

Session 4: Strategies for Incorporating Smoking Cessation in Screening Programs

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There is consistent support for integrating smoking cessation/tobacco treatment in LCS programs.

- USPSTF Position (Moyer et al., 2013) 

“All persons enrolled in a screening program should receive smoking cessation interventions.”

- ACS Position (Wender et al., 2013) 

“Screening should not be viewed as an alternative to smoking cessation.”

- NCCN Position (NCCN, Version 2.2016) 

“Programs using behavioral counseling combined with medication that promote smoking cessation (approved by the FDA) can be very useful.”

- ALA Position (ALA Lung Cancer Screening Committee, April, 2015) 

“Research is urgently needed to develop approaches that will maximize cessation rates among smokers undergoing screening.”

- CMS Regulations (National Coverage Determination, February 2015) 

“Counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions;”

Components Necessary for High Quality Lung Cancer Screening:

- 1) Who is offered lung cancer screening?
- 2) How often, and for how long, to screen?
- 3) How the CT is performed?
- 4) Lung nodule identification
- 5) Structured reporting
- 6) Lung nodule management algorithms
- 7) ***Smoking cessation***
- 8) Patient and provider education
- 9) Data collection



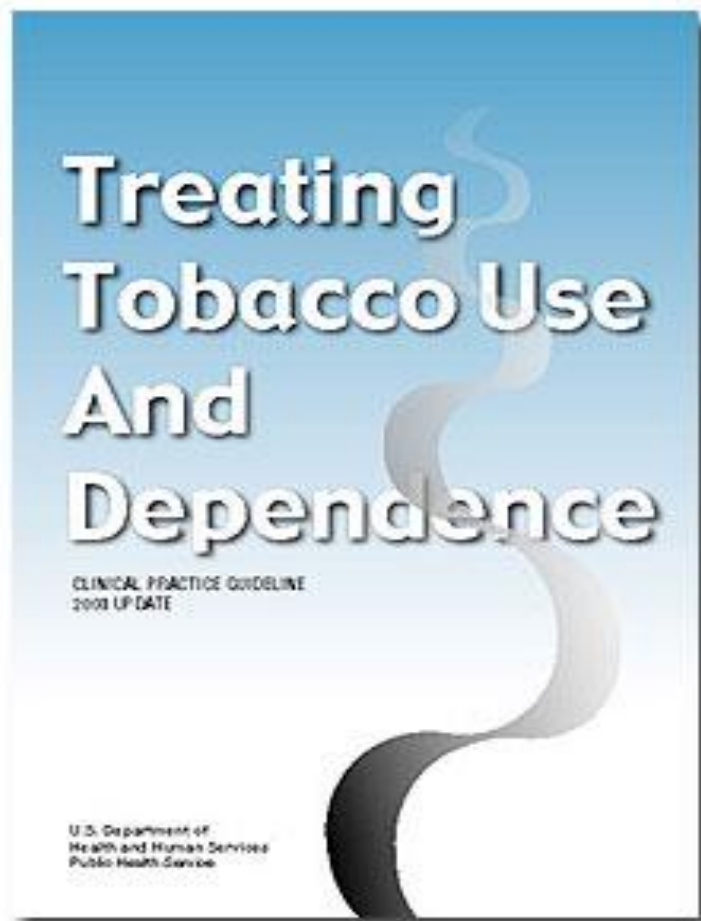
Studies examining cost-effectiveness models of lung cancer screening have supported inclusion of smoking cessation interventions.

- Integrating smoking cessation interventions into LCS programs enhanced cost-effectiveness by 20-40% (Vilanti, Jiang, Abrams & Pyenson, 2013, *Plos One*, 8, e71379).
- While not as cost-effective as smoking cessation alone, cost-effectiveness of a combined screening and cessation program was superior to screening alone (McMahon et al., 2011, *Journal of Thoracic Oncology*, 6, 1841-1848).



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Treating Tobacco Use and Dependence: Clinical Practice Guideline (2008)



Commentary

Pairing Smoking-Cessation Services With Lung Cancer Screening: A Clinical Guideline From the Association for the Treatment of Tobacco Use and Dependence and the Society for Research on Nicotine and Tobacco

Lisa M. Fucito, PhD^{1,2,3}; Sharon Czabafy, LCSW⁴; Peter S. Hendricks, PhD⁵; Chris Kotsen, PsyD⁶; Donna Richardson, LCSW⁷; and Benjamin A. Toll, PhD^{1,8,9}; for the Association for the Treatment of Tobacco Use and Dependence (ATTUD)/Society for Research on Nicotine and Tobacco (SRNT) Synergy Committee

Smoking cessation is crucial for reducing cancer risk and premature mortality. The US Preventive Services Task Force (USPSTF) has recommended annual lung cancer screening with low-dose computed tomography (LDCT), and the Center for Medicare and Medicaid Services recently approved lung screening as a benefit for patients ages 55 to 77 years who have a 30 pack-year history. The Society for Research on Nicotine and Tobacco (SRNT) and the Association for the Treatment of Tobacco Use and Dependence (ATTUD) developed the guideline described in this commentary based on an illustrative literature review to present the evidence for smoking-

(*Cancer*, 2016, 122, 1150-1159)

Funding Opportunity Title

Smoking Cessation within the Context of Lung Cancer Screening (R01)

Activity Code

R01 (http://grants.nih.gov/grants/funding/ac_search_results.htm?text_curr=r01&Search.x=0&Search.y=0)
Project Grant

Announcement Type

New

Related Notices

None

Funding Opportunity Announcement (FOA) Number

RFA-CA-15-011



Tobacco treatment/smoking cessation is effective in older adults.

■ Systematic Review (Zbikowski et al., 2012, *Maturitas*, 71, 131-141)

Results demonstrate efficacy of cessation interventions in older adults

Literature is consistent with the general smoking cessation literature

Opportunities to improve methodology and outcomes

■ Systematic Review & Meta-Analysis (Chen & Wu, 2015, *Drug and Alcohol Dependence*, 154, 14-24)

Pharmacologic, behavioral, and multi-modal therapies demonstrated efficacy over control conditions among older adults

Estimated point prevalence rates slightly favored multimodal and non-pharmacologic interventions

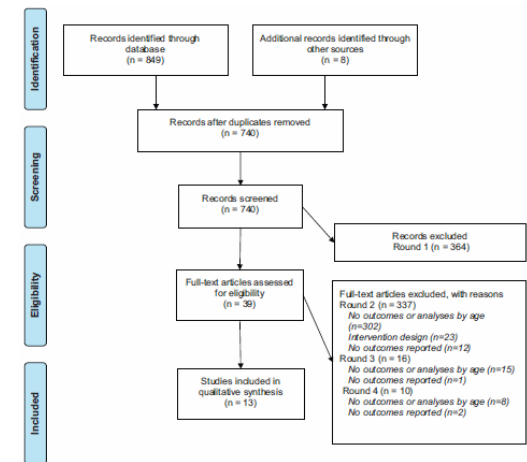


Fig. 1. PRISMA flow diagram.

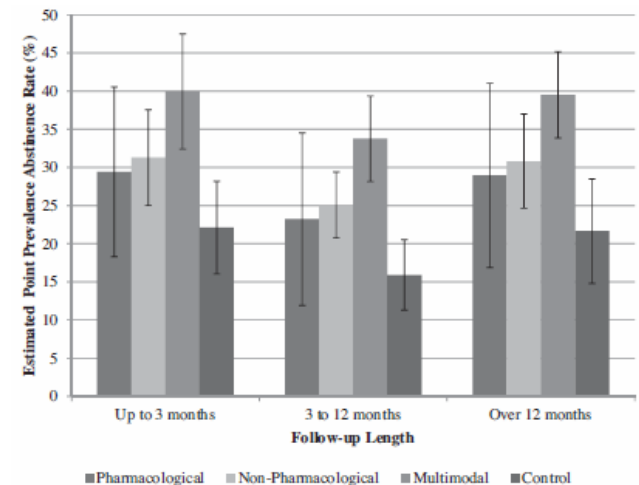


Fig. 4. Estimated mean abstinence rate by treatment group and follow-up length.

Panelist Overview

■ Christopher G. Slatore, MD, MSc

Core Investigator, HSR&D Center to Improve Veteran Involvement in Care; VA Portland Health Care System

Associate Professor of Pulmonary & Critical Care Medicine, Oregon Health & Science University

“Smoking Cessation & Lung Cancer Screening: What do we know?”

■ Elyse Park, PhD

Clinical Associate in Psychology

Massachusetts General Hospital, Tobacco Research & Treatment Center

“Screening and Resistance to Cessation Efforts”

■ Kathryn Taylor, PhD

Professor of Oncology

Lombardi Comprehensive Cancer Center at Georgetown University

“Assessment of a Telephone Counseling Smoking Cessation Intervention in the Lung Cancer Screening Setting: A Randomized Pilot Study”

■ Jamie S. Ostroff, PhD

Attending Psychologist & Chief of the Behavioral Sciences Service

Memorial Sloan Kettering Cancer Center

“Readiness and Capacity of Screening Sites to Implement Smoking Cessation”