Both intent-to-treat and per-protocol analyses were performed, with an in-depth sensitivity analysis for potential biases accompanying the latter. In the intent-to-treat analysis (which evaluated the overall efficacy of the interventions), all of the financial incentive arms demonstrated significantly higher 6-month abstinence rates than did usual care (9.4%–16%, compared with 6% for usual care). The 6 month abstinence rates were similar between the group-focused and individual-focused arms (13.7% and 12.1%, respectively; \( P = .29 \)), but the reward-based programs were associated with higher abstinence rates than were the deposit-based ones (15.7% vs. 10.2%; \( P < .001 \)).

The per-protocol analysis, which accounted for the dramatically lower acceptance rate for the deposit-based interventions than for the reward-based interventions (14% vs. 90%), found that 6-month abstinence rates could be 13.2 percentage points (95% CI, 3.1–22.8) higher in the deposit-based programs than in the reward-based programs among the estimated 13.7% of participants who would participate in either type of program. That is, deposit-based interventions may be more efficacious than reward-based interventions but harder to get people to commit to. To review the summary, please use the following link: [http://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/quit-smoking-hp-pdq#link/_310_toc](http://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/quit-smoking-hp-pdq#link/_310_toc)

The PDQ Genetics of Kidney Cancer (Renal Cell Cancer) summary was recently updated to include a new section on hereditary papillary renal cancer (HPRC). HPRC is an autosomal dominant inherited predisposition to the development of bilateral and multifocal type 1 papillary renal cell carcinoma. This section includes a description of the genetics, molecular biology, clinical manifestations, management, and prognosis of HPRC. Future directions and therapies under investigation for this syndrome are also addressed. To review the summary, please use the following link: [http://www.cancer.gov/types/thyroid/hp/medullary-thyroid-genetics-pdq#section/_67](http://www.cancer.gov/types/thyroid/hp/medullary-thyroid-genetics-pdq#section/_67)

The PDQ Genetics of Endocrine and Neuroendocrine Neoplasias summary was recently updated to include a new section on Carney-Stratakis syndrome (CSS). CSS is an autosomal dominant inherited predisposition to the development of multifocal, locally aggressive gastrointestinal stromal tumors and multiple neck, intrathoracic, and intra-abdominal paragangliomas at relatively early ages. This section includes a description of the genetics, surveillance, and treatment of CSS. To review the summary, please use the following link: [http://www.cancer.gov/types/thyroid/hp/medullary-thyroid-genetics-pdq#section/_67](http://www.cancer.gov/types/thyroid/hp/medullary-thyroid-genetics-pdq#section/_67)

The PDQ Adult Treatment Editorial Board recently completed a major update of the AIDS-Related Lymphoma Treatment summary. The Board conducted a review of the published literature and revised the text of the summary and updated the citations. To review the summary, please use the following link: [http://www.cancer.gov/types/lymphoma/hp/aids-related-treatment-pdq](http://www.cancer.gov/types/lymphoma/hp/aids-related-treatment-pdq)

© Oxford University Press 2015. DOI:10.1093/jnci/djv400
First published online December 11, 2015

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**StatBite**

**Childhood Cancer Incidence Over Time (Ages 0–19 Years, 1975–2014)**

Source: Surveillance, Epidemiology, and End Results (SEER) Program

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First published online December 11, 2015