

# Smoking-related deaths could be reduced if people attending lung cancer screening are offered stop-smoking support

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A new study has found that by offering stop-smoking support as part of the national lung cancer screening program, there is potential to save

lives, and dedicated funding must be considered by policymakers.

The results of the study, published in the *European Respiratory Journal*, showed that offering stop-[smoking](#) support at the same time and in the same place as lung [screening](#), resulted in a high uptake of support across a range of demographic characteristics.

This has the potential to reduce smoking-related illness and death in a high-risk group of the population and experts are urging policymakers to consider dedicated funding for stop-smoking support urgently.

The research was led by Professor Rachael Murray in the School of Medicine at the University of Nottingham and was carried out as part of the Yorkshire Lung Screening Trial, led by Professor Matthew Callister and delivered in partnership with Leeds Teaching Hospitals and the University of Leeds.

Up to half of people who attend for lung cancer screening currently smoke and offering them support to quit at the time of attendance is an ideal opportunity to maximize the chance of successful quitting.

In this study, researchers offered 2,150 people who attended a lung cancer screening program, and reported currently smoking, the opportunity to speak with a specialist stop-smoking advisor.

89% accepted the offer, and 75% chose to accept ongoing weekly support. Men were less likely to engage with support, whereas those who were more dependent on nicotine were more motivated to stop smoking, and were more confident in their ability to stop smoking successfully, and were subsequently more likely to take up the offer of support.

Uptake of support was the same across other characteristics including age, ethnicity, deprivation or level of education.

Overall, 323 people reported not smoking at four weeks (15% of all those attending screening who were eligible to receive stop-smoking support); 266 of these provided a breath sample that showed they had stopped smoking. Men were more likely to stop smoking, along with those who were more motivated to stop and had attempted to stop smoking in the past. Those who smoked more cigarettes per day were less likely to successfully stop smoking.

Professor Murray said, "The high uptake of smoking cessation support and promising quit rates reported across a range of participant demographics indicates that adding stop-smoking support as an integrated part of the national [lung cancer](#) screening program has the potential to reduce all-cause smoking-related morbidity and mortality. Protected, dedicated funding must be considered by policymakers in order to ensure the national screening program realizes its full potential."

Dr. Stuart Griffiths, Director of Research at Yorkshire Cancer Research said, "The evidence is clear that lives can be saved by offering people the chance to quit smoking with specialist support while they are on a lung health check unit.

"This opportunistic moment to help people significantly improve their health and reduce their risk of cancer and other serious diseases should not be ignored. It is vital that funding is directed to provide this essential support."

**More information:** Uptake and 4-week quit rates from an opt-out co-located smoking cessation service delivered alongside communitybased low-dose computed tomography screening within the Yorkshire Lung Screening Trial, *European Respiratory Journal* (2024). [DOI: 10.1183/13993003.01768-2023](https://doi.org/10.1183/13993003.01768-2023)

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