

# NCI Cancer Center Smoking Cessation Initiative (P30 Supplement)

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Tobacco Control Research Branch

Lung Cancer Roundtable - December 2018

# Cancer Statistics

## In the United States, each year:

- 1.6 million people in the U.S. are diagnosed with cancer.<sup>1</sup>
- Approximately 250,000 patients receive their cancer diagnosis at an NCI-designated Cancer Center.<sup>2</sup>
- An even larger number of patients are treated for cancer at these centers.<sup>2</sup>

1. American Cancer Society. Cancer facts & figures 2016. Atlanta (GA): ACS; 2016.  
<http://www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2016>

2. <https://www.cancer.gov/research/nci-role/cancer-centers>

# NCI Cancer Centers – A Need to Integrate Tobacco Cessation Treatment

## In a 2009 survey of NCI-designated cancer centers:<sup>1</sup>

- Tobacco cessation treatment delivery was not perceived as a core health care service by the majority of Comprehensive Cancer Centers (CCCs),
- Only 38% of centers recorded smoking as a ***vital sign***, and less than half have dedicated personnel to provide tobacco cessation clinical services.

1. Goldstein AO, Ripley-Moffitt CE, Pathman DE, Patsakham KM. Tobacco use treatment at the U.S. national cancer institute's designated cancer centers. *Nicotine Tob Res* 2013;15:52–8.

# NCI Call to Action

## Tobacco Dependence Tx at Cancer Centers<sup>1</sup>

### Enhancing the delivery of tobacco dependence tx at cancer centers requires:

1. Refining electronic medical records and clinical trials to ensure identification and referral of smokers
2. Evaluating novel tobacco dependence treatments for cancer patients
3. Overcoming barriers to providing tobacco cessation treatment
4. Achieving institutional buy-in that treating tobacco use is an expected component of organizational “Standard of Care.”

1. National cancer institute conference on treating tobacco dependence at cancer centers. Morgan G1, Schnoll RA, Alfano CM, Evans SE, Goldstein A, Ostroff J, Park ER, Sarna L, Cox LS. J Oncol Pract. 2011 May;7(3):178-82.

# NCI Cancer Center Cessation Initiative (P30 Supplement)

## Goals:

- Short-term: Enhance capacity of Cancer Centers to address tobacco cessation with cancer patients.
- Long-term: Build and implement a sustainable tobacco cessation treatment program.

# NCI's Cancer Center Cessation Initiative

## **Funded Centers will:**

- Review existing tobacco cessation treatment programs and strategies
- Develop a work plan that includes:
  - Program description
  - Timeline for implementation in years one and two
  - Staffing
  - Measurable aims and objectives
- Provide support for staff to both build and maintain the program, including a lead staff member

# NCI's Cancer Center Cessation Initiative

## **Funded Centers will (continued):**

- Take *a population-based approach* –
  - Assess and document tobacco use status for every cancer center patient
  - Deliver some component of treatment to every patient who uses tobacco
  - Use the electronic health record to create and use a tobacco user registry

# NCI Cancer Center Cessation Initiative (P30 Supplement)

## **Specifics:**

- \$250,000 total costs per year, per center for two years
- Targeting cancer centers with minimal current tobacco cessation treatment services
- Funded in part by the NCI Cancer Moonshot Initiative



# Application Outcomes- Round 1

- 69 NCI Cancer Centers (7 = Basic)
- 56 Applications Received (56/62=90%)
- 22 Selected for Funding (22/56=39%)
- Funding from Moonshot + DCCPS
- 1st Grantee Meeting - Oct, 2017
- 2nd Grantee Meeting – April, 2018

# Round 2 – by the numbers

- 70 NCI Cancer Centers (7 = Basic)
- 22 Selected for Funding, Round 1
- 41 potential applications
- 20 centers funded in Round 2
- 42 total awards – 2 cohort ( $42/63=66.7\%$ )
- \$250K total costs annually - 2 years

# The Grantees

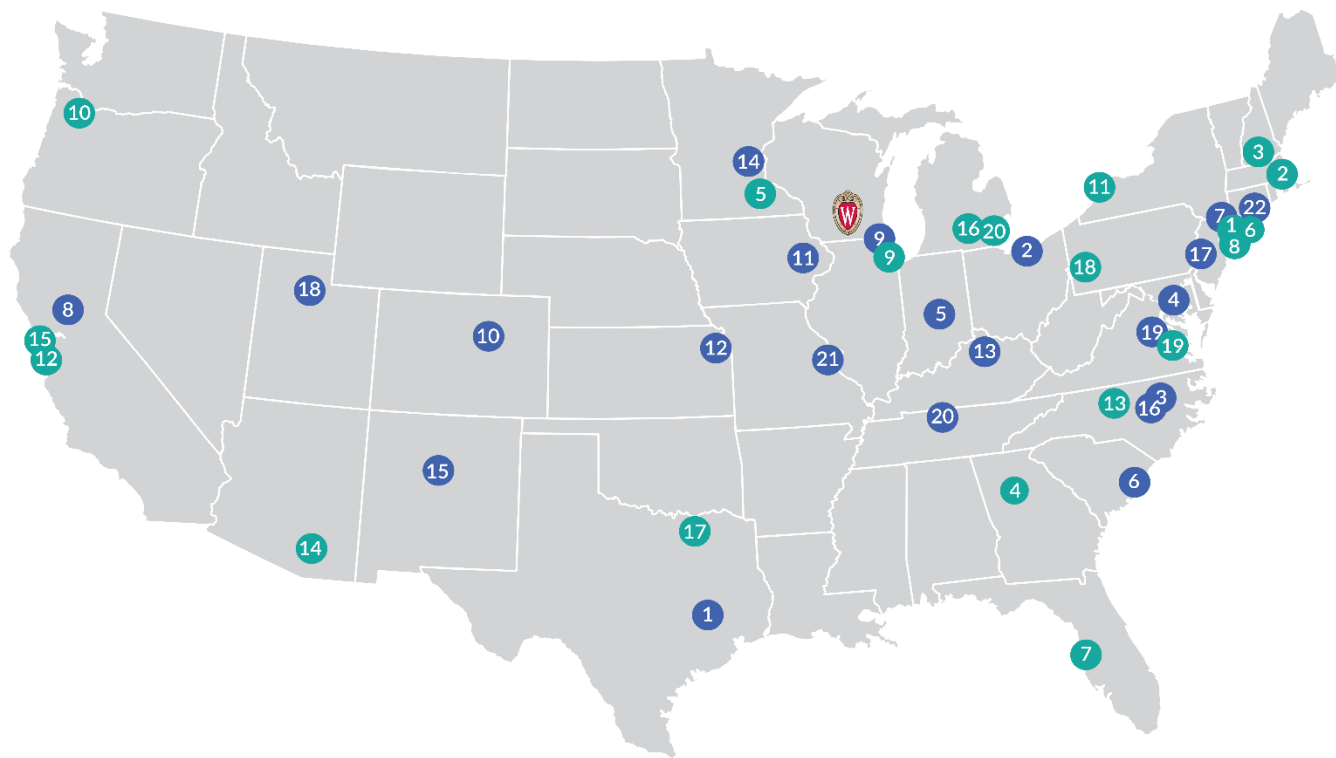
# Funded Centers – Cohort 1

- Baylor College of Medicine
- Case Western Reserve University
- Duke University
- Georgetown Lombardi
- Indiana University
- Medical University of South Carolina
- New York University
- University of California Davis
- University of Chicago
- University of Colorado Denver
- University of Iowa
- University of Kansas
- University of Kentucky-Markey
- University of Minnesota
- University of New Mexico
- University of North Carolina
- University of Pennsylvania
- University of Utah-Huntsman
- University of Virginia
- Vanderbilt University
- Washington University-St Louis
- Yale University

# Funded Centers – Cohort 2

- Columbia University
- Dana-Farber/Harvard
- Dartmouth-Hitchcock
- Emory University-Winship
- Mayo Clinic
- Memorial Sloan-Kettering
- Moffitt Cancer Center
- Mount Sinai/Tisch Cancer Inst.
- Northwestern University
- Oregon Health & Sciences Univ.
- Roswell Park Cancer Institute
- Stanford University
- University of Arizona
- UC San Francisco
- University of Michigan
- University of Pittsburgh-Hillman
- Univ. of Texas Southwestern
- Virginia Commonwealth University
- Wake Forest School of Medicine
- Wayne State University School of Medicine

# Initiative (C3I): Funded Centers



## Cohort 1

1. Baylor College of Medicine
2. Case Western Reserve University
3. Duke University
4. Georgetown University
5. Indiana University
6. Medical University of South Carolina
7. New York University
8. University of California Davis
9. University of Chicago
10. University of Colorado
11. University of Iowa
12. University of Kansas
13. University of Kentucky
14. University of Minnesota
15. University of New Mexico
16. University of North Carolina at Chapel Hill
17. University of Pennsylvania
18. University of Utah
19. University of Virginia
20. Vanderbilt University
21. Washington University
22. Yale University

## Cohort 2

1. Columbia University
2. Dana-Farber
3. Dartmouth College
4. Emory University
5. Mayo Clinic
6. Memorial Sloan Kettering
7. Moffitt
8. Mount Sinai
9. Northwestern University
10. Oregon Health and Sciences University
11. Roswell Park
12. Stanford University
13. Wake Forest University
14. University of Arizona
15. University of California San Francisco
16. University of Michigan
17. University of Texas Southwestern
18. UPMC Hillman
19. Virginia Commonwealth University
20. Wayne State University

# Considerations

- Initially – ascertain the percentage of smokers in your patient population.
- Analyze what you do now, and its effectiveness.
- Does your EHR promote identification (and intervention) of smokers? Can you enhance it?

- Engaging leadership
  - This is important to NCI
  - An integral part of good cancer care
  - Utilize expert testimony
- Use success stories
  - Patient vignettes
  - Program development & outcomes



- Bring in consultants to give you feedback on your plan (and then again when you are evaluating progress)

- Types of intervention
  - Face to face interventions with tobacco treatment specialist
  - Quitlines
  - Web-assisted treatment programs
    - Smokefree.gov (FREE)
  - Text-messaging programs
  - Consider sustainability

- Evaluate & refine
- Collect patient success stories
- Identify champions – interview & develop marketing materials
- Don't spend years planning the perfect program. Build a prototype; test it; improve.

# Thank you!

Video [https://youtu.be/mH\\_Lot3PjR0](https://youtu.be/mH_Lot3PjR0)

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