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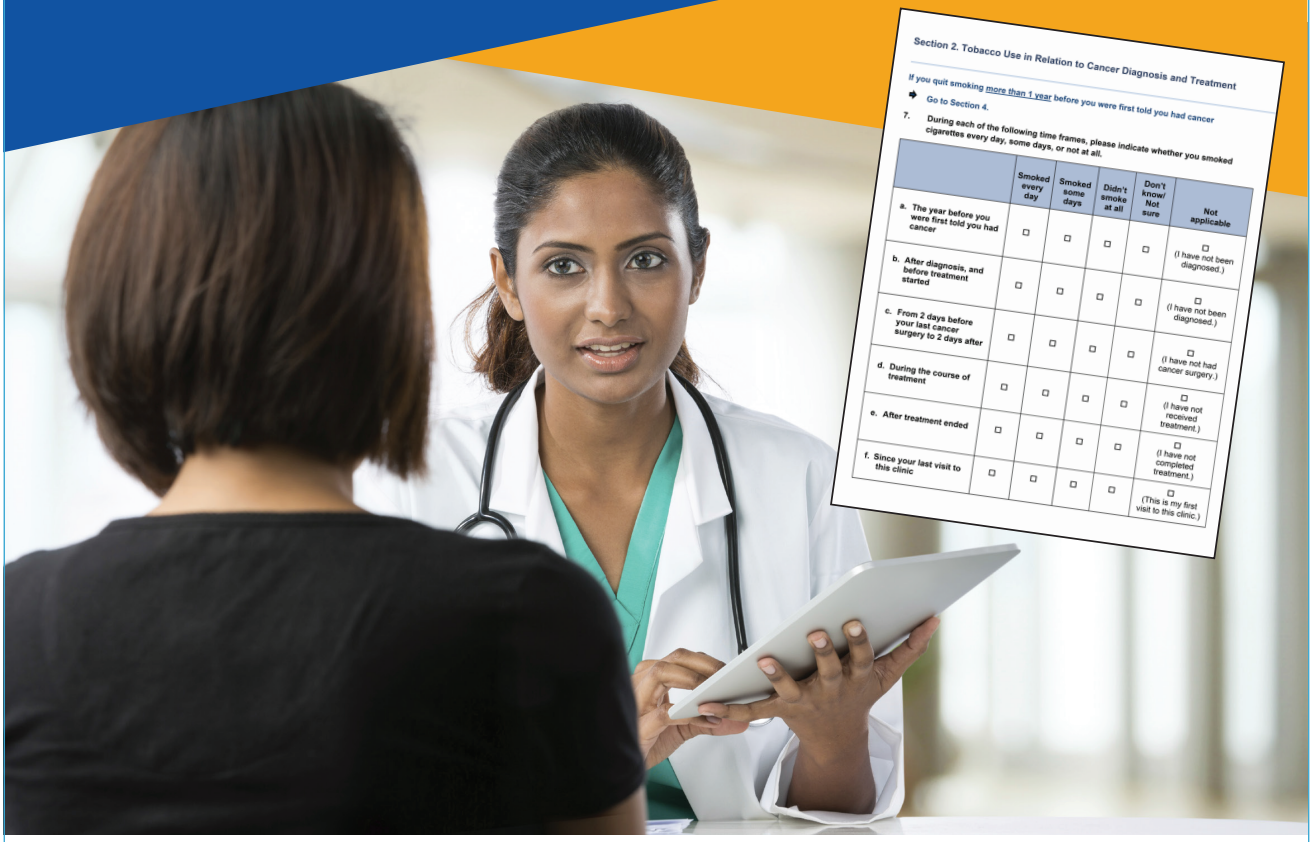
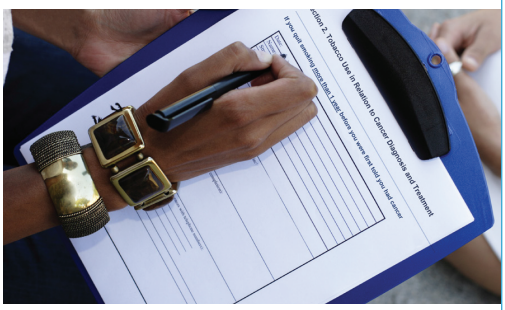


The Cancer Patient Tobacco Use Questionnaire (C-TUQ)



C-TUQ asks cancer patients and survivors about their tobacco use.**The questionnaire will help yield important research variables and allow harmonization across studies.** The questions can be used at study entry and during follow-up. C-TUQ was designed and validated by the National Cancer Institute (NCI) American Association of Cancer Research (AACR) Cancer Patient Tobacco Use Assessment Task Force.

- C-TUQ Core: a short form with just 4 smoking status and history items, for broad use incancer research.
- C-TUQ Extension: a set of items from which to select for comprehensive assessment. Includes newly designed and validated items for smoking history and status relative to cancer diagnosis and treatment. Also addresses use of other tobacco products (such as e-cigarettes), secondhand smoke exposure, and cessation.

To access the C-TUQ and learn more, please visit:
http://cancercontrol.cancer.gov/brp/tcrb/research_topic-tobacco-use.html

Rationale for Assessing Tobacco Use in Cancer Clinical Trials

- To improve evaluations of new cancer therapies by adjusting for tobacco use in analyses. This is critical because tobacco use can diminish treatment efficacy, increase treatment toxicity, and adversely affect clinical outcomes.
- To address scientific questions regarding tobacco use by cancer patients, for example:
  - How and when does tobacco diminish treatment efficacy?
  - What are the mechanisms of tobacco effects?
  - How much improvement occurs in prognosis when patients stop using tobacco after a cancer diagnosis?

About the NCI-AACR Cancer Patient Tobacco Use Assessment Task Force

The Task Force was established in 2013 to develop patient-reported tobacco use measures that are tailored to the trajectory of cancer diagnosis, treatment, and survivorship; recommended timing of assessments; and a research agenda regarding tobacco use by cancer patients.

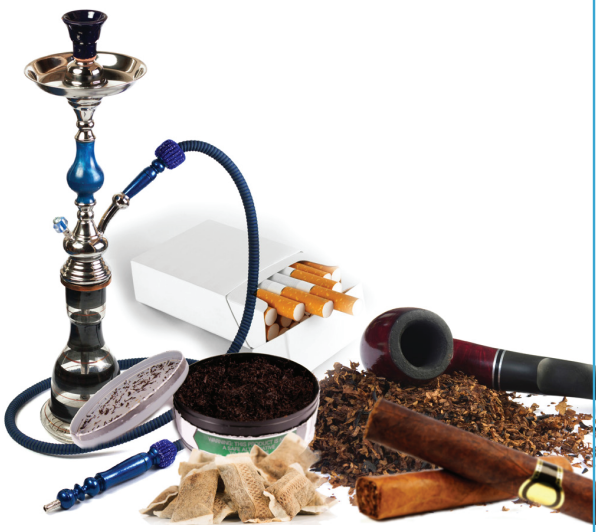
Task Force Recommendations

- Timing of tobacco use assessment in clinical trials
  - At a minimum: at registration and at end of protocol therapy
  - Recommended: immediately before and after cancer surgery; monthly or at key points during therapy (day 1 of each chemotherapy cycle, beginning and end of radiation therapy, beginning and end of other systemic therapy); and 6–12 months after the end of cancer therapy
- Broad, systematic inclusion of tobacco use assessment in cancer research
- Research priorities: detailed in publications

Publications

Land SR, Toll BA, Moinpour CM, Mitchell SA, Ostroff JS, Hatsukami DK, Duffy SA, Gritz ER, Rigotti NA, Brandon TH, Prindiville SA, Sarna LP, Schnoll RA, Herbst RS, Cinciripini PM, Lesichow SJ, Dresler CM, Fiore MC, Warren GW. Research Priorities, Measures, and Recommendations for Assessment of Tobacco Use in Clinical Cancer Research.*Clinical Cancer Research*. 2016; 22(8): 1907-13.

Land SR, Warren GW, Crafts JL, Hatsukami DK, Ostroff JS, Willis GB, Chollette VY, Mitchell SA, Folz JN, Gulley JL, Szabo E, Brandon TH, Duffy SA, Toll BA. Cognitive testing of tobacco use items for administration to patients with cancer and cancer survivors in clinical research.*Cancer*. 2016; 122(11): 1728-34.



NCI-AACR Cancer Patient Tobacco Use Assessment Task Force members, in addition to many of the authors above, also include: Abrams JS, Buckner JC, Cummings KM, Khuri FR, Sherwood SW, Shields P, and Viswanath K.