








Tobacco Control Research Branch (TCRB)

tobaccocontrol.cancer.gov

Cessation Research Fact Sheet

The Tobacco Control Research Branch (TCRB) within the National Cancer Institute (NCI) funds a diverse portfolio of research related to the prevention, treatment, and control of tobacco use. For the past 4 fiscal years (FY), about half of all the grants within TCRB's portfolio focused primarily on interventions for smoking cessation. In FY 2018, many of the funded cessation projects focused on one or more specific populations, such as low-income/low-socioeconomic populations, youth and young adults, racial/ethnic populations, people with comorbid conditions, military personnel, pregnant women, cancer survivors, and people living with human immunodeficiency virus (HIV).

In March 2016, the Tobacco Control Research Priorities Working Group presented recommendations to the NCI's Board of Scientific Advisors articulating research priorities for TCRB for the next 10 years (2016–2025). The table below summarizes the Working Group priorities related to cessation and gives example research questions suggested by the group. The full Working Group recommendations are available at <https://cancercontrol.cancer.gov/brp/tcrb/documents/NCI-Tobacco-Control-Research-Priorities-Report.pdf>.

| Tobacco Control Research Priorities for the Next Decade: Working Group Recommendations for 2016–2025 | | | Current TCRB Cessation Grant Example |
|---|---|---|--|
| Priority | | Example Research Question | |
|  | Priority 1: Optimize Intervention Effectiveness | What models of care will improve the quality and sustainability of evidence-based tobacco use treatment? | Michael Fiore, MD, MPH, MBA <i>Transforming the Treatment of Tobacco Use in Health Care: Seizing the Potential of the Electronic Health Record to Deliver Comprehensive Chronic Care Treatment for Smoking</i> R35CA197573 |
|  | Priority 2: Reduce Adolescent and Young Adult Tobacco Use | How can evidence-based interventions be delivered to adolescents and young adults cost-effectively, especially those who may be more socioeconomically disadvantaged, to improve access and reach? | Isabel Scarinci, PhD, MPH <i>Development, Implementation, and Evaluation of a Smoking Cessation Intervention Tailored to Rural Young Adult African American Men: Toward Scalability</i> R21CA217638 |
|  | Priority 3: Address Disparities in Tobacco Use and Its Harms | Does the targeting and tailoring of interventions for tobacco prevention and cessation for vulnerable populations enhance their effectiveness, and if so, what are the most important factors on which to base tailoring? | Michael Businelle, PhD <i>Smartphone Based Smoking Cessation Intervention for Socioeconomically Disadvantaged Adults</i> R01CA221819 |
|  | Priority 4: Understand the Complexity of Current Tobacco Products, Patterns of Use, and Associated Health-Related Outcomes | Which treatments are best for non-daily smokers, light smokers, non-cigarette tobacco users and/or poly-tobacco users? | Catalina Kopetz, PhD <i>Intermittent and Daily Smoking; a Comparison Between Mechanisms</i> R21CA222939 |
|  | Priority 5: Develop Novel Behavioral Interventions for Tobacco Use | What novel, theory-based psychological, social, and behavioral targets can be effectively and efficiently manipulated to enhance smoking cessation treatment outcomes? | Christine Sheffer, PhD <i>Enhancing Relapse Prevention with Rtms: Dose-Response Parameters for Smoking Cessation</i> R01CA229415 |
|  | Priority 6: Use a Chronic Disease Approach | What innovative, effective motivational and treatment delivery strategies can re-engage smokers in treatment following relapse? | Robert Klesges, PhD <i>Strategies to Promote Cessation in Smokers Who Are Not Ready to Quit</i> R01CA193245 |
|  | Priority 7: Identify Innovative Policy and Macro-Environmental Approaches | What is the effect of non-governmental actions (e.g., pharmacies deciding to stop selling tobacco products) on tobacco use behaviors and attitudes, at both the individual and population level? | Maansi Travers, PhD, MS <i>Assessing the Impact of Differing Pharmacy Tobacco Retail Displays on Smokers Awareness, Perceptions, and Intentions to Quit</i> R21CA198824 |

TCRB and NIH Cessation Funding Opportunities

These Funding Opportunity Announcements (FOAs) are currently available through TCRB or through trans-National Institutes of Health (NIH) announcements. Please consult the NIH Guide and the NCI staff contact for additional information.

For more information on all TCRB grants, please see the Currently Funded Grants, Previously Funded Grants, and Current Funding Announcements webpages. <https://cancercontrol.cancer.gov/brp/funding/index.html#apply>

Improving Smoking Cessation in Socioeconomically Disadvantaged Populations via Scalable Interventions

[PAR-18-250](#) (R21), [PAR-18-251](#) (R01)

These FOAs provide support for highly innovative and promising intervention research designed to improve smoking cessation outcomes among socioeconomically disadvantaged populations. Specifically, these FOAs are intended to stimulate research efforts aimed at the development of smoking cessation interventions that: 1) are targeted to socioeconomically disadvantaged populations, and 2) could be made scalable for broad population impact.

Expiration: June 14, 2019

NCI Contact: Yvonne Hunt Prutzman, 240-276-6975, yvonne.hunt@nih.gov

Tobacco Use and HIV in Low and Middle Income Countries (LMICs)

[PAR-18-022](#) (R21), [PAR-18-023](#) (R01)

These FOAs encourage research focused on tobacco use and HIV infection in LMICs. In particular, applications are encouraged that focus on the development and evaluation of tobacco cessation interventions tailored to HIV-positive populations, including those with comorbidities such as tuberculosis, in low-resource settings.

Expiration: January 8, 2020

NCI Contact: Mark Parascandola, 240-276-6871, mark.parascandola@nih.gov

Multi-Site Studies for System-Level Implementation of Substance Use Prevention and Treatment Services

[PAR-18-222](#) (R01), [PAR-18-223](#) (R34)

To date, a major remaining challenge is how to facilitate — in a systematic, scalable, sustainable way — the delivery of evidence-based prevention and treatment services at a system level. These FOAs aim to identify efficacious and effective strategies or techniques for facilitating systems-level change within or across networks of organizations to promote broad use of evidence-based practices for the prevention and/or treatment of substance use disorders. Applicants may address a range of addiction health services and target a wide variety of settings.

Expiration: November 14, 2020

NCI Contact: Glen Morgan, 240-276-6787, glen.morgan@nih.gov

Target Assessment, Engagement and Data Replicability to Improve Substance Use Disorders Treatment Outcomes

[PAR-18-085](#) (R33), [PAR-18-086](#) (R21/R33)

These FOAs encourage applications that focus on early-stage, treatment generation and pilot clinical trials that are consistent with an experimental therapeutic approach. This approach requires the identification of a theory-derived target based on empirical evidence of mechanisms of addiction in individuals with multiple substance use, including alcohol, tobacco and other drug abuse. Additionally, this approach requires clear hypotheses about how a treatment directed at changing the target can lead to clinical benefits with an emphasis on data replicability.

Expiration: September 8, 2019

NCI Contact: Glen Morgan, 240-276-6787, glen.morgan@nih.gov

TCRB Cessation Partnerships and Resources

Cancer Center Cessation Initiative

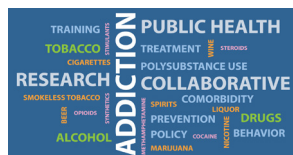
In 2017, NCI launched the *Cancer Center Cessation Initiative (C3i)*, as part of the NCI Cancer MoonshotSM program. The long-term goal of C3i is to help cancer centers build and implement sustainable tobacco cessation treatment programs to routinely address tobacco cessation with cancer patients. This initiative includes refining electronic medical records and clinical workflows to overcome barriers in providing tobacco cessation treatment services.

<https://cancercontrol.cancer.gov/brp/tcrb/cessation-initiative.html>

Smoking Cessation at Lung Examination Collaboration

The focus of the *Smoking Cessation at Lung Examination (SCALE) Collaboration* is to broaden and enhance the state of the science around smoking cessation within the context of lung cancer screening. The SCALE Collaboration includes eight extramural research grants funded by the NCI and one funded by the U.S. Department of Veterans Affairs.

<https://cancercontrol.cancer.gov/brp/tcrb/scale-collaboration.html>



Collaborative Research on Addiction at NIH

The *Collaborative Research on Addiction at NIH (CRAN)* is a collaboration among the National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute on Drug Abuse (NIDA), and NCI that is designed to integrate resources and expertise to meet public

health needs by broadening the participating institutes' research focus to better address poly- or multi-substance use, abuse, and addiction.

<https://www.addictionresearch.nih.gov/>



Smokefree.gov Initiative

The *Smokefree.gov Initiative (SFGI)* provides smokers who want to quit with free, evidence-based smoking cessation information and on-demand support. SFGI includes 6 mobile-optimized websites, 14 SMS text programs, 2 smartphone apps, and 6 social media platforms, available in English and Spanish. Special programs exist for women, teens, veterans, and people older than age 60. <https://smokefree.gov>

TCRB Staff Contacts



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For More Information

Visit the TCRB website for information on other key initiatives, funding opportunities, and tobacco control resources.

<https://tobaccocontrol.cancer.gov>

For assistance in quitting smoking, visit <https://smokefree.gov> or call (800) QUIT-NOW ([800] 784-8669).