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Embedding smoking cessation support into targeted lung health checks in the UK increases long-term smoking abstinence, 12-month follow-up data from two clinical randomised controlled trials.

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Background: Smoking cessation (SC) interventions delivered alongside targeted lung health checks (TLHC) in the UK have been established to increase short-term abstinence rates among this high-risk population.

Aims: To determine if SC interventions delivered during TLHCs lead long term smoking abstinence compared to usual care.

Methods: The first quit-smoking lung health intervention trial (QuLIT1) explored if 6 sessions of SC plus pharmacotherapy delivered in a clinic, increased quit rates compared to usual care in a screening setting. The second trial (QuLIT2) was conducted after COVID-19 to align with the TLHC service and delivered the same intervention, but remotely. Follow-up was conducted 12 months after the intervention was conducted and consisted of a short telephone interview and biochemically verification of quits.

Results. 430 current smokers were enrolled in the studies, 115 in QuLIT1 and 315 in QuLIT2. At 12 months participants in the SC arms reported significantly higher quit rates compared to the UC arms, for self-reported 7-day PP (20.0% vs 12.8%, respectively; OR= 1.70 95% CI, 1.00-2.89) and biochemically verified quits (12.1% vs 4.7%, respectively; OR= 2.76 95% CI, 1.29-5.88). SC participants also had higher quit attempts, compared to quit attempts reported in the UC arm (45.0% vs 28.9% respectively: OR= 1.91, 95% CI 1.27-2.82).

Conclusion: Providing smoking cessation alongside lung cancer screening clinics are successful at increasing long-term smoking abstinence in this high-risk population and should be embedded into all screening services.