

Addressing Disparities in Access to Tobacco Dependency Services for Patients With Thoracic Cancers: A Mixed-Methods Global Study

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INTRODUCTION

Smoking and tobacco use:

- Contributes to the development of cancer
- Reduces the effectiveness of treatment
- Increases the likelihood of complications
- Adversely impacts survival rates¹

However:

- Many patients with thoracic cancers who smoke do not receive adequate support to quit

Multiple barriers to treatment:

- Patients may face stigma and limited resources
- Healthcare providers often lack training or confidence in delivering tobacco dependency interventions;
- Healthcare systems vary in their prioritisation of tobacco cessation services²

The AIRSPACE Study seeks to bridge these gaps by providing a global understanding of the state of tobacco dependency services in thoracic cancer care, identifying barriers to equitable access

METHODS

Design:

Global, cross-sectional online survey

Distributed via IASLC networks April 2025-February 2026

Available in English, Mandarin, Spanish and Japanese

Four cohort-specific questionnaires:

- Healthcare Professionals
- Healthcare System Leaders
- Policy Leaders
- Patients with Lived Experience of Thoracic Cancer and Tobacco Use

Analysis:

Responses summarised using frequencies and percentages, associations tested using chi-squared test

Healthcare Professionals, Healthcare System Leaders and Policy Leaders responses are reported here, and were compared for common survey items

RESULTS

RESPONSES

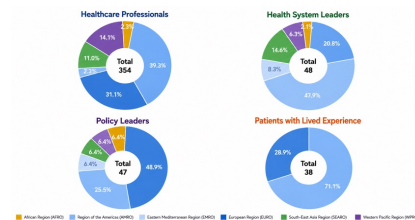


Figure 1: Survey responses according to cohort and WHO region

HEALTHCARE PROFESSIONALS

- Strong consensus that tobacco cessation should be a standard part of cancer treatment (95.5% agreed or strongly agreed) and that continued smoking affects treatment outcomes (93.5%).

- Almost all reported asking patients about smoking status at initial consultations (94.9% always or most of the time).

- 57.8% never or rarely prescribed stop smoking pharmacotherapies at initial visits or follow-up (55.0%).

- The majority (58.2%) had never received any formal training in tobacco cessation



FACTORS ASSOCIATED WITH PRESCRIBING PHARMACOTHERAPY

- Formal training: 2.62 times more likely to prescribe
- Working in institutions with any tobacco treatment service 2.90 times more likely to prescribe

SYSTEM LEADERS

- Substantial deficits in funding and training reported: 29.2% agreed that adequate training existed for HCPs, 17.0% agreed that there was adequate funding to deliver services

- Standardised KPIs endorsed by 85.4%

POLICY LEADERS

- 66.0% considered tobacco cessation very effective

- 63.8% viewed tobacco cessation as playing a central role in cancer care

- 8.5% reported well-established national policies for tobacco cessation in cancer care; 29.8% reported no policy/policy in development

- Funding for programme implementation most needed resource (87.2%), followed by training and education programs (78.7%) and stakeholder engagement tools (68.1%)

CROSS-COHORT COMPARISONS

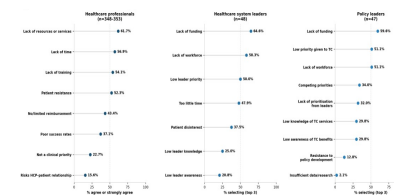


Figure 3: Barriers to providing tobacco dependence treatment across professional cohorts

- Both HCPs (51.3% and system leaders (65%) disagreed that there was adequate training for tobacco dependency treatment.

No statistically significant difference between cohorts

DISCUSSION AND CONCLUSION

Tobacco dependence treatment remains insufficiently embedded within cancer control strategies and policies in many countries

Persistent gap between attitude (tobacco cessation essential to thoracic cancer care) and implementation into clinical practice.

Inequities in access to tobacco dependency services across regions

Organisational infrastructure may influence HCP behaviour & access to treatment more than individual knowledge alone

Education may be an easily actionable strategy for improvement

Funding and capacity shortages are key system-level barriers that need addressing at high level

Strong support for standardized KPIs suggest an appetite for international standards.

Establishing tobacco dependence treatment as a mandatory component of thoracic cancer pathways, with appropriate financial and infrastructure support, may help to reduce variation in service provision and improve equity of access globally

REFERENCES & ACKNOWLEDGEMENTS

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²Wells, M., Aitchison, P., Harris, F. *et al.* Barriers and facilitators to smoking cessation in a cancer context: A qualitative study of patient, family and professional views. *BMC Cancer* 17, 348 (2017). <https://doi.org/10.1186/s12885-017-3344-z>

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AI was not used in the development of the material presented.