Cigarette smoking not only causes cancer but also can negatively impact cancer treatment and survival. In the US, 9% to 18% of survivors smoke cigarettes. A higher percentage of survivors younger than 40 years smoke cigarettes compared with older survivors. Psychosocial factors, including distress, are associated with cigarette smoking among survivors.

- Having poorer response or outcomes to treatment (treatment toxicity).
- Having their cancer recur.
- Developing a new primary cancer.
- Dying from their primary cancer or from a secondary cancer.
- Dying from other causes such as pneumonia and infection.

Quitting tobacco can improve a survivor’s prognosis. Patients who receive advice about cessation from their provider are more likely to quit tobacco use.

**Health care providers can help survivors quit tobacco use.**

- Talk with survivors about the risks of tobacco use after a cancer diagnosis.
- Ask survivors whether they use tobacco products, encourage those who do to quit, and assess their willingness to quit.
- Help survivors quit by prescribing FDA-approved cessation medications and referring them to tobacco cessation counseling services, when indicated.
- Ensure that tobacco cessation medications and counseling services are outlined as part of a survivorship care plan, when indicated.
- Follow-up with survivors regularly about their tobacco use.
- Identify and address psychosocial issues as part of recommended distress screening, when indicated.

For more information about CDC’s Cancer Survivorship initiatives, visit [www.cdc.gov/cancer/survivorship/](http://www.cdc.gov/cancer/survivorship/).