



## SESSION RECAP

# Kentucky Lung Cancer Screening Learning Collaborative

*Integrating Tobacco Treatment into Lung Cancer Screening Efforts*  
March 10, 2026



Access the recording [here](#)

Access the slides [here](#)

Register for the next KY Lung Cancer Screening Learning Collaborative session (May 6, 2026: Bundling Cancer Screening Interventions) [here](#)

### Summary of the session

The session focused on strengthening the integration of tobacco treatment within lung cancer screening eligibility conversations. Led by Dr. Audrey Darville, the session emphasized evidence-based cessation strategies, patient-centered communication, and practical workflow solutions to reduce stigma and improve engagement among people who smoke. Real-world examples from Mercy Health Paducah illustrated how EMR-supported referrals and individualized counseling models can increase participation and quit success.

### Subject Matter Experts

- Plenary Speaker: Audrey Darville, PhD, APRN, CPAHA, FAANP, University of Kentucky College of Nursing
- Kentucky Best Practice: Mercy Health – Paducah, Paducah Cancer Center
  - John J. Montville, MBA, FACHE, FACMPE, FACCC, COA, Executive Director, Oncology Service Line
  - Amber Newsome, BSN, RN, OCN, Nurse Navigator

### Presentation Highlights:

#### Why Tobacco Treatment Matters

Dr. Darville emphasized the profound health and economic benefits associated with quitting smoking:

- Quitting remains beneficial even later in life, adding an average of four years of life for adults in lung screening cohorts.
- Significant reductions in lung cancer mortality appear after 5–7 years of abstinence.
- Smoking cessation reduces recurrence rates among cancer survivors and improves treatment response.
- Cessation services are highly cost-effective relative to the cost of LDCT screening or cancer treatment.

#### Patient Perspectives & Communication Challenges

Drawing on recent qualitative evidence, Dr. Darville highlighted several common patient experiences:

- Patients expect clinicians to address tobacco use and may feel unsupported when it is not acknowledged.
- Many feel a moral obligation to listen to clinicians, increasing the importance of non-judgmental framing.

- Barriers to quitting include fatalism, stigma, reliance on smoking for stress relief, long histories of addiction, and limited awareness of resources.
- Patients frequently have past attempts with medications but may have used them incorrectly or inconsistently.

### Effective Communication Strategies

Dr. Darville emphasized motivational interviewing and non-stigmatizing language:

- Ask permission: *“Is it okay to talk about smoking?”*
- Start with curiosity: *“What do you like about smoking?”*
- Avoid the ineffective question, *“Do you want to quit?”*
- Use “gain-framed” advice: *“Quitting is the single best thing you can do for your health—and I can help.”*
- Use motivational rulers (*“On a scale from 1–10...”*) to assess readiness and confidence.
- Explore psychosocial and practical barriers, including finances, access to medications, household smokers, and fear of withdrawal.

### Treatment Models

Dr. Darville compared three main approaches:

1. **Opt-out model:** The recommended standard; cessation support is incorporated automatically unless the patient declines.
2. **5As:** Ask, Advise, Assess, Assist, Arrange—comprehensive, but resource intensive.
3. **Ask–Advise–Connect:** Quick model linking patients directly with quitlines or specialists using proactive referral methods.

### Evidence-Based Treatment Components

- The best outcomes arise from **counseling + FDA-approved pharmacotherapy**.
- Address myths, such as concerns about smoking while on a nicotine patch. Pre-quit patch use improves outcomes.
- Explain new product landscapes (e.g., disappearance of nicotrol inhaler; pending cytisine approval).
- Vaping may be less harmful than smoking but carries unknown long-term risk and is **not** harmless. Dual use is more dangerous than smoking alone.

### Institutional Barriers & Solutions

Common challenges include lack of staff training, limited designated TTS specialists, poor reimbursement, and misperceptions that patients are resistant. Dr. Darville noted that many patients *are* interested when approached effectively.

## Implementation Best Practice in Kentucky: Mercy Health Paducah

### EMR-Integrated, Systematic Referral

John Montville and Amber Newsome outlined their multi-year journey toward a structured cessation program:

- Built an EPIC referral pathway that allows PCPs and oncologists to refer directly to cessation services.
- Added safeguards when patients explicitly refuse (to maintain provider comfort).
- Initially used Freedom From Smoking but saw limited engagement.

## Transition to Mayo-Model Individual Counseling

- Shifted from group classes to one-on-one counseling, which improved engagement and quit success.
- Navigators and social workers play key roles due to their rapport-building and behavioral support skills.
- Early outcomes show better participation and more sustained quits.

## Key Learnings

- Patients respond better to individualized, relationship-based counseling.
- Navigators are well-positioned for early engagement.
- Leadership buy-in and EMR integration are essential.

## Policy Update: American Lung Association

Shannon Baker provided an in-depth legislative update, including:

- Budget negotiations still underway to secure increased funding for:
  - Tobacco Prevention and Cessation Program
  - Kentucky’s Lung Cancer Screening Program
- JUUL settlement dollars: advocacy ongoing to ensure funds are directed to youth prevention.
- Tobacco retail licensure improvements (SB 245) advancing with bipartisan support.
- Efforts to block cigar bar exemptions that would weaken local smoke-free laws.
- Monitoring restrictive Medicaid provisions that could impede access to cessation services.

## Session: Key Take-Aways

### Clinical Practice

- Use **opt-out** models—make cessation support the default.
- Avoid stigmatizing or premature “readiness” conversations.
- Use motivational interviewing to build confidence rather than shame.

### Systems & Workflow

- Use EMR prompts and referral pathways that make cessation referrals seamless.
- Identify which roles (navigators, social workers, nurses) can effectively deliver conversations.
- Provide ongoing staff training and certify TTS personnel when possible.

### Public Health & Policy

- Strong state funding is critical to sustain Quitline services and prevention programs.
- Retail licensure enforcement and protection of smoke-free laws remain high priorities.

### Call to Action

1. **What is one immediate step** you can take personally (e.g., using motivational rulers).
2. **What is one system-level improvement your team can strive to implement?** (e.g., EMR referral workflows, integrating Ask-Advise-Connect).

## Resources

- University of Kentucky BREATHE Online Tobacco Treatment Specialist (TTS) training-- click [here](#)
- ACS National Lung Cancer Roundtable strategic plan: Tobacco treatment in the context of lung cancer screening – click [here](#)
- Kentucky Cancer Action Plan – Lung Cancer Screening Section (pgs. 60-61) – click [here](#)
- Kentucky Lung Cancer Screening Learning Collaborative webpage – click [here](#)

## Upcoming Events

### Kentucky Lung Cancer Screening Learning Collaborative – **Our Last Virtual Session!**

#### Bundling Cancer Screening Interventions: How Does Lung Fit In?

**May 6, 2026** | 12:00 – 1:30 pm EST | **Register** [here](#)

- Join us on Wednesday, May 6, 2026, from 12:00pm – 1:30 PM ET for the next session of the Kentucky Lung Cancer Learning Collaborative as we discuss, “**Bundling Cancer Screenings: How Does Lung Fit In?**” Guest speaker [Annie Lally, BSN, RN of Rush University Medical Center](#), will explore why bundling cancer screenings is becoming a powerful strategy to boost early detection and streamline preventive care — especially in settings working to reach patients who may otherwise miss critical services. Together, we’ll look at how lung cancer screening naturally aligns with other routine screenings, and how pairing them can reduce missed opportunities, enhance patient engagement, and maximize clinical workflow efficiency. [Register today!](#)

### **SAVE-THE-DATE!** Kentucky Lung Cancer Screening Learning Collaborative – **Final Session – In-Person**

#### Working Together to Increase Lung Cancer Screening in Kentucky

**June 3, 2026** | 9:30am – 2:00pm ET | Kentucky Historical Society, 100 West Broadway, Frankfort, KY 40601 |

#### Registration opening soon!

- Don’t miss this opportunity to network with like-minded colleagues committed to increasing lung cancer screening in Kentucky! During this session, you’ll have the opportunity to: celebrate progress across the eight-session learning collaborative; deepen cross-disciplinary problem-solving; strengthen relationships to support LCS sustainability and spread; identify next steps and commitments for ongoing improvement in lung cancer screening.

## Subject matter expert contact information:

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