

# **Smoking Cessation Within the Context of Lung Cancer Screening (R01)**

**Pre-Application Webinar  
August 4, 2015**

# Today's Agenda

- NCI staff introductions
- Welcome (Michele Bloch)
- Logistics (Jenny Twesten)
- RFA highlights, tips, and FAQs (Stephanie Land)
- Applicant questions

# NCI Staff

Stephanie Land, Program Director, Tobacco Control  
Research Branch

Carol Perry, Branch Chief, Office of Grants Administration

Erik Edgerton, Team Lead, Office of Grants Administration

Jason Gill, Team Lead, Office of Grants Administration

Michele Bloch, Chief, Tobacco Control Research Branch

*Remarks from*

Michele Bloch, MD, PhD

Chief, Tobacco Control Research Branch

# Housekeeping

# RFA Goal

Development/testing of smoking cessation interventions, and/or development/testing of strategies for implementation of smoking cessation interventions to be delivered to current smokers who undergo low-dose computed tomography (LDCT) screening for lung cancer

# RFA Goal

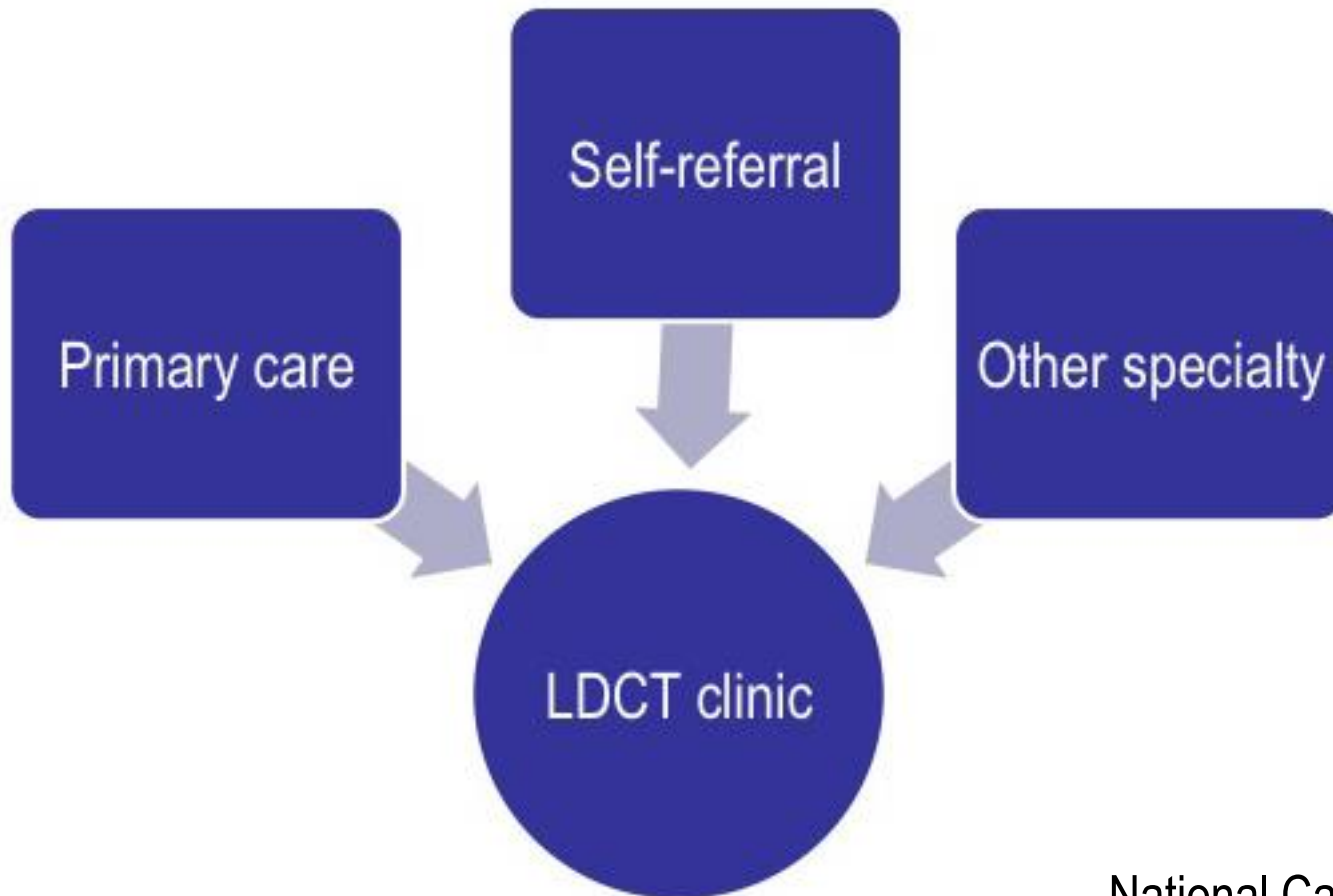
Development/testing of smoking cessation interventions, and/or development/testing of strategies for implementation of smoking cessation interventions to be delivered to current smokers who undergo low-dose computed tomography (LDCT) screening for lung cancer.

## Point #1

Interventions should **reach** the current smokers who come to the LDCT clinic.

## Point #2

Interventions should reach the current smokers **who come to the LDCT clinic.**







Questions?

# RFA Goal

Stimulate research on optimal cigarette smoking cessation approaches delivered in conjunction with LDCT lung cancer screening visits in a variety of LDCT screening settings.

## Point #3

LDCT clinic is important. The application needs to do more than “replace all” of one setting for another.

## RFA Goal

Stimulate research on optimal cigarette smoking cessation approaches delivered in conjunction with LDCT lung cancer screening visits in a variety of LDCT screening settings.

### Point #4

Provide evidence that LDCT clinic is prepared to support the research.

# RFA Goal

Stimulate research on optimal cigarette smoking cessation approaches delivered in conjunction with LDCT lung cancer screening visits in a **variety** of LDCT screening settings.

## Point #5

Describe the LDCT clinic(s) in the application.

Usual: “Will the environment support the research?”

Specific to this RFA: “Does the LDCT clinic contribute to the variety?”

# RFA Goal

Stimulate research on optimal cigarette smoking cessation approaches delivered in conjunction with LDCT lung cancer screening visits in a **variety** of LDCT screening settings.

## Point #6

Describe the LDCT clinic(s) in the dissemination products so that other clinics may evaluate which approaches will work in their settings.

# RFA Goal

Stimulate research on optimal **cigarette smoking cessation approaches** delivered in conjunction with LDCT lung cancer screening visits in a variety of LDCT screening settings.

## Point #7

The research may also address/promote screening, but this should be supportive or incidental and a small part of the budget.

Questions?

# RFA Goal

Development/testing of smoking cessation interventions, and/or development/testing of strategies for implementation of smoking cessation interventions to be delivered to current smokers who undergo low-dose computed tomography (LDCT) screening for lung cancer.

## Point #8

RFA does not prescribe the types of cessation interventions.



# Resource Sharing and Dissemination: During the Research

- Common measures
- Annual grantee meetings
- American College of Radiology may be able to collaborate with linkage to registry.

# Resource Sharing and Dissemination: After the Research

Describe the plan for sharing materials and tools (e.g., training protocols) at a level of detail that permit other LDCT clinics to implement the tested intervention(s).

Outline a realistic plan to sustain effective dissemination beyond 5 years. Some ideas:

- RTIPS on [cancercontrolplanet.cancer.gov](http://cancercontrolplanet.cancer.gov)
- Partner with hospital system that will sustain tools
- Appendix to journal publication

Questions?

# Submission, Review, and Selection

- Tip for new investigators: Submit the application at least one week before October 8.
- NCI will review applications for responsiveness before they are sent for scientific peer review.
- Peer review will be managed by NCI.
- Ad hoc reviewers
- Pre-review conference call with reviewers
- After scientific review, selection for funding will also consider program priorities.

# Budget

- Direct costs limited to: \$500,000 per year
- Funding period is up to 5 years.
- NCI plans to commit up to \$4.5M in fiscal year 2016 to support up to 6 applications.

## Point #9

The budget **may include the cost of cessation medication** that cannot be reimbursed from other sources.

# Budget

Development/testing of smoking cessation interventions, and/or development/testing of strategies for implementation of smoking cessation interventions to be delivered to **current smokers** who undergo low-dose computed tomography (LDCT) screening for lung cancer.

## Point #10

The definition of **current smoker** is your decision.

## RFA Goal

Stimulate research on optimal cigarette smoking cessation approaches delivered **in conjunction with** LDCT lung cancer screening visits in a variety of LDCT screening settings.

### Point #11

It is not necessary that the entire intervention occur at the LDCT screening clinic.

# Tip

Email your **aims** along with letter of intent to [stephanie.land@nih.gov](mailto:stephanie.land@nih.gov) on or before September 8.

Call 240-276-6946 or email Stephanie Land with any scientific questions (except August 21-28).



Questions?



National Cancer Institute