



AHNS Position Statement on Tobacco, E-cigarettes, and Marijuana

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Tobacco

Tobacco use is the single most preventable cause of morbidity and mortality in the United States. In fact, cigarette smoking is the single largest risk factor for cancer, including head and neck cancer. Alternatives to cigarettes are available and changing the landscape of use of tobacco and related products. Based on currently available evidence, the AHNS has developed this position statement. In general, all health care providers should actively promote cessation of use of tobacco products in any form.

Cigarettes

Tobacco use is the primary etiologic agent in the development of head and neck cancer in over 75% of cases. In addition, current smoking at the time of diagnosis is associated with increased treatment-related morbidities, decreased survival, and increased risk for second primary cancers. Therefore, smoking cessation is critical in reducing these adverse risks.

Smoking cessation is the responsibility of all providers involved in the care of a cancer patient. We recommend a joint effort between oncology teams and primary care physicians on encouraging early tobacco cessation in patients diagnosed with head and neck cancer. Tobacco cessation should be incorporated into any multidisciplinary cancer care program. These programs should offer education on risks of continued smoking and counseling on different cessation methods, from pharmaceutical options to behavioral modification techniques. Patients who are current smokers should be referred to these programs at the time of diagnosis to optimize outcomes. Once cancer treatment is completed, oncology teams should work with primary care physicians on promoting long-term cessation efforts.

Secondhand Smoke

Secondhand smoke is defined as the combination of the smoke given off by burning a tobacco product and the smoke exhaled by a smoker. It is classified as a known human carcinogen. There is no safe level of exposure to secondhand smoke. Research has not yet definitively proven that secondhand smoke causes head and neck cancers, but it does suggest that secondhand smoke exposure may increase the risk of these cancers including pharyngeal and laryngeal head and neck cancer. More recently, passive smoke exposure in childhood was associated with adult development of head and neck cancer, especially oropharyngeal cancer in nonsmokers. Further studies are needed to confirm this magnitude of risk associated with secondhand smoke exposure.

Smokeless Tobacco

Smokeless tobacco refers to the consumption of unburned tobacco, in the form of chewing, spitting, dipping, and snuff. There is sufficient evidence that smokeless tobacco is a human carcinogen, and therefore remains an important public health concern. Smokeless tobacco use appears to be associated with head and neck cancer, especially oral cavity cancers, with snuff being more strongly associated than chewing tobacco.

E-cigarettes (Vaporizers and other Electronic Nicotine Delivery Systems)

There is mixed evidence to demonstrate the efficacy of E-cigarettes in promoting abstinence from cigarette use and exposure to carcinogenic compounds in the short term. Nevertheless, the long-term safety of E-cigarette consumption has not been definitively established. In addition, there remains considerable debate on the clinically relevant impact of potential carcinogenic exposure from E-cigarette products. In recognition of the variability in the delivery and chemical composition of various E-cigarette products, the FDA has included a requirement for nicotine addictiveness on product packages and advertisements. Based on the available evidence, the AHNS cannot recommend the routine use of E-cigarettes as an alternative to or as a means to promote abstinence from conventional cigarette products until there is longer follow up evidence.

Marijuana

There has been a rise in the number of states that allow the legal use of marijuana either medicinally and/or recreationally. As in all other clinical decisions made within the shared decision-making model, a robust conversation regarding the risks and benefits of marijuana use must take place. The development of cancer in those who use marijuana is reported, albeit controversial. Current literature has not found a definitive causative nor protective role for development of head and neck malignancy with marijuana use. Acknowledging the possible risks and benefits of marijuana use, patients and their clinicians are encouraged to investigate its uses in an open, honest forum, through shared decision-making.