

European Respiratory Society Annual Congress 2012

Abstract Number: 2688

Publication Number: P1976

Abstract Group: 6.3. Tobacco, Smoking Control and Health Education

Keyword 1: Smoking **Keyword 2:** Longitudinal study **Keyword 3:** Lung cancer / Oncology

Title: A pharmacological intervention with varenicline among a lung cancer LDCT screening trial: The MILD experience

Dr. Paolo 4450 Pozzi Paolo.Pozzi@istitutotumori.mi.it MD ¹, Mrs. Elena 4451 Munarini Elena.Munarini@istitutotumori.mi.it ¹, Dr. Roberto 6658 Boffi Roberto.Boffi@istitutotumori.mi.it MD ¹ and Dr. Ugo 4452 Pastorino Ugo.Pastorino@istitutotumori.mi.it MD ². ¹ Tobacco Control Unit, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy and ² Thoracic Surgery Department, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy .

Body: Introduction: Low dose CT screening (LDCT) for lung cancer may be a teachable moment for smoking cessation (SC),but no pharmacological intervention has been performed in LDCT trials. Aim: A three-month Varenicline course in a group of patients (Pts) enrolled in the Milan Lung Detection Trial,with biochemical verification of the smoking status. Materials and Methods: 187 Pts received Varenicline;43% and 32% of them were allocated to 1 vs 2-year LDCT,while 25% to minimal SC advice and no LDCT (Ctrl).Lung function testings (PFTs),exhaled carbon monoxide (CO) and side effects were longitudinally recorded.Pts with a CO \leq 6 ppm were considered abstinent.Descriptive statistic as well as parametric and non-parametric tests were performed. Results: Pts were 61 ± 5.2 years old,with a mean CO of 16.3 ± 7.9 ppm,a smoking history of 22.2 ± 21.9 pack/years,a Fagerström test of 7.5 ± 2.2 points and a slight decrease in mean FEV1% (84.1 ± 14.6).Global quit rates were 51.7%, 50.7% and 41.8% on month 1,3,6 respectively;quit rates were equal in LDCT subgroups but they were lower in the subgroup of Pts with $FEV1\% \geq 70 < 80\%$. Among non-quitters, those in the LDCT active arms, as well as those with a $FEV1\% \geq 70 < 80\%$ showed higher CO values than Ctrl at baseline and along the study. Side effects were presents in 28.4% of Pts and therapy discontinuation happened in 20.4% of cases. Conclusion: A pharmacological intervention within a LDCT trial can lead to rewarding percentages of SC. Mild function impairment poses a higher risk of continuative smoking, while being in an active LDCT arm may result in stronger smoking intensity over time.