

SRNT 2018 Addendum

As of July 13, 2018

Update to First Presenter and Corresponding Author:

Robert M. Anthenelli, MD is the first presenter and corresponding author for Symposium #31.
Email: ranthenelli@ucsd.edu

Update to Presenting Author:

Replace Dr. Jonathan Shuter with Dr. Lorien Abroms as presenting author for Symposium #26

Podium Presentation 4, Paper Session 16, Original Presenter: Nicholas Garza. New Presenting Author: Adriana Perez

Poster Session 2, Poster #154, Original Presenter: Keryn Pasch. New Presenting Author: Adriana Perez

Poster Session 3, Poster #26. Original presenter: Janice Tsoh. New presenter: Jin Kim-Mozeleski

Poster Session 4, Poster #48. Original presenter: Randi Lachter. New presenter: Paula A Keller

Poster Session 1, Poster #53. Original presenter: Donna Murnaghan. New presenter: Melissa Munro-Bernard

Podium Presentation 6, Paper Session 26. Original Presenter: Brian Keefe. New Presenting Author: Alice Murray

Poster Session 4, Poster #43. Original Author: Udoka Obinwa. New Presenting Author: Dr. Adriana Perez

Podium Presentation 2, Paper Session 7. Original Author: Natalie Kintz. New Presenting Author: Nick Goldenson

Withdrawn Poster:

Poster Session 3, Poster #203

Poster Session 2, Poster #114

Poster Session 5, Poster #16

Poster Session 3, Poster #2

Poster Session 2, Poster #64

Poster Session 2, Poster #65

Poster Session 4, Poster #73

Poster Session 4, Poster #111

Withdrawn Oral Presentation:

Podium Presentation 3, Paper Session 12

Podium Presentation 6, Paper Session 25

Correct Spelling of Name:

Correct spelling of an author's name: Nalyn Siripanichgon

Update to Affiliation:

Change Ramboll Environ to Ramboll

Update to Credentials:

Dave Dobbins, JD (Funding Sources Panel: The Role and Implications of the Funder of Tobacco and Nicotine Research, Friday, 7:15 p.m.)

Move Poster to Another Poster Session (Religious Conflict):

Original: Poster Session 5, Poster #133. New Poster Session: Poster Session 2, Poster #144. Update Presenting Author to Dr. Ramzi Salloum

Added Speaker to Workshop:

Elizabeth C. Hair, PhD, MA, Vice President of the Truth Initiative Schroeder Institute, has been added as a speaker for the Alternative Careers for Individuals in Tobacco and Nicotine Research Pre-conference Workshop (Workshop 3).

Update to Abstract:

Podium Presentation 3, Paper Session 11: In addition to cigarette smoking, there are many factors that have been reported to contribute to the development of lung cancer. Among these other factors, chronic obstructive pulmonary disease (COPD) has been well described. Though the risk of lung cancer is significantly higher in the population of smokers with COPD than the general population, lung cancer will eventually occur only in a small subpopulation of smokers with COPD. Frequently, these lung cancer patients are diagnosed at the advanced stage due to the lack of early diagnostic methods. Therefore, the development of biomarkers for early diagnosis of smoking-related lung cancer is urgently needed. Our early study has demonstrated a significant reduction of 15-lipoxygenase (15-LOX) in smoking-induced lung cancer. In this study, we monitored the levels of 15-LOX metabolite 15(S)-hydroxy-eicosatetraenoic acid (15S-HETE) and 13(S)-hydroxyoctadecadienoic acid (13S-HODE) in smokers, COPD patients and health subject. Our results showed that the level of 15S-HETE was decreased in smokers and COPD patients, particularly in smokers with COPD. However, the level of 13S-HODE was only marginally reduced in smokers with COPD. Significantly, we found that 15S-HETE level was markedly decreased in 3 smokers with COPD who were later diagnosed with non-small cell lung cancer (NSCLC). In summary, our findings suggest that 15S-HETE is a potential biomarker for early detection of NSCLC in the population of smokers with COPD. (Ming-Yue Li, Ho RL, Leung BC, Fanny WS Ko, Bin Wu, Xiang Long, Jing Du, Jun Wu, Calvin SH Ng, Innes YP Wan, Tony SK Mok, David SC Hui, and Malcolm J Underwood contributed to this study)

Keywords: lung cancer, smoker, COPD, 15-LOX, 15S-HETE, diagnosis

New Abstract:

HEALTHCARE PROVIDERS' ADVICE ON QUITTING SMOKING AND INTENTION TO QUIT AMONG CURRENT TOBACCO SMOKERS IN 27 COUNTRIES: RESULTS FROM GLOBAL ADULT TOBACCO SURVEY, 2009-2015

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SIGNIFICANCE: Healthcare providers (HCP) serve a critical role in promoting cessation efforts among tobacco smokers. Intention to quit smoking precedes quit attempts. Previous studies have shown that HCP advice to quit and quit attempts among tobacco smokers vary widely across countries, and that disparities exist across demographic subgroups in receiving advice from a HCP to quit. This study examines the association between HCP cessation advice and intention to quit, among current tobacco smokers.

METHODS: Pooled data were used from 27 countries (n=308655) who completed the Global Adult Tobacco Survey (GATS) during 2009-2015. GATS is a nationally representative cross-sectional household survey of adults aged ≥ 15 years. Sample size ranged from n=4250 (Malaysia) to n=69296 (India). Current tobacco smokers who reported they were considering quitting within the next 12 months were categorized as intending to quit. Logistic regression was used to analyze the relationship between HCP advice to quit smoking and intention to quit; odds ratios were adjusted to control for countries, smoking frequency (daily versus non-daily), and demographic factors (sex, age group, education, and urban/rural residence). For all analysis, statistical significance was set at $p < 0.05$.

RESULTS: Among current tobacco smokers, HCP cessation advice was associated with greater odds of intention to quit within the next 12 month (adjusted odds ratio [AOR]=1.71, 95% CI: 1.44-2.03, $p < 0.05$). Daily tobacco smokers had lower odds of intending to quit in comparison to non-daily tobacco smoker (AOR=0.55, 95% CI: 0.45-0.66, $p < 0.05$). Intent to quit was also significantly associated with countries (AOR=1.02, 95% CI: 1.0-1.03, $p < 0.05$). No association was observed for age, sex, residence, and education level.

CONCLUSIONS: Smoking cessation advice from HCP is associated with intention to quit among current tobacco smokers across countries. Opportunities exist globally for HCP to help promote cessation efforts among tobacco smokers by offering them advice to quit smoking.

FUNDING: Financial support for the Global Adult Tobacco Survey (GATS) was provided by the Bloomberg Initiative to Reduce Tobacco Use through the CDC Foundation with grants from Bloomberg Philanthropies and the Bill & Melinda Gates Foundation.

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Switch to Chair Sessions:

Lisa Fucito, PhD will chair Podium Presentation 1: Paper Session 3 CONTEXTUAL, BEHAVIORAL, AND DEMOGRAPHIC PREDICTORS OF SMOKING CESSATION SUCCESSES at 10:30 a.m.-12:00 noon on Thursday in Holiday Ballroom 1 (East Building, Second Floor).

Hayden McRobbie, PhD will chair Podium Presentation 4: Paper Session 17 SMOKING AND MENTAL HEALTH: EPIDEMIOLOGY, PRECLINICAL, AND CLINICAL INSIGHTS at 4:00 p.m.-5:30 p.m. on Friday in Holiday Ballroom 5 (East Building, Second Floor).

Final Author List:

Poster Session 4, Poster #13: Joseph G. Lisko, MS; Bryan Hearn, PhD; Richard S. Pappas, PhD; Robert Tyx, PhD; Lisa Keong, MS; Tameka S. Lawler, MPH; Natalie Gonzalez-Jimenez, BS; Naudia Gray, MS; Mark Fresquez, MS; Hang Tran, MS; Cody Sheppard, PhD; Yan S. Ding, PhD; J. Brett Kimbrell, BS; Xizheng Yan, MS; Michelle Chan, BS; Oleksii Motorykin, PhD; Stephen B. Stanfill, MS; Clifford H. Watson, PhD; Liza Valentin-Blasini, PhD

Corrected Abstract:

EXAMINATION OF THE RELATIONSHIP OF SMOKING AND ANXIETY TO MEDICATION ADHERENCE AMONG PEOPLE LIVING WITH HIV

Hannah Esan BA¹; Melody Willoughby, M.A.¹, Christine J. Lee, MA¹; Kate S. Segal, BA¹; Alyssa Burns, BS¹; Elizabeth Seng, PhD¹; Jonathan Shuter, MD²; Andrea H. Weinberger PhD¹

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Introduction: Medication adherence is essential for optimal management of HIV among people living with HIV (PLWH). Physicians recommend $\geq 95\%$ medication adherence to suppress the virus, yet many subgroups of PLWH (e.g., smokers, people reporting anxiety) have lower than the recommended adherence. This study examined the relationship between medication adherence and (1) number of cigarettes smoked per day (CPD), (2) smoking frequency (daily versus non-daily), and (3) anxiety symptoms in current smoking PLWH.

Methods: PLWH who reported current cigarette smoking were recruited from Center for Positive Living at Montefiore Medical Center. Participants completed questions about their smoking behavior, anxiety symptoms (PROMIS 8-item scale for anxiety; range=8-40; raw scores converted to normed t-scores for analyses), and medication adherence (Morisky Medication Adherence Scale 1-3; MMAS-8; range=0-8; lower scores reflect higher adherence). Correlation and logistic regression analyses were used to examine the relationships of medication adherence to continuous and categorical variables, respectively. The Morisky Widget, MMAS-8, and MMAS-4 are protected by US and International Trademark and Copyright laws and applicable trade secrets statutes. Permission for use is required. A license agreement is available from: Donald E. Morisky, 294 Lindura Court, Las Vegas, NV 89138-4632; USA; dmorisky@gmail.com.

Results: Seventy-four participants completed the study (59.5% male; 53.8% Latino/a; Mean age=51.7 \pm 7.9). 31.1% of the sample reported high medication adherence (MMAS=0); 27.1% reported medium adherence (MMAS=1-2); and 41.8% reported low adherence (MMAS=3-8). Participants smoked an average of 9.4 CPD (SD=7.6). Overall, participants reported average levels of anxiety (raw

scores: $M=19.42$, $SD=9.58$). There were no significant relationships between medication adherence and smoking frequency or CPD ($p>0.05$). Higher anxiety symptoms were associated with lower overall medication adherence (Pearson's $r=0.31$, $p=0.01$). Further, higher anxiety symptoms were associated with the report of stopping medication when feeling symptoms are under control (Wald=5.33, $df=1$, $p=0.02$) and feeling hassled about the treatment plan (Wald=6.69, $df=1$, $p=0.01$).

Conclusion: Current smoking PLWH who reported greater anxiety symptoms reported poorer medication adherence than those who reported fewer anxiety symptoms. Anxiety may be a contributor to the poor medication adherence observed in PLWH smokers.

References

¹Morisky DE, Ang A, Krousel-Wood M, Ward H. Predictive Validity of a Medication Adherence Measure for Hypertension Control. *Journal of Clinical Hypertension* 2008; 10(5):348-354.

²Berlowitz DR, Foy CG, Kazis LE, Bolin L, Conroy LB, Fitzpatrick P, Gure TR, Kimmel PL, Kirsner K, Morisky DE, Newman J, Okney C, Oparil S, et al. for the SPRINT Study Research Group. Impact of Intensive Blood Pressure Therapy on Patient-Reported Outcomes: Outcomes Results from the SPRINT Study. *N Engl J Med* 2017; 377:733-44.

³Morisky DE, DiMatteo MR. Improving the measurement of self-reported medication nonadherence: Response to Authors. *J. of Clin. Epidemiol.* 2011;64(3):255-263.