



Tabacologie: Nouveaux enjeux

17e Congrès de la Société Francophone de Tabacologie

QUELS DÉPISTAGES FAUT-IL PRIVILÉGIER CHEZ NOS PATIENTS FUMEURS ?

CASSIAN MINGUET (UCLOUVAIN, BRUXELLES)





https://www.uspreventiveservicestaskforce.org/webview/#!/





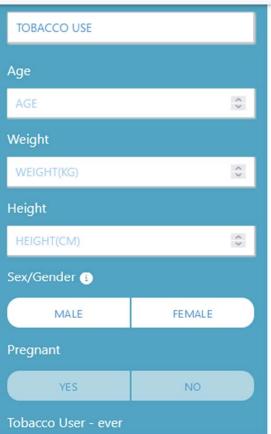
Tools

By Topic

By Grade

Apps





ALL	А	В	С	D	1
A - Recommended (2)					
Tobacco Smoking Cessa	tion in Adults, Including	Pregnant Persons: Interve	entions Nonnregnant adul	te	
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RECOMMENDATI		SUMMARY			
RECOMMENDATI	ON	SUMMARY	entions Pregnant persons		





Clinical Summary - Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions -- Nonpregnant adults

Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions

Nonpregnant adults:

- Ask about tobacco use
- Provide behavioral interventions and pharmacotherapy for cessation to those who use tobacco

Grade A

Pregnant persons:

- Ask about tobacco use
- Provide behavioral interventions for cessation to those who use tobacco

Grade A

What does the USPSTF recommend?

Pregnant persons who use tobacco:

• The evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy for tobacco cessation

I statement

Adults and pregnant persons who use tobacco:

• The evidence is insufficient to assess the balance of benefits and harms of using e-cigarettes for tobacco cessation. Clinicians should direct patients to other cessation interventions with proven effectiveness and established safety

I statement

To whom does this recommendation apply?

Adults 18 years or older, including pregnant persons.



What's new?

Abbreviation: FDA=US Food and Drug Administration.



What's new?	tobacco cessation, including new evidence on the harms of e-cigarettes (ie, vaping).
How to implement this recommendation?	 Ask all adults, including pregnant persons, about tobacco use, using methods such as: "5 A's": Ask, Advise, Assess, Assist, Arrange follow-up "Ask, Advise, Refer" "Vital Sign": Treat smoking status as a vital sign Provide cessation interventions to persons who use tobacco For nonpregnant adults who use tobacco, provide behavioral counseling and pharmacotherapy for cessation Effective behavioral counseling interventions include physician advice, nurse advice, individual counseling, group behavioral interventions, telephone counseling, and mobile phone–based interventions FDA-approved pharmacotherapy for cessation includes nicotine replacement therapy, bupropion sustained-release, and varenicline Combined behavioral counseling and pharmacotherapy includes at least 4 or more behavioral counseling sessions with 90 to 300 minutes of total contact time For pregnant persons who use tobacco, provide behavioral counseling for cessation Effective behavioral counseling includes cognitive behavioral, motivational, and supportive therapies such as counseling, health education, feedback, financial incentives, and social support
What are other relevant USPSTF recommendations?	The USPSTF has made a recommendation on Primary Care Interventions for Prevention and Cessation of Tobacco Use in Children and Adolescents. This recommendation is available at www.uspreventiveservicestaskforce.org.
Where to read the full recommendation statement?	Visit the USPSTF Web site to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms, supporting evidence, and recommendations of others.
The USPSTF recognizes that clinical decision	ons involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision making to the specific patient or situation.

This recommendation is consistent with the 2015 USPSTF recommendation. This recommendation incorporates newer evidence and language in the field of





B - Recommended (7)

Aspirin Use to Prevent Preeclampsia a	nd Related Morbidity and Mortality: F	Preventive Medication Pregnant person	ns at high risk for preeclampsia
RECOMMENDATION	SUMMARY	RISK FACTOR	FREQ. OF SERVICE
Breast Cancer: Medication Use to Reduc	e Risk Women at increased risk for brea	ast cancer aged 35 years or older	
RECOMMENDATION	SUMMARY	RISK FACTOR	FREQ. OF SERVICE
Intimate Partner Violence, Elder Abuse	e, and Abuse of Vulnerable Adults: Scre	ening Women of reproductive age	
RECOMMENDATION	SUMMARY	RISK FACTOR	FREQ. OF SERVICE
Statin Use for the Primary Prevention ascular risk factors and an estimated 10-y RECOMMENDATION		T.	,
Tobacco Use in Children and Adolesce	nts: Primary Care Interventions School	-aged children and adolescents who have	e not started to use tobacco
RECOMMENDATION	SUMMARY	RISK FACTOR	
Unhealthy Alcohol Use in Adolescents	and Adults: Screening and Behavioral Co	unseling Interventions Adults 18 year	s or older, including pregnant women
RECOMMENDATION	SUMMARY	RISK FACTOR	FREQ. OF SERVICE
Unhealthy Drug Use: Screening Adults	s age 18 years or older		
RECOMMENDATION	SUMMARY	RISK FACTOR	FREQ. OF SERVICE





Clinical Summary - Lung Cancer: Screening -- Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the pa...

HONE

Lung Cancer: Screening

What does the USPSTF recommend?	Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years: Screen for lung cancer with low-dose computed tomography (CT) every year. Stop screening once a person has not smoked for 15 years or has a health problem that limits life expectancy or the ability to have lung surgery. Grade: B
To whom does this recommendation apply?	Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. (See below for definition of pack-year.)
What's new?	The USPSTF has revised the recommended ages and pack-years for lung cancer screening. It expanded the age range to 50 to 80 years (previously 55 to 80 years), and reduced the pack-year history to 20 pack-years of smoking (previously 30 pack-years).
How to implement this recommendation?	 Assess risk based on age and pack-year smoking history: Is the person aged 50 to 80 years and have they accumulated 20 pack-years or more of smoking? A pack-year is a way of calculating how much a person has smoked in their lifetime. One pack-year is the equivalent of smoking an average of 20 cigarettes—1 pack—per day for a year. Screen: If the person is aged 50 to 80 years and has a 20 pack-year or more smoking history, engage in shared decision-making about screening. The decision to undertake screening should involve a discussion of its potential benefits, limitations, and harms. If a person decides to be screened, refer them for lung cancer screening with low-dose CT, ideally to a center with experience and expertise in lung cancer screening. If the person currently smokes, they should receive smoking cessation interventions.
How often?	 Screen every year with low-dose CT. Stop screening once a person has not smoked for 15 years or has a health problem that limits life expectancy or the ability to have lung surgery.
What are other relevant USPSTF recommendations?	The USPSTF has made recommendations on interventions to prevent the initiation of tobacco use in children and adolescents, and on behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women. These recommendations are available at www.uspreventiveservicestaskforce.org.
Where to read the full recommendation statement?	Visit the USPSTF Web site to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.
The USPSTF recognizes that clinical	decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision making to the specific patient or situation.

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Search: tobacco use				_	
ALL	А	В	С	D	1
C - Selectively Recommen	nded (2)				
Aspirin Use to Prevent Car D) risk	diovascular Disease: Pro	eventive Medication Adu	lts aged 40 to 59 years wit	h a 10% or greater 10-yea	r cardiovascular disease (CV
RECOMMENDATION	N	SUMMARY	RISK FACTOR	₹	
Statin Use for the Primary ascular risk factors and an est			Preventive Medication A	dults aged 40 to 75 years	who have 1 or more cardiov
RECOMMENDATION	N	SUMMARY			





Search: tobacco use

ALL	А	В	С	D	I
D - Not Recommended (5)					
Aspirin Use to Prevent Card	liovascular Disease: P	reventive Medication Ad	ults 60 years or older		
RECOMMENDATION		SUMMARY			
Breast Cancer: Medication U	se to Reduce Risk W	omen not at increased risk	for breast cancer aged 35 ye	ars or older	
RECOMMENDATION		SUMMARY	RISK FACTOR	2	
Chronic Obstructive Pulmor	nary Disease: Screenin	g Asymptomatic adults			
RECOMMENDATION		SUMMARY			
Hormone Therapy in Postm	enopausal Persons:	rimary Prevention of Chror	nic Conditions Postmenop	ausal persons	
RECOMMENDATION		SUMMARY			
Hormone Therapy in Postm	enopausal Persons:	rimary Prevention of Chror	nic Conditions Postmenop	ausal persons who have ha	ad a hysterectomy
RECOMMENDATION		SUMMARY			





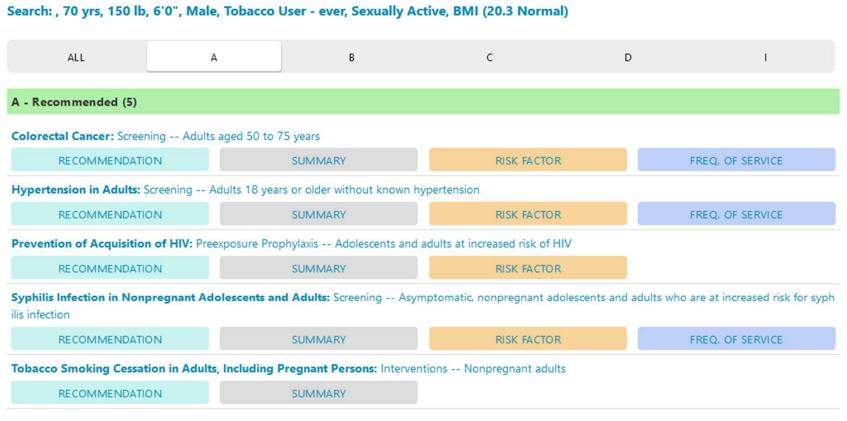


RECOMMENDATION	SUMMARY	
e Partner Violence, Elder Abuse,	and Abuse of Vulnerable Adults: So	reening Older or vulnerable adults
RECOMMENDATION	SUMMARY	RISK FACTOR
Jse for the Primary Prevention o	of Cardiovascular Disease in Adults:	Preventive Medication Adults 76 years or older
RECOMMENDATION	SUMMARY	
o Smoking Cessation in Adults, I	ncluding Pregnant Persons: Interven	tions All adults
RECOMMENDATION	SUMMARY	
Smoking Cessation in Adults, I	ncluding Pregnant Persons: Interven	tions Pregnant persons
Smoking Cessation in Adults, I	ncluding Pregnant Persons: Interven	tions Pregnant persons
RECOMMENDATION	SUMMARY	tions Pregnant persons ol-aged children and adolescents who use tobacco
RECOMMENDATION	SUMMARY	
RECOMMENDATION O Use in Children and Adolescer RECOMMENDATION	SUMMARY nts: Primary Care Interventions School SUMMARY	
RECOMMENDATION O Use in Children and Adolescer RECOMMENDATION	SUMMARY nts: Primary Care Interventions School SUMMARY	ol-aged children and adolescents who use tobacco
RECOMMENDATION o Use in Children and Adolescer RECOMMENDATION thy Alcohol Use in Adolescents a	SUMMARY nts: Primary Care Interventions School SUMMARY and Adults: Screening and Behavioral C SUMMARY	ol-aged children and adolescents who use tobacco













Biais d'optimisme (plus souvent population défavorisée, privilégient le moment présent) S'appuyer sur des images (une personne sur deux plutôt que 50%, ou des graphiques Dire concrètement les choses et obtenir un feed-back

Un dépistage est d'autant plus efficace que la probabilité initiale d'avoir la pathologie dépistée est plus élevée (c'est le cas des fumeurs):

Cancer du poumon, sein, côlon, col utérus et (peut-être prostate)

Facteur de risque des maladies CV

Moins demandeurs (prévalence plus grande de moins bonne littératie chez population défavorisée)

J.Cornuz, Le quotidien du médecin, 17.11.23, pg 32





QUELLE EST LA VALEUR DIAGNOSTIQUE DE L'INTUITION CLINIQUE DES MÉDECINS GÉNÉRALISTES DANS LA DÉTECTION DES CANCER SET DES MALADIES GRAVES?

OLIVA-FANLO B, MARCH S, GADEA-RUIZ C, ET AL; CORAP GROUP. PROSPECTIVE OBSERVATIONAL STUDY ON THE PREVALENCE AND DIAGNOSTIC VALUE OF GENERAL PRACTITIONERS' GUT FEELINGS FOR CANCER AND SERIOUS DISEASES. J GEN INTERN MED 2022;37:3823-31. DOI: 10.1007/S11606-021-07352-

CETTE NOUVELLE ÉTUDE PROSPECTIVE DESCRIPTIVE, PRÉSENTANT DES FAILLES MÉTHODOLOGIQUES IMPORTANTES MAIS DONT LES RÉSULTATS SONT CORROBORÉS PAR D'AUTRES ÉTUDES, MONTRE QUE L'INTUITION DU MÉDECIN GÉNÉRALISTE EST UN INDICATEUR VALABLE POUR LA RECHERCHE D'UN CANCER OU D'UNE MALADIE GRAVE

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