

## Satisfaction with a Quitline-based Smoking Cessation Intervention among Cancer Survivors

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Continued smoking after diagnosis jeopardizes cancer survivors' health and well-being. Quitline-based smoking cessation treatment is convenient, widely available and free, yet the appropriateness of this treatment approach for survivors is not known. We assessed satisfaction among participants in an enhanced quitline intervention as part of a randomized clinical trial assessing feasibility. **Methods:** We recruited cancer survivors through the NCI Community Clinical Oncology Program (CCOP) network within 6 months of treatment who smoked within the last 7 days and randomized them 2:1 to an enhanced quitline-based intervention (brief in-person motivational interviewing counseling session, quitline telephone counseling, 6 weeks of nicotine replacement patches) or usual care. We collected treatment satisfaction data and self-reported smoking status at 12 weeks and confirmed smoking status for reported non-smokers using a semi-quantitative urinary cotinine assessment. **Results:** We enrolled 146 survivors (75% female, 79% non-Hispanic white, mean age = 58 years). At entry, survivors reported smoking an average of 15 cigarettes per day; 77% reported smoking within 30 minutes of awakening. Assessments were completed by 63% of the quitline group and 75% of the usual care group at 12 weeks ( $P > 0.05$ ). 83% of participants in the intervention arm ( $n = 98$ ) completed at least one quitline call, and 18% completed  $\geq 3$  calls. Use of nicotine patches was 61% in the quitline group and 42% in usual care. Quitline participants were generally satisfied with both the in-person counseling (mean satisfaction score = 4.2 (SD = 1.0), on 1–5 scale) and the quitline telephone counseling (mean satisfaction score = 3.4 (SD = 1.3)). 87% would recommend the quitline program to others. Self-reported 7-day point prevalence cessation was 26% in the quitline group and 17% in the usual care arm ( $P = 0.33$ ). **Conclusions:** An enhanced quitline smoking cessation intervention appears to be acceptable to cancer survivors and to result in a trend towards slightly higher cessation at 12 weeks. Increased efforts to retain survivors in treatment and encourage the use of nicotine replacement may be necessary to increase the impact of this intervention approach.

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## Weight Lifting and Physical Function among Breast Cancer Survivors: A Post Hoc Analysis of a Randomized Controlled Trial

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Breast cancer survivors may experience deterioration of physical function. This is important because poor physical function may be associated with premature mortality, injurious falls, bone fracture, and disability. We conducted a post hoc analysis

to explore the potential efficacy of slowly-progressive weight lifting to reduce the incidence of physical function deterioration among breast cancer survivors. **Methods:** Between October 2005 and August 2008, we conducted a single-blind, 12-month, randomized controlled trial of twice-weekly slowly-progressive weight lifting or standard care among 295 non-metastatic breast cancer survivors. In this post hoc analysis of data from the Physical Activity and Lymphedema Trial, we examined incident deterioration of physical function after 12-months, defined as a  $\geq 10$ -point decline in the physical function subscale of the Medical Outcomes Short-Form 36-item (SF-36) questionnaire. We calculated the relative risk (RR) and 95% confidence interval (95% CI) using an unadjusted generalized linear model. **Results:** Study participants were  $56 \pm 9$  years old (range 36–80). Median adherence to the weight lifting protocol was 81% over 12-months. As compared with the control group, the weight lifting group had greater improvements in upper- and lower-body strength at 12-months (both comparisons  $P < 0.001$ ). The proportion of participants who experienced incident physical function deterioration after 12-months was 16.3% (24/147) in the control group and 8.1% (12/148) in the weight lifting group [RR: 0.49 (95% CI, 0.25–0.96);  $P = 0.04$ ]. No serious or unexpected adverse events occurred that were related to weight lifting. **Conclusion:** Slowly-progressive weight lifting compared to standard care reduced the incidence of physical function deterioration among breast cancer survivors. These data are hypothesis generating. Future studies should directly compare the efficacy of weight lifting to other modalities of exercise, such as brisk walking, to appropriately inform the development of a confirmatory study designed to preserve physical function among breast cancer survivors.

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## Prediagnostic Body-mass Index, Smoking and Prostate Cancer Survival: A Cohort Consortium Study of Over 10,000 White Men with Prostate Cancer

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Few prospective studies have investigated the relationship between pre-diagnostic obesity, smoking and prostate cancer (PCa) survival by timing of measurement, by age at diagnosis, and evaluated the interaction between obesity and smoking. **METHODS:** We conducted a multinational survival analysis among 10,106 PCa cases (1,007 PCa deaths and 2,893 total deaths) from eight cohorts with an average of 8.2 years of follow up. Hazard ratio (HR) of PCa death was estimated using Cox proportional hazard model, adjusting for age, alcohol intake, diabetes status, cohort and duration between baseline and diagnosis and subsequently adjusted for tumor stage and grade. **RESULTS:** Higher prediagnostic BMI was related to higher risk of PCa death. With each 5 kg/m<sup>2</sup> increase in BMI, the multivariate HR for PCa death was 1.08 (95% CI, 1.02–1.14) among overall participants ( $p$ -trend = 0.01) and 1.33