

# RN and Allied Health



November 13, 2020

**Welcome to the  
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- Sound checks are at 10 and 5 minutes before the hour
- Turn your speakers on and test the volume level
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- While waiting, check out our upcoming lectures at [unccn.org/events](http://unccn.org/events)

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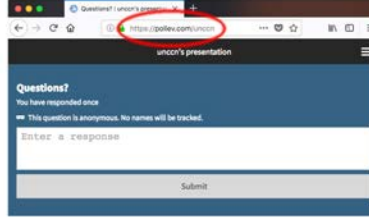
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**UNC** UNIVERSITY OF NORTH CAROLINA  
**CANCER CENTER**  
**CANCER NETWORK**

**Which one of the following statements is FALSE?**

- Tobacco use is a leading cause of cancer and of death from cancer. **A**
- People who use tobacco products have an increased risk of cancer. **B**
- People who are regularly around secondhand smoke have an increased risk of cancer. **C**
- Tobacco products and secondhand smoke do not have any chemicals that damage DNA. **D**

Answers to this poll are anonymous

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OUR PRESENTER



**Ellen Ruebush,**  
LCSW, LCAS, NCTTP

Ellen Ruebush received her Master of Social Work degree from UNC in 2014 and has worked in community mental health, treating adolescents and adults with mental health and substance use problems.

She is a Licensed Clinical Social Worker and a Licensed Clinical Addiction Specialist. In 2018, Ellen joined TTP as a Tobacco Treatment Specialist in the Cancer Center.

Ellen enjoys helping others set, achieve, and sustain goals. Her interests include co-occurring disorders, integrated care, and working with Latino patients.

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OUR PRESENTER



**Colleen Meyer,**  
MSW, LCSW

Colleen Meyer graduated from Miami University with a degree in Anthropology and from Ohio State University in 2012 with her Masters of Social Work.

She has experience in community mental health providing trauma therapy to survivors of violent crimes and traumatic events, as well as experience in treating substance abuse needs in a residential setting.

As a Licensed Clinical Social Worker, Colleen joined the Tobacco Treatment Program in 2018 and is passionate about treating trauma and mental health issues, addressing employee burnout and compassion fatigue, and providing new social workers with learning environments that are hands-on and collaborative.

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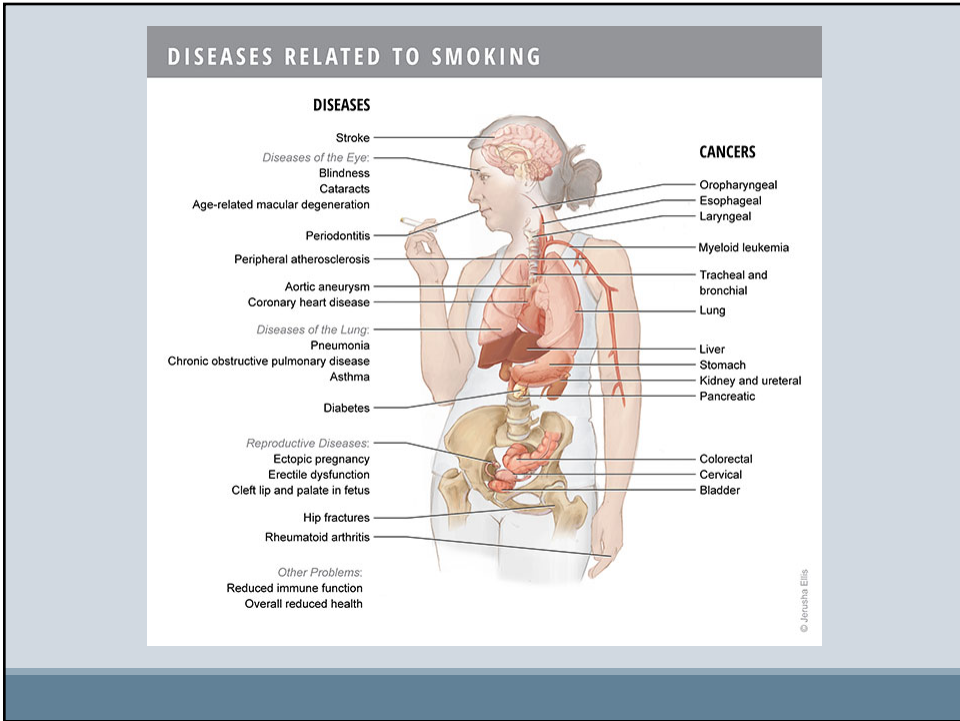


# Tobacco Use Treatment in Cancer Care

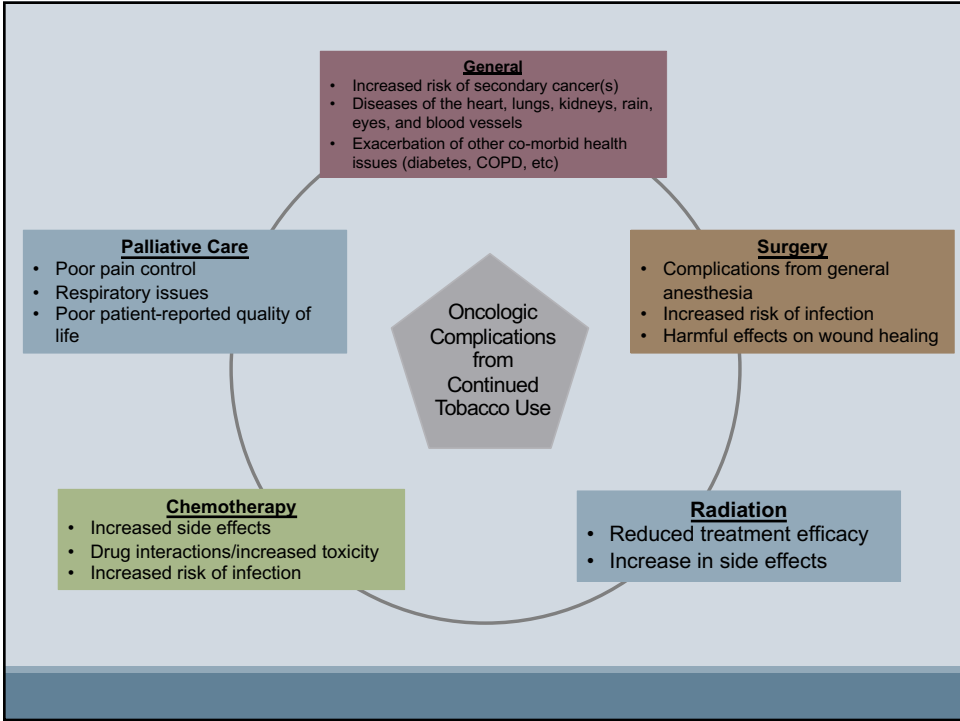
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COLLEEN MEYER, LCSW, NCTTP  
ELLEN RUEBUSH, LCSW, LCAS

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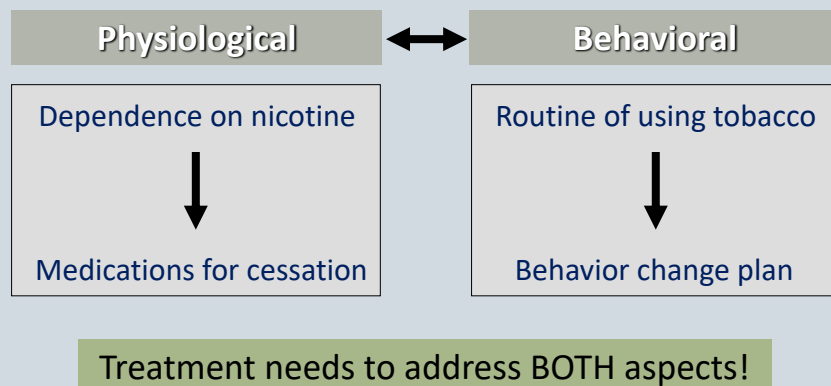
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## Cancer-Specific Benefits of Cessation

- Improves survival
- Decreases risk of disease recurrence
- Decreases risk of secondary primary cancers
- Decreases risk of treatment side effects and complications
- Improves treatment response and effectiveness
- Decreases risk of other tobacco-related co-morbid conditions (cardiovascular disease, COPD)
- Improves patient-reported quality of life (better pain control, reduced distress/stigma)

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## Treating Tobacco Use



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## What Patients Want

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- Most people who smoke are aware of general health hazards
- They want information and options
- Almost all will not be offended if you discuss their smoking BUT...
- They do not want a sermon or lecture

Failure to address tobacco use tacitly implies that quitting is not important

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## 5 A's of Tobacco Use Treatment

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- ✓ Ask
  - Identify & document for every patient at every visit
- ✓ Advise
  - Urge every tobacco user to quit in a clear, strong, and personalized manner
- ✓ Assess
  - Is the tobacco user willing to make a quit attempt at this time?
- ✓ Assist
  - For patients willing to make a quit attempt, use counseling and pharmacotherapy to help patient quit
- ✓ Arrange
  - Schedule follow-up contact OR refer to an appropriate resource

Fiore et al. 2008 update

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# Ask

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## How NOT to Ask

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- “You don’t smoke, do you?”
  - If I say yes, I’ll be judged.
- “Are you a smoker?”
  - If I say yes, I’ll be put in a box.
- “Are you still a smoker?”
  - If I say yes, I’ll feel labeled and shamed.



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## How to Ask

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Be straightforward and non-judgmental

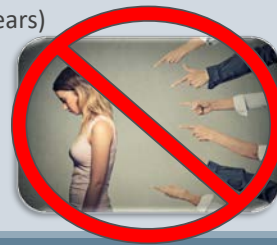
➤ “Have you ever smoked cigarettes or other tobacco?”

IF YES

➤ “Do you smoke every day, some days, or not at all?”

IF NOT AT ALL

➤ “When did you last smoke?” (date or number of years)



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## Advise

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## How to Advise

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Be clear and strong

*“Quitting all tobacco use is one of the most important things you can do for your health.*

Be empathetic

*I understand that quitting can be difficult and I am here to support you.*

Offer help

*We have effective resources such as medications and the Quitline to help you succeed.*

Be open to patient

*I’d like to hear your thoughts about stopping or cutting back on your smoking.”*

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## How to Advise

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*“Quitting all tobacco use is one of the most important things you can do for your health. I understand that quitting can be difficult and I am here to support you. We have effective resources such as medications and the Quitline to help you succeed. I’d like to hear your thoughts about stopping or cutting back on your smoking.”*

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# Assess

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## Consider Pressure Felt by Patient

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*Are you ready to quit smoking?*

*No*



It is too scary to think that I can quit completely!

If I set a quit date and don't meet it, I'll feel like a failure.

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## Open-Ended Questions

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*What are your thoughts about stopping or cutting down?*

*What do you not like about smoking?*

*What do you enjoy about smoking?*

*What would be different in your life if you no longer smoked?*

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# Assist: Counseling

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## Assist with Identifying Triggers

Often, patients automatically smoke in the following situations:

- When drinking coffee
- While driving in the car
- When bored
- While stressed
- While at a bar with friends
- After meals
- During breaks at work
- While on the phone
- While with friends or family members who use tobacco

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## Assist with Developing Strategies

<input type="checkbox"/> Go for a walk	<input type="checkbox"/> Drink a glass of water
<input type="checkbox"/> Squeeze a hard rubber ball	<input type="checkbox"/> Remind myself of why I quit
<input type="checkbox"/> Call a friend	<input type="checkbox"/> Suck on mints or lollipops
<input type="checkbox"/> Write a letter	<input type="checkbox"/> Leave stressful situation, if possible
<input type="checkbox"/> Breathe deeply	<input type="checkbox"/> Do relaxation exercises
<input type="checkbox"/> Chew gum	<input type="checkbox"/> Meditate
<input type="checkbox"/> Eat a healthy snack	<input type="checkbox"/> Exercise
<input type="checkbox"/> Pray	<input type="checkbox"/> Sing
<input type="checkbox"/> Munch on carrot or celery sticks	<input type="checkbox"/> Laugh
<input type="checkbox"/> Work on a hobby	<input type="checkbox"/> Hug a friend/family member
<input type="checkbox"/> Work on a puzzle or game	<input type="checkbox"/> Suck on a cinnamon stick
<input type="checkbox"/> Calculate how much money I will save by not using tobacco	<input type="checkbox"/> Chew on a toothpick, straw. Sunflower seeds
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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## Assist with Linking Triggers to Strategies

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If-Then Planning: *If trigger, then strategy*

- *If I feel stressed and want to smoke, then I will practice deep breathing.*
- *If my friend tries to smoke in front of me, then I will leave or ask my friend to smoke somewhere else.*



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## Assist: Pharmacotherapy

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## Tobacco Cessation Medications

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Medications **support** patients in making behavior change by *decreasing withdrawal symptoms* like craving, irritability, & depression

Encourage use by **all patients** attempting to quit smoking—*unless contraindicated*



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## Nicotine Withdrawal

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Irritability/frustration/anger

Anxiety

Difficulty concentrating

Restlessness/impatience

Depressed mood

Insomnia

Impaired performance

Increased appetite/weight gain

Cravings & urges to use

Most symptoms manifest within the first 1–2 days, peak within the first week, and subside within 2–4 weeks.

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## 7 FDA-Approved Medications

- Nicotine Replacement Therapy (NRT)
  - Patch
  - Gum
  - Lozenge
  - Nasal Spray
  - Oral Inhaler
- Varenicline
- Bupropion SR



Pharmacotherapy TRIPLES quit rates

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## Standard of Care

12 weeks of combination  
nicotine replacement therapy  
(*short-acting + long-acting*)

OR

12 weeks of varenicline

- Strong research supporting these as most effective options
- No patient should receive less effective treatment unless there is a valid contraindication

Fiore et al. 2008 update

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# Nicotine Replacement Therapy (NRT)

## Advantages

- Provides addictive substance (nicotine) without other toxic and carcinogenic agents
- Does not introduce a new substance
- Has minimal side effects with proper usage
- Allows flexible dosing and gradual reduction
- Attenuates weight gain

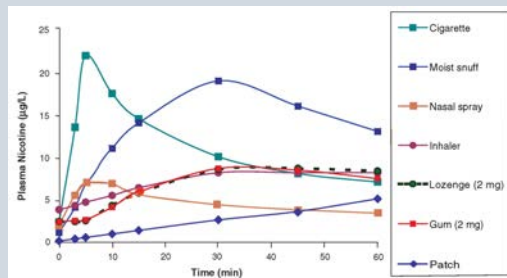


## Side effects

- Nicotine patch – skin irritation, nausea, dizziness, insomnia
- Nicotine gum/lozenge – nausea, headache, mouth soreness
- Nicotine inhaler – throat and mouth irritation, cough
- Nicotine nasal spray – nasal and throat irritation, runny eyes and nose, cough

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# Combination NRT



- Patch → Long-acting
  - Gum
  - Lozenge
  - Nasal Spray
  - Oral Inhaler
- } Short-acting

## Long-acting NRT

- Provides consistent, low-level stimulation of nicotine receptors
- Reduces intensity and frequency of urges, but triggers will still occur

## Short-acting NRT

- Helps manage urges that arise due to triggers throughout day

Fiore et al. 2008 update

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## Dosing Guidelines: Cigarettes

Daily Cigarette Use*	Combination NRT
Less than 0.5 packs/day <10 cigarettes/day	14mg patch + 2mg gum/lozenge
0.5-1 packs/day 10-20 cigarettes/day	21mg patch + 4mg gum/lozenge
1-1.5 packs/day 21-30 cigarettes/day	35mg patch (21mg + 14mg patches) + 4mg gum/lozenge
>1.5 packs/day 31+ cigarettes/day	42mg patch (two 21mg patches) + 4mg gum/lozenge

Fiore et al. 2008 update

\*1 pack = 20 cigarettes

Nicotine patch – 7mg, 14mg, 21mg  
Nicotine gum/lozenge – 2mg, 4mg

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## Dosing Guidelines: Smokeless Tobacco

Use*	Combination NRT
<2 cans or pouches per week	14 mg patch daily + gum/lozenge
2-3 cans or pouches per week	21 mg patch daily + gum/lozenge
>3 cans our pouches per week	42 mg patch (21 mg + 21 mg patches) daily + gum/lozenge

\*1 can of dip/chew/snuff = 4 packs of cigarettes = 80 cigarettes

Fiore et al. 2008 update

Nicotine patch – 7mg, 14mg, 21mg  
Nicotine gum/lozenge – 2mg, 4mg

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# Varenicline

## Advantages

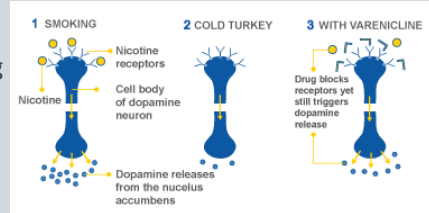
- Blocks nicotine, thus decreasing pleasure of smoking

## Disadvantages

- Common side effects: nausea, insomnia, headache, vivid dreams

## Contraindicated for patients:

- With severe renal impairment
- Who are pregnant or breastfeeding
- Who are < 18 y/o



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# Varenicline Dosing Guidelines



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# Bupropion SR

## Advantages

- May attenuate weight gain during treatment
- Can be beneficial in patients with comorbid depression
- Low cost



## Disadvantages

- Common side effects: headache, dry mouth, insomnia, weight loss

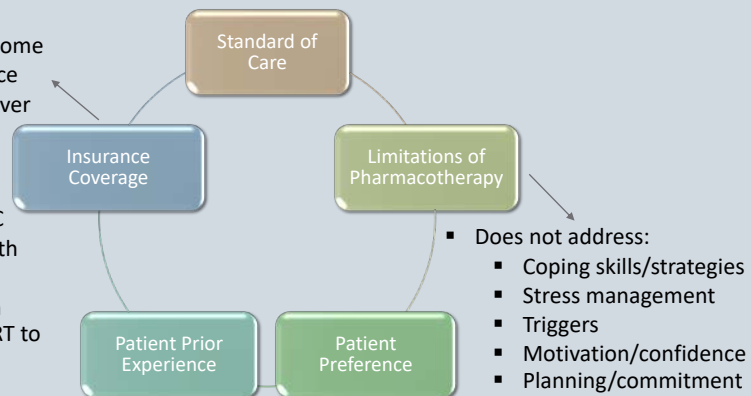
## Contraindicated for patients:

- With low seizure threshold (seizure disorders, alcohol dependence, liver disease, acute anorexia or bulimia, head injury, stroke, etc.)
- Who are pregnant

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# Considerations for Recommendations

- Medicare and some private insurance plans do not cover medications available OTC
- NC Medicaid & BCBS cover OTC medications with prescription
- NC Quitline can provide free NRT to some patients



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# Standard of Care

Standard of Care

Insurance Coverage

Limitations of Pharmacotherapy

Patient Prior Experience

Patient Preference

12 weeks of combination nicotine replacement therapy (short-acting + long-acting) OR 12 weeks of varenicline

- Strong research supporting these as most effective options
- No patient should receive less effective treatment unless there is a valid contraindication

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# “It Didn’t Work”

Standard of Care

Insurance Coverage

Limitations of Pharmacotherapy

Patient Prior Experience

Patient Preference

“How were you using medication?”

- Review length of time on medication
- For NRT: review technique and consider combination NRT

“What dosage of NRT were you using?”

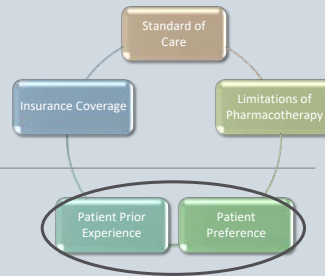
- Most prescribers under-dose

“Did you have any success in quitting while using medication?”

- Even a brief tobacco-free period suggests that medication was helpful
- TUD is a chronic disease, so relapse is common and does not indicate medication was ineffective

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# Myths



“If I use NRT, I’m just going to be addicted to something else.”

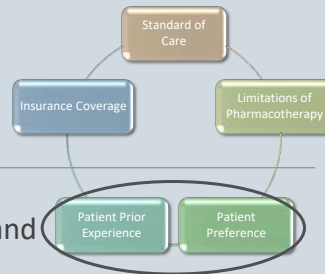
- Lower addiction potential
- Ability to titrate down
- “Clean nicotine”

“If I smoke and use NRT, I’ll have a heart attack.”

- Most effective way to use NRT is to start prior to quitting smoking = pre-quit period
- FDA supports smoking while using NRT

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# Myths



“Varenicline makes people suicidal and crazy.”

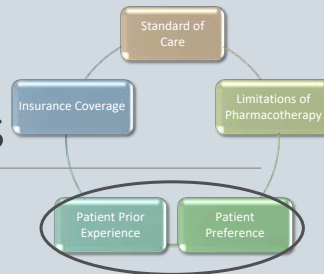
- Initially had black box warning regarding increased risk of suicide and cardiac events
- Warning removed in 2016 after two large trials showed no increased risk

“I only have to use medication for one month.”

- Even though withdrawal symptoms have subsided, medications must be continued while brain develops new pathways → reduces risk for relapse
- Minimum duration of pharmacotherapy = 12 weeks

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# Mitigating Side Effects



## Nicotine patch

- Nausea/lightheadedness → reduce dosage
- Irritability, cravings/urges → increase dosage
- Sleep disturbance → remove patch at night
- Skin irritation → rotate patch site, apply hydrocortisone cream

## Nicotine gum/lozenge

- Nausea/lightheadedness → reduce dosage
- Irritability, cravings/urges → increase dosage

## Varenicline

- Nausea → take with a full glass of water and food
- Sleep disturbance → take second dose earlier in day

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# Medication Considerations for the Oncology Patient

Medication	Oncologic Consideration
Nicotine Gum/Lozenge	<ul style="list-style-type: none"> <li>• May increase treatment related mucositis, stomatitis, xerostomia</li> <li>• May not be appropriate for patients with surgical resection of head/neck or dysphagia</li> </ul>
Nicotine Inhaler	<ul style="list-style-type: none"> <li>• May increase treatment related mucositis or xerostomia</li> <li>• May not be appropriate for patients undergoing head/neck radiation therapy (RT)</li> </ul>
Nicotine Nasal Spray	<ul style="list-style-type: none"> <li>• May not be appropriate for patients with treatment related thrombocytopenia due to increased risk for nosebleeds</li> <li>• May not be appropriate for patients with surgical resection or RT of nasopharyngeal area</li> </ul>
Bupropion SR	<ul style="list-style-type: none"> <li>• May not be appropriate for patients at increased risk or with a history of disease related seizures (ex: brain mets)</li> <li>• Not appropriate for patients taking Tamoxifen</li> </ul>
Varenicline	<ul style="list-style-type: none"> <li>• May not be appropriate for patients with disease related renal compromise</li> <li>• Increased nausea risk (disease or treatment related)</li> </ul>

Shields et al. 2016

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## What about Patients Who Aren't Ready to Quit?

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- Encourage and instruct patients to substantially and persistently reduce their tobacco use as much as possible
- Consider prescribing pharmacotherapy
  - Among patients who are unwilling to quit, abstinence rates are higher for those who use cessation medications



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# Refer

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# Where to Refer



- External Resources
  - NC Quitline: 1-800-QUIT-NOW
  - [www.smokefree.gov](http://www.smokefree.gov) (online and text programs)

- Internal Resource: **UNC Tobacco Treatment Program**



[www.ttp.unc.edu](http://www.ttp.unc.edu)

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# E-Faxing a Quitline Referral from EPIC

## INSTRUCTIONS FOR FAXING A QUITLINE REFERRAL FROM EPIC

### Step #1: Create Your Smartphrase

#### Referring Organization Information:

Organization: \*\*\* County: \*\*\*

In order to receive a Participant's Outcome Report, you must be a HIPAA-Covered Entity

- I am a HIPAA-Covered Entity? \*\*\*
- I would like to receive an Outcome Report

Provider: @me@ Fax: \*\*\* Phone: \*\*\*

#### Person being referred to Quitline:

Name: @NAME@ DOB: @DOB@

Address:  
@ADDR@

Gender: @SEX@ Pregnant: (YES/ NO,22618)

Contact information:  
@PHONE@

Language preference: (Languages,200006,"English")

...YES... I am ready to quit tobacco use within the next 30 days, or have recently quit. I request QuitlineNC to contact me to help me with my quit plan.

... I DO NOT give permission to QuitlineNC to leave a message when contacting me.

Signature: PI gave verbal permission Date: @TD@

The best time for QuitlineNC to call:

Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.

**DOUBLE YOUR CHANCES OF QUITTING FOR GOOD**

### Step #2: Talk With Patient

Part of the care we provide here is helping connect you with the best resources for quitting smoking to improve your health. We refer everyone to the NC Quitline, a free telephone counseling line for tobacco cessation counseling. They will call you within 1-3 days. May I refer you?

### Step #3: Documentation

- Open an encounter in EPIC (telephone or other type of encounter)
- \*\*\*Tip: Don't insert into an existing note, otherwise your entire note will fax to the Quitline.
- In your note, enter the name of your smartphrase and fill in any blanks



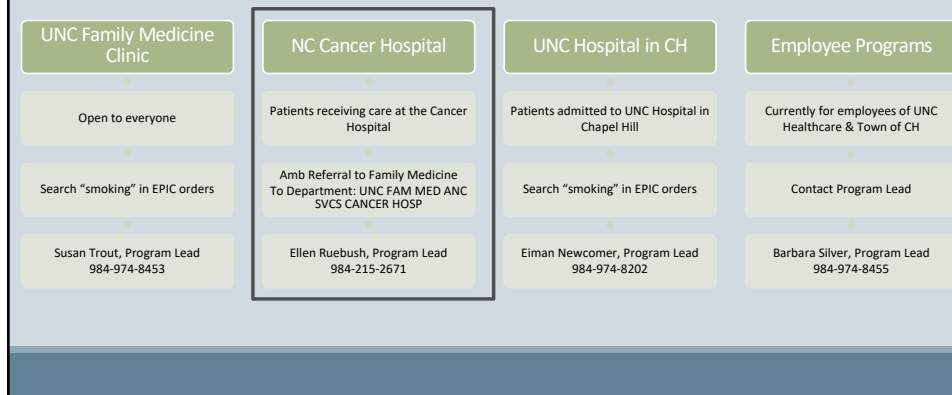
Instructions available at [www.ttp.unc.edu](http://www.ttp.unc.edu). See "For Healthcare Providers."

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# UNC Tobacco Treatment Program

## ➤ How We Help

- Collaborate with individuals to develop a plan to become tobacco-free



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# Special Considerations

Working with oncology patients who use tobacco presents unique challenges, including:

- Stress of cancer diagnosis and treatment
- Provider attitude
- Proximity to cancer treatment
- Higher levels of addiction and co-morbidities
- Returning to smoking environments

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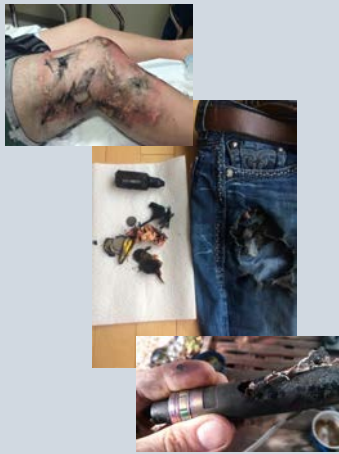
# Using E-cigarettes to Quit Smoking?

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## Respiratory Effects, Injuries, and Poisonings

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### **Respiratory effects**

- Increased cough, wheezing, and asthma exacerbations
- >2,000 lung injury cases associated with ENDS use have been reported to CDC

### **Injuries and poisonings**

- Can explode and cause burn injuries
- E-liquid exposure can result in seizures, anoxic brain injury, vomiting & lactic acidosis
- Drinking or injecting e-liquids can be fatal

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## Dual Use

IN 2015, AMONG ADULT E-CIGARETTE USERS OVERALL:

**29.8%**

were former regular cigarette smokers

**11.4%**

had never been regular cigarette smokers



**58.8%**

were current regular cigarette smokers

[https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/)

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## 5 A's of Tobacco Use Treatment

- ✓ Ask
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- ✓ Assist
  - For patients willing to make a quit attempt, use counseling and pharmacotherapy to help patient quit
- ✓ Arrange
  - Schedule follow-up contact OR refer to an appropriate resource

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# Questions?

Colleen Meyer & Ellen Ruebush

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[ttp@med.unc.edu](mailto:ttp@med.unc.edu)

[www.ttp.unc.edu](http://www.ttp.unc.edu)

## UNC Tobacco Treatment Program



Supporting tobacco-free people and communities through treatment, training, and research



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# References

Cataldo, J. K., Dubey, S., & Prochaska, J. J. (2010). Smoking cessation: an integral part of lung cancer treatment. *Oncology*, 78(5-6), 289–301. doi:10.1159/000319937

Centers for Disease Control and Prevention. (2018). Electronic Cigarettes: What's the Bottom Line? [Fact sheet]. Retrieved from [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/pdfs/Electronic-Cigarettes-Infographic-p.pdf](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/Electronic-Cigarettes-Infographic-p.pdf)

Farley, A. C., Hajek, P., Lycett, D., & Aveyard, P. (2012). Interventions for preventing weight gain after smoking cessation. *Cochrane database of systematic reviews*, (1).

Fiore, M. C., Jaén, C. R., Baker, T. B., Bailey, W. C., Benowitz, N. L., Curry, S. J., ... & Henderson, P. N. (2008). Treating tobacco use and dependence: 2008 update. *Rockville, MD: US Department of Health and Human Services*.

Hughes, J. R. (2007). Effects of abstinence from tobacco: valid symptoms and time course. *Nicotine & Tobacco Research*, 9(3), 315-327.

Japuntich, S. J., Luberto, C. M., Streck, J. M., Rigotti, N. A., Temel, J., Lanuti, M., ... Park, E. R. (2016). Integrating tobacco treatment into thoracic oncology settings: Lessons learned. *Journal of health psychology*, 21(12), 2813–2823. doi:10.1177/1359105315587136

Jorenby, D. (2002). Clinical efficacy of bupropion in the management of smoking cessation. *Drugs*, 62(2), 25-35.

Karam-Hage, M., Cinciripini, P. M., & Gritz, E. R. (2014). Tobacco use and cessation for cancer survivors: an overview for clinicians. *CA: a cancer journal for clinicians*, 64(4), 272–290. doi:10.3322/caac.21231

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## References

Kozlowski, L. T., Giovino, G. A., Edwards, B., DiFranza, J., Foulds, J., Hurt, R., ... & Bowen, D. (2007). Advice on using over-the-counter nicotine replacement therapy-patch, gum, or lozenge-to quit smoking. *Addictive Behaviors*, 32(10), 2140-2150.

Nayan, S., Gupta, M. K., Strychowsky, J. E., & Sommer, D. D. (2013). Smoking Cessation Interventions and Cessation Rates in the Oncology Population: An Updated Systematic Review and Meta-Analysis. *Otolaryngology-Head and Neck Surgery*, 149(2), 200-211. <https://doi.org/10.1177/0194599813490886>

Shields, P. G., Herbst, R. S., Arenberg, D., Benowitz, N. L., Bierut, L., Luckart, J., Cinciripini, P., Collins, B., David, S., Davis, J., Hitsman, B., Hyland, A., Lang, M., Leischow, S., Park, E. R., Purcell, W., Selze, J., Silber, A., Spencer, S., Tanvetyanon, T., Tiep, B., Tindle, H. A., Tucker-- Scavone, J. (2016). Smoking Cessation, Version 1.2016, NCCN Clinical Practice Guidelines in Oncology, *Journal of the National Comprehensive Cancer Network J Natl Compr Canc Netw*, 14(11), 1430-1468. Retrieved Oct 18, 2019, from <https://jncn.org/view/journals/jncn/14/11/article-p1430.xml>

Warren, G. W., Marshall, J. R., Cummings, K. M., Toll, B. A., Gritz, E. R., Hutson, A., ... Dresler, C. A. (2013). Addressing tobacco use in patients with cancer: a survey of American Society of Clinical Oncology members. *Journal of oncology practice*, 9(5), 258-262. doi:10.1200/JOP.2013.001025

Weaver, K. E., Danhauer, S. C., Tooze, J. A., Blackstock, A. W., Spangler, J., Thomas, L., & Sutfin, E. L. (2012). Smoking cessation counseling beliefs and behaviors of outpatient oncology providers. *The oncologist*, 17(3), 455-462. doi:10.1634/theoncologist.2011-0350

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THANK YOU!



### UNC Cancer Network Telehealth Team

**Tim Poe**, *Director*

**Mary King**, *Operational Coordinator*

**Veneranda Obure**, *A/V Support Engineer*

**Jon Powell, PhD**, *Continuing Education Specialist*

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**UPCOMING LIVE LECTURES**

Medical and  
Surgical Oncology  


Cancer in Pregnancy  
Paola A. Gehrig, MD

November 27  
12:00 PM

RN and  
Allied Health  


Nutrition and the Aging Brain  
in Cancer Care  
Melissa Walter, MPH, RDN, LDN

December 11  
12:00 PM

For a complete listing and details on coming events visit:  
[www.unccn.org/events](http://www.unccn.org/events)

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**SELF-PACED, ONLINE COURSES**

This lecture will be available in November 2021  
as a **FREE**, Self-Paced, Online Course

*Recent additions to the Learning Portal include:*

Medical and  
Surgical Oncology  


Clinical Trial Update  
in Head and Neck Cancer  
Bhisham Chera, MD

Available until  
Nov. 12, 2020

Best of ASCO 2019:  
Lung and Genitourinary Cancers  
Bhisham Chera, MD  
Tracy Rose, MD, MPH

Available until  
Nov. 12, 2020

For a complete listing and details on coming events visit:  
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**CANCER CONVERSATIONS**

Cancer Conversations lectures are a FREE offering for your patients and their families.  
*No continuing education credit is available for Cancer Conversations lectures.*



**Vaping, Cigarettes,  
and Tobacco Use**

**November 22  
12:00 PM**

**Laurel Sisler, LCSW, LCAS, NCTP**

*For a complete listing and details on upcoming events, visit:*  
**[www.unccn.org/community-events](http://www.unccn.org/community-events)**

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