

UNC Cancer Network Presents an
RN and Allied Health
 Live Lecture

November 13, 2020

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UNC Cancer Network's online event.**

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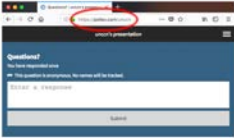
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UNC
 CANCER NETWORK

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, NCTP


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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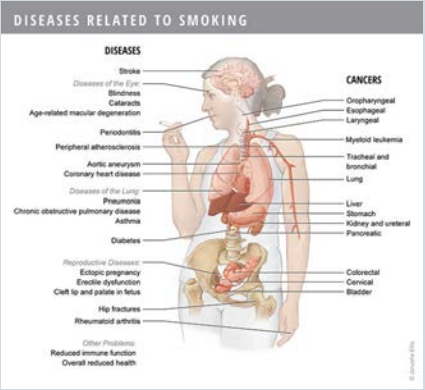


Tobacco Use Treatment in Cancer Care

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

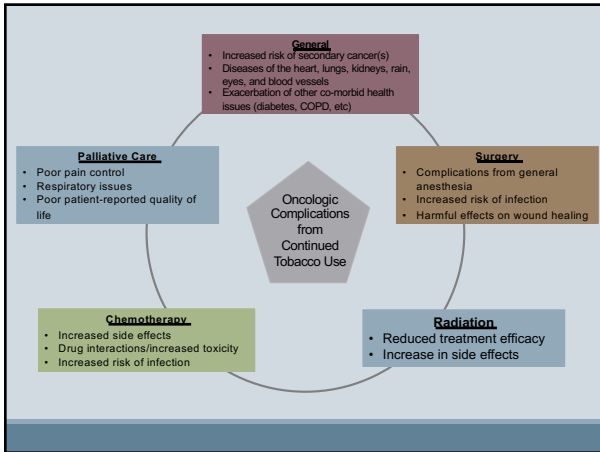
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DISEASES RELATED TO SMOKING



DISEASES	CANCERS
Stroke	Oropharyngeal
Diseases of the Eye	Esophageal
Blindness	Laryngeal
Cataracts	Myeloid leukemia
Age-related macular degeneration	Tracheal and bronchial
Periodontitis	Lung
Peripheral atherosclerosis	Liver
Aortic aneurysm	Stomach
Coronary heart disease	Kidney and ureteral
Diseases of the Lung	Pancreatic
Pneumonia	Colorectal
Chronic obstructive pulmonary disease	Cervical
Asthma	Bladder
Diabetes	
Reproductive Diseases:	
Ectopic pregnancy	
Erectile dysfunction	
Cleft lip and palate in fetus	
Hip fractures	
Rheumatoid arthritis	
Other Problems:	
Reduced immune function	
Overall reduced health	

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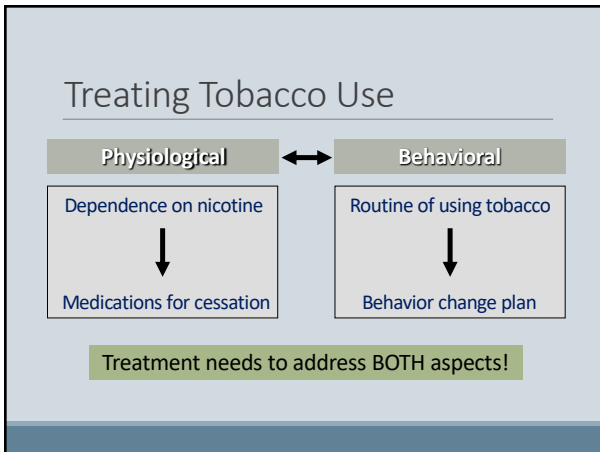


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Cancer-Specific Benefits of Cessation

- 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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What Patients Want

- 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

- ✓ 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

- "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.

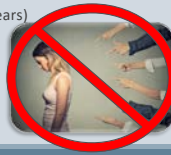


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How to Ask

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

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

"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

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

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

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

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

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

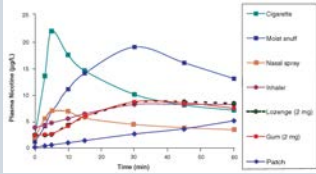


Side effects

- 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	14mg patch + 2mg gum/lozenge
<10 cigarettes/day	
0.5-1 packs/day	21mg patch + 4mg gum/lozenge
10-20 cigarettes/day	
1-1.5 packs/day	35mg patch (21mg + 14mg patches) + 4mg gum/lozenge
21-30 cigarettes/day	
>1.5 packs/day	42mg patch (two 21mg patches) + 4mg gum/lozenge
31+ cigarettes/day	

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

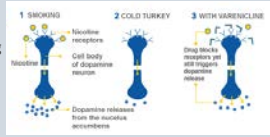
- Blocks nicotine, thus decreasing pleasure of smoking

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

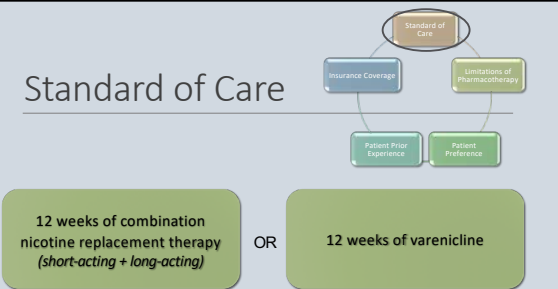
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Considerations for Recommendations

- 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
-
- Does not address:
 - Coping skills/strategies
 - Stress management
 - Triggers
 - Motivation/confidence
 - Planning/commitment

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Standard of Care



- 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"

-
- "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

Standard of Care

Insurance Coverage

Limitations of Pharmacotherapy

Patient Prior Experience

Patient Preference

“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

Standard of Care

Insurance Coverage

Limitations of Pharmacotherapy

Patient Prior Experience

Patient Preference

“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

Standard of Care

Insurance Coverage

Limitations of Pharmacotherapy

Patient Prior Experience

Patient Preference

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

Shields et al. 2016

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What about Patients Who Aren't Ready to Quit?

- 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 (online and text programs)

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



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

Reference Organization Information:

Organization: _____ County: _____

In order to receive a Referral's Outlines Report, you must be a Referral Covered Entity

Is this a Referral Covered Entity? Yes No

Facility ID: _____ or Outlines Report

Provider ID: _____ Fax: _____ Home: _____

Phone Area referred to Quitline:

Name: @TTP@ Program: 2106 @TTP@

Address: @TTP@

Location: @TTP@ Program: 2106 @TTP@

Contact Information: @TTP@

Language preference: 3 (Language: 20058, English)

...YES... If you need to communicate with the Quitline, or have recently quit, I request Quitline to contact me to help me with my quit plan.

...NO... I DO NOT give permission to Quitline to leave a message when contacting me.

Signature: I give verbal permission. Date: @TTP@

The best time for Quitline to call:

Confidentiality Notice: This business contains confidential information. If you have received this business or any other, please notify the sender immediately by telephone and confidentially dispose of the material. Do not reuse, photocopy, 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. Why I refer: @TTP@

Step #3: Documentation

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

Instructions available at 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

UNC Family Medicine Clinic	NC Cancer Hospital	UNC Hospital in CH	Employee Programs
Open to everyone	Patients receiving care at the Cancer Hospital	Patients admitted to UNC Hospital in Chapel Hill	Currently for employees of UNC Healthcare & Town of CH
Search "smoking" in EPIC orders	Amb Referral to Family Medicine To Department: UNC FAM MED ANC SVCS CANCER HOSP	Search "smoking" in EPIC orders	Contact Program Lead
Susan Trout, Program Lead 984-974-8453	Ellen Ruebush, Program Lead 984-215-2871	Eiman Newcomer, Program Lead 984-974-8202	Barbara Silver, Program Lead 984-974-8455

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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



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

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5 A's of Tobacco Use Treatment

- ✓ 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

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Questions?

Colleen Meyer & Ellen Ruebush

984-974-4976

ttp@med.unc.edu

www.ttp.unc.edu

UNC Tobacco Treatment Program



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



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THANK YOU!

University Cancer Research Fund


 **LINEBERGER COMPREHENSIVE CANCER CENTER**

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
 Live Lecture

Cancer in Pregnancy *November 27*
 Paola A. Gehrig, MD **12:00 PM**

RN and Allied Health
 Live Lecture


Nutrition and the Aging Brain in Cancer Care *December 11*
 Melissa Walter, MPH, RDN, LDN **12:00 PM**

For a complete listing and details on coming events visit:
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
 Self-Paced, Online Course

Clinical Trial Update in Head and Neck Cancer *Available until Nov. 12, 2020*
 Bhisham Chera, MD

Best of ASCO 2019: Lung and Genitourinary Cancers *Available until Nov. 12, 2020*
 Bhisham Chera, MD
 Tracy Rose, MD, MPH

For a complete listing and details on coming events visit:
www.unccn.org/events

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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*
 Laurel Sisler, LCSW, LCAS, NCTTP **12:00 PM**

For a complete listing and details on upcoming events, visit:
www.unccn.org/community-events

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THANK YOU FOR PARTICIPATING!



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Send us an email to sign up for our monthly e-newsletter.

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