ONS Publishing Division Policy Regarding Letters to the Editor: Selection of letters to be published in Letters to the Editor is the decision of the editor. For acceptance, letters must be signed. A letter can appear anonymously if requested by the author. All letters are subject to editing.

A letter that questions, criticizes, or responds to a previously published *Clinical Journal of Oncology Nursing* article automatically will be sent to the author of that article for a reply. This type of collegial exchange is encouraged. Letters that question, criticize, or respond to an Oncology Nursing Society (ONS) policy, product, or activity will appear in *ONS Connect* and automatically will be sent to the ONS Board of Directors for a reply. Send letters to CJONEditor@ons.org.

Oncology Nurses Must Join Tobacco-Control Efforts

I concur with Patsakham, Ripley-Moffitt, and Goldstein's (2009) call for increased involvement of oncology nurses in delivering treatment for tobacco dependence. In many ways, the Oncology Nursing Society (ONS) has been at the forefront of policies which support and advance oncology nurses' presence in tobacco control (ONS, 2009), but continued effort is needed to ensure that helping smokers quit is part of quality cancer nursing care. It may be surprising, given the potential negative impact of tobacco use on cancer treatment, that only 7% of cancer clinical trials routinely include assessment of tobacco use (Gregorio, Hollenbeck, & Samociuk, 2009). If tobacco use is not identified during patient assessment, evidence-based treatment as detailed by the Public Health Service Treating Tobacco Use and Dependence Clinical Practice Guideline (Fiore et al., 2008) cannot be provided. Symptom management always has been at the top of the ONS agenda, and the treatment of nicotine-withdrawal symptoms needs to be given its due priority. Treating these symptoms is part of compassionate care when patients with cancer who smoke are "forced" to quit when they enter a smoke-free acute care setting, when they are getting ready for surgery or other cancer treatments, as well as when they are making a quit attempt.

In addition to the long list of reasons given in the editorial as to why support for patients diagnosed with cancer in their quit attempts is needed, I would like to add two others: safety concerns and reduction of risk of comorbid tobacco-related diseases. Safety concerns are an issue for all patients, especially during palliative care, when they might be receiving oxygen, or in cases of altered mental status from medications or disease (the risk of smoking-related fires). Tobacco-dependence treatment needs to be part of survivorship care because the most common cause of tobacco-related deaths is cardiovascular disease, and smokers who quit can reduce their risk of heart attack dramatically within a few months of quitting, in addition to many other health benefits (U.S. Department of Health and Human Services, 2004).

Quitting smoking is very challenging. Most smokers with cancer have tried to quit. Only 5 of 100 smokers who make an unaided quit attempt are able to stay tobacco-free one year later. The use of counseling and pharmacotherapy can substantially increase long-term quit rates (Fiore et al., 2008), and evidence is growing that nurses can be effective in the delivery of interventions (Rice & Stead, 2008). Nurses and smokers should not be discouraged if previous quit attempts have resulted in relapse. This is not uncommon and is part of the process of quitting. (Smoking is termed a "chronic relapsing condition.") I would like to underscore the use of the free telephone quit line (1-800-QUIT-NOW) as an excellent and underutilized resource that oncology nurses can use as a referral for patients and family members. Even healthcare providers who smoke can benefit from this support.

Most nurses did not receive adequate training to help patients quit smoking, even as part of oncology specialty programs. However, many resources are available, including a pocket guide for clinicians that expands on the clinical interventions discussed in the editorial (i.e., the five A's) and gives nurses confidence in their abilities to assist smokers with quitting (www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.pdf).

Information and other materials also can be found on the Tobacco Free Nurses Web site (www.tobaccofreenurses.org). If armed with appropriate resources and education, oncology nurses are better equipped to understand this powerful addiction and can provide patients with the knowledge and skills to quit smoking.

Linda Sarna, RN, DNSc, FAAN
Professor and Lulu Wolf Hassenplug Endowed Chair
School of Nursing
University of California, Los Angeles
Los Angeles, CA

References

Fiore, M.C., Jaen, C.R., Baker, T.B., Bailey, W.C., Benowitz, N.L., Curry, S.J., . . . Wewers, M.E. (2008). *Treating tobacco use and dependence: 2008 update, clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

Gregorio, D.I., Hollenbeck, M., & Samociuk, H. (2009). Who's assessing tobacco use in cancer clinical trials? *Nicotine and Tobacco Research, 11,* 1354–1358. doi: 10.1093/ntr/ntp145

Oncology Nursing Society. (2009). Nursing leadership in global and domestic tobacco control [Position statement]. Retrieved from http://www.ons.org/Publications/Positions/Tobacco/

Patsakham, K.M., Ripley-Moffitt, C., & Goldstein, A.O. (2009). Tobacco use and dependence treatment: A critical component of cancer care [Guest editorial]. *Clinical Journal of Oncology Nursing, 13,* 463–464. doi: 10.1188/09.CJON.463-464

Rice, V.H., & Stead, L.F. (2008). Nursing interventions for smoking cessation. *Cochrane Database of Systematic Reviews, 1,* CD001188.

Digital Object Identifier: 10.1188/10.CJON.131-132