



Optimization of Smoking Cessation Strategies in Community Cancer Programs for Newly Diagnosed Lung and Head and Neck Cancer Patients

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Collaborators

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 - Kentucky Clinical Trials Network



The benefits of tobacco cessation after cancer diagnosis are well-documented and important.

- Improved quality of life
- Increased treatment efficacy
- Improved wound healing
- Reduced risk of second primary
- Reduced risk of recurrence
- Improved survival
- Impact on family (cessation role model)



Very few studies have examined cessation interventions following cancer diagnosis.

- Wewers et al.
- Schnoll et al.
- Gritz et al.
- Park et al.
- Ostroff et al.

None have demonstrated results that demonstrate substantial impact.

TABLE 2
Quit Smoking Percentages at 1 and 3 Months by Treatment Condition

<i>Patient Quit Smoking Status</i>	<i>CBT</i>		<i>GHE</i>		<i>Overall</i>		<i>p</i>
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	
No. of patients	52		57		109		
1-month follow-up							
Deceased	3	5.8	2	3.5	5	4.6	1.0
Lost/refused to be interviewed	15	28.8	13	22.8	28	25.7	
Quit smoking							
Yes	22	44.9	26	47.3	48	46.2	0.8457
No	27	55.1	29	52.7	56	53.8	
3-month follow-up							
Deceased	8	15.4	6	10.5	14	12.8	0.2831
Lost/refused to be interviewed	6	11.5	12	21.1	18	16.5	
Quit smoking							
Yes	19	43.2	20	39.2	39	41.1	0.8346
No	25	56.8	31	60.8	56	58.9	

Note. CBT = cognitive-behavioral therapy; GHE = general health education.

These studies have a range of methodological and practical limitations.

- 1) Some have been too small to identify effect
- 2) Some have lacked pharmacotherapeutic arms or behavioral support arms (or combined arms)
- 3) Some have lacked appropriate controls
- 4) Most have been conducted at tertiary care cancer centers

Aims

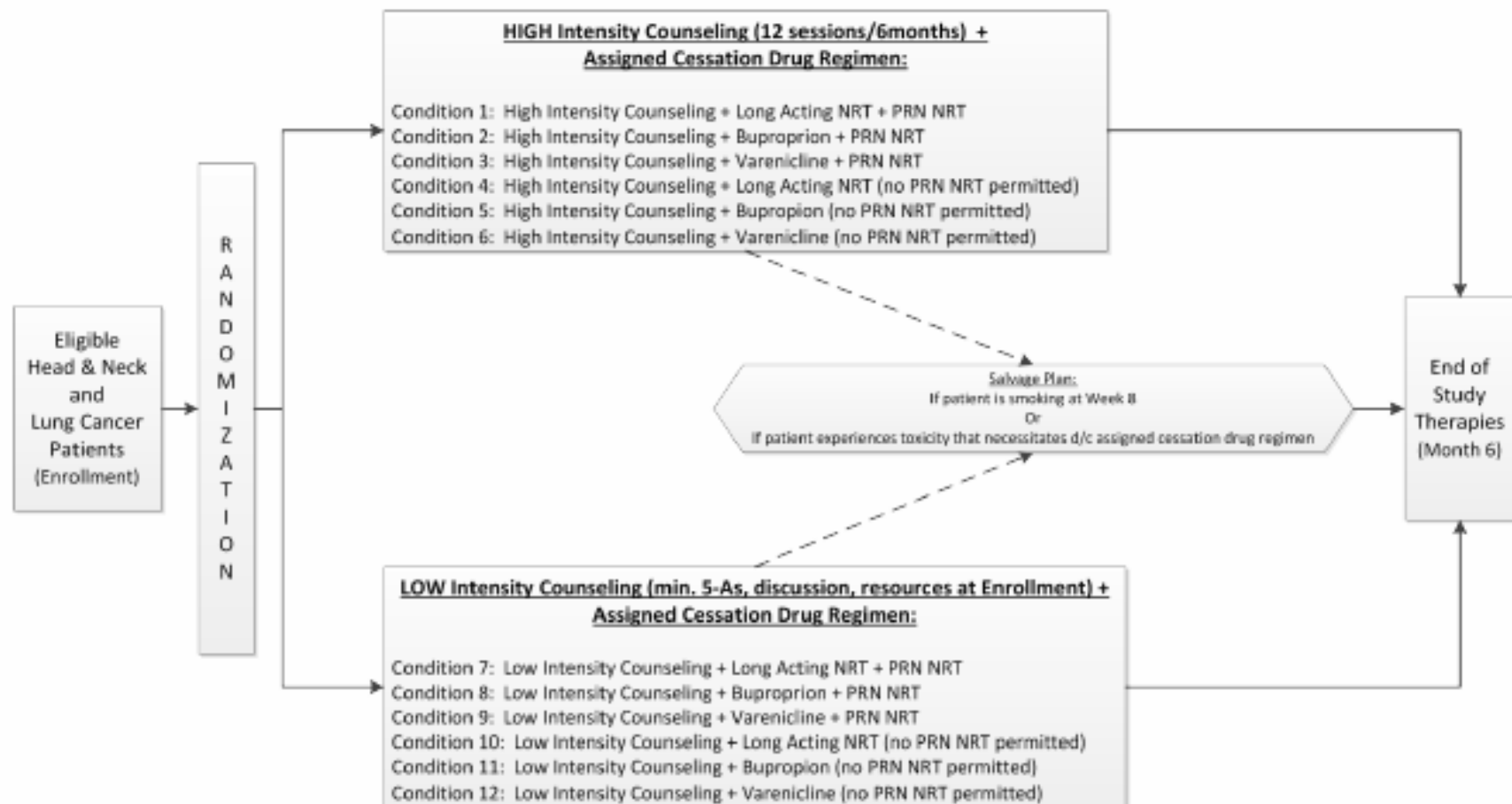
- To identify an efficacious, implementable cessation strategy for lung and head and neck cancer patients undergoing cancer therapy in Kentucky cancer centers.
- To assess the feasibility of routinely implementing an array of smoking cessation strategies for this population.
- To deliver high quality smoking cessation to all subjects.

Methods

- Employ a Multiphase Optimization Strategy (MOST) approach to study design
- Conduct study in partnership with the Kentucky Clinical Trials Network (KCTN)
- Evaluate tobacco cessation outcomes using both patient-reported outcomes and biochemical verification (CO)

Study Protocol → MOST

STUDY SCHEMA



Visits at Week 1, Week 4, Week 8, Week 12

- Kentucky Lung Cancer Research Program (KLCRP):
 - Established 2000 by Kentucky General Assembly to stimulate research in lung cancer. (KRS 164.476)
 - KCTN: Provide innovative clinical trials, support and education for our research centers and scrupulous quality assurance.
 - Alliance of physicians conducting trials in the prevention, early detection, and treatment of lung cancer.
 - Multidisciplinary: medical oncologists, CT surgeons, pulmonologists, radiation medicine, cancer control, behavioral science, pharmacy.
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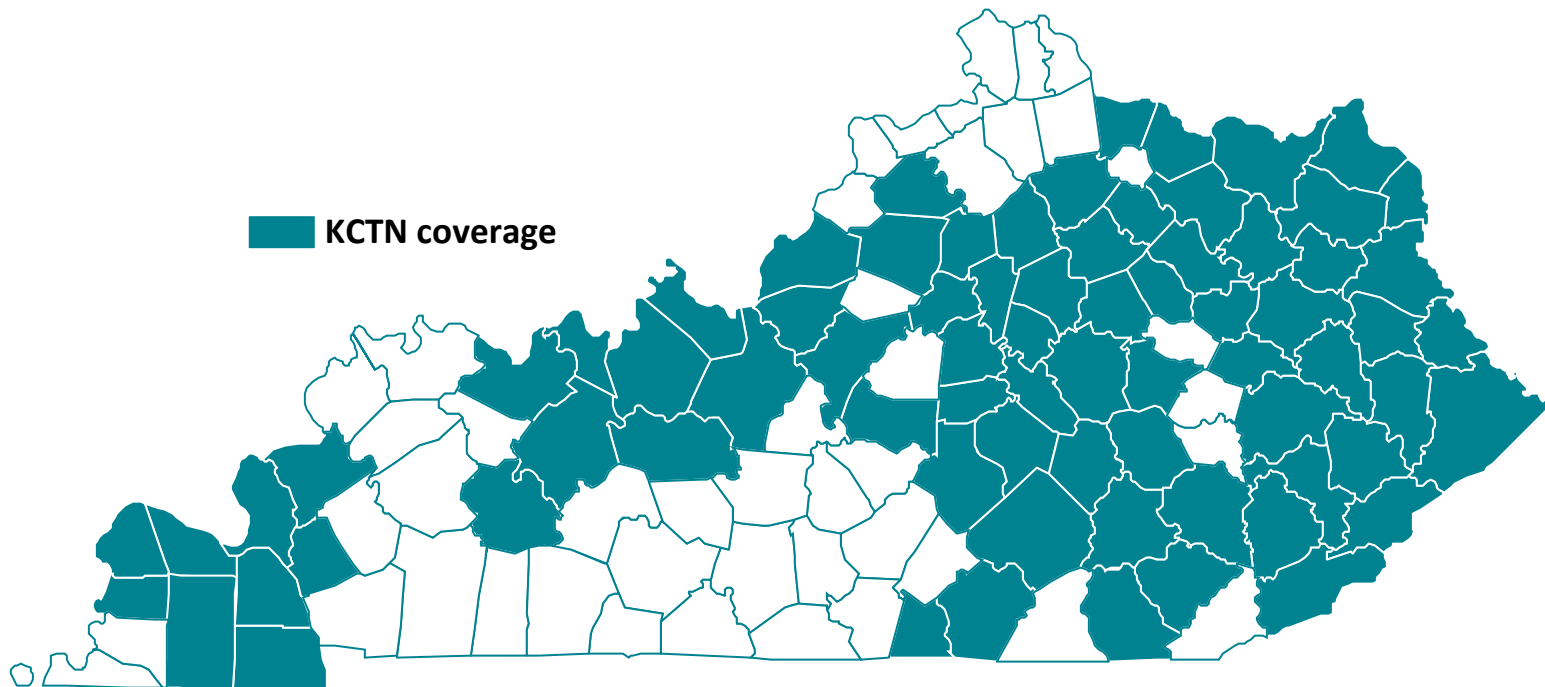
- Sites located in every federal congressional district
 - Research at Home: Patients remain in their community
 - Physicians:
 - Opportunity to conduct clinical trials, expand research enterprise, pick & choose studies that support research goals and serve patient populations, from balanced study pipeline.
 - Expand IITs to multi-site
 - Conduct investigator-initiated and industry sponsored trials. Phases I – IV
 - Study Portfolio
 - Therapeutic Intervention, Screening Intervention,
 - Non-Interventional - epidemiologic, observational, behavioral, biospecimen
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- Coordinating Center, housed at Markey Cancer Center, liaison between sponsors and network investigators, facilitating operations:
 - Site Membership
 - Study & Site Selection
 - Network Committee & Data Safety Monitoring Committees
 - Research Education & Training
 - Monitoring & Quality Assurance Auditing
 - Data Management
 - Project Development & Management
 - Centralized Recruitment Support
 - Contract & Budget Negotiation
 - Regulatory; support, Central IRB
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- Study Chair Support :
 - Assist to meet GCP & CFR responsibilities of Sponsor-Investigator (21 CFR 312.3)
 - ✓ Select Qualified Investigators (21 CFR 312.50)
 - ✓ Inform Investigators (Safety, Amendments, Ongoing Progress)
 - ✓ Select Qualified Monitors & Ongoing Review of Investigation
 - ✓ Maintain Adequate Records (Safety, FD, TMF)
 - ✓ Assure IRB Reviews
 - Project Planning Teams: develop trials with insight to community-based sites, while maintaining integrity and scientific value of projects.
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- Member Commitments:
 - ✓ Compliance with applicable Code of Federal Regulations (CFR)
 - ✓ Compliance with Good Clinical Practices (GCP) - assures that the rights & safety of study subjects are protected and integrity of study data.
 - ✓ Belmont Report:
 - Respect for Persons, individual treated as autonomous agent and those with diminished autonomy (vulnerable) are entitled to protection.
 - Beneficence – DO NO HARM - minimize harm, maximize benefits and well being. Obligations of beneficence apply to individuals and society as a whole.
 - Justice – fair distribution of benefit and risks
 - ✓ Institutional Assurance (FWA) & IRB Registration:
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- 1,817 Subjects, in 75/120 counties (63% of state).
 - Strong engagement to IITs
 - 1,574 subjects to IITs



Cessation Outcomes

- Clinician Reported Procedures & Outcomes
- Patient-Reported Outcomes
 - Tobacco use/cessation
 - Psychosocial moderators
 - anxiety, depression, social support
 - Quality of Life/Symptoms (FACIT)
 - Others
- Biochemical Verification
 - carbon monoxide



Study Strengths

- **Innovation**

- MOST approach to trial design
- Generalizability of sample



- **Significance**

- Focus on high risk group where impact is quick
- Generalizability of sample and setting
- Preparation for strong RCT

MOST Cessation Participating Sites:

- | | |
|---|--------------------|
| 1. UK, Markey Cancer Center: | Valentino & Studts |
| 2. UL, Brown Cancer Center: | Perez & Kloecker |
| 3. Lexington VAMC: | Valentino |
| 4. Norton Cancer Institute - Louisville: | Davis |
| 5. Owensboro Health: | Faught |
| 6. Baptist Health Paducah: | Gould & Lopez |
| 7. Harding Memorial Hospital – Elizabethtown: | Lye |
| 8. Hazard ARH – Hazard: | Elsoueidi |
| 9. KY Cancer Clinic – Hazard: | Ghazal |
| 10. St. Claire Regional Medical Center – Morehead: | Lim |
| 11. King’s Daughters Medical Center – Ashland: | Goebel |
| 12. St. Mary’s Medical Center, HIMG – Huntington, WV: | Bir |
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