



Comments from the American Cancer Society and American Cancer Society Cancer Action Network on the U.S. Preventive Services Task Force Draft Recommendation Statement on Primary Care Interventions for Prevention and Cessation of Tobacco Use in Children and Adolescents

Submitted on July 19, 2019

The American Cancer Society (ACS) and the American Cancer Society Cancer Action Network (ACS CAN) are pleased to provide comments on the U.S. Preventive Services Task Force (hereon Task Force) *Draft Recommendation Statement on Primary Care Interventions for Prevention and Cessation of Tobacco Use in Children and Adolescents*. ACS is a nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer through research, education, advocacy, and service. The ACS, operating through its national office and 6 geographic regions throughout the United States, is the largest voluntary health organization in the United States. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change as well as legislative and regulatory solutions that will reduce the cancer burden. As the ACS's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

Tobacco use remains the leading cause of preventable death in the U.S. More than 480,000 deaths each year are caused by cigarette smoking,¹ including 28.8 percent of all cancer deaths and 85.5 percent of lung cancer deaths.² Nearly 90 percent of adult cigarette smokers first tried smoking by age 18. In 2018, nearly 5 million students (27.1 percent of high school students and 7.2 percent of middle school students) were current users of any tobacco product.³ The most commonly used tobacco products among youth are e-cigarettes. In 2018, 20.8 percent of high school students and 4.9 percent of middle school students reported using an e-cigarette. These represent a 78 and 48 percent increase from 2017, respectively. Other tobacco use by youth also remains too high. In 2017, 7.7 percent of high schoolers smoked cigars and 7.6 percent smoked cigarettes. Among male high school students, 7.7 percent used

¹ US Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Washington, DC: US Department of Health and Human Services, CDC; 2014. Available at <http://www.surgeongeneral.gov/library/reports/50-years-ofprogress/full-report.pdf>.

² Islami F, Goding Sauer A, Miller KD, Siegel RL, Fedewa SA, Jacobs EJ, McCullough ML, Patel AV, Ma J, Soerjomataram I, Flanders WD. Proportion and Number of Cancer Cases and Deaths Attributable to Potentially Modifiable Risk Factors in the United States. *CA: A Cancer Journal for Clinicians*. 2018 Jan 1;68(1):31-54.

³ Cullen KA, Ambrose BK, Gentzke AS, Apelberg BJ, Jamal A, King BA. Notes from the Field: Use of Electronic Cigarettes and Any Tobacco Product Among Middle and High School Students — United States, 2011–2018. *MMWR Morb Mortal Wkly Rep* 2018;67:1276–1277.

smokeless tobacco.⁴ Also, in 2017, 2.1 percent of middle school students smoked cigarettes and 1.5 percent smoked cigars; 2.4 percent used smokeless tobacco. Clinical recommendations on interventions that can help current youth tobacco users quit and prevent youth from ever starting are critically needed.

We thank the Task Force for adopting the definition for tobacco products that exists under federal law and for removing “nicotine use” as part of the recommendation statement. We recommend the Task Force ensure definitions and language are consistent between the recommendation statement and evidence review. Our other comments respond to the specific questions posed by the Task Force.

Based on the evidence presented in this draft Recommendation Statement, do you believe that the USPSTF came to the right conclusions?

Yes, we believe the USPSTF came to the right conclusions.

We agree that primary care interventions, including education and brief counseling, to prevent tobacco initiation among youth should be a recommended preventive service. We also agree that there is insufficient evidence to make a recommendation on primary care interventions to aid in tobacco cessation among youth. We hope the Task Force’s I grade will lead to more and better research in this area.

How could the USPSTF make this draft Recommendation Statement clearer?

The Task Force can make the draft recommendation statement clearer by providing more information on what constitutes a primary care feasible intervention for youth tobacco prevention. For example, in the recommendation summary it is not immediately clear that “primary-care feasible interventions” covers cessation medications approved for adults. Such information can better inform clinicians on how to implement the recommendation and detail what insurance plans must cover to be in compliance with the law.

The Task Force should also clarify that this recommendation is for youth under the age of 18, as 18-year-olds are included in the recommendation for adults.

What information, if any, did you expect to find in this draft Recommendation Statement that was not included?

Given the massive benefit of helping youth tobacco users quit and preventing initiation combined with the frustrating lack of evidence on effective clinical interventions, we recommend the Task Force provide more extensive guidance on the research needs and gaps in this area. The research needs and gaps should address the variety in the types of tobacco products youth are using, including the variation in nicotine content between products and poly use of two or more products.

⁴ Centers for Disease Control and Prevention. Tobacco Use Among Middle and High School Students—United States, 2011–2017. *Morbidity and Mortality Weekly Report*, 2018;67(22):629–633.

What resources or tools could the USPSTF provide that would make this Recommendation Statement more useful to you in its final form?

The Task Force should provide more comprehensive information on tools and resources for clinicians to use with their patients and their caregivers. This should include the American Academy for Pediatrics resources for clinicians and the National Cancer Institute's (NCI) Tobacco Control Research Branch's successful Smokefree Teen initiative. The goal of the Smokefree Teen initiative is to reduce teen tobacco use by preventing early and occasional tobacco users from becoming regular users and promoting tobacco cessation among established users. The Smokefree Teen initiative offers evidence-based information and tools through mobile phones. The initiative includes a text messaging program and an app to help teen users quit. Clinicians, patients and caregivers should have access to more information on this program as they implement this recommendation.

Do you have other comments on this draft Recommendation Statement?

Thank you for the opportunity to provide comments on the draft recommendation statement. We look forward to the publication of a final statement. We strongly encourage the Task Force to write its recommendation as clearly and comprehensively as possible. Clinicians and patients will rely on the recommendation statement to make clinical recommendations and, importantly, health care payers will look to these recommendations to make coverage decisions based on the requirements under current law.

If we can provide additional information, please contact Catherine McMahon, MPH, Policy Principal, at ACS CAN at 202-585-3245 or Catherine.McMahon@cancer.org or Lee Westmaas, PhD, Strategic Director, Tobacco Control Research at ACS at 404-329-7730 or Lee.Westmaas@cancer.org.