking were treated or referred to smoking cessation treatment

For cancer programs that use multiple smoking cessation methods, programs are encouraged, but not required, to document how many patients use each method of treatment.

The results of the completed internal audit, including any action plans, must be presented to the cancer committee and the presentation must occur during the same calendar year. The results of the audit and any required action plans are documented in the cancer committee meeting minutes.

Documentation

Submitted with Pre-Review Questionnaire

- Protocol for smoking screening and providing access to smoking cessation treatment
- Cancer committee meeting minutes documenting the required internal audit of the smoking cessation process each calendar year, including any required action plans

Measures of Compliance

Each calendar year, the cancer program fulfills the following compliance criteria:

1. Implement a protocol for identifying and referring patients who currently smoke to evidence-based smoking cessation treatment.
2. The cancer committee reviews the results of the internal audit. The internal audit contains all required elements as outlined and is documented in the cancer committee meeting minutes. The internal audit meets the requirements outlined on page vi, "Standards Requiring Annual Review."
3. If the internal audit demonstrates the required thresholds were not met, then an action plan must be documented in the cancer committee meeting minutes and implemented by the cancer program.

Resources

Empowered to Quit: [Tobacco Cessation Program | American Cancer Society](#)

Evidence-based, free email intervention which demonstrated same (or slightly better) effectiveness as pharmacotherapy + counseling.

Quit Tobacco: [How To Quit Smoking or Smokeless Tobacco | American Cancer Society](#)

Resources on quitting use of tobacco products.

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