

# Intensive Program Helps People Being Screened for Lung Cancer Quit Smoking

Smoking causes nearly 9 out of 10 deaths from lung cancer.

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When people who smoke are screened for lung cancer, studies have suggested that the screening visit can be an opportune time for health care providers to offer them ways to stop smoking.

Results from a large [clinical trial](#) now show that a comprehensive program that integrates intensive counseling and cessation medications may be a particularly effective way of accomplishing that goal.

The study included more than 600 adults who were current smokers. By the end of the 3-month treatment period, nearly 40% of those randomly assigned to participate in an intensive cessation program [had quit smoking and had not started up again](#). In contrast, about 25% of those referred to a tobacco use quitline hit that same benchmark.

The results were published March 1 in JAMA Internal Medicine.

According to the study's lead investigator, Paul Cinciripini, Ph.D., of the University of Texas MD Anderson Cancer Center, the findings confirm that when people who smoke are being screened for lung cancer, it "presents a critical opportunity" to support them in quitting. The type of support, however, appears to be particularly important, Dr. Cinciripini said.

Another important takeaway is "the importance of having [dedicated cessation specialists] be a part of [cessation] treatment," said Carolyn Reyes-Guzman, Ph.D., of NCI's Tobacco Control Research Branch, which funded the study.

## Using screening as an opportunity for counseling

Smoking causes nearly 9 out of 10 deaths from lung cancer. But quitting smoking is extremely difficult. According to the most recent data from the Centers for Disease Control and Prevention, only about 9% of adults who smoke were able to successfully quit smoking in the past year.

Studies have shown that early detection through regular lung cancer screenings with [low-dose computed tomography](#) (CT) can reduce the risk that someone with a heavy smoking history will die from lung cancer. And because [60% of people eligible for annual lung cancer screening currently smoke](#), the U.S. Preventive Services Task Force and other medical groups recommend that health care providers use screening as an opportunity to provide cessation counseling.

“Knowing that people are coming in for screening, it’s the perfect opportunity to provide an intervention to quit,” Dr. Reyes-Guzman said.

In 2016, NCI launched the [Smoking Cessation at Lung Examination \(SCALE\)](#) Collaboration to understand which tobacco cessation strategies work best for people undergoing lung cancer screening. The study by Dr. Cinciripini and his colleagues is one of eight supported by SCALE.

## More support can make a difference

The study, conducted at a tobacco treatment clinic in Houston, included 630 people who smoked a median of 20 cigarettes a day.

Participants were randomly assigned to one of three treatment groups. In one group, participants who were undergoing screening were electronically referred to a quitline for brief smoking cessation advice and 12 weeks of standard [nicotine replacement therapy](#) (NRT). Participants in the second group were referred to the quitline but had help from the lung cancer screening radiologist in selecting and managing their cessation medications.

Participants in the third, integrated care group received intensive counseling from dedicated tobacco treatment specialists and medical staff and were offered a range of medications, including combinations of cessation drugs. The treatment program was provided at the same clinic where the participants had their screening exam.

Participants in the integrated care group were assigned to the same counselor over the duration of the program and received a median of eight counseling sessions, delivered in person initially and then by videoconferencing because of pandemic-related restrictions.

In contrast, participants in the quitline groups received a median of four telephone counseling sessions, not necessarily with the same counselor. In addition to having the opportunity to receive combinations of cessation medications, participants in the integrated care group and more intensive quitline group had help from their clinicians in switching medications if one was not working.

By the end of the 3-month program, 78 of 210 (37%) participants in the integrated care group were no longer smoking. That was compared with 53 of 210 (25%) and 57 of 210 (27%) of participants in the other groups (NRT and NRT or other medications, respectively).

By 6 months after starting the program, people in the integrated care group had a slightly lower

likelihood of not smoking and still were more likely to have stopped than those in the two quitline groups, but the gap had narrowed.

## Not a one-size-fits-all

Tobacco cessation quitlines can be very effective and have helped many people quit smoking, said Dr. Reyes-Guzman. However, she noted, quitlines can be less personalized and it could be easier for people to stop using them and resume smoking.

Nevertheless, she added, because many health care facilities do not have the resources to provide an integrated care program, quitline interventions alone may still be a practical cessation approach, especially in lower-resource settings.

In addition to these caveats, the study had several limitations, study investigators noted. Participants were primarily White, and more research is needed on the effectiveness of integrated care in different population groups, they said.

## Extended Cessation Counseling May Help More People Quit

According to recent findings from another clinical trial of heavy smokers undergoing lung cancer screening, providing cessation counseling for an extended period [is more effective than shorter-duration counseling in helping people quit smoking](#).

In the study, also conducted as part of the SCALE program, people who participated in 8 virtual counseling sessions over 12 weeks had a higher rate of quitting smoking at 6 months than those who participated in 4 counseling sessions over 4 weeks: 17.3% versus 11.7%. However, receiving nicotine replacement therapy for a longer period did not improve quit rates.

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