The OaSiS Trial: The Optimizing Lung Screening Study

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Study Aims

Goal: To identify the best ways to implement evidence-based smoking cessation support at the point-of-care for lung screening patients.

• **Aim 1:** Evaluate a multi-faceted implementation strategy to improve smoking cessation rates among 1,300 patients who present for lung cancer screening in 26 community-based practices.
  • Measurement: Baseline (current smokers), 14-day, 3 months, 6 months
  • Primary Endpoint: 7-day abstinence w/ cotinine validation (6 months)

• **Aim 2:** Characterize the adoption and adaptation of evidence-based tobacco cessation strategies
  • Measurement: Organizational survey, key informants, observational/site visit
  • Program reach, feasibility, acceptability, fidelity, adaptation

• **Aim 3:** Develop and evaluate an implementation toolkit
Study Design & Implementation Strategies

National Cluster Randomized Trial

- PRE-SITE VISIT
  - WEBINARS
    - Introduction to the study
    - Why smoking cessation during LCS/Shared Decision Making
    - Evidence-based cessation strategies
    - Motivational Interviewing
    - Webinar for CT Techs

- Site Visit
  - Strategic Planning
  - Action Plan

- Post-Visit
  - Coaching Calls
    - Practice Facilitation
    - Audit & Feedback

- Peer Learning Calls

Implementation Strategies

13 intervention sites
13 control (usual care) sites

NCI Community Oncology Research Program
A program of the National Cancer Institute of the National Institutes of Health

Wake Forest School of Medicine
## OASIS TEAM SITE VISIT
### ACTION PLAN

<table>
<thead>
<tr>
<th>Strategies we think are feasible in our imaging site</th>
<th>HOW?</th>
<th>WHO IS RESPONSIBLE?</th>
<th>BY WHEN?</th>
<th>Status Update on 4/16 Coaching Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Messaging in the imaging report</td>
<td>Add auto text to imaging report template – will include hyperlinks to smokefree.gov, smokefreetxt.gov, and Tennessee quitline</td>
<td>Dr. Optican</td>
<td>Within one week</td>
<td>DONE!</td>
</tr>
<tr>
<td>Send patients who smoke a message/alert in MyChart that includes links to resources for quitting</td>
<td>Identify the correct person to approve and program updates in EPIC to enable this functionality</td>
<td>Emma</td>
<td>Provide update on first coaching call</td>
<td>Emma still working on this one asked for <strong>Wake team</strong> to send the appropriate text.</td>
</tr>
<tr>
<td>Provide take home Quitkit/packet of materials with resources to support patients to quit</td>
<td>Identify what materials (brochures/handouts) and items would be useful to our patients, obtain required branding information Consider how/where to best deliver these in workflow Keep minimal number in CT rooms and store excess in NCORP offices</td>
<td>WF team to provide some draft materials and ideas Stacy &amp; Whitney Nick (for storage); TBD in imagining</td>
<td>Provide update on first coaching call</td>
<td>The toolkit is still under development. Main point of contact at Memphis—Stacy. Stress balls, pens/pads, sugar free gum/lollipops, magnets, lens cloths. <strong>Whitney &amp; Stacy</strong> to discuss. Distribute at end of imaging appt.</td>
</tr>
<tr>
<td>Link patients who express</td>
<td>Build standing order/check box</td>
<td>Alex</td>
<td>Provide update</td>
<td>EPIC integration: Alex</td>
</tr>
</tbody>
</table>
% OF CLINICS WHO AGREE CESSION SERVICES ARE FEASIBLE & ACCEPTABLE (n=25)

- NRT/Pharma: 72 Acceptable, 76 Feasible
- Refer to Onsite Cessation Services: 84
- Offer Counseling: 80, 72
- Refer to Quitline: 84, 84
- Document Cessation Support: 88, 96
- Advise to Quit: 96, 96
- Ask About Smoking: 96, 96
Participant Enrollment

• All 26 sites enrolled
  • Completed 13 intervention site visits w/ action plans
  • All 26 sites will be enrolling patients by March
• 25 of 26 organizational surveys completed
• 60 key informant interviews completed

<table>
<thead>
<tr>
<th>Patient Surveys (as of 3/6/19)</th>
<th>Baseline n=543</th>
<th>14-day n=485</th>
<th>3-month n=284</th>
<th>6-month n=99</th>
</tr>
</thead>
<tbody>
<tr>
<td>% female</td>
<td>46.22%</td>
<td>45.98%</td>
<td>44.37%</td>
<td>46.46%</td>
</tr>
<tr>
<td>% racial/ethnic minorities</td>
<td>24.68%</td>
<td>23.51%</td>
<td>21.83%</td>
<td>24.24%</td>
</tr>
<tr>
<td>% 7-day smoking prevalence</td>
<td>100%</td>
<td>97.73%</td>
<td>93.66%</td>
<td>88.89%</td>
</tr>
</tbody>
</table>
Aim 3: Develop and evaluate an implementation toolkit

- Shared decision making process with health care provider
- Low dose chest CT for lung cancer screening at imaging facility
- Imaging Report (Lung – RADS classification)

Smoking cessation intervention
Thank you from the OaSiS team

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