

Smoking Cessation B-ces Programs for **Lesbian D-sxo** , **Gay D-sxo** , **Bisexual D-sxo** , **Transgender D-gen** , and **Intersex D-gen** People: A Content-Based **Systematic Review M-mth** . Introduction **Tobacco use B-use** among **lesbian D-sxo** , **gay D-sxo** , **bisexual D-sxo** , and **transgender D-gen** (**LGBT L-loc**) people is double the general population. Limited evidence suggests high **smoking rates B-use** among **intersex D-gen** people. **Lesbian D-sxo** , **gay D-sxo** , **bisexual D-sxo** , **transgender D-gen** , and **intersex D-gen** (**LGBTI L-loc**) people are a priority population in Australian health **policy P-reg** , particularly mental health and aging. Despite **associations between R-rel** smoking and noncommunicable diseases relevant to aging and mental health, **LGBTI L-loc** -targeted **smoking cessation B-ces** interventions **P-trt** in **Australia L-loc** have been limited to people living with HIV. Applying existing interventions **P-trt** to marginalized populations without modification and evaluation may fail and exacerbate inequities. Aims To assess outcomes and characterize the populations served, cultural modifications, and behavior change techniques (BCTs) of interventions **P-trt** to reduce **LGBTI L-loc** smoking. Methods We searched MEDLINE, six additional databases, and contacted authors to retrieve published and unpublished program evaluations. Results We retrieved 19 studies (3663 participants). None used **control groups M-mth** . Overall **quit rate B-ces** was 61.0% at the end of interventions **P-trt** and stabilized at 38.6% at 3â€“6 months **B-tme** . All studies included **gay D-sxo** men **D-gen** , 13 included **lesbians D-sxo** , 13 â€œ **LGBT L-loc** ,â€ 12 **bisexual D-sxo** people, five **transgender D-gen** people, and none included **intersex D-gen** people. **Transgender D-gen** people comprised 3% of participants. Of programs open to **women D-gen** , 27.8% of participants were **women D-gen** . Cultural modifications were used by 17 (89.5%) studies, commonly meeting in **LGBT L-loc** spaces, discussing social justice, and discussing **LGBT L-loc** -specific triggers. Common BCTs included providing normative information, boosting motivation/self-efficacy, **relapse B-ces** prevention, social support, action planning, and discussing consequences. Conclusions **Quit rates B-ces** were high; using **control groups M-mth** would improve evaluation. Existing programs may fail to reach groups other than **gay D-sxo** men **D-gen** . Implications This review examines the evidence for **LGBTI L-loc** -targeted **smoking cessation B-ces** interventions **P-trt** . Populations within **LGBTI L-loc** are not proportionally represented in **smoking cessation B-ces** research, and no study addressed **intersex D-gen** smoking. Overall, **LGBT L-loc** -targeted interventions **P-trt** appear to be effective, and simply having an **LGBT L-loc** -specific group may be **more R-rel** effective than groups for the general population. **More R-rel** rigorous research is necessary to draw firm conclusions. Our study space analysis provides suggestions for areas of **more R-rel** targeted research on mechanisms underlying these complex interventions **P-trt** â€™ success.nan