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Population Specific Community-Based Cancer Screening May Discourage Smoking

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Large, population specific community-based screening may increase awareness of the dangers of smoking and reduce at-risk behaviors, according to a new study in the November 2011 issue of *Otolaryngology-Head and Neck Surgery*.

While the World Health Organizations estimates that 60 to 80% of head and neck cancers could be curbed by changing at-risk behaviors, such as tobacco use, our national programs to date have had little impact reducing these mortalities. To change this statistic and control costs, the June 2011 Affordable Care Act, (PL 111 - 148) mandated development of effective and achievable means for improvement in the U.S. health status. Contributing to the effort, The Centers for Disease Control and Prevention support community-based programs that pair the offering of healthcare such as tobacco control interventions with education. This study's authors,

understanding that office-based screening programs may not benefit those at risk who do not receive routine healthcare, set out to determine if participation in community-based screenings could result in a reduction in tobacco use and if different factors in participants predict behavior change.

To target the study population, NASCAR fans at the Atlanta Motor Speedway, who fit the demographic identified by Institute of Medicine of the National Academy as most at risk, were recruited. These were screened for symptoms indicative of head and neck cancer, such as lumps or sores in the mouth. Of the 578 participants who received a full screening, 31% were further identified as smokers. During the screening, physicians discussed signs and symptoms of head and neck cancer, the risks of tobacco use, and tobacco cessation with all participants.

A telephone survey of study participants was conducted six months later. Of those reached for survey who had identified as smokers at the screening, 59% reported smoking fewer cigarettes per day than six months prior, and 15% reported quitting smoking entirely. Based on this evidence, the authors suggest that “the screening may have impacted tobacco cessation.”

While the study’s authors acknowledge that more research is needed, they state that community-based screening is likely useful, as it provides another source of tobacco-use education for an at-risk population. They write: “More must be done at national, state, and community level to support tobacco cessation in venues outside those funded government programs that historically have had little impact on tobacco use and head and neck cancer mortality. Physicians and

healthcare workers must take the lead in developing creative avenues to teach their patients about tobacco cessation and its link to cancer and other diseases.”

Otolaryngology-Head and Neck Surgery is the official scientific journal of the American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNSF). The study’s authors are Edie R. Hapner, PhD, CCC-SP; Kellie L. Bauer, MD, CCC-SLP; and Justin C. Wise, PhD.

Reporters who wish to obtain a copy of the study should contact Jeanne McIntyre at 1-703-535-3761, or newsroom@entnet.org.

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About the AAO-HNS

The American Academy of Otolaryngology – Head and Neck Surgery (www.entnet.org), one of the oldest medical associations in the nation, represents nearly 12,000 physicians and allied health professionals who specialize in the diagnosis and treatment of disorders of the ears, nose, throat, and related structures of the head and neck. The Academy serves its members by facilitating the advancement of the science and art of medicine related to otolaryngology and by representing the specialty in governmental and socioeconomic issues. The organization's vision: "Empowering otolaryngologist-head and neck surgeons to deliver the best patient care."