

Feasibility of delivering a quitline based smoking cessation intervention in lung cancer patients receiving outpatient oncology treatment: A pilot study

WFU #99211

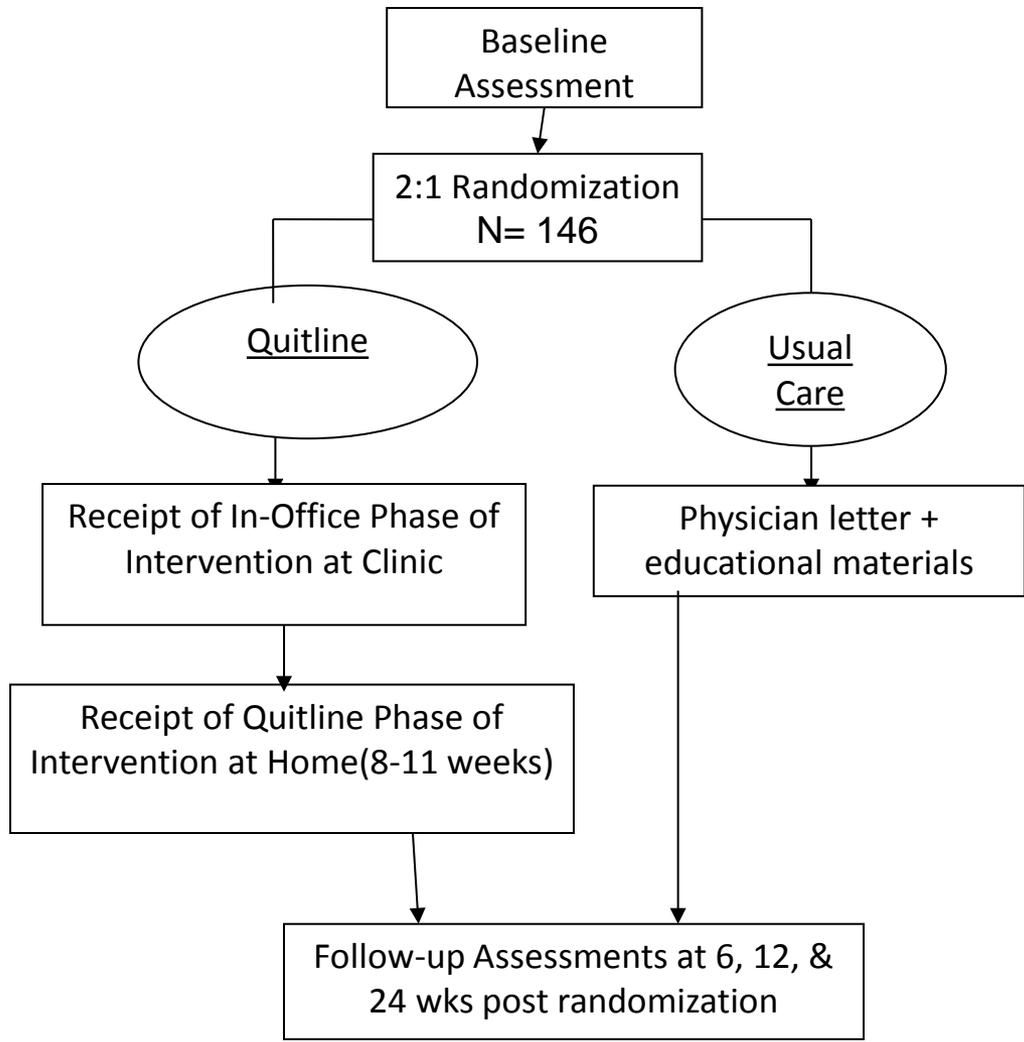
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Background

- 15-20% of cancer patients smoke after their diagnosis
- Continued smoking after a cancer diagnosis has important health consequences
 - Treatment complications
 - Treatment efficacy
 - Second primary tumors
 - Survival
- A effective smoking cessation intervention that is widely available and cost effective would be of great benefit to cancer patients and oncology practices

Objective: Assess the feasibility of delivering a quitline based smoking cessation intervention to cancer patients in an outpatient setting



Eligibility Criteria

- Stage 0-IIIa/b lung, breast, prostate, colorectal, bladder, head & neck, or cervical cancer (all histologies)
- Planned, receiving or completed treatment within the past 6 months
- Report smoking any amount within the last 7 days

Smoking Cessation Intervention

- **Enhanced Quitline Intervention**
 - Requires a protocol-certified nurse/CRA
 - Provider letter with advice to quit
 - Brief counseling session with CRA (15 min)
 - Quitline intervention
 - 5 proactive calls over a 8-11 week period
 - 8 weeks nicotine replacement patches
 - Access to quit coaches, web coach, educational materials
- **Usual Care**
 - Usual medical care
 - Provider letter with advice to quit
 - NCI self-help smoking cessation materials

Assessments

- **6 weeks (Mail)**
 - Smoking status
 - Symptoms & quality of life
- **12 weeks (In-person)**
 - Primary outcome: Acceptability by patients and interventionists, retention
 - Secondary outcome- Smoking status (verified by urinary cotinine)
 - Secondary outcome- Patient reported outcomes: quality of life, symptoms, perceived stress, depression
- **24 weeks (In-person)**
 - Verified smoking status
 - Patient reported outcomes

Current Accrual

- 111 of 146 targeted accruals
- Averaging about 8 per month
- Predicted closure in April 2013