Smoking cessation program reports that 30 percent of support in a lung cancer screening program

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Professor Rachael Murray, of the University of Nottingham, U.K. Credit: Rachael Murray

Patients with lung cancer who attended a lung cancer screening event and who then participated in a personalized smoking cessation study achieved smoking abstinence rates of more than 30 percent, according to research presented today at the IASLC World Conference on Lung Cancer 2022 in Vienna.

Many participants who undergo lung cancer screening continue to smoke and while screening offers a teachable moment for smoking cessation, there is little data to demonstrate what approach to smoking cessation is most effective.

To test the effectiveness of a personalized approach, United Kingdom-based researchers developed the Yorkshire Enhanced Stop Smoking (YESS) trial, which offered stop smoking support on an opt-out basis to all eligible smokers attending a lung health check event, which included low-dose CT screening.

The YESS trial is a double-blind randomized controlled trial comparing an enhanced, personalized smoking cessation support program that includes a booklet containing CT images of the participants' own heart and lungs, annotated where appropriate to highlight emphysema or coronary artery calcification with accompanying explanatory text, and scripted behavioral support delivered by a trained smoking cessation practitioner, with continued standard best practice.

The primary outcome is seven-day point prevalent (self-reported) carbon

monoxide validated cessation three-months after the lung health check event and two-months after recruitment into the YESS trial. Secondary outcomes include carbon monoxide validated cessation at four weeks and 12 months, and self-reported cessation at four weeks, three months and 12 months following the event.

During a lung health check event, 2150 people who reported a history of smoking were offered the opportunity to see a smoking cessation professional. Of these, 1905 (88.6 %) accepted the referral and 1609 accepted ongoing support. The seven-day validated abstinence rate in those accepting support was 16.5% as measured four weeks after the lung health check event (12,4 % of all eligible smokers). Of those who attended the lung health check event, 1003 smokers participated in the YESS trial (mean age 65 years, 50% male, 96% White, 39.1% in the lowest deprivation quintile) and 52.5% of these patients were allocated to the intervention group.

Validated seven-day abstinence rates were 33.6% in the intervention group, 30.0% in the control group (unadjusted OR 1.17, 95% CI 0.90-1.54) at 3-months post-LHC and 29.2% and 28.6% (unadjusted OR 1.03, 95% CI 0.78-1.36) at 12-months post-LHC. Subgroup analyses indicated a significant gender interaction at 3- and 12-months (p=0.002 and p=0.001 respectively), with the intervention effective in females (3-months abstinence rates among female participants were 33.9% in the intervention vs. 23.1% in the control, unadjusted OR 1.70, 95%CI 1.15-2.53). There was no significant effect of booklet content (presence/absence of emphysema or CAC) on quit rates.

"The presence of a co-located stop smoking service and offer of immediate, opt-out delivery of behavioral and pharmacological support for quitting results in a high uptake by people who smoke and attended a lung screening event," said Professor Rachael Murray, of the University of Nottingham, U.K. "Quit rates were considerably higher three-months

after the lung health check regardless of adding the personalized intervention, reinforcing the need for continued support."

Provided by International Association for the Study of Lung Cancer

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