### Patient Population

See Section 3.0 for Complete Details for Participant Selection

**Selection of NCORP Site Staff Participants:** The CCDR Leader and site PI from each participating site will identify ~10 multidisciplinary staff members to complete brief surveys (~15 minutes) and participate in focus group interviews (~45-60 minutes; conducted ~24-36 months post site activation/after 36 month survey). Site staff may vary, but is envisioned as the CCDR Leader, site PI, 2-3 oncology nurses, 2-3 medical oncologists, and 2-3 additional staff members.

- Eligible NCORP site staff will be English-speaking and employed at the NCORP site for at least 3 months and able to provide informed consent to participate (see protocol for additional details)

**Selection of Patients:**

**Eligibility Step 0 and 1 (Registration):**

- Age ≥ 18 years; Must present with any type of cancer with a date of diagnosis within 124 days of Step 0 registration
  - Recurrence, diagnosed within this timeframe, of tumors in patients with past cancer diagnoses/patients with a new primary cancer diagnosed in this timeframe, who have been treated previously for other types of cancer/in situ cancers diagnosed in this timeframe are considered eligible
- Must be a current smoker defined per protocol
- Must be fluent in both written and spoken English/written and spoken Spanish
- Must have telephone, email access, and access to the internet with a camera-enabled device
- Patients with an ECOG PS of 3 or above, or deemed medically unable to participate by investigators/oncology clinicians are excluded
- Patients with no intention of receiving their cancer care/monitoring at an NCORP site are excluded

**Eligibility Step 2 (Randomization):**

- Must have completed Baseline Survey (EASEE-PRO) within 31 days of informed consent date (Step 1)

### Treatment Plan

See Section 5.0 for Complete Methodology Details

- Site staff to review new patient lists/schedules (particularly the electronic medical records) of patients with upcoming visits to identify current smokers (adult, newly diagnosed, per protocol). Site staff should then approach these patients to confirm smoking status, receipt of care at the NCORP site, email/web access, etc. Only patients who are still eligible after this initial chart review step should be approached about the study
- Patient must verbally agree to be contacted by staff to view an informational video about the study; then, the patient will be registered in OPEN (Screening Step 0)
- Once the patient’s information is in OPEN, the informational video will be sent to the email address provided by EASEE-PRO
- Patients may choose to wait to sign consent, but give verbal consent to view the video. Site staff will then follow-up with all patients who received the video to assess their interest in participating in the study (it is recommended site staff make at least 3 outreach attempts)
- Interested, eligible patients will be given an IC; once the patient has signed the IC, they will be registered to Step 1 and will be prompted to complete the Baseline Survey in EASEE-PRO
- After completion of the survey, the patient will be eligible to register to Step 2, which will randomize them to a treatment arm (see protocol for details):
  - **Arm A - Enhanced Usual Care:** reflects the NCCN Smoking Cessation Guidelines (i.e., assessment of smoking status, provision of quitting advice, referral to the NCI Smokers’ Quitline)
  - **Arm B - Virtual Intervention Treatment:** offered up to 11 counseling sessions over approximately 6 months and up to 12 weeks of free combination Nicotine Replacement Therapy (see protocol for details/counseling topics)
- Additional surveys to be completed at 3 and 6 months

### Patient Enrollment

All Sites: Oncology Patient Enrollment Network (OPEN) [https://open.ctsu.org](https://open.ctsu.org)

### Protocol Information

ECOG-ACRIN Operations-Boston: 857-504-2900, [http://ecog-acrin.org](http://ecog-acrin.org) (Member Login)

Please Enroll Your Eligible Patients!
Note: Please refer to the protocol for NCORP Site Staff Schema