Helping More Smokers to Quit

Lung cancer is currently the second most common cancer in the United States, with an estimated 228,150 new cases and 142,670 deaths in 2019, according to the NCI. (Although breast cancer is more common, with an estimated 268,600 new cases, the mortality is lower, with 41,760 deaths in 2019.) For the past decade, the incidence of lung cancer has been falling at a rate of 2.4% per year. Much of this decrease is due to a decline in the rate of cigarette smoking, from an estimated 20.9% of US adults in 2005 to 14.0% in 2017, according to the CDC. Unfortunately, cigarette smoking still accounts for approximately one in five of all deaths. This number certainly underestimates the total impact of cigarette smoking on health because it does not include morbidity. It is clear that the US population would be markedly healthier if everyone quite smoking.

One question physicians are often confronted with is whether to recommend smoking cessation to patients with a new diagnosis of cancer. How much of a difference can smoking cessation really make in someone who already has cancer? Can patients benefit emotionally from exerting some control over their new medical situation by stopping smoking? Is it preferable to allow patients to continue to smoke in order to help them cope with their diagnosis and the necessary treatments? The correct approach, of course, needs to be decided on a case-by-case basis, tailored to the patient. In her interview, Deborah Buckles eloquently argues for the value of immediate smoking cessation after a cancer diagnosis. Although Ms Buckles does not discuss whether a different approach should be employed for a patient with a potentially curable cancer than for one with a terminal cancer diagnosis, my reading of her discussion seems to indicate that the same approach should be applied in both situations.

I encourage all physicians and health care providers to consider whether they are doing all that they can be doing to help their patients, acquaintances, family members, and even themselves to quit smoking. (Yes, even some oncologists still smoke.) Ms Buckles outlines reasons to extend this discussion to patients who already have cancer. She also discusses various approaches to achieving smoking cessation, and the importance of considering the role smoking may be playing as a coping strategy. When I first discuss smoking cessation with a patient, I assess whether the patient is dealing with a tobacco addiction alone or whether an underlying anxiety or other psychological disorder is present as well. In my experience, acknowledging and treating the other conditions greatly increases the chance that the patient's efforts at smoking cessation will be successful and prevents him or her from being left without proper support.

Also in this edition of *Clinical Advances in Hematology & Oncology*, Dr David Avigan discusses novel immunotherapeutic approaches to treating patients with multiple myeloma. Although we still do not definitely understand the mechanisms of action of IMiDs in myeloma, we do know the value of manipulating the immune environment in this disease. It will be fascinating to see how CAR T-cell therapy, bispecific T-cell engagers, and novel monoclonal antibodies affect outcomes in multiple myeloma. Dr Avyakta Kallam discusses the role of prophylaxis in preventing CNS relapses in patients who have diffuse large B-cell lymphoma treated with R-CHOP. Dr Kallam describes her approach in deciding who requires prophylaxis, as well as how to treat patients in whom CNS disease has been diagnosed. The field of CNS lymphoma, whether primary disease or secondary involvement, is complicated by a lack of phase 3 studies. Dr Kallam provides sound guidance in these areas.

Dr Kyle Ericson and colleagues discuss trimodal therapy as bladder-sparing treatment for muscle-invasive bladder cancer. Dr Howard Hochster provides insight into the use of molecular profiling for the management of colorectal cancer. Dr Matteo Molica and colleagues discuss how polymerase chain reaction helps inform treatment decisions for patients with CML. Finally, Dr Rebecca Previs discusses what her life is really like as an academic gynecologic oncologist and stresses the importance of maintaining a life outside medicine. I recall my gynecologic oncology rotation as a medical student with a sense of pride; surviving that rotation left me with the sense that I could accomplish anything.

Because December is the month for the American Society of Hematology annual meeting, I want to take a moment to remind everyone how much remains for us to learn—not only the information we need for our day-to-day practices but also the scientific advances that may lead to new treatments. Sometimes, though, the most important steps are putting into practice what we have known for a long time, such as the importance of quitting smoking.

Sincerely,

Richard R. Furman, MD