

INTRODUCTION

- Smoking is the leading modifiable lung cancer risk factor.
- Cessation improves survival, reduces recurrence and second cancers, even after diagnosis, with the greatest benefit within 6 months.
- Effective quitting usually requires repeated attempts and evidence-based support combining pharmacotherapy and behavioral counseling.

METHODS

- Using a structured national survey conducted by GO2 for Lung Cancer among our Centers of Excellence, a national network of designated facilities delivering high-quality lung cancer screening and cancer care, we evaluated the implementation of smoking cessation services for lung cancer screening and care for patients and survivors.
- We assessed facility cessation engagement using the 5A's framework, including tobacco assessment (**Ask**), advice to quit (**Advise**), service delivery or referral (**Assess & Assist**), and follow-up across the cancer care continuum (**Arrange**), across screening, diagnosis, active treatment, and survivorship.
- Between November 2024 and June 2025, facilities were asked to report on data from calendar year 2024. A total of 127 surveys on multiple lung cancer screening and care topics were completed by facilities across 35 U.S. states and Washington, DC, representing a broad geographic distribution (36% South, 26% Midwest, 21% Northeast, and 16% West).
- Among participating facilities, a subset completed the three survey sections focused on the implementation of smoking cessation services.
- Due to limited responses from non-hospital facilities (mobile, Veterans Health Administration, independent imaging, and independent clinics), analysis was restricted to 75 hospital-based facilities representing academic medical centers and community (teaching and non-teaching) hospitals.

DISCUSSION AND CONCLUSION

- Hospitals consistently Ask/Assess and Advise, but delivery (Assist) of evidence-based cessation treatment and follow-up declines substantially across the cancer care continuum, with the largest gaps occurring during survivorship, clinical trial enrollment, and in non-teaching community hospitals.
- Lower cessation engagement in non-teaching community hospitals and limited use of combination therapy and follow-up highlight critical gaps, underscoring the need for evidence-based, systematic, and longitudinal cessation strategies throughout the lung cancer care continuum.
- Conclusion:** While tobacco screening and quit advice are well established in lung cancer screening and care, ongoing smoking cessation support often declines after early treatment stages. Strengthening longitudinal, evidence-based cessation services, especially in non-teaching community hospitals, is needed to improve cessation engagement and health outcomes across the entire lung cancer care continuum.

REFERENCES & ACKNOWLEDGEMENTS

GO2 acknowledges the Centers of Excellence for their dedication to high-quality care and their contribution to this important work.



Scan here to learn more about GO2 for Lung Cancer's Centers of Excellence Program

RESULTS

N=75 Hospital Based Facilities (HBF) academic and community [teaching and non-teaching] hospitals)

Figure 1. Smoking Cessation Engagement Across the Lung Cancer Continuum

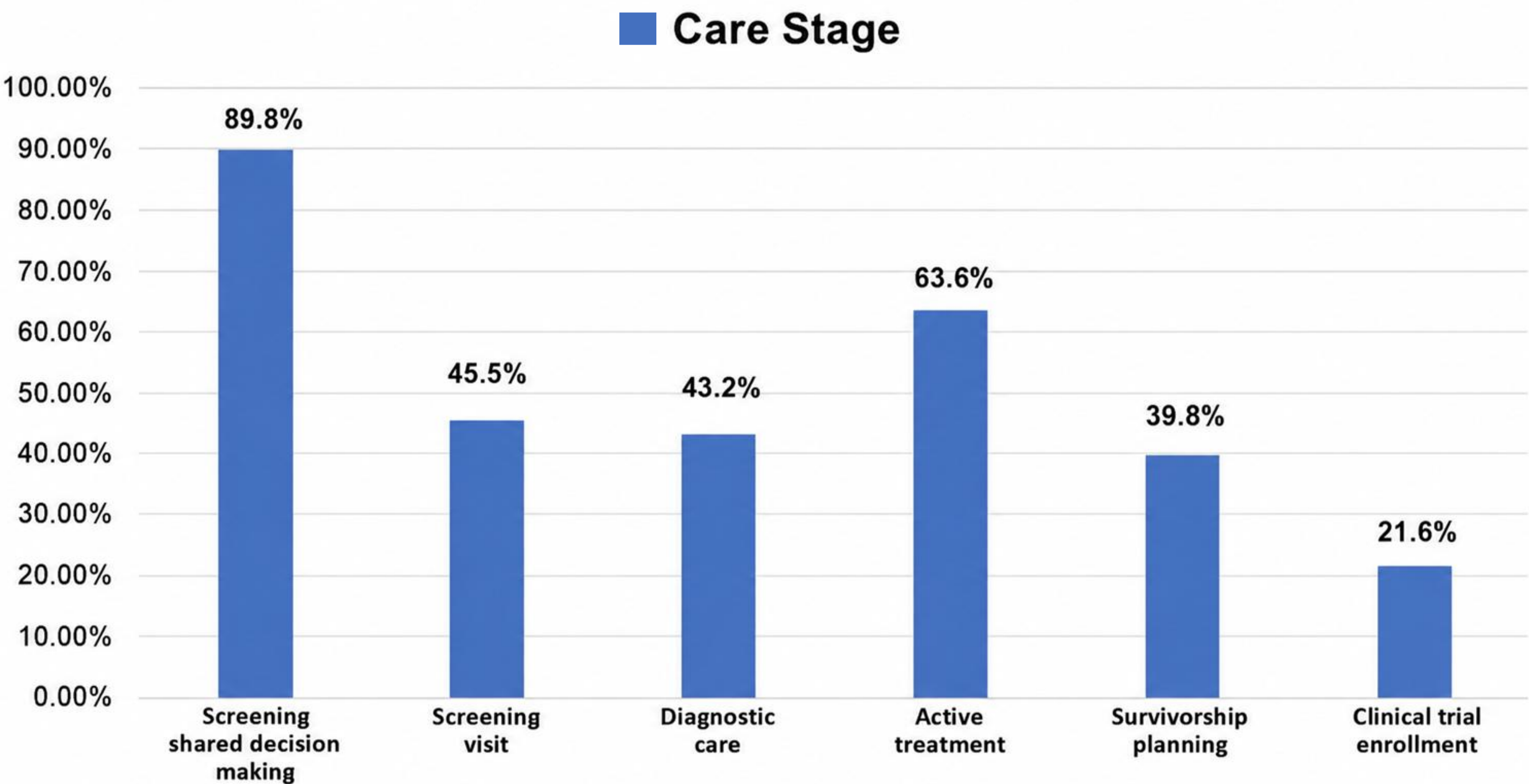


Figure 2. Cessation Engagement

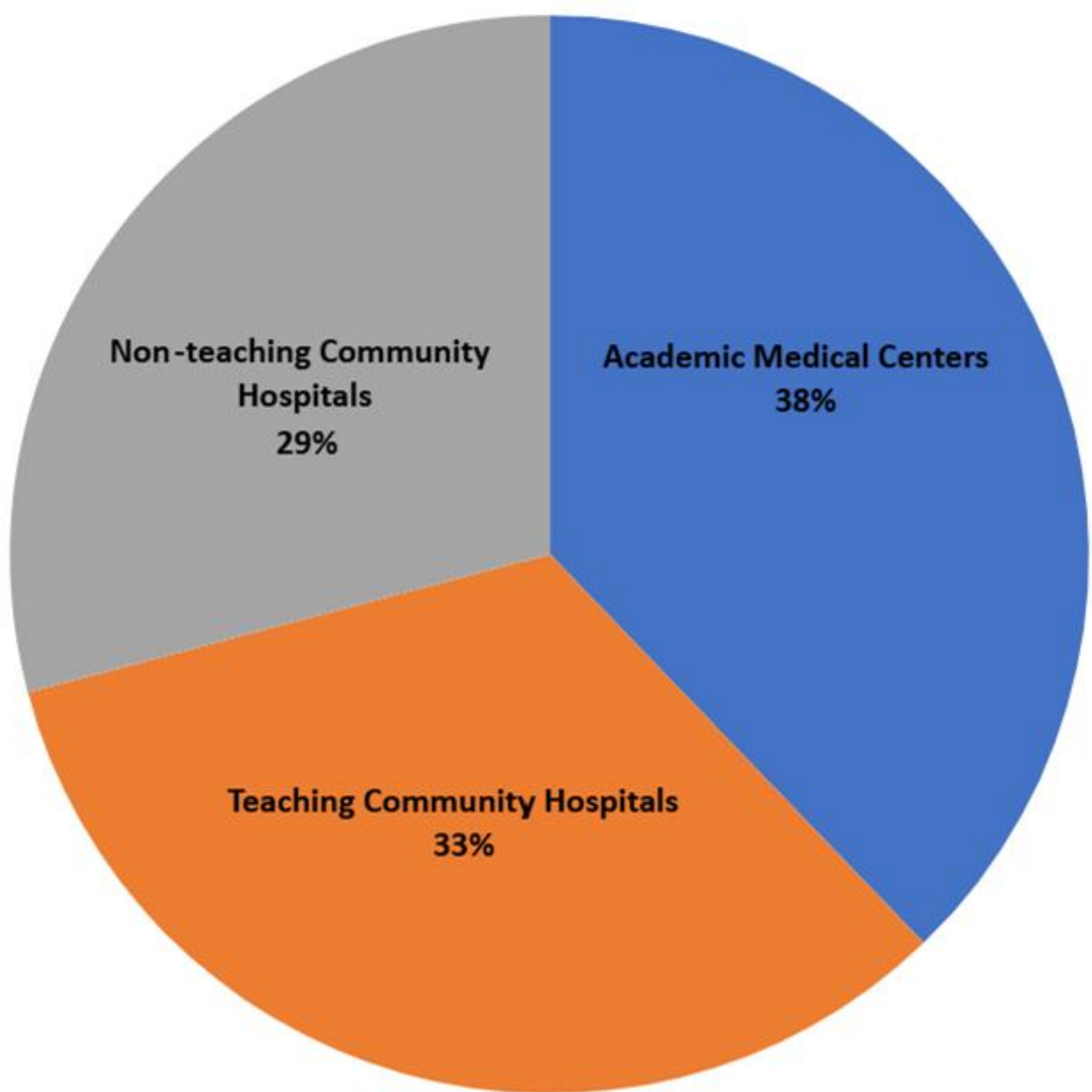


Figure 3. % Hospital-Based Facilities Referred for Cessation Support

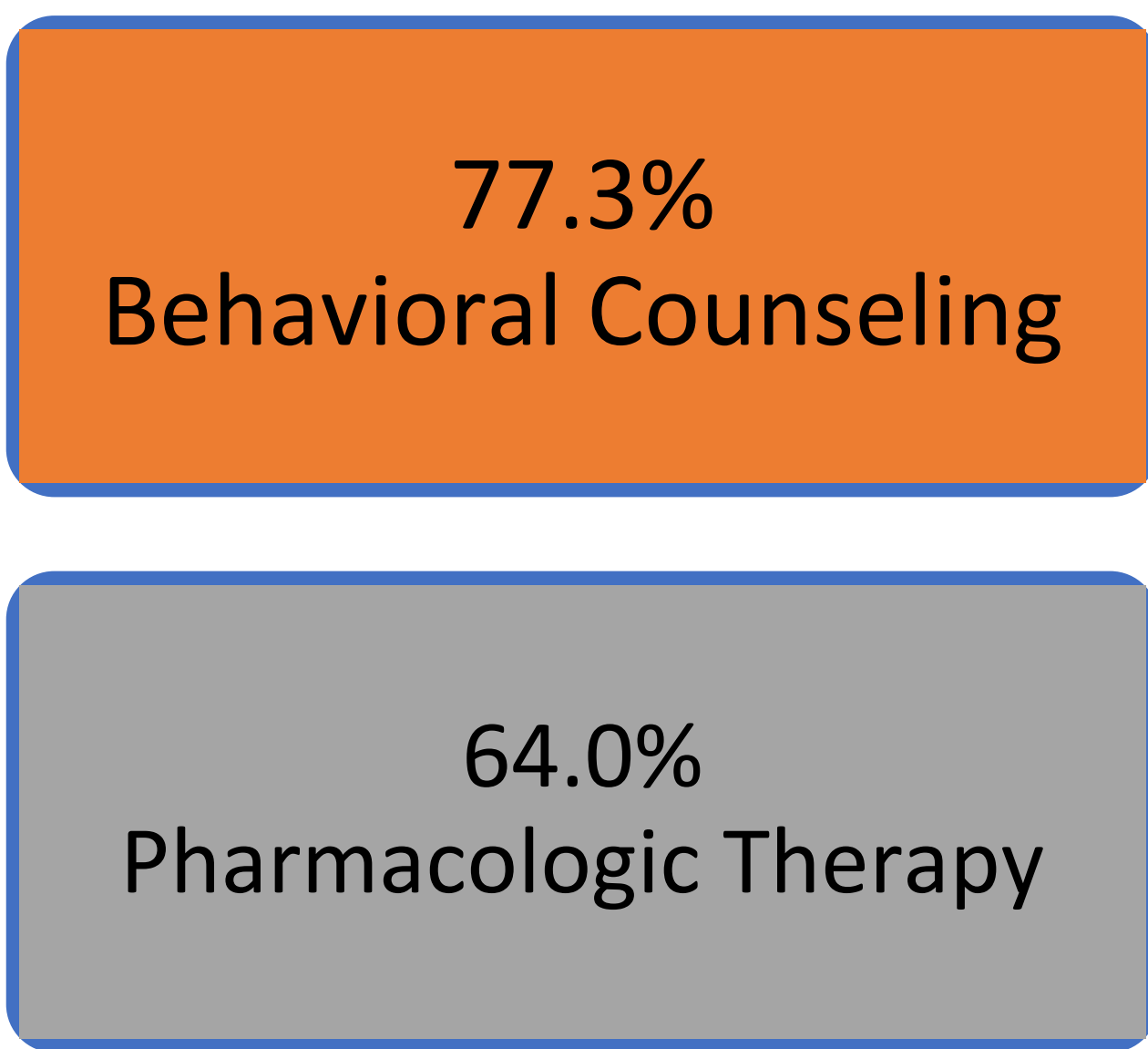


Table 1. Hospital Based Facilities Arranged Cessation Follow-Up (N=69)

Hospital Based Facilities (N=69)	% Arranged for cessation follow-up
Teaching Community Hospitals	41.8%
Academic Centers	40.9%
Non-teaching Community Hospitals	25.0%