

Funding Opportunity Announcement  
Smoking Cessation within the Context of Lung Cancer Screening  
RFA-CA- 15-011 [R01]

## Frequently Asked Questions

**Q. Where can I find additional background information about this Request For Applications (RFA)?**

A. The full RFA is posted in the NIH Guide: <https://grants.nih.gov/grants/guide/rfa-files/RFA-CA-15-011.html>. On March 11, 2015, the RFA concept was presented before the National Cancer Institute (NCI) Board of Scientific Advisors (BSA). The archived video proceedings include a basic overview and discussion before BSA approval (advance to 4:59:54 for the 15-minute segment): <https://videocast.nih.gov/summary.asp?Live=15875&bhcp=1>.

A related editorial published in the *Journal of Clinical Oncology* provides a perspective on “[Cancer Screening and Diagnosis: Opportunities for Smoking Cessation Intervention](#),” accessible from: <https://www.ncbi.nlm.nih.gov/pubmed/25897157>.

Contact Stephanie Land, PhD, for specific scientific questions at [stephanie.land@nih.gov](mailto:stephanie.land@nih.gov). Note that a Letter of Intent is strongly encouraged (though not required nor is it binding). We also encourage applicants to send Specific Aims in order to gain feedback about the responsiveness of the planned application. The Letter of Intent is due by September 8, 2015.

A teleconference to address additional Frequently Asked Questions is scheduled for 2 pm EDT, Tuesday, August 4, 2015. Participation instructions will be posted online at: <https://cancercontrol.cancer.gov/funding-foa-applicants.html#cessation>.

**Q. Can a new investigator receive special accommodation in review?**

A. While new R01 grantees are important because they expand the number of researchers in cancer control and population sciences and often bring a fresh perspective to the research arena, no preference is given for new or early-stage investigators for this funding announcement.

**Q. The RFA states that “The low-dose computed tomography (LDCT) screening site must be the essential context for the delivery of the cessation intervention, although interventions may also include services provided outside the site before or after screening.” Does this mean that cessation counseling or delivery of cessation medications must be conducted in the radiology clinic?**

A. The goal of the RFA is to stimulate research on cessation services for all current smokers who present for LDCT screening. At least minimal engagement should occur in the radiology clinic, but the more intensive aspects of the intervention may be conducted elsewhere and at a different time.

**Q. I previously developed a smoking cessation intervention for a different setting. May I propose to test this intervention in the LDCT setting?**

A. Yes. However, the application should demonstrate familiarity with the challenges of providing smoking cessation services in the LDCT clinic, and provide a plan for reaching patients and establishing feasibility within this setting. All studies must demonstrate consideration of the radiology clinic practice, implications of the new screening recommendations, and unique point of intervention.

**Q. In addition to smoking cessation, the following endpoints/characteristics are required for all studies: cessation intervention fidelity, patient acceptance and engagement, patient reach (i.e., the absolute number, proportion, and representativeness of individuals who are willing to participate), cost, and the ease of delivery and feasibility (e.g., effects on clinic workflow). Do all of these need to be in the Specific Aims?**

A. Not all endpoints need to be listed in the Specific Aims. However, the Specific Aims should be written such that these endpoints are relevant and appropriate.

**Q. Will applications be expected to demonstrate a history of high volume of LDCT screening in the radiology practice? Our clinic has not been delivering LDCT screening to a large number of individuals to date, but we plan to do so in the future.**

A. We anticipate the number and composition of patients who present for screening to change in response to these new recommendations and encourage research in facilities that have not yet developed a high volume of LDCT screenings. However, the applicants should demonstrate that future patient intake is likely to support the proposed research.

**Q. Some patients self-refer to LDCT screening and are not eligible for insurance or Medicare reimbursement based on their tobacco use history or other characteristics. Should such patients be included in the intervention research?**

A. If possible, yes. Ideally, interventions will be designed to reach all current smokers who undergo LDCT screening.

**Q. Can I subscribe to updates on this and future tobacco control or behavioral research funding opportunities?**

A. The Behavioral Research Program periodically sends email updates and announcements. Use the following form to subscribe or unsubscribe: <https://cancercontrol.cancer.gov/brp/e-newsletter/subscribe.html>. For questions or comments about behavioral research at the National Cancer Institute, please email: [ncidccpsbrpadvances@mail.nih.gov](mailto:ncidccpsbrpadvances@mail.nih.gov).

**Q. Is it necessary to assess smoking abstinence at 12 months?**

A. No, the RFA is intended to allow a range with respect to the endpoint. The PI may choose whether to measure abstinence at 12 month, 6 months, or anything in between.