

Kentucky Lung Cancer Screening Learning Collaborative

Integrating Tobacco Treatment into Lung Cancer Screening Efforts



March 10, 2026

Housekeeping



- We will be **recording today's session** and make it available to all registrants
- **USE the chat!** Questions, comments, share resources, network
- Please triple-check that you are **on mute** 😊



Thank you, partners!



2025-2026 Kentucky Lung Cancer Screening Learning Collaborative Timeline

June 12, 2025:
Kick-Off
Session – IN-
PERSON: Lung
Cancer
Screening
Learning
Collaborative
Launch,
Frankfort, KY

**October 21,
2025:** Tapping
Into the
Potential of
Lung Cancer
Screening
through
Communication &
Outreach

**February 26,
2026:** WYNTK
About Lung
Cancer
Screening
Eligibility

May 6, 2026:
Bundling
Cancer
Screening
Interventions:
Does Lung Fit
In? Annie Lally
BSN, RN, Rush
University
Medical
Center

**August 21,
2025:** National
Lung Cancer
Screening Day:
Planning for
Impact

**January 14,
2026:** The
Crucial Role of
Primary Care in
Lung Cancer
Screening

March 10, 2026:
Integrating
Tobacco
Treatment into
Lung Cancer
Screening
Efforts, Audrey
Darville, PhD,
APRN, CPAHA,
FAANP

June 3, 2026:
Final Session
– IN-PERSON:
Working
Together to
Increase LCS
in KY

KY LCS LC
Implementation
Funding Recipients
Notified

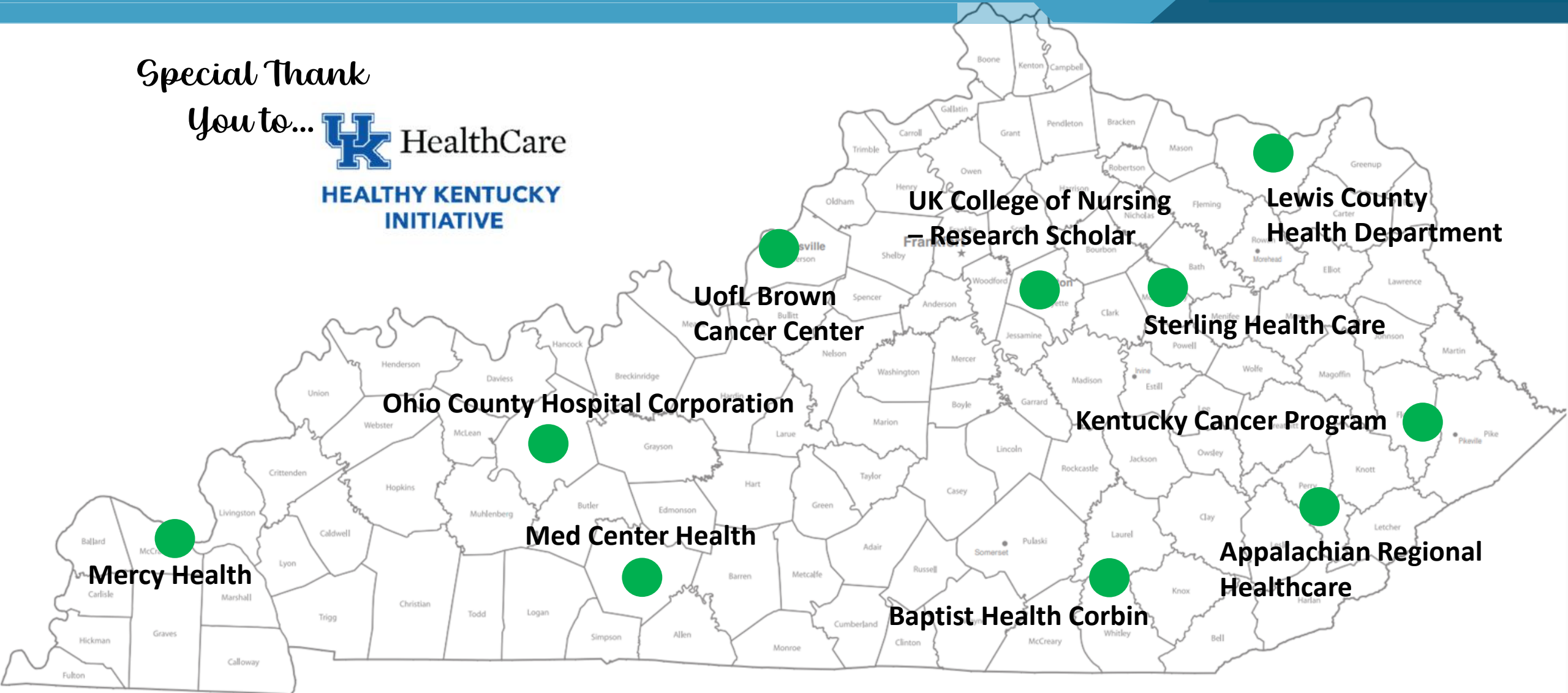


KY LCS LC Implementation Funding Sites



Special Thank

You to...



How Can I Access Info from Past Learning Collaborative Sessions?



- **The Landscape of Lung Cancer** (June 2025)
- **KDPH Kentucky Lung Cancer Screening Program – Funded Projects** (June 2025)
- **National Lung Cancer Screening Day: Planning for Impact** (August 2025)
- **Tapping Into the Potential of Lung Cancer Screening through Communication & Outreach** (October 2025)
- **The Crucial Role of Primary Care in Lung Cancer Screening** (January 2026)
- **WYNTK About Lung Cancer Screening Eligibility** (February 2026)



- **Recordings**
- **“Session Recap” documents**
 - Summary of session
 - Resource links
 - Link to slides
 - Speaker contact info



<https://www.kycancerc.org/teams-and-networks/lung-cancer-network/>

Remaining 2025-2026 KY LCS Learning Collaborative Sessions



- **Tuesday, May 6, 2026:** Bundling Cancer Screening Interventions: Does Lung Fit In?
 - Annie Lally BSN, RN, Rush University Medical Center
- **Wednesday, June 3, 2026: IN-PERSON:** Working Together to Increase LCS in KY

Registration is **open** for
May 6th

June 3rd In-Person

**Save-the-date coming
this week!**



Our Objectives for today's session



- **Describe** best practices for integrating tobacco dependence treatment within lung cancer screening programs.
- **Identify** evidence-based communication approaches that enhance patient engagement and shared decision-making.
- **Apply** practical tools and workflow strategies to enhance lung cancer screening implementation in diverse clinical settings.



How do these efforts align with the Kentucky Cancer Plan?



Kentucky Cancer Plan Goals



Reduce Health Inequities

Reduce health inequities by improving access to resources and services and the quality of social and physical conditions where people live, work, learn and play.



Reduce the Risk of Cancer

Reduce cancer risk by promoting healthy behaviors, ensuring equitable access to health resources, and minimizing exposure to harmful substances.



Detect Cancer Early

Increase adherence to evidence-based cancer screening guidelines in order to detect cancer at its earliest stages and reduce mortality.



Optimize Survivorship Treatment and Care

Increase access to high-quality cancer care across the survivorship care continuum from diagnosis and treatment to maintaining the health of survivors and providing end-of-life care consistent with patient and caregiver needs, values, and preferences.



Reduce Childhood Cancer

Reduce the burden of cancer in children, adolescents and young adults.



Download Now!

Kentucky Cancer Action Plan



What can we do together?

Kentucky Cancer Action Plan



Provide Effective Communication

Advocacy, Marketing, **Address stigma**, Patient-centered, Meet people where they are, Empower grassroots, Get loud!

Coordinate Quality Healthcare

Consistent Guidelines, Insurance barriers, Bundle screenings, Coordinate appointments, Policy development all levels

Strengthen Workforce

Identify champions, Leadership-buy-in, **Educate and engage primary care**, Address staffing needs, **Provide peer learning**

Provide Affordable and Accessible Healthcare

Access to a medical home, Transportation, **Non-traditional hours**, Self-referrals, **Out of pocket costs for screening and tobacco cessation**

Fill Data and Research Needs

Understand what LCS data we have and what data we need. **How do we use the data?** Research on vaping.

Lightening Breakout!

You will be randomly assigned to a breakout room (pairs / trios).

10-minute breakout *(we'll send prompts to switch speakers)*

Share your name, organization and

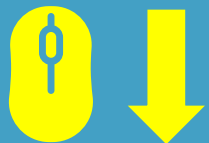
"...What is something positive that has happened in your work recently?..."



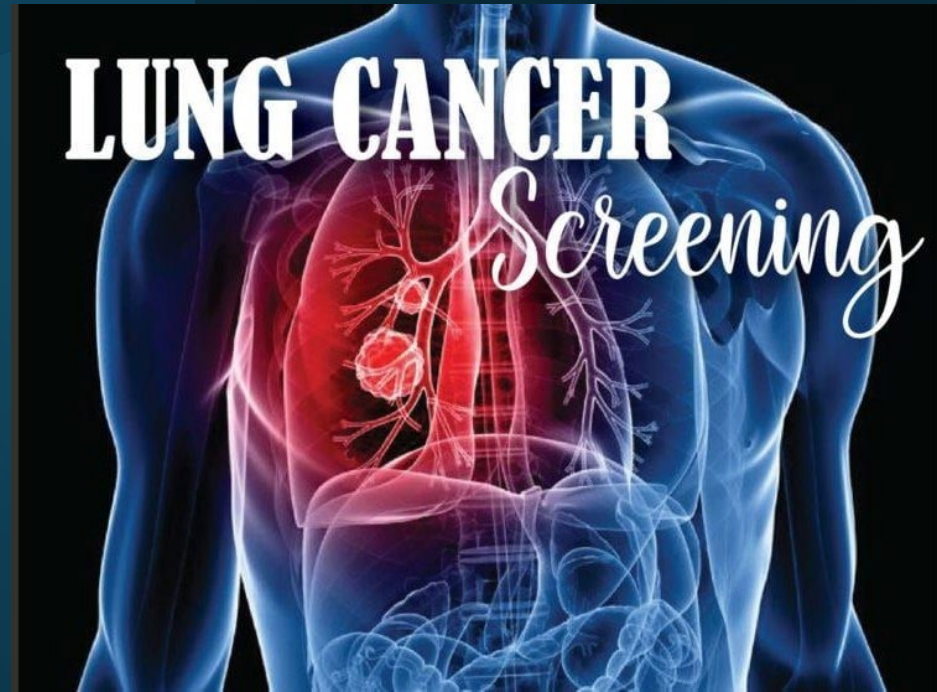
Poll



- 3 questions
- Scroll down to answer all 3 questions



Integrating Tobacco Treatment into Lung Cancer Screening Efforts



Audrey Darville, PhD, APRN, CPAHA-Tobacco Treatment, FAANP

March 10, 2026

Objectives

Describe	Describe best practices for integrating tobacco dependence treatment within lung cancer screening programs.
Identify	Identify evidence-based communication approaches that enhance patient engagement and shared decision-making.
Apply	Apply practical tools and workflow strategies to enhance lung cancer screening implementation in diverse clinical settings.

“Smoking is Bad; Quitting is Good” –Dr. Graham Warren

MOUTH AND THROAT
(ORAL CAVITY AND PHARYNX)

ESOPHAGUS

VOICE BOX (LARYNX)

LUNG, BRONCHUS, AND TRACHEA

ACUTE MYELOID
LEUKEMIA (AML)

LIVER

KIDNEY

STOMACH

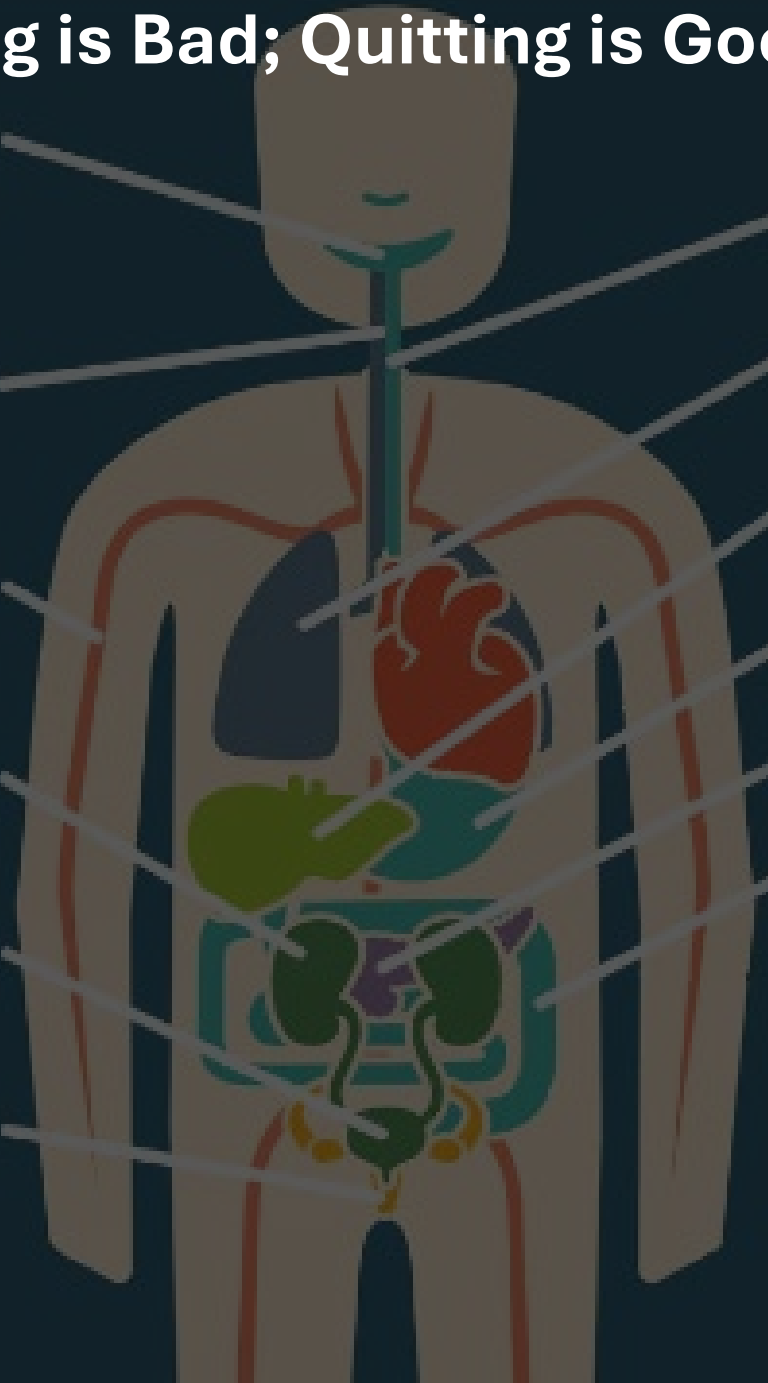
URINARY BLADDER

PANCREAS

UTERINE
CERVIX

COLON AND RECTUM

**QUITTING SMOKING
LOWERS THE RISK OF
12 TYPES OF CANCER**



How Bad Is Smoking? REALLY BAD!!

And costly! An analysis found additional costs of cancer treatment for a persistent smoking versus non-smoking patient = \$10,678 due to first-line treatment failures

Warren, G. W., Cartmell, K. B., Garrett-Mayer, E., Salloum, R. G., & Cummings, K. M. (2019). Attributable Failure of First-line Cancer Treatment and Incremental Costs Associated With Smoking by Patients With Cancer. *JAMA Netw Open*, 2(4), e191703. <https://doi.org/10.1001/jamanetworkopen.2019.1703>

How Good Is Quitting?

- Persons 55 – 64 gain an average of 4 years of life
- Better quality of life by reducing chronic disease burden
- Physical activity increases
- Reduces symptoms of anxiety and depression

Fucito LM, Czabafy S, Hendricks PS, Kotsen C, Richardson D, Toll BA; Association for the Treatment of Tobacco Use and Dependence/Society for Research on Nicotine and Tobacco Synergy Committee. Pairing smoking-cessation services with lung cancer screening: A clinical guideline from the Association for the Treatment of Tobacco Use and Dependence and the Society for Research on Nicotine and Tobacco. *Cancer*. 2016 Apr 15;122(8):1150-9. doi: 10.1002/cncr.29926

Good for Reducing Lung Cancer Risk

Abstinence from smoking for 7 years reduces lung cancer mortality by 20%; benefit noted after 5 years

Case-controlled studies show 20-90% reduced risk for former versus current smoking

Significantly reduced risk of cancer recurrence

Improved long term survival

Improved response to all forms of cancer treatment (chemo, radiation, surgery)

And it's cost effective!

- Cost for quality-adjusted life year (QALY) for smoking cessation = \$1100
- Cost per QALY for LCS with LDCT = \$81,000

Rojewski AM, Tanner NT, Dai L, Ravenel JG, Gebregziabher M, Silvestri GA, Toll BA. Tobacco Dependence Predicts Higher Lung Cancer and Mortality Rates and Lower Rates of Smoking Cessation in the National Lung Screening Trial. *Chest*. 2018 Jul;154(1):110-118. doi: 10.1016/j.chest.2018.04.016

What do patient's screened think about Smoking Cessation?

Smith P, Quinn-Scoggins H, Murray RL, McCutchan G, Nelson A, Moore G, Callister M, Tong H, Brain K. Barriers and Facilitators to Engaging in Smoking Cessation Support Among Lung Screening Participants. *Nicotine Tob Res*. 2024 Jun 21;26(7):870-877. doi: 10.1093/ntr/ntad245

- They expect the conversation, and felt supported but also morally obligated
- They want to talk about their smoking and cessation
- They primarily cited psychosocial reasons for not wanting to quit at this time:
 - Anxiety associated with the thought of quitting
 - Fatalistic view of smoking harms (damage already done, too old to benefit)
 - Only means of coping with stressful circumstances, pain
 - Risk-minimization
 - Low confidence/lack of willpower
 - Lack of positive social support

Perceptions of Tobacco Treatment

- Impacted by prior experience with NRT, medications
- Lack of awareness of available support
- Skeptical of counseling
- Desire to quit on their own
- Fear of being stigmatized

SMOKING CESSATION



Institutional Barriers

Just Ask study found:

- Lack of training for staff or designated Tobacco Treatment Specialist trained providers
- Lack of resources
- Competing priorities
- Limited reimbursement for treatment
- Perceived patient resistance

Ostroff, J. S., Reilly, E. M., Burris, J. L., Warren, G. W., Shelton, R. C., Mullett, T. W., & Just, A. S. K. Q. I. T. F. (2024). Current Practices, Perceived Barriers, and Promising Implementation Strategies for Improving Quality of Smoking Cessation Support in Accredited Cancer Programs of the American College of Surgeons. *JCO Oncol Pract*, 20(2), 212-219. <https://doi.org/10.1200/OP.23.00393>

Treatment Models

Bates-Pappas, G. E., Schofield, E., Chichester, L. R., Kotsen, C., Carter-Bawa, L., Warren, G. W., & Ostroff, J. S. (2024). Universal Tobacco Screening and Opt-Out Treatment Referral Strategy Among Patients Diagnosed With Cancer by Race and Ethnicity. *JAMA Netw Open*, 7(4), e249525. <https://doi.org/10.1001/jamanetworkopen.2024.9525>

Treating Smoking in Cancer Patients: An Essential Component of Cancer Care [Internet]. Bethesda (MD): National Cancer Institute (US); 2022 Jun. Chapter 4, Implementing Smoking Cessation Treatment Programs in Cancer Care Settings: Challenges, Strategies, Innovations, and Models of Care. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK583414/>

- Opt-Out Treatment
 - proactive way to ensure Tobacco Treatment is an expected component of the treatment plan for all patients
- 5 A's (Ask, Advise, Assess, Assist, Arrange for Follow-up)
- AAR/AAC (Ask, Advise, Refer/Ask, Advise, Connect)

Starting the Conversation with Ask

Ask permission: “Is it OK for us to talk about smoking?”

“What do you like about smoking?”

“What concerns you about smoking?”

“What concerns you about quitting or reducing your smoking?”

Open-ended questions (NEVER ‘Do you want to quit?’)!

Advise

Use a motivational interviewing approach

- Empathy versus judgement
- Client versus provider centered

Clear, gain-framed messaging:
'Quitting smoking is the single best thing you can do for your health, and I can help.'

Assess Motivation

Use validated assessment tools

- Motivational Ruler (On a scale of 1 to 10, with 1 not at all and 10 extremely, how important is it to you to quit? On the same scale, how confident are you that you can quit?)
- Decisional Balance

Motivational Ruler

“Quitting Smoking is the single best thing you can do for your health and reduce your risk of getting lung cancer. I can help and have a few questions to start if it’s OK.”

“On a scale from 1 to 10 where 1 is NOT AT ALL important and 10 is EXTREMELY important: How *important* is it for you to quit smoking?”

1 2 3 4 5 6 7 8 9 10

“On a scale from 1 to 10 where 1 is NOT AT ALL confident and 10 is EXTREMELY confident: How *confident* are you in your ability to quit smoking?”

1 2 3 4 5 6 7 8 9 10

For scores of 10: “Great! Can we work together to put a plan in place and set a quit date?”
(Encourage a date within the coming 1-2 weeks and provide cessation support resources, including information on medication).

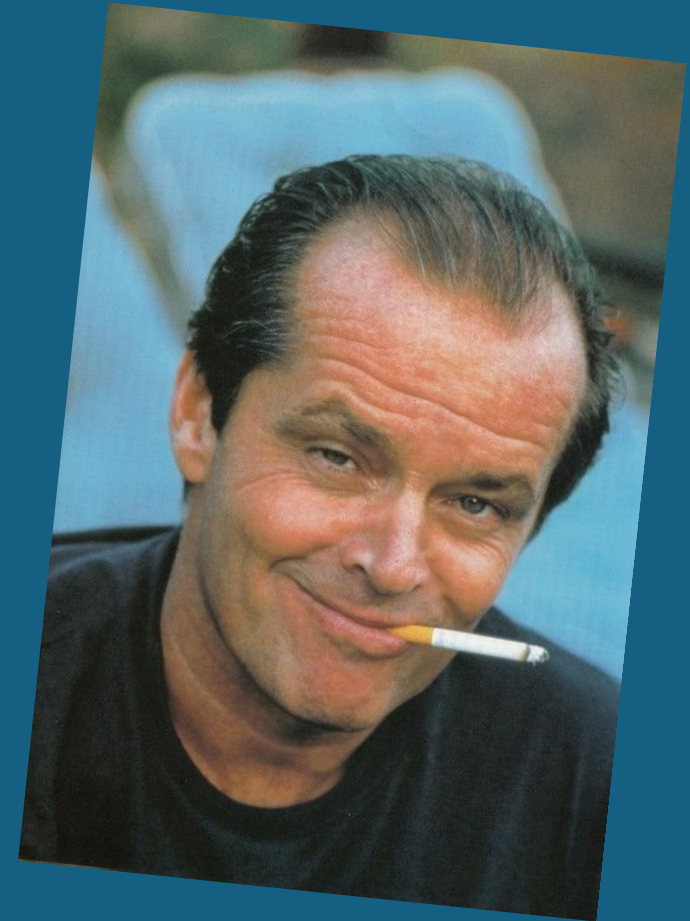
For scores lower than 10: “What would it take to move your importance/confidence from a ___ to a higher number?”

If importance is lower than confidence, provide motivational counseling. If confidence is lower, provide practical tips and cessation support resources.

Assessing Dependence: Time to First Cigarette (TTFC)

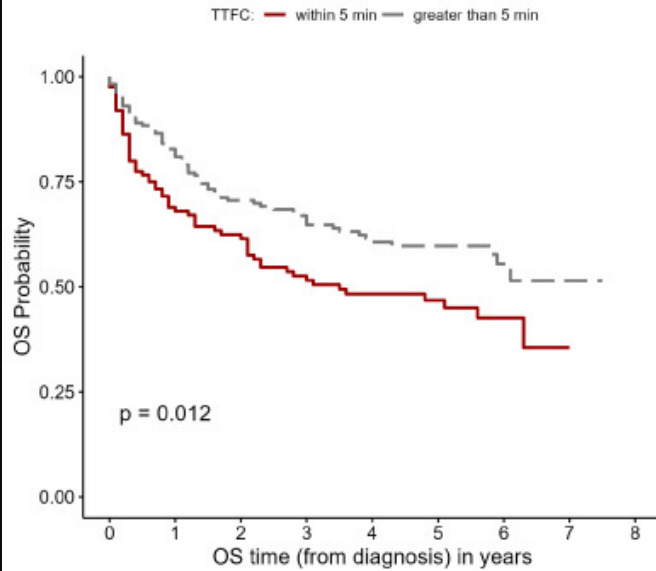
- Associated with higher dependence and increased lung cancer and all-cause mortality
- Higher dependence leads to lower likelihood of abstinence

Rojewski AM, Tanner NT, Dai L, Ravenel JG, Gebregziabher M, Silvestri GA, Toll BA. Tobacco Dependence Predicts Higher Lung Cancer and Mortality Rates and Lower Rates of Smoking Cessation in the National Lung Screening Trial. *Chest*. 2018 Jul;154(1):110-118. doi: 10.1016/j.chest.2018.04.016

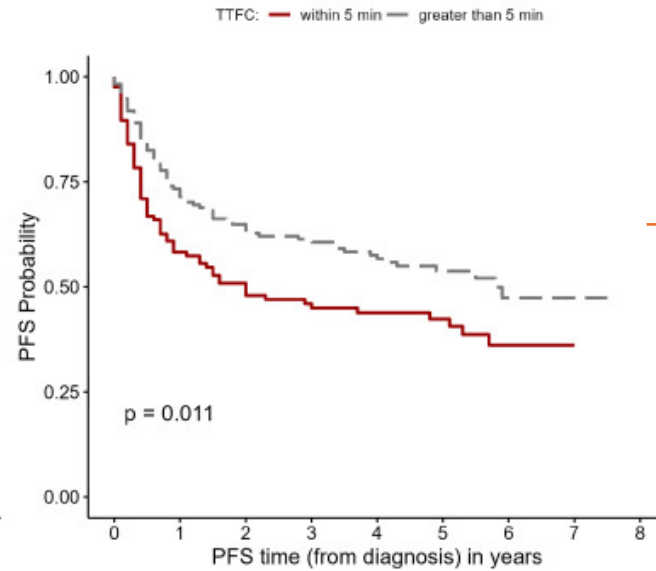


Measuring Dependence

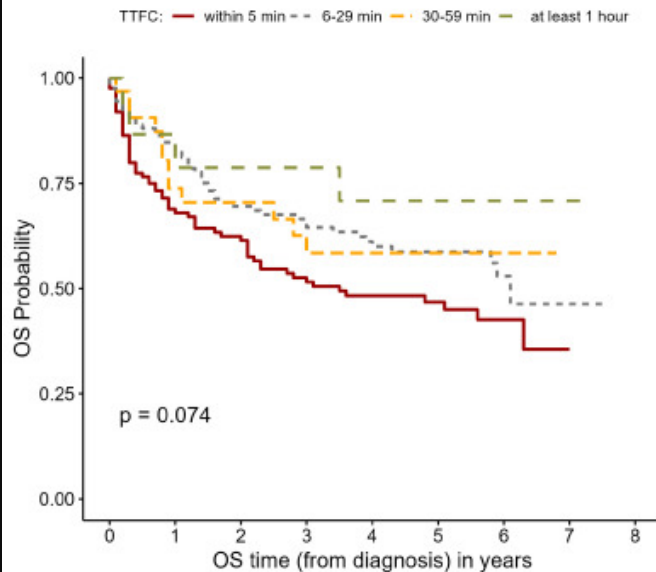
Overall Survival by TTFC <= 5min categories



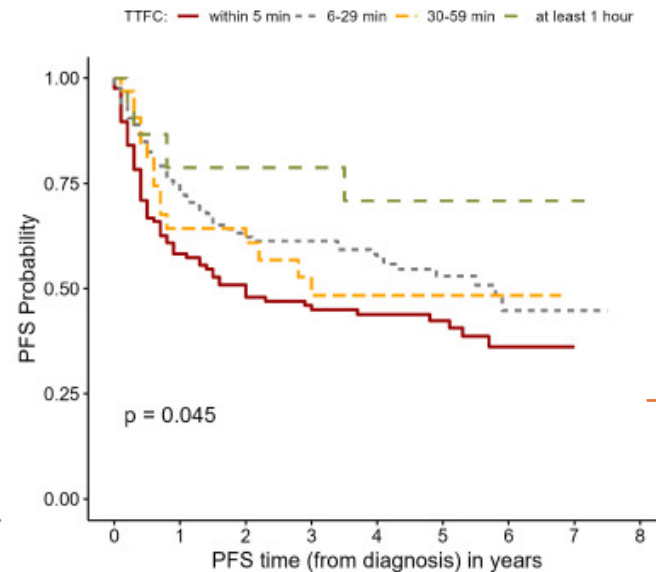
Progression-free Survival by TTFC <= 5min categories



Overall Survival by TTFC (Fagerstrom version, 4-categories)



Progression-free Survival by TTFC (Fagerstrom version, 4-categories)



Zhu J, Branstetter S, Lazarus P, Muscat JE. Smoking, Lung Cancer Stage, and Prognostic Factors-Findings from the National Lung Screening Trial. Int J Environ Res Public Health. 2024 Mar 26;21(4):400. doi: 10.3390/ijerph21040400

Assess Facilitators/ Barriers

Critical for tailoring treatment

Factors to consider:

- Financial
- Access concerns (e.g., ask about phone access prior to recommending telephone quitline services)
- Others in the home who smoke or use tobacco products
- Beliefs about the risks/benefits of treatment
- Prior treatment experience
- Preferences

Assisting

Client-centered approach

Discuss evidence-based treatment options:
Counseling + Medication = Best Outcomes

Focus on client treatment preferences while addressing mis-perceptions (e.g. Can you smoke on the nicotine patch? Yes, and sometimes the patch can help you cut back before you quit!)

Explore resources (pharmacists are a great one!)

What's covered?

Based on the Affordable Care Act requirements, most insurers cover:

8 counseling sessions annually

90 days of cessation medication

No cost-share or prior authorization

Medication Update

- Nicotine Replacement currently available over the counter:
Patches, gum lozenges/mini lozenges
- Varenicline (generic) by prescription
- Bupropion (generic and branded) by prescription
- Nicotrol inhaler no longer available (production discontinued in 2023)
- Nicotine nasal spray by prescription
- Pending approval (expected decision this June): cytisinicline

Rigotti NA, Benowitz NL, Prochaska J, et al. Cytisinicline for Smoking Cessation: A Randomized Clinical Trial. *JAMA*. 2023;330(2):152–160. doi:10.1001/jama.2023.10042



Arrange for Follow-up



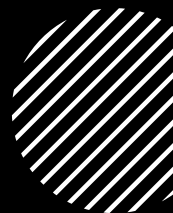
Critical component of the treatment plan that is the most neglected

For referrals, 'warm hand-off' is best (e.g., proactive quitline referral)

Format not as important as timing; consider what works best for the patient



Counseling Referrals



1-800-QUITNOW

QuitNowKentucky

Freedom from Smoking group sessions (select
Local Health Departments)

Smokefree.gov

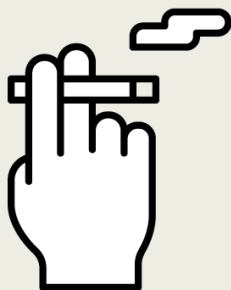
Exprogram.com (Truth Initiative/Mayo Clinic)

Empowered to Quit (ACS)

RCT: Optimizing Smoking Cessation Interventions in the Low-Dose CT Lung Cancer Screening Setting

POPULATION

320 Men, 310 Women



Adults ≥ 50 y who smoke, eligible for lung cancer screening (LCS) with low-dose computed tomography

Median (range) age, 59 (54-64) y

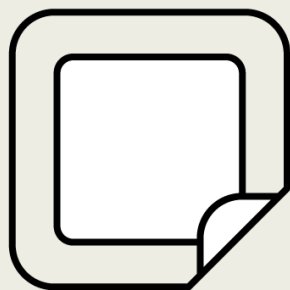
SETTINGS / LOCATIONS



Hospital-based tobacco treatment clinic in the US

INTERVENTION

630 Individuals randomized



210 Quitline (QL)

QL referral for counseling and 12-wk patch nicotine replacement therapy (NRT)

210 QL Plus (QL+)

QL referral for counseling plus prescription pharmacotherapy managed by LCS clinician

210 Integrated Care (IC)

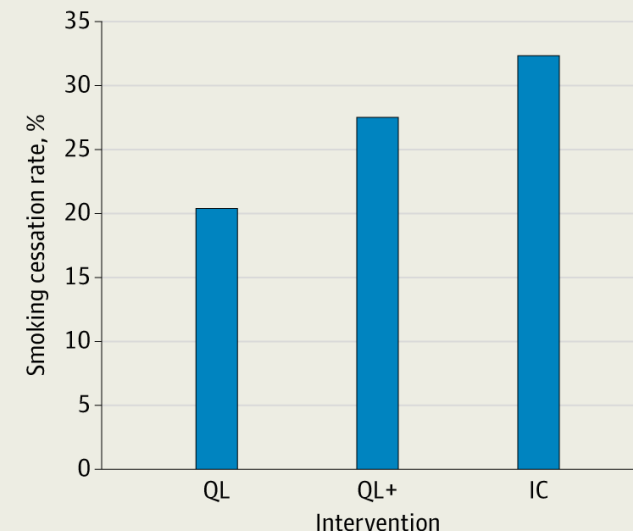
Tobacco treatment specialists in LCS setting with intensive counseling and prescription medication

PRIMARY OUTCOME

Smoking cessation rates at 6 mo using a 7-d point prevalence abstinence initially verified biochemically or by self-report (only due to COVID-19 pandemic)

FINDINGS

In the LCS setting, IC involving medication and intensive counseling provided the best opportunity for smoking cessation relative to QL counseling with or without LCS clinician managed medication

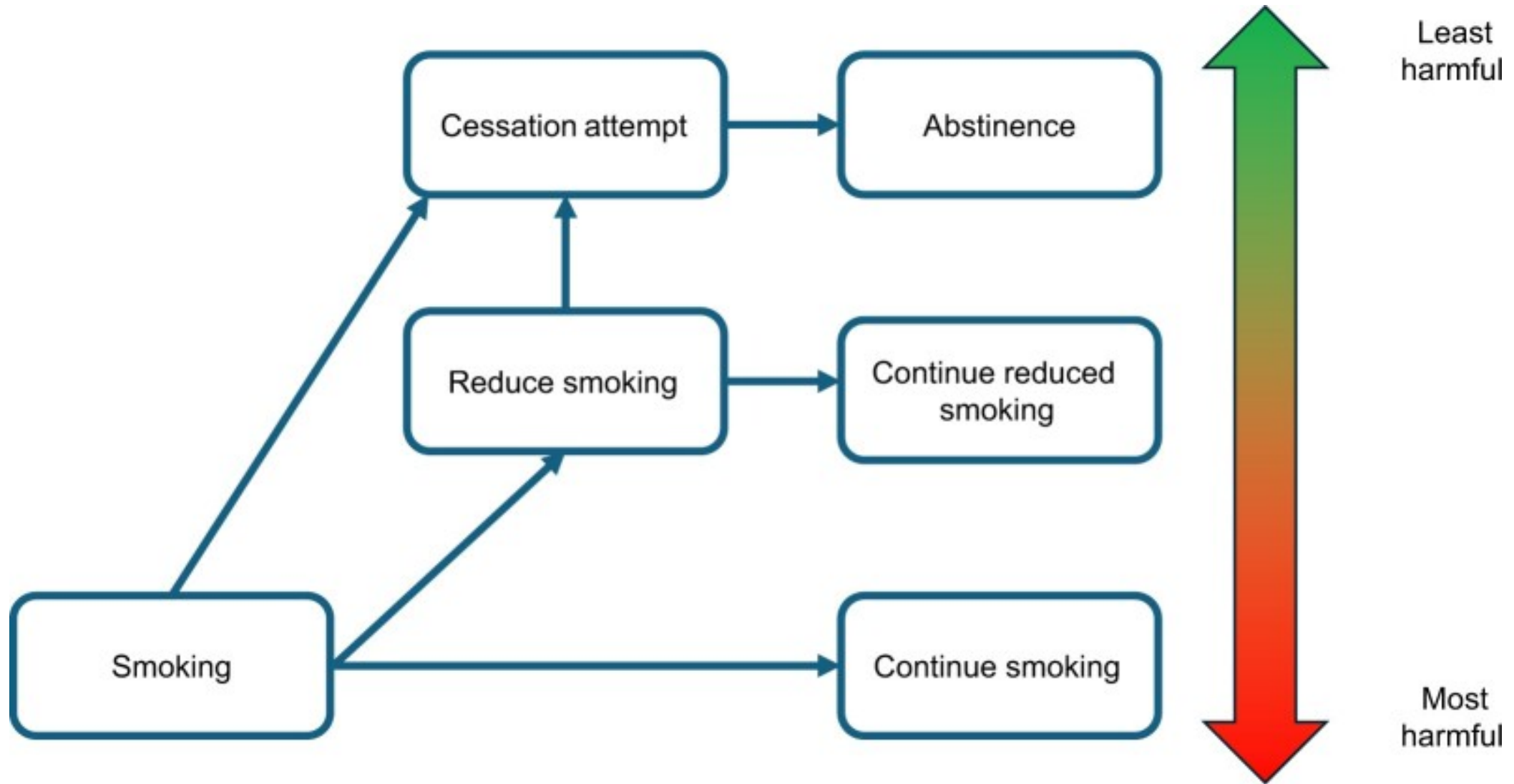


QL vs QL+: odds ratio (OR), 1.48 (95% CI, 0.94-2.32); $P = .09$
QL+ vs IC: OR, 1.25 (95% CI, 0.82-1.90); $P = .28$
IC vs QL: OR, 1.86 (95% CI, 1.19-2.89); $P = .006$

Is Reducing Helpful?

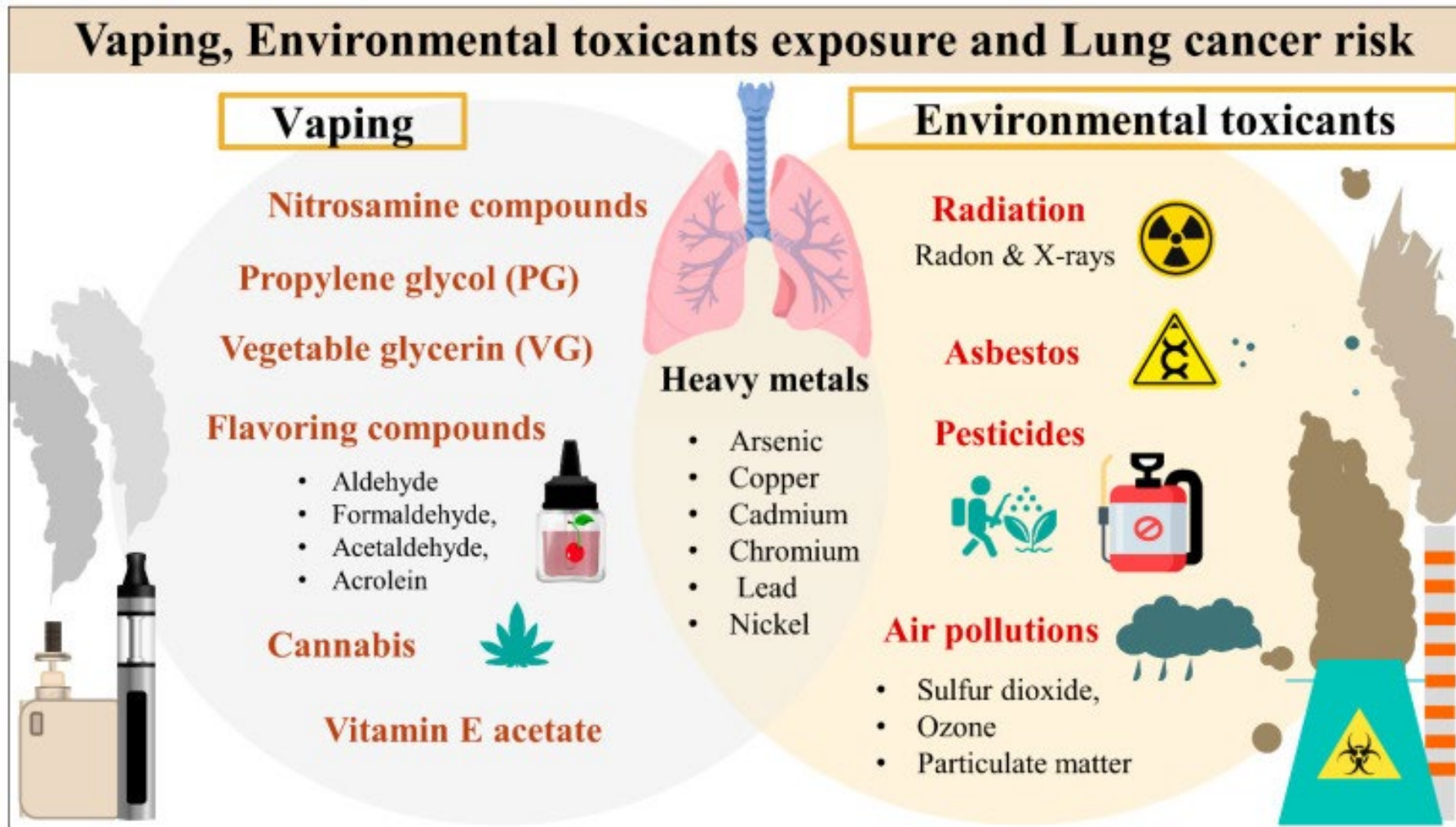


Somewhat, but it's not risk free...



Fucito LM, Palmer AM, Baldassarri SR. A new perspective on mitigating lung cancer risks through smoking cessation and reduction. *J Natl Cancer Inst.* 2024 Jun 7;116(6):782-785. doi: 10.1093/jnci/djae044.

Is Switching (Harm Reduction) Helpful?

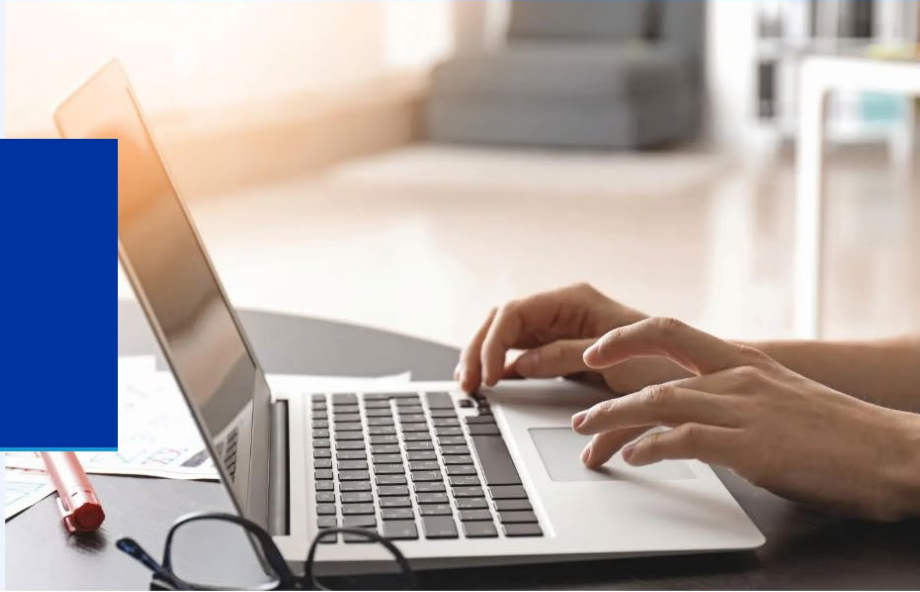


Shehata SA, Toraih EA, Ismail EA, Hagraas AM, Elmorsy E, Fawzy MS. Vaping, Environmental Toxicants Exposure, and Lung Cancer Risk. *Cancers (Basel)*. 2023 Sep 12;15(18):4525. doi: 10.3390/cancers15184525.

Summary

- All patients will benefit from smoking cessation. It is our obligation as providers to ensure they can access tobacco treatment during every encounter.
- Those not ready to quit can still benefit from a conversation, using the **5 R's**:
 - Discuss personal **R**elevance
 - Ask about perceived **R**isks of continued smoking
 - Identify the **R**ewards of quitting
 - Discuss potential **R**oadblocks
 - Acknowledge that quitting is hard; having multiple quit attempts is normal (**R**epetition)
- Remember to Roll with Resistance

Tobacco Treatment Specialist Training



[Home](#) / [Tobacco Treatment](#) / [Tobacco Treatment Specialist Training](#)

Now Enrolling!

Register for the upcoming TTS courses starting on **February 25, 2026, March 25, 2026, May 6, 2026, and June 24, 2026** below.

Please email BreatheTTS@uky.edu for more information.

REGISTER

<https://breathe.uky.edu/tobacco-treatment/tobacco-treatment-specialist-training>

Questions Now or Later...



Feel free to contact me:

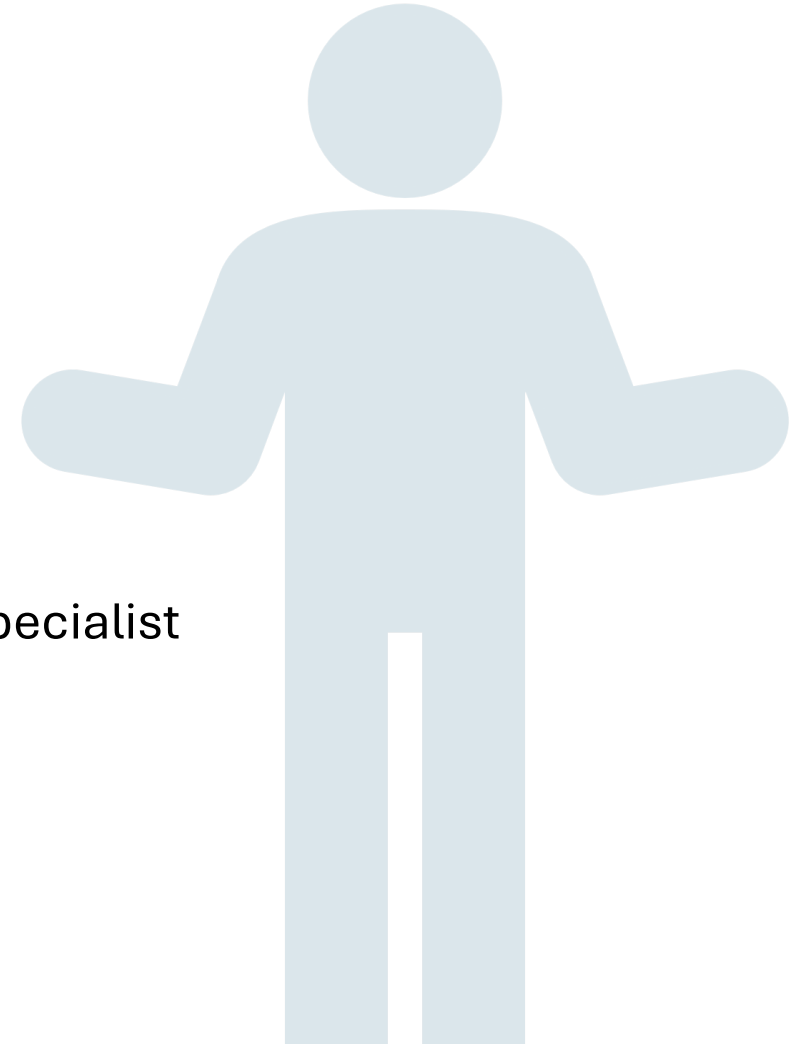
Audrey Darville

Course Director, BREATHE Tobacco Treatment Specialist
Training Program

Associate Professor, UK College of Nursing

audrey.darville@uky.edu

859-323-4222



Kentucky Best Practices & Resources



- Mercy Health – Paducah
 - Others health systems willing to share?
- KY Tobacco Control partner updates



Audience Q & A

Type your question in **CHAT**
or
raise your cyber-hand 🙋

One last POLL...



- **3 questions**
- **Scroll down to answer all questions**





What next?

Call to Action: Strengthening Tobacco Treatment in Lung Cancer Screening



For Clinical Teams

- Make tobacco assessment & treatment referral a *required* step in every LCS encounter
- Use brief interventions consistently: **Ask → Advise → Refer**
- Begin warm handoffs to tobacco treatment services

For Program Leaders

- Implement **opt-out** referrals for all LCS patients
- Assign a workflow champion and set a 90-day integration timeline
- Launch a cessation metrics dashboard (referral, engagement, quit attempts)

Call to Action: Strengthening Tobacco Treatment in Lung Cancer Screening



For Quality & Informatics

- Add EHR prompts and standardized documentation templates
- Embed automatic referral orders within LCS pathways
- Pilot improved workflows in one clinic before scaling systemwide

For Health System Leadership

- Declare tobacco treatment a core element of LCS
- Support sustainable staffing, training, and reimbursement pathways
- Prioritize equitable access to cessation support across all populations

Call to Action: YOUR NEXT STEP



Choose one action to implement this week
and
one system-level change to advance this quarter.

Register for the Next KY LCS Learning Collaborative Session



Bundling Cancer Screening Interventions: How Does Lung Fit In?

Wednesday, May 6, 2026, 12pm – 1:30pm ET

Annie Lally, RN

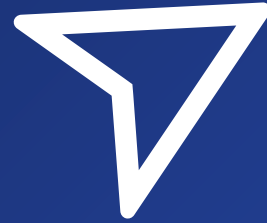
Lung Cancer Screening Program Manager
Rush University Medical Center



**Must register for each LC session individually*

<https://www.kycancerc.org/teams-and-networks/lung-cancer-network/>





KY Cancer Consortium

Download the KY Cancer Action Plan



Stay connected

Subscribe to Wednesday's Word



Thank you!

