2022 CoC and NAPBC Assessment of Smoking in Newly Diagnosed Cancer Patients PDSA Quality Improvement Project and Clinical Study: Just ASK

An **Elective** Quality Improvement Project and Clinical Study Open to All Commission on Cancer (CoC) and National Accreditation Program for Breast Centers (NAPBC) accredited programs.

Introduction: A Plan/Do/Study/Act (PDSA) quality improvement project was created.
- This project is **elective and voluntary;** you do not have to participate.
- This project is designed to use **existing resources** to assess smoking in cancer care in newly diagnosed cancer patients. (Smoking is defined as combustible cigarettes and other smoked tobacco products like cigars and pipes [excluding e-cigarettes and smokeless tobacco]).
- Completing the PDSA QI project will fulfill the following CoC Standards for 2022:
  - Quality Improvement Initiative 7.3
  - Cancer Prevention Event 8.2
  - Clinical Research Accrual 9.1

  OR (only ONE set of standards may be selected-CoC or NAPBC)
- Completing the PDSA QI project will fulfill the following NAPBC Standards for 2022:
  - Clinical Trial Accrual 3.2
  - Cancer Prevention, Education, and Early Detection Programs 4.1
  - Quality and Outcomes 6.1 (counts toward one of two studies)
- Programs can claim either CoC credit or NAPBC credit, **but not both**.
- For Network Accreditations (INCP/NCIN) to receive credit, BOTH of the following criteria must be met:
  - Participating sites within the network will each submit their own questionnaire series; **AND**
  - at least 20% of the network analytic case load must be impacted by the intervention implemented.

  This requires that network organizations must coordinate with each other to ensure that at least 20% of the total network population is impacted by the intervention implemented.

Figure 1. Quality Improvement Project Schema
Part 1: Education
Participate in educational webinars as scheduled – encouraged but not required
Part 2: Intervention
Implement the intervention by July 1, 2022.
1. ASK all newly diagnosed cancer patients about smoking and report results:
   - Total number of newly diagnosed cancer patients seen.
   - Number of patients asked about smoking status.
   - Number of patients identified as currently smoking.
Part 3: Assessment
Complete the REDCap Questionnaires:
1. Baseline Questionnaire (includes analytic cases from most complete calendar year – 2020 or 2021) Due **April 15, 2022**.
2. Mid-Year Questionnaire (Jan 1-Jun 30, 2022) **Due Sep 1, 2022**.
3. Final Questionnaire (Jul 1-Dec 31, 2022) **Due Feb 1, 2023**.

NOTE: All three Questionnaires MUST be completed in REDCap to receive credit toward accreditation standards.

Why is this topic important?

- Smoking among cancer patients causes several adverse outcomes, including decreasing overall survival, cancer survival, and non-cancer survival.
- Patients who continue smoking after a cancer diagnosis have worse overall survival than patients who quit smoking, even those who quit smoking after diagnosis.
- Assessment of current smoking is not universally performed for all newly diagnosed cancer patients, and many patients who smoke do not receive assistance with quitting smoking after being diagnosed with cancer.
- Improving cancer outcomes affected by smoking starts with accurately identifying the smoking status of all newly diagnosed cancer patients.

Why are we hosting this PDSA quality improvement project?
- Participating CoC and NAPBC accredited programs can leverage **existing resources** to improve assessment of smoking in newly diagnosed cancer patients.
- Future activities can increase integration of smoking evaluation into standard cancer care.

Who can use this project outline?
- Any CoC or NAPBC accredited program can participate in this project.
- Programs that have applied for accreditation, that have been assigned a CoC Facility Identification Number (FIN) or NAPBC Company ID, are eligible to participate. Programs that have not applied are not eligible to participate. However, they are encouraged to use the PDSA template and intervention as applicable in their existing programs.

How do I participate? (**Figure 1**)
- Part 1: Plan to attend the educational webinars – encouraged but not required. Thoroughly review this document, FAQs, and Resources documents provided on the website.
- Part 2: Read and follow the PDSA materials and instructions below.
- Part 3: Complete the REDCap questionnaires at the required intervals to get credit.

When can I get started?
- Complete baseline REDCap questionnaire by April 15, 2022. This questionnaire reflects data from January 1-December 31, 2021. (If analytic cases are not complete for 2021, use the analytic caseload number for 2020 in the specified field.)
- Begin implementing your selected intervention by July 1, 2022.

Assessment of Smoking in Newly Diagnosed Cancer Patients (Just ASK): Plan/Do/Study/Act

Background: Smoking among cancer patients and survivors increases risk for adverse health outcomes (1). Smoking at the time of diagnosis is associated with a 50% median increased risk of overall mortality and 60% increased risk of cancer related mortality; smoking at follow-up is associated with a doubling in overall mortality risk. Current smoking at the time of a cancer diagnosis is conservatively estimated to add $3.4 billion in cancer treatment costs in the United States annually (2). Smoking cessation by cancer patients is associated with a 45% median reduction in mortality risk (3) and is advocated as a standard of clinical cancer care by most leading cancer organizations (4-5). Evidence-based care for smoking cessation includes the "5 As" (ASK, Advise, Assist, Assess, and Arrange follow-up) and brief interventions (ASK, Advise, Refer) (3-4, 6). However, many programs do not regularly address smoking in cancer care and many oncologists do not regularly provide assistance with smoking cessation (7-8).

This 2022 CoC and NAPBC Assessment of Smoking in Newly Diagnosed Cancer Patients PDSA Quality Improvement Project and Clinical Study _involves the assessment of smoking in newly diagnosed cancer patients (ASK),_ along with participation in educational webinars, and completion of the questionnaires in REDCap. The first step in addressing smoking in cancer care is to **Just ASK** about smoking status among all patients presenting with a new cancer diagnosis. This PDSA is designed to meet each program where they are and improve upon baseline activities that increase rates of identifying current smoking among newly diagnosed cancer patients.

As sites participate in this QI project, they are _encouraged_ to consider how their site will advance beyond ASKing to promote improved cancer treatment outcomes through expanded access to smoking cessation support. All providers are _encouraged_ to ADVISE all patients that smoking worsens cancer treatment outcomes and that smoking cessation can improve cancer treatment outcomes. Providers are also _encouraged_ to ASSIST patients with quitting using any available resources. However, programs _will not be required to measure or report_ metrics related to advising or assisting patients as part of this QI project.

STEP 1: PLAN

Step 1a: Assemble a team to discuss how assessment of smoking will be conducted at your program.
- Identify stakeholders to engage that may be involved in ASKing about smoking for all newly diagnosed cancer patients. This may include:
  - Physicians, nursing, support staff, Certified Tumor Registrars, registration and scheduling staff, clinical administration, information technology staff, or others.
- Meet regularly to discuss the QI project, goals, and progress (and metrics).
- Include identification of existing smoking use and history evaluation in the EHR.

Step 1b: Discuss specific and achievable interventions for your cancer program to implement.
- Assess current workflow. Considerations may include:
  - Who ASKs about smoking? What questions are ASKed? When and where are patients ASKed about smoking (before or during the clinical visit)? Where is the ASK being documented (e.g., patient questionnaire, vitals, provider notes)? How is the ASK data reflected in the electronic health record?
- Define how your cancer program will complete ASK reporting requirements.
- Share resources about the importance of addressing smoking in cancer care (**Appendix 2**).

Step 1c: Create a plan to improve ASKing for all newly diagnosed cancer patients (including patients who have not previously been treated) and documenting in the EHR.
- Implement the intervention strategy to improve ASKing about smoking. (**Appendix 2**)
- Schedule calendar holds to attend educational webinars and complete REDCap questionnaires.
- Validate documentation and data reporting for ASKing.

STEP 2: DO

- Attend educational webinars (**Appendix 1**). Include team members and interested providers. These webinars will address many questions about the PDSA and associated questions.

- Implement selected intervention strategies to support routine ASKing patients about their smoking status. (**Appendix 2**)
- Complete baseline questionnaire in REDCap by April 15, 2022 and complete follow-up questionnaires by September 1, 2022 and February 1, 2023. (**Appendix 3**)
    - Keep your PDF of completed questionnaires, as well as your unique login link for REDCap. You will use the same login link for completing the second and third questionnaires.
    - Report core QI metrics to the Cancer Committee or Breast Program Leadership Committee (BPLC).
    - Keep a PDF of your questionnaire responses for uploading to the Pre-Review Questionnaire (PRQ) in preparation for the next site visit.

STEP 3: STUDY

- Monitor progress in ASKing about smoking status. Extract assessment data on a regular basis, preferably monthly from the electronic health record (EHR), to see if more patients are being ASKed about smoking.
- Meet with team members on a regular basis to discuss assessment data. Work to identify gaps, barriers, and systemic deficits related to ASKing (e.g., by patient characteristics, provider department, workflow).
    - *Program target goal of the QI project should be to increase 20% over baseline or achieve a >90% overall increase in ASKing about smoking cessation in newly diagnosed cancer patients.*
    - *The proposed program target goal is **NOT** part of the compliance criteria for the standards included in this project. Programs who do NOT meet the target, but who DO complete the project, will still receive credit towards the accreditation standards for participating.*
- Discuss with team members potential methods to improve ASKing and documentation.

STEP 4: ACT

- Reflect on the success and challenges of the project.
- Refine intervention strategies with stakeholders and maintain the quality improvement (i.e., a high-percentage of ASKing in the future).
- Present final results to the Cancer Committee or Breast Program Leadership Committee.
- Consider future interventions to ASSIST patients with smoking cessation. Any site that wants to provide assistance to patients can refer patients to free state quit lines (1-800-QUIT-NOW), identify existing local smoking cessation programs, or assist patients directly with counseling and medications in clinic.

References:

1. U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014. Printed with corrections, January 2014.
2. Warren GW, Cartmell KB, Garrett-Mayer E, et al. Attributable Failure of First-line Cancer Treatment and Incremental Costs Associated with Smoking by Patients with Cancer. JAMA Netw Open. 2019;2(4):e191703.
3. United States Public Health Service Office of the Surgeon General; National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. *Smoking Cessation: A Report of the Surgeon General.* Washington (DC): US Department of Health and Human Services; 2020.
4. Warren GW and Simmons VN. Tobacco use and the cancer patient: clinical effects, dependence, and cessation support. In: DeVita VT, Lawrence TS, Rosenberg SA, eds. Principles and Practice of Oncology. 11th ed. New York: Lippincott Williams & Wilkins; 2018.
5. Croyle RT, Morgan GD, Fiore MC. Addressing a Core Gap in Cancer Care - The NCI Moonshot Program to Help Oncology Patients Stop Smoking. N Engl J Med. 2019;380(6):512-515.
6. Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2008. http://www.ncbi.nlm.nih.gov/books/NBK63952/. Accessed January 10, 2022.
7. Warren GW, Marshall JR, Cummings KM, et al. Addressing tobacco use in cancer patients: a survey of American Society of Clinical Oncology (ASCO) members. J Oncol Pract 2013;9(5):258–262.
8. Warren GW, Marshall JR, Cummings KM, et al. Practice patterns and perceptions of thoracic oncology providers on tobacco use and cessation in cancer patients. J Thorac Oncol 2013;8(5):543–548.

Just ASK PDSA & Clinical Research Study
Compliance Checklist

This is intended to provide participants with a checklist of tasks and timelines to ensure all components of the PDSA are completed for credit toward the selected standard.

- **Select** program for which participation will be applied for Accreditation (<u>you may ONLY select one</u>):
  - ▫ Commission on Cancer (CoC)
  - ▫ National Accreditation Program for Breast Centers (NAPBC)
- Review PDSA, FAQs, and other tools available on the project web page.
- Participate in Webinar 1 – 2/16/2022 *(optional)*
- Complete the **REDCap Questionnaire #1** – Due April 15, 2022. **Download and save** PDF of completed questionnaire with Accreditation files for Pre-Review Questionnaire (PRQ) and site visit documents.

Note: This questionnaire measures baseline and current state information for your program. Use data from most recent complete calendar year. If you do not have 2021 data complete, use 2020.

- **Implement the Just ASK Intervention by July 1, 2022**. Keep notes and records of your intervention and processes with Accreditation files for Pre-Review Questionnaire (PRQ) and site visit documents.

- Discuss with Cancer Committee or Breast Program Leadership Committee and include in meeting minutes.

- Participate in Webinar 2 *(optional)*. Date and time TBD.
- Complete the **REDCap Questionnaire #2** – Due September 1, 2022. **Download and save** PDF of completed questionnaire with Accreditation files for Pre-Review Questionnaire (PRQ) and site visit documents.

Metrics reported in this questionnaire period are from January 1 – June 30, 2022.

- Participate in Webinar 3 *(optional)*. Date and time TBD.
- Complete the **REDCap Questionnaire #3** – Due February 1, 2023. **Download and save** PDF of completed questionnaire with Accreditation files for PRQ and site visit documents.

- Report to Cancer Committee or Breast Program Leadership Committee and include in meeting minutes.

Metrics reported in this questionnaire period are from July 1 – December 31, 2022.

Please visit the project web page for complete details, FAQs, the REDCap link and other information.

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Appendix 1: EDUCATION

Educational Webinars (dates, times, and registration information for each webinar will be emailed to participants and included in the Cancer Programs News e-newsletter)
1. Webinar #1 – Introduction to the 2022 CoC and NAPBC Assessment of Smoking in New Cancer Patients PDSA Quality Improvement Project and Clinical Study: Just ASK. Webinar held February 16, 2022. Recording accessible (registration required to access) on project web page.
2. Webinar #2 - Clinical effects of smoking and cessation in cancer care
3. Webinar #3 - REDCap and FAQs
4. Webinar #4 - Advancing beyond ASK: Providing ASSISTance with smoking cessation in cancer care

Please visit project web page for Webinar Dates and to register for Webinar participation. Webinars are *elective*, but encouraged.

Appendix 2: INTERVENTIONS

Resources in this section are provided to assist programs with implementation of strategies that support ASKing newly diagnosed cancer patients about smoking. Most programs have electronic health records (EHR) that already capture smoking information.

The success of this project could be as easy as identifying where smoking information is collected, increasing collection of this information, and reporting results through the EHR over time. For programs that require assistance with developing specific questions for the EHR, a brief discussion about specific questions is provided at the end of this Appendix.

Implementation Strategies:
Key strategies to effective implementation include educating staff and clinicians about the importance of this project. This project is designed to be disseminated across all cancer disease sites (NAPBC programs address newly diagnosed breast cancer patients only) and treatments, and brief clinician and staff education can help garner successful support for this project.
- Educate team members and appropriate staff about the QI project, including the importance of ASKing about smoking for all newly diagnosed cancer patients in their clinical setting.

- Assess readiness of providers to address smoking cessation and ASKing patients about smoking cessation.
- Communicate to providers about the workflow plan, such as the use of educational materials or clinic huddles.
- Pilot the intervention and monitor impact.
- Consider providing feedback about smoking status assessment by department or patient characteristic to cancer care areas.
- Identify where smoking is being collected in the electronic health record (EHR). This may require assistance from information technology or administration.
- Identify how current smoking is defined in your program. With a goal of standardizing terminology, the federal office for EHR standards includes "SNOMED" (Systemized Nomenclature of Medicine) codes for smoking status. Smoking status could include cigarettes and other "smoked tobacco" products like cigars and pipes. There are separate codes for "electronic cigarette use", "smokeless tobacco", and "exposure to secondhand smoke." (Smoking Status categories, HealthIT.gov).
  https://www.healthit.gov/isa/representing-patient-tobacco-use-smoking-status?created=All&page=0
- Common definitions for smoking include the following:
  - Current every day smoker
  - Current some day smoker
  - Former smoker
  - Never smoker
  - Smoker, current status unknown
  - Unknown if ever smoked
  - Heavy tobacco smoker
  - Light tobacco smoker
- "Ever smoker" is another category generally considered for people who have smoked at least 100 cigarettes in their life. However, ever smoking does not accurately capture current smoking and instead represents a combination of current and former smoking.
- It is important to standardize how smoking is ASKed within your program as much as possible. Update standard patient assessment questions across clinical settings to be consistent.
- Identify who ASKs patients about smoking (such as registration, scheduling, assistants, nurses, physicians, etc.) in your program and engage them about the importance of this project.
- Engage leadership to communicate the priority of ASKing as a standard operating protocol for cancer care.
- Add a reminder/prompt in the clinical workflow.
- Create a policy and procedure to help onboard new staff.
- Consider external resources and connections that may have existing protocols in place, such as screening for smoking through primary care or other hospital-based protocols.

- Identify a clinical champion(s).
- Make patient education materials easily available within healthcare system.
- Educate patients about policy to ask about smoking status (e.g., flyers or email notification) along with information about why this is important.

What to do if your EHR does not assess smoking or if you need to develop assessment questions.

Most programs will likely use existing smoking assessment forms through the EHR. However, for programs without universal screening of smoking status, the National Cancer Institute has developed and tested structured assessments for smoking that could be used as a suggested script for documenting smoking status in the EHR if not already available.

1. Have you smoked at least 100 cigarettes (5 packs = 100 cigarettes) in your entire life?
   a. Yes (go to question 2)
   b. No (this would count as 'never smoking' and question 2 is not needed)

2. How long has it been since you last smoked a cigarette (even one or two puffs)?
   a. I smoked a cigarette today (at least one puff)
   b. 1-7 days
   c. Less than 1 month
   d. Less than 1 year
   e. More than 1 year
   f. Don't know/Don't remember

Current smoking - Patients who answer question 2 as a., b., or c. would be considered currently smoking.
Former smoking - Patients who answer questions d., e., or f. would be considered as formerly smoking.

The references for these and other structured questions as well as cognitive testing for these questions by patients are below:

1. Land SR, Toll BA, Moinpour CM, Mitchell SA, Ostroff JS, Hatsukami DK, Duffy SA, Gritz ER, Rigotti NA, Brandon TH, Prindiville SA, Sarna LP, Schnoll RA, Herbst RS, Cinciripini PM, Leischow SJ, Dresler CM, Fiore MC, Warren GW. Research Priorities, Measures, and Recommendations for Assessment of Tobacco Use in Clinical Cancer Research. Clin Cancer Res. 2016 Apr 15;22(8):1907-13. doi: 10.1158/1078-0432.CCR-16-0104.
2. Land SR, Warren GW, Crafts JL, Hatsukami DK, Ostroff JS, Willis GB, Chollette VY, Mitchell SA, Folz JN, Gulley JL, Szabo E, Brandon TH, Duffy SA, Toll BA. Cognitive testing of tobacco use items for administration to patients with cancer and cancer survivors in clinical research. Cancer. 2016 Jun 1;122(11):1728-34. doi: 10.1002/cncr.29964. Epub 2016 Mar 28. PMID: 27019325; PMCID: PMC5523930.

Additional Resources to Support Intervention:

These resources were selected to help programs educate their clinical teams and patients about smoking and cancer care. It is meant to be supplemental information for "Just ASK" and not an exhaustive list.

For Providers
"Smoking and Cancer Care: What Health Professionals Need to Know", Centers for Disease Control and Prevention.
A 2-page flyer that summarizes key points about the importance of ASKing about smoking in cancer care. Page 2 focuses on cessation. https://www.cdc.gov/tobacco/patient-care/care-settings/pdfs/cdc-osh-hcp-oncology-factsheet-508.pdf

"5 A's Tobacco Cessation Counseling Guidesheet" & "Implementing Ask-Advise-Refer". Clinical Resources – Tools for Clinicians: Helpful Handouts. RxForChange Implementation Toolkit
Two 1-page flyers showing how ASK is part of a broader framework to address cessation. The 5 A's is the comprehensive framework and Ask-Advise-Refer is the brief framework. https://rxforchange.ucsf.edu/toolkit.php

"When Analyzing Meaningful Progress, We Can't Ignore the Obvious" IASLC Lectureship Award for Tobacco Control and Smoking Cessation, 2021 World Conference on Lung Cancer.
An up-to-date 11 minute lecture on how smoking affects cancer treatment, the benefits of quitting smoking after a cancer diagnosis, and impacts on clinical care and research. https://wclc2021.iaslc.org/lectureship-awards/

"Smoking Cessation and Cancer Care Action Framework"
A clinical implementation framework to assist clinical centers with diverse resources to develop smoking cessation initiatives within cancer care that includes a clinical framework and rationale, checklist, and performance outcomes for smoking and cessation among cancer centers. https://www.partnershipagainstcancer.ca/topics/smoking-cessation-framework/

Tobacco Cessation Tools and Resources
> A resource for clinicians and providers to implement the 5A's of smoking cessation in cancer care, including resources for patient assessment and guidance on strategies to address smoking in cancer care. https://www.asco.org/news-initiatives/current-initiatives/prevention-survivorship/tobacco-cessation-control/tools

"Tobacco and Cancer Treatment Outcomes" World Health Organization
> A resource discussing the clinical effects of smoking on cancer treatment outcomes. https://apps.who.int/iris/bitstream/handle/10665/273077/WHO-NMH-PND-TKS-18.1-eng.pdf

<u>For Patients</u>
"Smoking can cause cancer almost anywhere in your body"
> *1-page flyer that visually shows how smoking causes 12 types of cancer. 1800-QUIT-NOW is the national quitline number that routes to free counseling services and state quitlines. Consider posting in clinic or waiting rooms to raise patient awareness.* https://www.cdc.gov/tobacco/infographics/health-effects/pdfs/he-infographic-2020-p.pdf

"Quit Smoking Before Your Operation", American College of Surgeons
> *4-page Strong for Surgery handout with 2 pages about why it helps to quit before surgery and 2 pages about how to quit.* https://www.facs.org/-/media/files/education/patient-ed/quit_smoking.ashx

<u>Website Resources</u>
Cancer Care Settings and Smoking Cessation, Centers for Disease Control and Prevention
> *Provider-facing website about why addressing tobacco is part of cancer care. Also links to general public and patient materials.* https://www.cdc.gov/tobacco/patient-care/care-settings/cancer/index.htm

Cancer Center Cessation Initiative, National Cancer Institute
> *Lists 52 cancer centers who have worked to integrate tobacco treatment into cancer care. Useful resources include published articles and a "Build Guide for Smoking Cessation Electronic Health Record Functionalities" for Epic or Cerner.* https://cancercontrol.cancer.gov/brp/tcrb/cancer-center-cessation-initiative

Strong for Surgery, American College of Surgeons
> *Provider-facing resources for addressing smoking in surgical practice.* https://www.facs.org/quality-programs/strong-for-surgery/patients/quit-smoking

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Additional References

Case example of bridging primary care resources into cancer care for implementing tobacco assessment protocols and treatment.

Tong EK, Wolf T, Cooke DT, Fairman N, Chen MS Jr. The Emergence of a Sustainable Tobacco Treatment Program across the Cancer Care Continuum: A Systems Approach for Implementation at the University of California Davis Comprehensive Cancer Center. Int J Environ Res Public Health. 2020 May 6;17(9):3241. doi: 10.3390/ijerph17093241

"Tobacco Use and the Cancer Patient" discussing the clinical effects of smoking on cancer treatment outcomes and strategies clinicians can consider to address smoking in cancer care.

Chapter 33 for the 11th edition of DeVita, Hellman, and Rosenberg's *Cancer: Principles and Practice of Oncology*, pg. 388-401, 2019A chapter in Principles and Practice of Oncology

This section includes the questions and information required within the REDCap Questionnaires. *It is strongly recommended that each participating program complete these fields with your project team to capture the most accurate detail in the qualitative fields (sections II-V).*

These data are collected at baseline by April 15, 2022 and will be evaluated again by September 1 2022 and February 1, 2023 after initiation of the QI project at your program.

Section I. Background Information. The section provides background information about your program.

Date of completion of form	
Primary Contact (Name, Email, Phone)	
Secondary Contact (Name, Email)	
Name of CoC/NAPBC Program	
Facility ID (CoC) or Company ID (NAPBC)	

Programs are able to select which accreditation they wish to have this PDSA applied towards.
 	
CoC Standards:
  o Quality Improvement Initiative 7.3
  o Cancer Prevention Event 8.2
  o Clinical Research Accrual 9.1
NAPBC Standards:
  o Clinical Trial Accrual 3.2
  o Cancer Prevention, Education, and Early Detection Programs 4.1
  o Quality and Outcomes 6.1 (counts toward one of two studies)
 	
Programs can claim either CoC credit or NAPBC credit, **but not both**.
	• CoC Standards
	• NAPBC Standards

CoC Cancer Program Category *Not applicable for NAPBC centers*	• Academic Comprehensive Cancer Program • Community Cancer Program

	• Comprehensive Community Cancer Program • Freestanding Cancer Center Program • Hospital Associate Cancer Program • Integrated Network Cancer Program • NCI-Designated Comprehensive Cancer Program • NCI-Designated Network Cancer Program • Pediatric Cancer Program • Veterans Affairs Cancer Program
Location of program (city,state)	
Annual new patient volume (analytic cases from last complete year). *If 2021 data is not complete, use 2020 data for this field.*	
What smoking cessation resources are currently available for your patients?	Check all that apply • Treatment in clinic by physician or clinic staff • Smoking cessation program embedded in the cancer center • Smoking cessation program through a local hospital resource • Referral to other organization-based program • Referral to Quitline • Referral to community-based program (describe) • Unknown
Do you have a smoking cessation specialist or counselor embedded in your cancer care setting who is available to see patients who are identified as reporting current smoking?	• Yes • No • Unknown
Does your program have a system for assessing smoking in all newly diagnosed cancer patients?	• Yes • No

	• Unknown
How often is smoking status assessed and documented in the EHR?	Check all that apply • New patient visit • Follow-up visits • Unknown
Enter the actual text of the question and the response options/categories used to assess and document smoking status in the EHR.	
Who is primarily responsible for assessing smoking status and documenting it in the EHR at your program?	• Primary Care Provider • Oncology Physician • Oncology Advanced Practice Provider (ie PA or NP) • Oncology Nurse • Oncology Support Staff (ie nurse navigator, social worker) • Students (medical, nursing, or other) • Medical Assistant • Non-clinical staff (registration, scheduling) • Administrative staff • Other (describe)
When is smoking assessed (check all that apply)?	• Prior to a patient visit, such as through an online portal • During scheduling • During registration or check-in • In clinic before seeing a provider • During the provider visit • Other (describe)

NOTE: Facilities who have NETWORK accreditation for CoC will need to submit questionnaires for EACH child facility. The FIN for both Parent and Child sites will be required within the questionnaire. Data submitted for intervention impact will need to be representative of at least 20% of the total newly diagnosed cancer patient volume for the network in order to receive credit towards the Network accreditation for the project.

Section II. Smoking Assessment and Smoking Cessation Practices

The following questions ask about tobacco assessment and treatment services that are currently available for **newly** diagnosed cancer patients treated at your setting. Please indicate how frequently your oncology care providers do the following during new patient visits:

	Almost Always	Usually	Sometimes	Occasionally	Rarely or Never
ASK patients whether they currently smoke cigarettes or other combustible tobacco products.					
ADVISE patients who smoke to quit.					
ASSIST patients who smoke to quit.					
Document smoking history and current use in electronic health record (EHR).					
Document smoking cessation advice and tobacco treatment plan.					
Provide individual cessation counseling for patients who are currently smoking in-person.					
Provide individual cessation counseling for patients who are currently smoking by phone.					
Provide individual smoking cessation counseling by telehealth, text, or electronic communication (such as a patient portal).					
Refer patients who are currently smoking to your state or National Quitline.					
Refer patients who are currently smoking to smoking cessation program or specialists affiliated with your program.					
Provide self-help smoking cessation booklets or other patient education materials for patients who are currently smoking (such as brochures, app-based programs, or Smokefree.gov).					
Prescribe or recommend FDA-approved cessation medications such as nicotine					

	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree
replacement therapy (NRT), bupropion and varenicline to help patients quit smoking.					
Prescribe or recommend electronic cigarettes (E-cigarettes) to help patients quit smoking (NOTE: E-cigarettes are not FDA-approved devices for smoking cessation).					

Section III. Implementation Barriers

To what extent do you perceive these barriers for promoting smoking cessation among cancer patients who are current smokers at your cancer care setting?

	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree
Lack of time for clinicians/providers to ASK					
Lack of staff training in smoking cessation interventions.					
Lack of available resources or referrals for smoking cessation interventions.					
Most patients at our center who are current smokers are resistant to smoking cessation treatment.					
Inadequate reimbursement for smoking cessation treatment.					
Clinicians/providers have competing clinical priorities.					
Not well aligned with clinical workflow.					
Lack of designated smoking cessation specialist/champion.					
Lack of leadership support for smoking cessation interventions.					
Unable to readily identify patients who are currently smoking in the EHR.					
Inadequate funding to support smoking cessation interventions.					

Section IV. Implementation Strategies

This section focuses on the implementation strategies for actively identifying patients who are currently smoking, and improving the delivery of smoking assessment or cessation treatment(s) in your cancer care setting. These selections will help you choose your implementation(s). You are required to complete at least ONE improvement.

Which strategies do you think would be feasible (i.e. doable) and effective (i.e., helpful) in improving delivery of smoking assessment and treatment at your program (check all that apply):

	Feasible	Effective
Additional Staff/Clinician Training.		
Gain support of cancer center/program leadership.		
Add a reminder/prompt within clinical workflow.		
Develop patient educational materials.		
Identify tobacco treatment champion(s).		
Improve smoking history and current use documentation of monitoring/tracking in EHR.		
Identify additional organizational resources to support smoking cessation.		

During the second and third assessment period, you will be asked to select which intervention(s) you chose to implement, and briefly describe your process.

Section V. Organizational Readiness and Priority

The next set of questions focus on the organizational readiness for delivering smoking cessation treatment at your cancer care setting. Please read each statement and indicate which response best reflects your setting's readiness to implement tobacco use assessment and treatment.

	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree
People who work here are committed to implementing smoking assessment and treatment.					
People who work here are motivated to implement smoking assessment and treatment.					
People who work here feel confident that they can coordinate tasks so that implementation goes smoothly.					

People who work here feel confident that they can handle the challenges that might arise in implementing smoking assessment and treatment				
Our facility program leaders are committed to making sure we have the resources to implement smoking assessment and cessation treatment initiatives.				

Section VI. Clinical Data Reporting and Metrics (ASK):

This information is populated in the questionnaire at baseline (by April, 15, 2022) and again by September 1, 2022 and February 1, 2023 after initiation of the QI project at your site

For this reporting period, please extract data (numerator and denominator) and report ASK metrics from these time periods:	• January 1 to December 31, 2021 by April 15, 2022 in the baseline REDCap survey (Note: report most recent complete year in analytic case load field – 2020 or 2021). • January 1 – June 30, 2022 in the second REDCap due September 1, 2022; and • July 1 – December 31, 2022 in the third REDCap due February 1, 2023.
During this assessment period, how many newly diagnosed patients were seen? (DENOMINATOR)	
During this assessment period, how many newly diagnosed patients were ASKed about smoking history and current use? (NUMERATOR)	
During this assessment period, how many newly diagnosed patients reported that they were currently smoking? (NUMERATOR)	
During this assessment period, how many newly diagnosed patients were provided with smoking cessation resources, or referred to a smoking cessation specialist?	
During this assessment period, how many TOTAL patients were ASKed about smoking history and current use?	

Once you have completed your questionnaire in REDCap for each assessment period, please download a PDF of your responses to save for your Pre-Review Questionnaire (PRQ) in preparation for the next accreditation site visit.

The Primary Contacts email will be used for all project communications and the email which will be used for logging in to subsequent questionnaires for each assessment period.

IRB Exemption Documents

The American College of Surgeons has received confirmation that IRB oversight is not required. However, depending on specific institutional policies, programs may need approval from their local IRBs. It is recommended that local IRB policies be checked.

[IRB Exemption Request](#)

[IRB Exemption Approval](#)

Questions should be directed to acscancerprograms@facs.org.

Thank you to the following members of the taskforce who were integral to the creation of this project and clinical study.

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