2014

The Canadian
Collaboration for
Drug Safety, Effectiveness
and Network
Meta-Analysis

[A SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS OF PHARMACOLOGIC INTERVENTIONS FOR SMOKING CESSATION]

May 26, 2014

CONTENTS

LIST OF TABLES

LIST OF FIGURES

Cite as: Canadian Collaboration for Drug Safety, Effectiveness and Network Meta-Analysis. A Systematic Review and Network Meta-Analysis of Combined Pharmacologic and Behavioural Interventions for Smoking Cessation. Ottawa: University of Ottawa Heart Institute; 2014.

This report is based on research conducted by the Canadian Collaboration for Drug Safety, Effectiveness and Network Meta-Analysis (ccNMA).

The report contains a comprehensive review of the existing public literature, studies, materials, and other information and documentation (collectively, the source documentation) available at the time of report preparation, and was guided by expert input and advice throughout its preparation.

The authors are not responsible for any errors or omissions or injury, loss, or damage arising from or as a result of the use (or misuse) of any information contained in or implied by the information in this report. The information in this report should not be used as a substitute for the application of clinical judgment in respect of the care of a particular patient nor is it intended to replace professional medical advice.

ccNMA is funded through a Network Meta-analysis team grant from the Canadian Institutes of Health Research (CIHR) Drug Safety and Effectiveness Network (DSEN). We thank them for their ongoing support.

Conflict of Interest: Full disclosure available by request.

EXECUTIVE SUMMARY

OBJECTIVES

To determine the effectiveness and safety of pharmacological agents, with or without behavioural interventions, to assist smoking cessation among smokers compared to usual care, or placebo.

METHODS

The strategy for building and analyzing the evidence base for pharmacotherapy smoking cessation included two fundamental steps:

1. A broad systematic review of the available randomized evidence in the published literature for the outcomes specified in this protocol was conducted, following the methods and procedures outlined in the Cochrane Handbook for Systematic Reviews for Interventions.

2. A pair-wise meta-analysis and Bayesian network meta-analysis of randomized evidence was conducted connecting the pharmacologic interventions in a network for each of the outcomes specified a priori. The methods and procedures to be followed are those developed by the Canadian Collaboration for Drug Safety, Effectiveness and Network Meta-Analysis (ccNMA), funded by the Drug Safety and Effectiveness Network (DSEN) of the Canadian Institutes of Health Research.

KEY FINDINGS

- For the selected pharmacotherapies that correspond to those that are covered, or provided with no cost access, under the BC Smoking Cessation Program
    - The continuous abstinence rate at 12 months was significantly better for the pharmacotherapies considered (namely: bupropion 150 mg bid, varenicline 1 mg bid and nicotine gum 2mg) compared to placebo
    - The continuous abstinence rate at 12 months was significantly better for the pharmacotherapies considered (namely: bupropion 150 mg bid, varenicline 1 mg bid, nicotine gum 2mg and nicotine patch 21 mg) plus an active behavior support program compared to an active behavior support program on its own.
    - The continuous abstinence rate at 12 months was significantly better for varenicline 1 mg bid with an active behavior support program then for the other pharmacotherapies considered (namely: bupropion 150 mg bid, nicotine gum 2 and nicotine patch 21 mg) with an active behavior support program.

- No safety signal for cardiovascular events or suicides was indentified, however, results should be interpreted with caution given the small number of trials reporting these outcomes and the low number of events available for analysis.

1. PURPOSE

Results in this technical report represent the second installment of the broader DSEN-funded smoking cessation research program being conducted in three distinct phases of research.

The first phase resulted in a scientific report describing a preliminary synthesis of evidence for pharmacotherapies (nicotine replacement, bupropion, varenicline) for smoking cessation in selected outcomes (October 2013). The focus of the report was new evidence published after a 2010 report on smoking cessation by the Canadian Agency for Drugs and Technologies in Health (CADTH) (1). The goal of the first phase was to determine how the addition of new evidence would compare to the findings in the CADTH report, and to determine if results for each outcome would change based on updated analyses. Results were reported for the efficacy outcome (12 month biochemically-verified smoking cessation) and the adverse event (suicidal ideation). To decrease the heterogeneity, we did not include anti-smoking interventions for pregnant women, or those of smoking reduction, alternative approaches, mass media (campus), aversion, and multiple health behaviour.

This document reports results for the second stage of the smoking cessation research program. The focus of this detailed scientific report will be the results of a de novo evidence review of all randomized controlled studies (RCT) comparing varenicline, bupropion, nicotine replacement therapies (NRT), and combinations of these pharmacotherapies with behavioural interventions. Analysis is based on a Bayesian network meta-analysis of efficacy and safety outcomes specified in the protocol, including biochemically-verified smoking cessation (continuous abstinence rate) at 12 and > 12 months, suicidal ideation, cardiovascular death and cardio-cerebrovascular events such as myocardial infarction and stroke.

The third phase of the research program will focus on behavioural intervention RCTs for smoking cessation. These additional studies will be incorporated into the evidence networks for each of the outcomes of interest with the existing RCTs of pharmacotherapies/behavioural combinations. This will allow for a more fulsome analysis of drugs alone, drugs in combination, and behavioural interventions alone with the goal of being able to provide recommendations on which drug, behavioural intervention or combination is most effective and safe. The results of the third and final analysis stage are expected by the end of August 2014. The final analyses will likely involve over 400 randomized clinical trials, and will include analysis for each of the population subgroups described in the study protocol. Results from the final Bayesian network meta-analyses will also be used to inform economic analyses and results for cost-effectiveness will be presented in the third and final technical report

2. CLINICAL AND ECONOMIC CONTEXT

The province of British Columbia (BC) offers a program (BC Smoking Cessation Program) designed to assist residents who wish to stop smoking or using other tobacco products (http://www.health.gov.bc.ca/pharmacare/stop-smoking/) with the cost of smoking cessation aids. Conducted under the province's PharmaCare program, the BC Smoking Cessation Program entitles eligible residents to covered benefits for prescription smoking cessation drugs [bupropion (Zyban® version only), varenicline] or no cost access to non-prescription NRT in the form of chewing gum (Thrive™) or patches (Habitrol®) in multiple strengths. Coverage for eligible participants begins each calendar year, and entitles individuals to either one drug or one NRT for up to 12 continuous weeks (84 continuous days). Prescription medication costs are covered differently according to the type of PharmaCare coverage plan of the individual.

Recent concerns over neuropsychiatric and cardiovascular adverse events of prescription medications, coupled with a practical need to appraise the currency of the provincial program against current evidence led to a query request from the province of BC to the CIHR-DSEN program. Following a period of query refinement, topic prioritization and funding approval by the CIHR-DSEN program, a project plan was finalized with the goal of assessing the comparative effectiveness and cost-effectiveness of available drugs and NRT products for smoking cessation by way of a systematic review, network meta-

analysis and economic evaluation. In addition, a broader DSEN-funded smoking cessation research program will study behavioural support interventions and will examine, in a more granular way and using the same methodology, which behavioural support interventions combined with which pharmacological therapy are most clinically efficacious/cost-effective.

3. INTRODUCTION

Tobacco smoking is a causative factor in the development of cancer, respiratory disease, and cardiovascular disease. While the prevalence of smoking has declined dramatically over the past three decades, there are still over 5 million smokers in Canada (approximately 19% of Canadians 15 years of age and older). Quitting smoking can definitively improve health and health outcomes for the vast majority of current smokers, and most smokers express the desire and intent to quit smoking.

Up to 40% of smokers attempt to quit smoking each year; most attempts to quit (over 70%) are unaided and less than 5% of smokers who try to quit without assistance are successful at maintaining their abstinence for more than a few months. Medications and various forms of behavioural support, either alone or in combination, are effective in helping smokers to quit compared to no assistance.(2)

Pharmacotherapy: Nicotine replacement therapy (NRT), bupropion (Zyban), or as prescribed for depression, Wellbutrin) and varenicline (Champix, Chantix) are first-line smoking cessation medications available in Canada with proven efficacy in helping smokers to quit smoking. Systematic reviews and meta-analyses of their effectiveness indicate that they increase the odds of long-term abstinence 2.0 to 3.5 times compared to control (1-5). Nicotine replacement therapy includes nicotine transdermal patches, gum, lozenges, inhalers, sublingual tablets and nasal spray.

Behavioural Support Programs: Numerous behavioural treatments for smoking cessation were developed in the 1970s, ‘80s and ‘90s prior to the introduction of medications for smoking cessation. These treatments include techniques such as aversive conditioning, contingency contracting, rapid smoking, self-monitoring, stimulus control, and relapse prevention (6). More recently, however, the focus of behavioural support has been on more brief interventions such as self-help materials (7), health professional advice (8, 9), and motivational counselling techniques (10). These interventions are intended for face-to-face individual or group counselling settings (11), or can be delivered over the telephone (12) or the internet (13).

Combining Pharmacotherapy with Behavioural Support Programs: The combination of pharmacotherapy and behavioural support may have synergistic effects on quitting outcomes because smoking behaviour itself is maintained by addictive, behavioural, and social factors. Pharmacotherapy appears to be important to help people manage symptoms of nicotine withdrawal. Counselling interventions can assist people to manage behavioural and social cues to smoke, help people identify alternatives to smoking, and assist smokers to develop strategies to avoid relapse using problem solving techniques.

The comparative effectiveness, safety and cost-effectiveness of varenicline, bupropion, and nicotine replacement therapy for smoking cessation have been assessed in different reviews. In particular, the 2010 technology report by the Canadian Agency for Drugs and Technologies in Health (CADTH) (revised October 2011) provided the following results: (a) efficacy - varenicline is better than bupropion which is better than NRT; (b) cost-effectiveness - varenicline is better than bupropion which is equal to NRT; and (c) safety - nicotine patch, varenicline, and bupropion had more withdrawals due to adverse events compared to placebo (1). A Cochrane Review of combined pharmacotherapy and behavioural interventions for smoking cessation compared to usual care, brief advice or less intensive behavioural support was recently published (September 2012). Authors concluded through meta-analysis that there was a beneficial treatment effect from the combined interventions (RR 1.82, 95% CI 1.66 to 2.00) but did not assess which pharmacologic agent combined with which behavioural intervention was best. Our reviews will update these previous reviews, as well as considering a network meta-analysis combining direct and indirect evidence in making head-to-head comparisons of therapies.

Questions remain as to the effect of behavioural support programs added to pharmacotherapy and, more specifically, which programs with which drug. Our research team will focus on addressing this knowledge gap using systematic review methodology and a network meta-analysis following a Bayesian mixed treatment comparison (MTC) approach.

OBJECTIVES

To determine the effectiveness and safety of pharmacological agents, with or without behavioural interventions, to assist smoking cessation among smokers compared to usual care, or placebo.

RESEARCH QUESTIONS

1. What is the clinical effectiveness and safety of pharmacologic agents compared to no treatment to assist in smoking cessation in the population of smokers?

2. What is the clinical effectiveness and safety of combining pharmacologic agents and behavioural support programs compared to behavioural support programs to assist in smoking cessation in the populations of smokers?

4. METHODS

The strategy for building and analyzing the evidence base for pharmacotherapy smoking cessation included two fundamental steps:

1. A broad systematic review of the available randomized evidence in the published literature for the outcomes specified in this protocol was conducted, following the methods and procedures outlined in the Cochrane Handbook for Systematic Reviews for Interventions.(14)

2. A pair-wise meta-analysis and Bayesian network meta-analysis of randomized evidence was conducted connecting the pharmacologic interventions in a network for each of the outcomes specified a priori. The methods and procedures to be followed are those developed by the Canadian Collaboration for Drug Safety, Effectiveness and Network Meta-Analysis (ccNMA), funded by the Drug Safety and Effectiveness Network (DSEN) of the Canadian Institutes of Health Research.

POPULATION, INTERVENTION, COMPARATOR, OUTCOMES (PICO) STATEMENT

Studies were included if the following PICO criteria and type of study were considered:

POPULATION: Smokers of either general populations* or specific populations:

The general population of smokers was defined as all smokers in different age groups, groups of males or females, groups with different ethnicities (e.g., First Nations and Inuit), and those undergoing initial treatment (naive) or those undergoing re-treatment (treatment-failure).

The specific populations of smokers of interest are those smokers with: co morbidities; mental illness (including those with an opioid dependence with or without methadone treatment, alcohol problems, depression, schizophrenia, and bipolar disorder); cardiovascular disease (including peripheral vascular disease, acute coronary syndromes and post-myocardial infarction); chronic obstructive pulmonary disease; diabetes; pregnant women; and heavy smokers (e.g., those who smoke more than 20 cigarettes a day). Note that specific populations will be fully analyzed in the network meta-analyses during the third phase of this research program (End of August 2014).

INTERVENTION: Pharmacologic agents and behavioural support programs in combination or alone.

Pharmacologic agents (NRT, Bupropion, and varenicline) with or without behavioural support programs. NRT includes nicotine transdermal patches, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine spray (mouth and nasal) and nicotine sublingual tablets.

Behavioural support programs (BSP) were counselling interventions offered to patients who were ready to quit smoking. Categories* of BSP were defined according to the most recent (2008) evidence-based Clinical Practice Guidelines and will focus on intensity of person-to-person clinical contact, format, and total contact time.[16] Note that these categories will be fully implemented in the network meta-analyses during the third phase of this research program. For the purposes of this report, behavioural interventions administered in addition to pharmacological interventions were classified into two categories – those with a duration of less than 60 minutes total or those with 60 minutes or longer duration.

COMPARATORS: Placebo, no therapy or standard care, monotherapy (behavioural or pharmacologic) or head-to-head of interventions stated above.

OUTCOMES: Biochemically verified smoking abstinence (at 12 months or longer than 12 months)

ADVERSE EVENTS: Cardiovascular death, myocardial infarction, stroke, transient ischemic attack, suicidal ideation, completed suicides, treatment-associated aggressive behaviour.

STUDY DESIGN: Systematic reviews and randomized controlled trials (RCTs) of 6 months or longer duration.

Crossover study designs are considered to be at high risk of bias for this combined intervention because it is likely that there is carryover of treatment effect from one or both of the interventions under study. We also cannot rule out a systematic difference in the time-periods under study. Therefore, crossover studies were included only when period one results were reported independently from the end-of-study results (period two or later).

Systematic reviews were used to check reference lists for eligible studies that met the PICO criteria.

SYSTEMATIC REVIEW

A systematic review of all available evidence in the published literature for the clinical effectiveness and safety outcomes specified in the PICO statement was conducted, following the methods and procedures outlined in the Cochrane Handbook for Systematic Reviews of Interventions (14).

ELECTRONIC SEARCH STRATEGY

The literature search was conducted by a professional medical librarian with knowledge of systematic reviews and the specific analysis techniques required for mixed treatment comparisons. The strategies were divided into two components. During phase one of this research program, searches pertaining to the pharmacotherapy component of smoking cessation were updated as per the strategies listed in the CADTH smoking cessation report on February 18, 2013. A separate search covering a broad range of behavioural therapy interventions was developed and tested through an iterative process by an experienced medical information specialist in consultation with the review team. This strategy was reviewed by another senior information specialist using the Peer Review for Electronic Search Strategies template Available: http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/7402/.Eligibility/study selection).

Using the OVID platform, we searched Ovid MEDLINE®, Ovid MEDLINE® In-Process & Other Non-Indexed Citations, Embase Classic+Embase, and PsycINFO on February 18, 2013. We also searched the Cochrane Library on Wiley (including CENTRAL, Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effects (DARE), Health Technology

Assessment, and National Health Service Economic Evaluation Database (EED) databases) on February 24, 2013. Strategies utilized a combination of controlled vocabulary (e.g., Smoking Cessation, Behavior Therapy, Counselling) and keywords (e.g., brief advice, motivation, self-help). Vocabulary and syntax were adjusted across databases. We used research design filters to identify systematic reviews and meta-analyses, randomized, non-randomized and controlled clinical trials. There were no language or date restrictions on any of the behavioural searches. Additional references were also sought through hand-searching the bibliographies of relevant articles.

A grey literature search of relevant databases and web sites was performed using resources listed in CADTH's Grey Matters (http://cadth.ca/resources/grey-matters).

During the second research phase, search strategies were re-run to emulate the February 2013 search, but to return records from database inception to November 17, 2013. The updated search strategy can be found in Appendix A.

ELIGIBILITY/STUDY SELECTION

Studies were included if the PICO criteria and type of study were appropriate. Selection eligibility criteria were applied to each title and abstract identified in the literature search by two independent review authors in a standardized manner. Any uncertainties were resolved by discussion and consensus with a third review author. Any study passing the selection criteria was obtained in full-text format. The eligibility criteria were then applied to the full-text article and a final decision made for inclusion.

DATA EXTRACTION AND MANAGEMENT

All information was extracted using a standardized data abstraction form, which was developed, piloted and modified as necessary for this systematic review. Abstraction included the characteristics of study participants and the study itself, along with the relevant outcomes. All extracted data were extracted and checked for accuracy by two independent review authors.

RISK OF BIAS ASSESSMENT

Quality assessment was conducted using the Cochrane Collaboration's tool for assessing risk of bias (ROB).(14)

ASSESSMENT OF HETEROGENEITY

Studies were assessed for both clinical and methodological diversity. Clinical diversity was assessed by checking that the patients, exposures, and settings are not too different across studies that combining them would not be appropriate. Methodological diversity was assessed by checking that the studies were similar in terms of study design and risk of bias.

Once satisfied that the studies were minimally diverse and that it made sense to pool them together in a meta-analysis, an assessment of the statistical heterogeneity was undertaken by examining the forest plot and result of the I^2 statistic; the forest plots provided a visual sense of heterogeneity and the I^2 statistic indicated the presence of statistical heterogeneity. If the effects observed across studies were inconsistent, and vary to a large extent (say I^2>50%), the results were again explored to assess whether the differences can be explained by some clinical or methodological feature.

ASSESSMENT OF REPORTING BIASES

Reporting bias was assessed by constructing funnel plots, as well as bias indicators (e.g. Egger, Harbold-Egger) for each outcome.

ENDPOINT DEFINITIONS

Continuous abstinence rate (CAR): Abstinent from smoking continually since the commencement of a cessation intervention.

Completed Suicide: An act of intentionally causing one's own death.

Suicidal Ideation: Any self-reported thoughts of engaging in suicide-related behavior.

Aggressive Behaviour: Any reported treatment emergent aggressive behaviour .

Cardiovascular Event: Stroke, myocardial infarction or TIA.

Cardiovascular Death: Death resulting from an acute myocardial infarction, sudden cardiac death, death due to heart failure, death due to stroke, and death due to other cardiovascular causes.

META-ANALYSIS AND NETWORK META-ANALYSIS

Both traditional meta-analysis and network meta-analysis require studies to be sufficiently similar in order to pool their results. As a result, heterogeneity across trials in terms of patient characteristics, trial methodologies, and treatment protocols across trials was carefully assessed (15, 16).

Meta-analyses were undertaken using fixed or random-effects models when data were available, sufficiently similar and of sufficient quality. The effect sizes for the identified dichotomous outcomes were expressed in terms of the relative risk (RR) and/or odds ratio (OR). In cases when events were rare, the Peto odds ratio was used.

WinBUGS software (MRC Biostatistics Unit, Cambridge, UK) was used to conduct Bayesian mixed treatment comparison (MTC) meta-analysis using a binomial likelihood model which allows for the use of multi-arm trials (16, 17). Both fixed and random-effects network meta-analyses were conducted; assessment of model fit and choice of model was based on assessment of the Deviance Information Criterion (DIC) and comparison of residual deviance to number of unconstrained data points(15, 17). Trials with zero cells in both arms were excluded from evidence networks because they do not contribute information (17). Continuity corrections were considered for zero numerators in the network meta-analyses, using the adjusted formula of Sweeting.

We modeled point estimates and 95% credible intervals for odds ratios (OR) using Markov Chain Monte Carlo (MCMC) methods. We also assessed the probability that each drug was the most efficacious regimen, the second best, the third best, and so on, by calculating the OR for each drug compared with control group, and counting the proportion of iterations of the Markov chain in which each drug had the highest OR, the second highest, and so on. Vague or flat priors, such as N(0, 100^2) were assigned for basic parameters throughout (17). Informative priors for variance was determined using the following the method of Turner. To ensure convergence was reached, trace plots and the Brooks-Gelman-Rubin statistic were assessed (18). Three chains were fit in WinBUGS for each analysis, with at least 20,000 iterations, and a burn-in of at least 20,000 iterations. Although many trials consider a comparison of a pharmacotherapy versus a placebo or no treatment, behavioural support programs are sometimes administered along with pharmacotherapies. This results in a comparison of the pharmacotherapy plus the behavioural support program versus placebo/no treatment plus the behavioural support program. In some cases, the behavioural support program is only a simple low-intensity level intervention that is considered to ensure that both sides of the comparison have a similar exposure to behavioural interventions and so reduce the background noise when considering the treatment signal associated with the pharmacotherapy. Behavioural support programs shorter than 60 minutes were considered to be low-intensity level interventions as per the recommendation of our ccNMA smoking experts. In this case, the comparison of pharmacotherapy

plus the behavioural support program versus placebo/no treatment plus the behavioural support program will be considered similar to and analyzed with the comparison of a pharmacotherapy versus a placebo/no treatment. This comparative analysis will be the '**Placebo Index Node**'. Behavioural support programs longer than 60 minutes are considered 'active behavioural interventions', and are analyzed separately from the comparison of a pharmacotherapy versus a placebo/ no treatment. In this instance, we consider the comparison of a pharmacotherapy plus active behavioural support program versus active behavioural support program. This comparative analysis will be the '**Active Behaviour Index Node**'. In considering the comparisons and analysis this way, the assumption is made that the behavioural interventions are all similar. Individual behavioural interventions and combinations of these interventions with drug therapy will be explored in much more detail during phase three of this research program.

For each outcome, the odds ratios based on the network meta-analysis, as well as relative risks and absolute risks estimated using these odds ratios and the mean proportion of patients who experience the outcome in the reference group, are provided comparing pharmacotherapies (with or without active behavioural intervention). For outcomes where data was insufficient to construct a robust evidence network, a fixed effects meta-analyses using the Peto odds ratio estimate were considered. For outcomes where data were not sufficient to conduct meta-analyses, a narrative discussion of results is provided.

STAIRCASE DIAGRAMS

Staircase diagrams have been assembled to present results for relative risk and absolute risk difference generated by the indirect comparisons of the various treatment strategies. Figure 1 provides a guide to the interpretation of the results in each staircase diagram presented in the results section.

Figure 1: Interpretation of Results Presented in a Staircase Diagram of Relative Risk and Risk Difference

Treatment 1	Absolute Risk Difference of treatment 2 compared to treatment 1	Absolute Risk Difference of treatment 3 compared to treatment 1	Absolute Risk Difference of treatment 2 compared to treatment 1
Relative Risk of treatment 2 compared to treatment 1	**Treatment 2**	Absolute Risk Difference of treatment 3 compared to treatment 2	Absolute Risk Difference of treatment 4 compared to treatment 2
Relative Risk of treatment 3 compared to treatment 1	Relative Risk of treatment 3 compared to treatment 2	**Treatment 3**	Absolute Risk Difference of treatment 4 compared to treatment 1
Relative Risk of treatment 4 compared to treatment 1	Relative Risk of treatment 2 compared to treatment 4	Relative Risk of treatment 3 compared to treatment 4	**Treatment 4**

Relative Risk = RR (95%Credible Interval), Absolute Risk Difference = RR (95% Credible Interval)
Note: Bolded numbers in the table indicate statistical significance.

5. RESULTS – SYSTEMATIC REVIEW

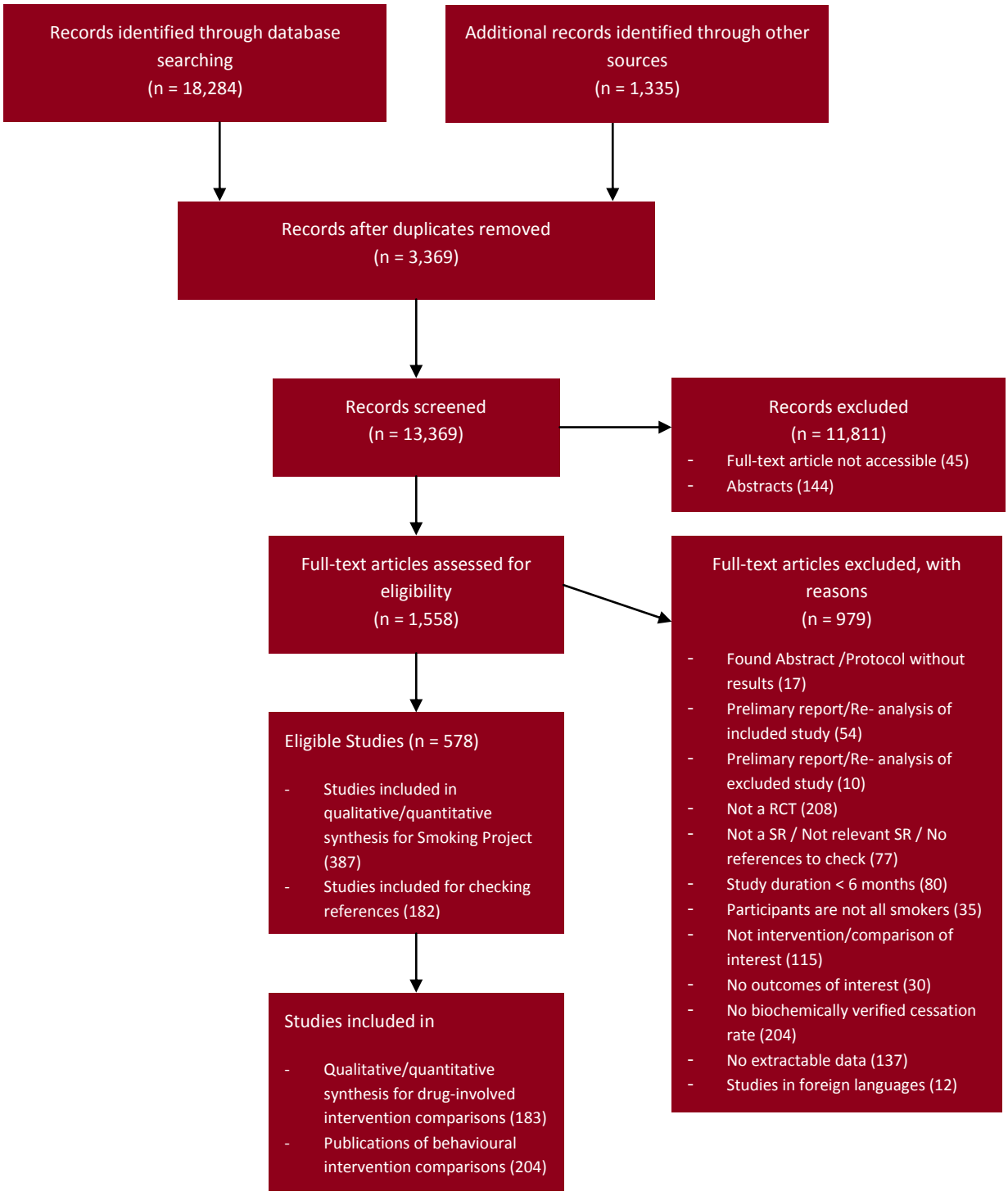
In this section, the results of the literature review, critical appraisal of the studies identified and comparability of the studies are provided.

LITERATURE SEARCH RESULTS

The literature search identified a total of 18,284 references. Once duplicates were removed, 13,369 remained. The titles and abstracts of the search results were independently reviewed by two review authors and 1,561 full-text articles were assessed for eligibility.

For this report on phase two of the research program on smoking cessation, 578 studies met the inclusion criteria. Of the included studies, 183 unique RCTs reported on pharmacotherapies alone or in combination with behavioural interventions in 192 publications that had outcome data required for quantitative analysis of outcomes (19-68)(69-118)(119-167)(168-210). Figure 1 (PRISMA flow diagram) outlines the literature search and article selection process. A list of included studies is provided in Appendix B.

Figure 2. PRISMA Flow Diagram of Article Selection



SUMMARY OF INCLUDED STUDIES

Study and characteristics of the 183 included studies are summarized in Table 1. This review included 183 unique RCTs (reported in 192 publications) evaluating the effects of smoking cessation interventions.

Table 1: Summary of Selected Trial and Patient Characteristics

Trial Characteristics	Categories	Number Of Included Studies/Range
Publication Status	**Literature Sources**	192
	Unique RCTs	183
Publication Year		Range: 1982 to 2013
Follow-up		Range: 6 months to 6 years
Sample Size		Range: 15 to 3,575
Treatment Arms	**2 arms**	129
	3 arms	28
	4 arms	21
	≥ 5 arms	5
Patient Characteristics		
% Female		Range: 0% to 100%
Fagerstrom Test for Nicotine Dependence (FTND)		Range: 3.2 to 7.3
Previous Quit Attempts		52% of studies did not report

Detailed study and trial characteristics are provided in Appendix G.

Smoking cessation interventions were administered in a number of different ways in the included studies (Table 2). Combinations of the various interventions were also used and analysed. Many RCTs administered some type of behavioural intervention in addition to the pharmacotherapy interventions. Individual behavioural interventions and combinations of these interventions with drug therapy will be explored in more detail during phase three of this research program.

Table 2: Summary of Doses Available in the Included Studies

Treatment	Lower	Standard	Higher
Bupropion	<150 mg bid	150 mg bid	<150 mg bid
Varenicline	<1 mg bid	1 mg bid	>1 mg bid
Nicotine Replacement Therapy			
Patch (16 hours)	<15 mg	15 mg	>15 mg
Patch (24 hours)	<21 mg	21 mg	>21 mg
Gum	--	2 mg	4 mg
Nasal Spray	--	1mg/dose, 1-2mg/hr	--
Mouth Spray	--	1 mg/spray	--
Lozenge	--	1-2 mg	4 mg
Sublingual Tablet	--	2 mg	--
Inhaler	--	4 mg (~6-16 cartridges/day)	--

qd=once a day, bid=twice a day

RISK OF BIAS ASSESSMENT

A summary of risk of bias assessments of the 183 included trials and their companion publications is provided in Appendix D. A detailed comprehensive assessment of risk of bias by individual trial can be found in Supplemental Appendix A.

The overall risk of bias varied as assessed as across the majority of included studies, however, transparency of methods and analysis populations resulted in many assessments rated 'unclear'. For the domain of randomization, although we only included randomized trials in our review, some studies did not provided detailed information. Therefore, we were unable to provide a judgment on 60% and 75% of included studies in terms of random sequence generation and allocation concealment, respectively. For the blinding domain, we categorized our outcome of interest into two sub-types, objective and subjective outcomes. As expected, the blinding of objective outcomes assessment consistently received low risk of bias assessments across studies due to the fact that objective outcomes were based on biochemically verified evidence, which should not bias by either ineffective blinding approach or the lack of blinding. However, the blinding of subjective outcomes assessment varied across studies (60% low/21% high/19% unclear). In judgment, we only considered the studies which provided appropriate blinding approach as 'low' risk of bias, for example, those described 'matched/identical placebo' with/without details. For those mentioned about 'blind study' in the text but not described the blinding approach, the unclear information would result in the judgment as 'unclear' risk of bias. We were most concerned about the open label studies or studies which did not mention blinding and blinding approach. In our review, 21% of included studies fell in the 'high' risk of bias in this domain.

To judge the domain of "incomplete outcome data addressed", we separate efficacy and safety outcomes because in general, trials have different statistically strategies for those 2 types of outcomes. We also followed a decision hierarchy to make the judgment: firstly, the overall completion rate at endpoint efficacy/outcome assessment (either 6 or 12 months) must be great than 80%, above which the amount of missing data was considered not to significantly bias the outcome estimate. If the overall completion rate was around 80%, further information about the distributions of the missing data across arms and the approach to handling the missing data were required. However, if the overall completion rate was less than 80%, the outcome estimate would very likely to be biased by the missing data and risk level was judged as 'high'. Among all included studies, 13 did not report any efficacy outcome of interest and 38 did not report any efficacy outcome of interest. For the studies where efficacy outcomes of interest were reported, 13% had limited information so we were unable to provide a judgment; 44% and 44% of the studies fell in 'low' and 'high' risk of bias. For those with extractable or inferred safety data, 12% did not provide sufficient information and were judged to be 'unclear' risk of bias; 40% and 48% were respectively considered as 'low' and 'high' risk of bias.

Within the individual studies, 60.6% reported a high risk of bias for one or more key domains. Almost 85% had an unclear risk of bias for one or more key domains, and a large proportion had an unclear risk of bias across 2 domains or more.

Based on the risk of bias assessments, there is a plausible potential for bias in the included studies that needs to be considered when interpreting the results of this report.

6. RESULTS: EFFICACY

The results of the network meta-analysis random effects model for the efficacy outcomes continuous abstinence rate at 12 months and for greater than 12 months are presented below.

CONTINUOUS ABSTINENCE RATE AT 12 MONTHS

Thirty-two studies reported CAR at 12 months involving a total of 16,068 patients. Overall, 20 different treatment strategies were considered, providing for 49 indirect treatment comparisons. Twenty-five studies had 2 treatment arms, six studies had three treatment arms, and one study had four treatment arms. An evidence network diagram could not be generated

due to the complexity of the number of possible treatment comparisons. Detailed results of the network meta-analysis are presented in Appendix E for both the comparison of pharmacotherapy versus placebo (Placebo Index Node**)** and the comparison of pharmacotherapy plus active behavioural support program versus active behavioural support program (Active Behaviour Index Node). Odds ratios, relative risks and absolute risks are provided for CAR at 12 months comparing each of the treatments. The consistency plots, provided in Appendix F, indicate that both the placebo index node and the active behavior index node networks are consistent.

Results are presented below for selected pharmacotherapies, that correspond to those that are covered, or provided with no cost access, under the BC Smoking Cessation Program, namely: bupropion 150 mg bid, varenicline 1 mg bid, nicotine gum (2 and 4 mg) and nicotine patch (14 and 21 mg). The results of the indirect comparison across the selected treatment strategies are provided in Table 3 and Table 4 for the placebo and active behaviour index nodes respectively.

For CAR 12 months, all pharmacotherapies are significantly better than placebo except for nicotine patch 21 mg. (Table 3)

Table 3: Continuous Abstinence Rate at 12 Months: Relative Risks and Risk Difference for Selected Treatment Comparisons – Network Meta-analysis, Random Effects Model, Placebo Index Node

Placebo	**8.00 (3.89,12.89)**	**8.95 (2.31,19.94)**	4.87 (-0.74,14.12)	**14.75 (8.06,24.11)**
2.01 (1.49,2.65)	bupropion 150 mg bid	0.89 (-7.51,12.93)	-3.06 (-10.81,7.08)	6.74 (-0.43,15.81)
2.13 (1.29,3.63)	1.06 (0.60,1.96)	Nicotine gum 2 mg	-4.00 (-16.42,7.50)	5.87 (-7.18,17.16)
1.61 (0.91,2.81)	0.81 (0.42,1.52)	0.76 (0.35,1.61)	Nicotine Patch 21 mg	6.47 (-6.93,18.71)
2.85 (2.01,4.10)	1.43 (0.98,2.12)	1.35 (0.72,2.44)	1.40 (0.73,2.82)	varenicline 1 mg bid

For pharmacotherapies with an active behaviour support program , 37 studies reported CAR at 12 months involving a total of 15,481 patients. Thirty studies had 2 treatment arms, five studies had three treatment arms, and two study had four treatment arms.

For CAR 12 months, all pharmacotherapies with an active behaviour support program are significantly better than an active behavior support program on its own. Also, varenicline 1 mg bid with active behavior is significantly better than the other pharmacotherapies with active behavior.

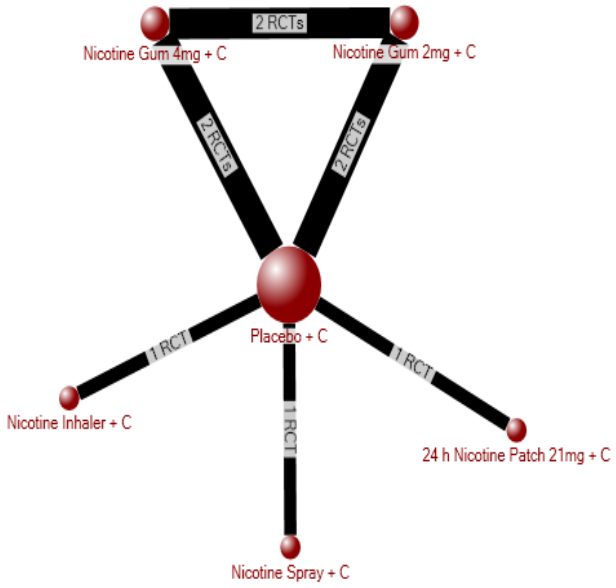
Table 4: Continuous Abstinence Rate at 12 Months: Relative Risks and Risk Difference for Selected Treatment Comparisons – Network Meta-Analysis, Random Effects Model, Active Behaviour Index Node

Placebo	**6.22 (3.22,9.84)**	**5.46 (1.87,9.53)**	**6.92 (2.28,12.95)**	**15.36 (10.96,20.53)**	**11.98 (5.23,20.50)**
1.60 (1.30,1.97)	bupropion 150 mg bid	-0.76 (-6.07,4.36)	0.71 (-4.63,6.77)	**9.13 (3.98,14.65)**	5.75 (-2.16,14.83)
1.52 (1.18,1.95)	0.95 (0.68,1.30)	Nicotine gum 2 mg	1.47 (-4.81,8.66)	**9.89 (3.74,16.51)**	6.52 (-0.45,14.89)
1.66 (1.22,2.27)	1.04 (0.75,1.44)	1.09 (0.74,1.64)	Nicotine Patch 21 mg	**8.37 (2.09,14.52)**	5.04 (-4.31,14.83)
2.48 (2.04,3.02)	**1.55 (1.21,1.98)**	**1.62 (1.20,2.25)**	**1.49 (1.10,2.05)**	varenicline 1 mg bid	-3.34 (-12.20,6.13)
2.15 (1.50,3.00)	1.35 (0.88,1.98)	1.41 (0.97,2.02)	1.29 (0.80,2.04)	0.87 (0.57,1.26)	Nicotine gum 4 mg

CONTINUOUS ABSTINENCE RATE > 12 MONTHS

Five studies reported CAR for longer than 12 months involving a total of 1,365 patients. Overall, 6 different treatment strategies were considered, providing for 9 indirect comparisons. Three studies had 2 treatment arms and two studies had three treatment arms. The network consisted of various NRT formats (2 and 4 mg gum, inhaler, nasal spray and 24h patch 21 mg) each with or without active counselling. No studies of varenicline or bupropion were available for analysis in this network.

Figure 3. Evidence diagram for Continuous Abstinence Rate > 12 months



When compared to active behaviour support programs, there was no significant difference between treatment strategies when compared indirectly. The consistency plot, provided in Appendix F, indicate that both the placebo index node and the active behavior index node networks are consistent.

Table 5: Continuous Abstinence Rate > 12 Months: Odds Ratios, Relative Risks and Risk Difference for All Treatment Comparisons – Network Meat-Analysis, Random Effects Model, Active Behaviour Index Node

Treatment	Reference	OR (95% CrI)	RR (95% CrI)	RD% (95% CrI)
NICOTINE GUM 2 MG	ACTIVE BEHAVIOUR	0.93 (0.39,2.60)	0.93 (0.41,2.37)	-0.43 (-4.27,8.22)
24H NICOTINE PATCH 21 MG		2.92 (0.75,11.77)	2.59 (0.77,7.31)	10.19 (-1.45,36.82)
NICOTINE SPRAY		1.43 (0.37,5.57)	1.39 (0.39,4.39)	2.42 (-4.18,20.20)
NICOTINE INHALER		5.17 (0.50,173.80)	4.04 (0.52,23.92)	20.02 (-3.86,83.18)
NICOTINE GUM 4 MG		1.96 (0.86,5.74)	1.84 (0.87,4.49)	5.31 (-0.86,21.08)
24H NICOTINE PATCH 21 MG	NICOTINE GUM 2 MG	3.17 (0.56,15.93)	2.78 (0.59,10.30)	10.44 (-4.21,36.81)
NICOTINE SPRAY		1.54 (0.27,7.37)	1.49 (0.30,5.86)	2.77 (-7.85,20.46)
NICOTINE INHALER		5.62 (0.42,200.50)	4.32 (0.45,31.25)	20.16 (-5.73,82.98)
NICOTINE GUM 4 MG		2.12 (0.85,5.67)	1.98 (0.87,4.71)	5.62 (-1.22,18.58)
NICOTINE SPRAY	24H NICOTINE PATCH 21 MG	0.49 (0.07,3.26)	0.54 (0.10,2.74)	-7.25 (-34.16,13.19)
NICOTINE INHALER		1.78 (0.12,77.19)	1.55 (0.17,13.50)	9.04 (-28.65,76.81)
NICOTINE GUM 4 MG		0.67 (0.14,3.90)	0.72 (0.20,3.24)	-4.54 (-30.98,14.80)
NICOTINE INHALER	NICOTINE SPRAY	3.63 (0.24,159.00)	2.87 (0.29,25.97)	16.74 (-13.85,81.35)
NICOTINE GUM 4 MG		1.37 (0.29,8.09)	1.32 (0.35,6.57)	2.74 (-14.91,19.93)
NICOTINE GUM 4 MG	NICOTINE INHALER	0.38 (0.01,4.99)	0.46 (0.07,4.12)	-14.02 (-79.11,16.22)
Random-Effect Model	Residual Deviance	13.57 vs. 12 data points		
	Deviance Information Criteria	73.332		
Fixed-Effect Model	Residual Deviance	16.77 vs. 12 data points		
	Deviance Information Criteria	75.167		

7. RESULTS: SAFETY

For the safety outcomes, network meta-analysis was conducted for two outcomes, namely: suicidal ideation and myocardial infarction. The choice of these outcomes for network meta-analysis was based on their importance and the sufficiency of the data available to construct a robust evidence network. For outcomes where data were insufficient for a network meta-analysis, a fixed effect meta-analyses using the Peto odds ratio were conducted. This analysis approach was considered for cardiovascular mortality, stroke transient ischemic attack, and treatment emergent aggression. Data was not sufficient to conduct meta-analysis for completed suicides resulting from treatment, and a narrative description of the results is provided.

CARDIOVASCULAR MORTALITY

Twelve RCTs (100, 123, 127, 131, 146, 176, 182, 200, 205, 206, 208, 211) reported CV death comparing varenicline 1 mg bid to placebo in 4,588 patients. Eleven RCTs (44, 95, 100, 127, 137, 170, 193, 194, 198, 212, 213) reported CV deaths in comparisons of bupropion 150 mg bid to placebo (n=4,525 patients). Event rates in all trials were low.

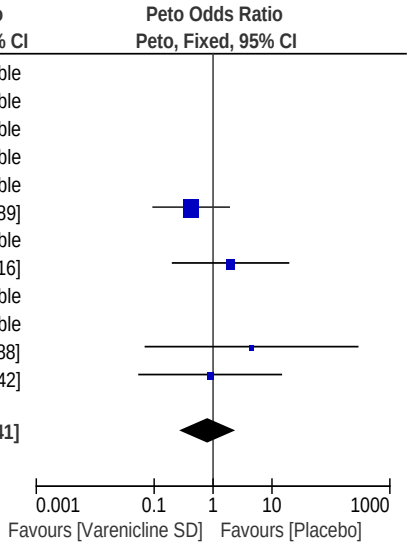
A Bayesian NMA could not be conducted for stroke due to the limited data available for analysis. CV deaths were reported in five RCTs comparing varenicline versus placebo, and 7 RCTs comparing bupropion versus placebo. Fixed effects meta-analyses was conducted for a Peto odds ratio estimate. Results, based on the available evidence, show there is not an increase in CV death risk with standard doses of varenicline (OR 1.06, 95% CI 0.37 to 3.04) and bupropion (OR 1.35, 95% CI 0.62 to 2.95) when compared to placebo (Figure 4); however, results should be interpreted with caution given the small number of trials reporting this outcome and the low number of events available for analysis.

Figure 4: Cardiovascular Death: Peto's Odds Ratios for Selected Treatment Comparisons – Meta-Analysis, Fixed Effects Model, Placebo Index Node

Varenicline vs. Placebo

Study or Subgroup	Varenicline 1mg BID Events	Total	Placebo Events	Total	Weight	Peto Odds Ratio Peto, Fixed, 95% CI
Jorenby 2006	0	344	0	341		Not estimable
Nakamura 2007	0	156	0	154		Not estimable
Nides 2006	0	127	0	127		Not estimable
Oncken 2006	0	259	0	129		Not estimable
Rennard 2012	0	493	0	166		Not estimable
Rigotti 2010	2	355	5	359	54.2%	0.43 [0.10, 1.89]
Steinberg 2011	0	40	0	39		Not estimable
Tashkin 2011	2	250	1	254	23.3%	1.98 [0.21, 19.16]
Wang 2009	0	165	0	168		Not estimable
Williams 2007	0	251	0	126		Not estimable
Williams 2012	1	85	0	43	7.0%	4.51 [0.07, 285.88]
Wong 2012	1	151	1	135	15.5%	0.89 [0.06, 14.42]
Total (95% CI)		**2676**		**2041**	**100.0%**	**0.81 [0.27, 2.41]**
Total events	6		7			

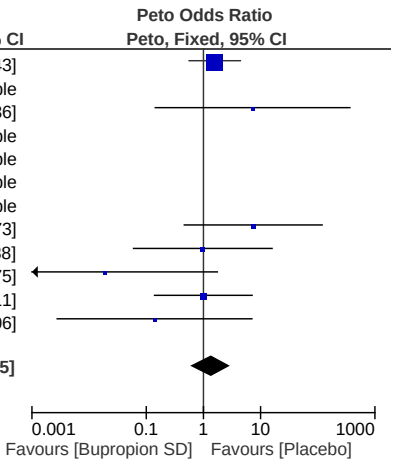
Heterogeneity: Chi² = 1.98, df = 3 (P = 0.58); I² = 0%
Test for overall effect: Z = 0.38 (P = 0.70)



Bupropion vs. Placebo

Study or Subgroup	Bupropion 150mg BID Events	Total	Placebo Events	Total	Weight	Peto Odds Ratio Peto, Fixed, 95% CI
Eisenberg 2013	9	192	6	200	57.5%	1.58 [0.56, 4.43]
Hays 2001	0	214	0	215		Not estimable
Hurt 1997	1	156	0	153	4.0%	7.25 [0.14, 365.36]
Jorenby 2006	0	342	0	341		Not estimable
Nides 2006	0	128	0	127		Not estimable
Piper 2009	0	264	0	189		Not estimable
Planer 2011	0	76	0	75		Not estimable
Rigotti 2006	2	127	0	127	7.9%	7.45 [0.46, 119.73]
Simon 2009	1	43	1	42	7.9%	0.98 [0.06, 15.88]
Tonnesen 2003	0	530	1	180	3.0%	0.02 [0.00, 1.75]
Tonstad 2003	2	315	2	314	15.8%	1.00 [0.14, 7.11]
Wagena 2005	0	86	1	89	4.0%	0.14 [0.00, 7.06]
Total (95% CI)		**2473**		**2052**	**100.0%**	**1.35 [0.62, 2.95]**
Total events	15		11			

Heterogeneity: Chi² = 7.08, df = 6 (P = 0.31); I² = 15%
Test for overall effect: Z = 0.76 (P = 0.45)



Three, multi-arm studies(123, 127, 131) that reported cardiovascular death as an outcome were excluded from the varenicline versus placebo meta-analysis due to the doses of varenicline used in the treatment arms. No cardiovascular deaths were reported in any treatment arms. A four-arm bupropion dose-ranging study(95) could not be included in the meta-analysis due to the range of doses (n=615). A single case of cardiovascular death was reported the bupropion 300 mg (150 mg bid) plus an active behaviour treatment arm.

CARDIOVASCULAR EVENTS

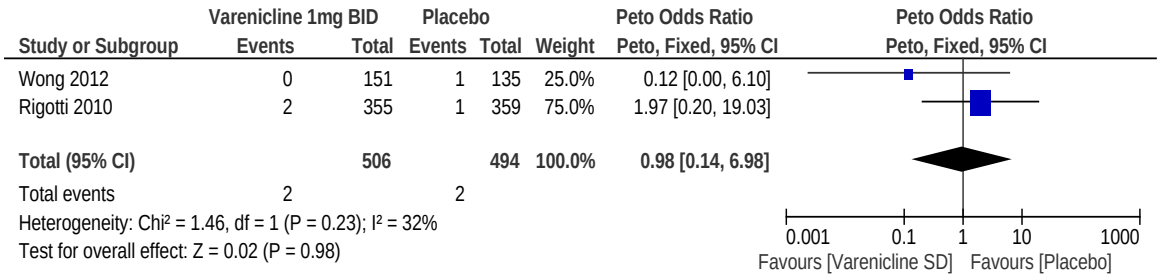
STROKE

Two RCTs (153, 208) reported stroke outcomes. Both RCTs compared varenicline 1 mg bid to placebo (with active behavioural support program in both treatment arms) in 1,000 patients. No data was available to make a comparison of bupropion 150 mg bid to placebo. Event rates in both trials of varenicline were low.

A Bayesian NMA could not be conducted for stroke due to the limited data available for analysis. A fixed effects meta-analysis was conducted for a Peto odds ratio estimate. Results based on the available evidence show there is not an increase in stroke risk with varenicline (OR 0.98, 95% CI 0.14 to 6.98) when compared to placebo (Figure 5); however, results should be interpreted with caution given the small number of trials reporting this outcome and the low number of events available for analysis.

Figure 5: Stroke Events: Peto's Odds Ratio for Treatment Comparisons to Placebo – Meta-Analysis, Fixed Effects Model

Varenicline 1 mg bid vs. Placebo



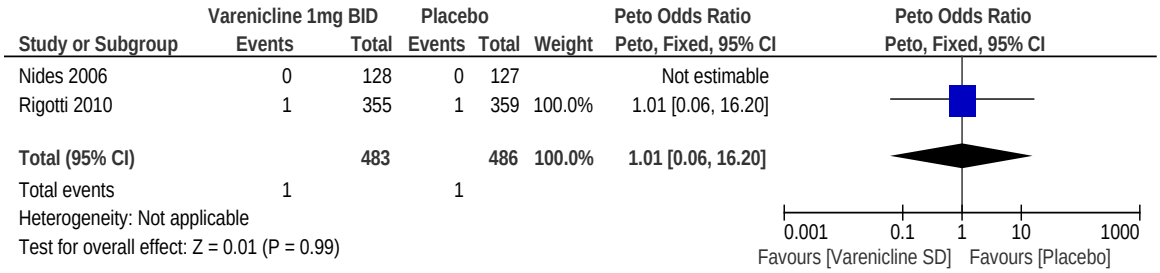
TRANSIENT ISCHEMIC ATTACK (TIA)

Four RCTs reported TIA for two treatment strategies: bupropion 150 mg bid compared to placebo (181, 209) and varenicline 1 mg bid (127, 153) compared to placebo. Event rates were low or null in all four studies. A Bayesian NMA could not be conducted due to the limited data available. Therefore a fixed meta-analyses was conducted for a Peto odds ratio estimate. Results in this limited data showed that the available evidence does not support an increase in risk of TIA with varenicline (OR 1.01, 95% CI 0.06 to 16.20) or bupropion (OR 0.06, 95% CI 0.00 to 1.10) when compared to placebo (

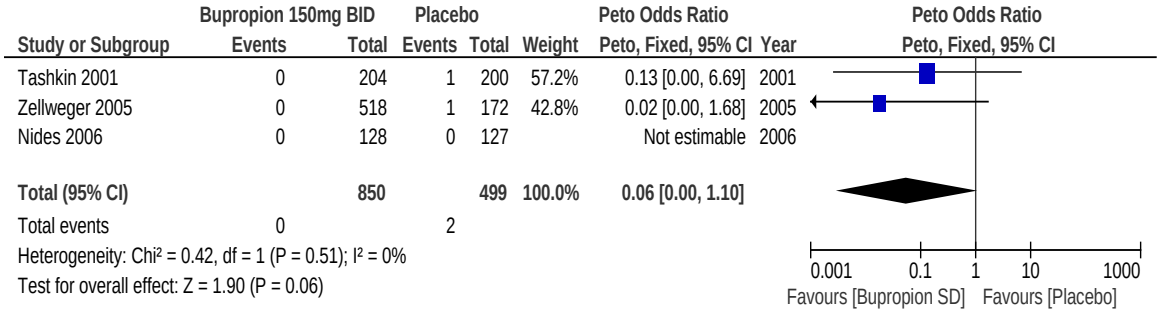
Figure 6); however, results should be interpreted with caution given the small number of trials reporting this outcome and the low number of events available for analysis.

Figure 6: Transient Ischemic Attack: Peto's Odds Ratios for Treatment Comparisons to Placebo – Meta-Analysis, Fixed Effects Model

Varenicline 1 mg bid vs. Placebo



Bupropion 150 mg bid vs. Placebo



MYOCARDIAL INFARCTION

Four studies (44, 54, 64, 77, 126, 137, 139, 144, 153, 162, 206, 208) reported data for myocardial infarction (MI) involving a total of 2,547 patients. Overall, 4 different treatment strategies were considered, providing for 6? indirect comparisons. Three studies were 2-arm RCTs, and one had three-arms.

Data for only a few pharmacotherapy comparisons were available. Considered without an active behavior support program (Table 6), no significant differences were found but the results should be interpreted with caution given the small number of trials reporting this outcome and the low number of events available for analysis. Insufficient data was available to consider a network for pharmacotherapies with an active behavior support program.

Table 6: Myocardial Infarction: Odds Ratios, Relative Risks and Risk Difference for All Treatment Comparisons – Network Meat-Analysis, Random Effects Model, Placebo Index Node

Treatment	Reference	OR (95% CrI)	RR (95% CrI)	RD% (95% CrI)
BUPROPION 150 MG BID	PLACEBO	1.39 (0.21,11.79)	1.39 (0.21,11.71)	0.08 (-0.39,0.93)
24 H NICOTINE PATCH 21 MG		0.99 (0.02,46.03)	0.99 (0.02,43.46)	0.00 (-0.47,5.23)
VARENICLINE 1 MG BID		0.20 (0.00,11.78)	0.20 (0.00,11.59)	-0.13 (-0.58,1.43)
24 H NICOTINE PATCH 21 MG	BUPROPION 150 MG BID	0.68 (0.01,47.72)	0.68 (0.01,45.16)	-0.08 (-1.01,5.25)
VARENICLINE 1 MG BID		0.14 (0.00,7.74)	0.14 (0.00,7.61)	-0.20 (-1.01,1.30)
VARENICLINE 1 MG BID	24 H NICOTINE PATCH 21 MG	0.16 (0.00,50.38)	0.16 (0.00,49.91)	-0.12 (-5.31,1.44)
Random-Effect Model	Residual Deviance	5.979 vs. 9 data points		
	Deviance Information Criteria	31.556		

Fixed-Effect Model	Residual Deviance	6.041 vs. 9 data points
	Deviance Information Criteria	31.282

COMPLETED SUICIDES

Twenty-three RCTs referred to completed suicide events in their study publications. (23, 28, 46, 77, 78, 123, 127, 131, 139, 144, 146, 153, 162, 164, 175, 176, 180, 182, 198, 200, 205, 206, 214) Event rates were zero in all treatment arms in all 23 studies.

SUICIDAL IDEATION

Data was available to consider a network meta-analysis for suicidal ideation. Seven studies reported suicidal ideation as an outcome involving a total of 2,966 patients. Overall, 4 different treatment strategies were considered, providing for 7 indirect comparisons. All studies had 2 treatment arms. Event rates were low or zero in all studies. No data for suicidal ideation was inferred for this outcome. Only studies directly reporting this outcome in their publication were included in this analysis.

Given the available data, no significant differences in the risk of suicidal ideation between varenicline, bupropion, nicotine patch and placebo were found. This held true across effect estimates (OR, RR and RD). Results must be interpreted with caution given the small number of patients who had experienced this outcome. Consistency could not be evaluated for this network as there were no closed loops in the evidence network.

Table 7: Suicidal Ideation: Odds Ratios, Relative Risks and Risk Difference for All Treatment Comparisons – Network Meat-Analysis, Random Effects Model, Active Behaviour Index Node

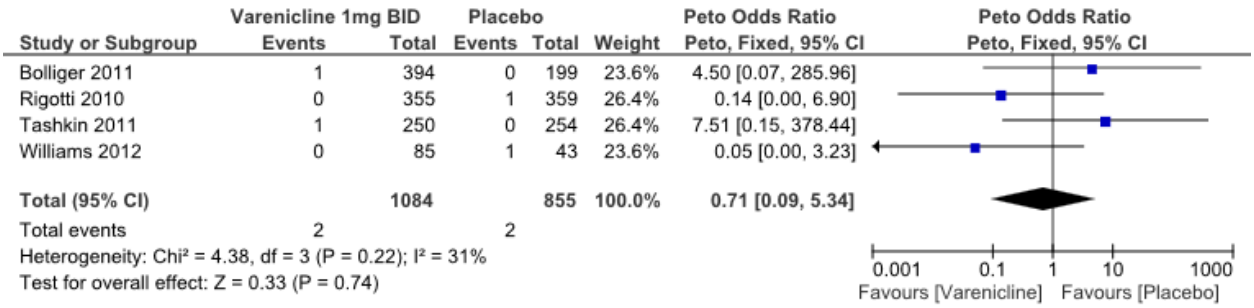
Treatment	Reference	OR (95% CrI)	RR (95% CrI)	RD% (95% CrI)
BUPROPION 150 MG BID	ACTIVE BEHAVIOUR	0.25 (0.01,2.55)	0.26 (0.01,2.49)	-1.26 (-2.99,2.25)
24H NICOTINE PATCH 21 MG		0.11 (0.00,4.46)	0.11 (0.00,4.19)	-1.46 (-3.15,5.46)
VARENICLINE 1 MG BID		0.51 (0.15,1.72)	0.51 (0.15,1.70)	-0.86 (-2.48,0.93)
24H NICOTINE PATCH 21 MG	BUPROPION 150 MG BID	0.42 (0.00,68.75)	0.42 (0.00,64.25)	-0.16 (-3.69,6.76)
VARENICLINE 1 MG BID		2.03 (0.15,84.64)	2.02 (0.15,83.16)	0.41 (-3.15,2.32)
VARENICLINE 1 MG BID	24H NICOTINE PATCH 21 MG	4.80 (0.15,3842.00)	4.76 (0.16,3786.00)	0.57 (-5.77,2.20)
Random-Effect Model	Residual Deviance	9.752 vs. 14 data points		
	Deviance Information Criteria	50.479		
Fixed-Effect Model	Residual Deviance	9.860 vs. 14 data points		
	Deviance Information Criteria	50.403		

TREATMENT-EMERGENT AGGRESSION

Data was insufficient to conduct a network meta-analysis. Four RCTs (5 publications) that reported 3 aggression outcomes in 1,939 study participants (28, 153, 182, 205, 214). All four RCTs compared varenicline to placebo. Bolliger 2011 focused on efficacy and tolerability in Latin America, Africa, and the Middle East participants. One participant in the varenicline group (n=390) had treatment-emergent aggression during the study. No events were reported in the placebo group (n=198). Rigotti 2010 studied participants with cardiovascular disease and closely monitored psychiatric and other treatment emergent serious adverse events. One participant in the placebo group reported aggression in the study. Tashkin

2011 found 1 case of behaviour disturbance in the form of aggression in the varenicline group and none in the placebo group in their study in patients with mild to moderate chronic obstructive pulmonary disorder. In participants with schizophrenia or schizoaffective disorder, Williams 2012 found a single aggression event in the placebo arm of the study.

Figure 7: Treatment-Emergent Aggression: Odds Ratios for Treatment Comparisons to Placebo – Meta-Analysis, Fixed Effects Model



8. DISCUSSION

In the previous report, it was found that the addition of 29 studies available since the CADTH report was published to the CADTH data for the assessment of pharmacotherapies in smoking cessation resulted in similar findings as the CADTH conclusions. This report, which involved a systematic review and analysis of all RCTs using a single search strategy and uniform study selection, considered 183 studies and yielded results consistent with our previous review.

However, as noted in our previous report, this provides a limited assessment of the evidence in smoking cessation. A gap remains in determining which treatment approach is most clinically efficacious/cost effective. This requires a clear analysis of all treatment modalities (in combination and alone) such as pharmacologic and behavioral therapies. While there are reports that have addressed this topic, there is an information gap in assessing which specific behavioral therapies in combination with specific pharmacotherapies are most efficacious/cost effective. Behavioral therapies vary greatly in the literature, making it important to ensure the analysis reflects appropriate categorization of the approaches. An analysis such as this is not possible by simply updating an existing report because the data has not been captured, reported or analyzed with enough detail on the interventions. This would require an entirely new analysis of the evidence base. Our final report will consider these issues in greater detail.

As mentioned in the results section, information on harms data is limited when considering only randomized controlled trials (RCT). To assess the important issue related to harms, both RCT and non RCT data should be considered in subsequent assessments.

Different treatment approaches are needed for different populations, such as those with substance abuse, mental health and other concomitant disorders. There is limited trial evidence in these populations, however, tailoring treatment approaches to best serve these populations is worthy of investigation.

LIMITATIONS

- Heterogeneity of the results across studies is always an issue when considering these types of analyses.
- Based on the risk of bias assessments, there is a plausible potential for bias in the included studies that needs to be considered when interpreting the results of this report.
- For the adverse events, results should be interpreted with caution given the small number of trials reporting these events and the small number of events available for analysis.
- The focus of this report was on pharmacotherapies which may be given with or without an active behavior support program; these behaviour support programs were broadly divided into those that were considered not active (< 60 minutes contact time) and those considered active (> 60 min contact time).
- When considering active behavioural support programs, all these programs were considered the same; in the next report a more detailed assessment of the structure of these programs will be considered in the analysis.

NEXT STEPS

This is the second report in the series, in which a systematic review was conducted from the first pharmacological therapy study, and so replacing the results from the CADTH report of the earlier studies. The third report will include the behavioural programs and the combination of behaviour and pharmacological therapies. The final report will investigate the availability now and in the future of real world data and strategies for incorporating these data into the network analysis.

KEY MESSAGES

- For the selected pharmacotherapies that correspond to those that are covered, or provided with no cost access, under the BC Smoking Cessation Program
    - The continuous abstinence rate at 12 months was significantly better for the pharmacotherapies considered (namely: bupropion 150 mg bid, varenicline 1 mg bid and nicotine gum 2) compared to placebo
    - The continuous abstinence rate at 12 months was significantly better for the pharmacotherapies considered (namely: bupropion 150 mg bid, varenicline 1 mg bid, nicotine gum 2 and nicotine patch 21 mg) plus an active behavior support program compared to an active behavior support program on its own.
    - The continuous abstinence rate at 12 months was significantly better for varenicline 1 mg bid with an active behavior support program then for the other pharmacotherapies considered (namely: bupropion 150 mg bid, nicotine gum 2 and nicotine patch 21 mg) with an active behavior support program.

- No safety signal for cardiovascular events or suicides was indentified, however, results should be interpreted with caution given the small number of trials reporting these outcomes and the low number of events available for analysis.

REFERENCES

1. Tran K, Asakawa K, Comon K, Moulton K, Kaunelis D, Pipe A, et al. Pharmacologic-based Strategies for Smoking Cessation: Clinical and Cost-Effectiveness Analyses [Internet]. Ottawa: Canadian Agency for Drugs and Technologies in Health2010. Report No.: Technology Report no. 130.
2. Fiore M, Jaen C, Baker T, Bailey W, Benowitz N, Curry S, et al. Treating Tobacco Use and Dependence: 2008 Update. Rockville, MD2008.
3. Cahill K, Stead LF, Lancaster T. Nicotine receptor partial agonists for smoking cessation. Cochrane Database Syst Rev. (2):CD006103.
4. Eisenberg MJ, Filion KB, Yavin D, Belisle P, Mottillo S, Joseph L, et al. Pharmacotherapies for smoking cessation: a meta-analysis of randomized controlled trials. CMAJ. 2008 Jul 15;179(2):135-44.
5. Silagy C, Lancaster T, Stead L, Mant D, Fowler G. Nicotine replacement therapy for smoking cessation. Cochrane Database Syst Rev. 2004(3):CD000146.
6. Shiffman S. Smoking cessation treatment: any progress? J Consult Clin Psychol. 1993 Oct;61(5):718-22.
7. Lancaster T, Stead LF. Self-help interventions for smoking cessation. Cochrane Database Syst Rev. 2005(3):CD001118.
8. Aveyard P, Begh R, Parsons A, West R. Brief opportunistic smoking cessation interventions: a systematic review and meta-analysis to compare advice to quit and offer of assistance. Addiction. Jun;107(6):1066-73.
9. Stead LF, Bergson G, Lancaster T. Physician advice for smoking cessation. Cochrane Database Syst Rev. 2008(2):CD000165.
10. Lai DT, Cahill K, Qin Y, Tang JL. Motivational interviewing for smoking cessation. Cochrane Database Syst Rev. (1):CD006936.
11. Stead LF, Lancaster T. Group behaviour therapy programmes for smoking cessation. Cochrane Database Syst Rev. 2005(2):CD001007.
12. Stead LF, Perera R, Lancaster T. Telephone counselling for smoking cessation. Cochrane Database Syst Rev. 2006(3):CD002850.
13. Civljak M, Sheikh A, Stead LF, Car J. Internet-based interventions for smoking cessation. Cochrane Database Syst Rev. (9):CD007078.
14. Maddison R, Roberts V, Bullen C, McRobbie H, Jiang Y, Prapavessis H, et al. Design and conduct of a pragmatic randomized controlled trial to enhance smoking-cessation outcomes with exercise: The Fit2Quit study. Mental Health and Physical Activity. 2010;3(2):92-101.
15. Cooper NJ, Sutton AJ, Morris D, Ades AE, Welton NJ. Addressing between-study heterogeneity and inconsistency in mixed treatment comparisons: Application to stroke prevention treatments in individuals with non-rheumatic atrial fibrillation. Statistics in Medicine. 2009;28(14):1861-81.
16. Dias S, Sutton A, Welton N, Ades A, Golfinopoulos V, Kyrgiou M, et al. NICE DSU Technical Support Document 3: Heterogeneity: Subgroups, meta-regression, bias and bias-adjustmentMay 2011 [cited 2012 June 13]: Available from: http://www.nicedsu.org.uk/TSD6%20Software.final.08.05.12.pdf.
17. Dias S, Sutton A, Welton N, Ades A, Golfinopoulos V, Kyrgiou M, et al. NICE DSU Technical Support Document 2: Generalised Linear Modelling Framework for Pairwise and Network Meta-Analysis of Randomised Controlled Trials.May 2011 [cited 2012 June 13]: Available from: http://www.nicedsu.org.uk/TSD6%20Software.final.08.05.12.pdf.
18. Spiegelhalter D, Thomas A, Best N, Lunn D. WinBUGS User Manual. Version 1.42003 [cited 2011 June 1]: Available from: http://www.mrc-bsu.cam.ac.uk/bugs/winbugs/manual114.pdf.

19. Abelin T, Ehrsam R, Imhof PR, al. e. Clinical experience with a transdermal nicotine system in healthy nicotine-dependent smokers. In: Wilhelmsen L, editor. Smoking as a cardiovascular risk factor - new strategies for smoking cessation. Lewiston NY: Hogrefe & Huber; 1991. p. 35-46.

20. Ahluwalia JS, Harris KJ, Catley D, Okuyemi KS, Mayo MS. Sustained-release bupropion for smoking cessation in African Americans: a randomized controlled trial. JAMA. 2002;288(4):468-74.

21. Ahluwalia JS, McNagny SE, Clark WS. Smoking cessation among inner-city African Americans using the nicotine transdermal patch. Journal of General Internal Medicine. 1998;13(1):1-8.

22. Ahluwalia JS, Okuyemi K, Nollen N, Choi WS, Kaur H, Pulvers K, et al. The effects of nicotine gum and counseling among African American light smokers: a 2 x 2 factorial design. Addiction (Abingdon, England). 2006;101(6):883-91.

23. Aubin HJ, Bobak A, Britton JR, Oncken C, Billing CB, Jr., Gong J, et al. Varenicline versus transdermal nicotine patch for smoking cessation: results from a randomised open-label trial. Thorax. 2008;63(8):717-24.

24. Aubin HJ, Lebargy F, Berlin I, Bidaut-Mazel C, Chemali-Hudry J, Lagrue G. Efficacy of bupropion and predictors of successful outcome in a sample of French smokers: a randomized placebo-controlled trial. Addiction (Abingdon, England). 2004;99(9):1206-18.

25. Blondal T, Franzon M, Westin A. A double-blind randomized trial of nicotine nasal spray as an aid in smoking cessation. Eur Respir J. 1997 Jul;10(7):1585-90.

26. Blondal T, Gudmundsson LJ, Olafsdottir I, Gustavsson G, Westin A. Nicotine nasal spray with nicotine patch for smoking cessation: randomised trial with six year follow up. BMJ. 1999 Jan 30;318(7179):285-8.

27. Bohadana A, Nilsson F, Rasmussen T, Martinet Y. Nicotine inhaler and nicotine patch as a combination therapy for smoking cessation: a randomized, double-blind, placebo-controlled trial. Arch Intern Med. 2000 Nov 13;160(20):3128-34.

28. Bolliger CT, Issa JS, Posadas-Valay R, Safwat T, Abreu P, Correia EA, et al. Effects of varenicline in adult smokers: a multinational, 24-week, randomized, double-blind, placebo-controlled study. Clinical Therapeutics. 2011;33(4):465-77.

29. Bolliger CT, van Biljon X, Axelsson A. A nicotine mouth spray for smoking cessation: a pilot study of preference, safety and efficacy. Respiration. 2007;74(2):196-201.

30. Bolliger CT, Zellweger JP, Danielsson T, van Biljon X, Robidou A, Westin A, et al. Smoking reduction with oral nicotine inhalers: double blind, randomised clinical trial of efficacy and safety. BMJ. 2000 Aug 5;321(7257):329-33.

31. Bullen C, Howe C, Lin RB, Grigg M, Laugesen M, McRobbie H, et al. Pre-cessation nicotine replacement therapy: pragmatic randomized trial. Addiction. 2010;105(8):1474-83.

32. Campbell IA, Prescott RJ, Tjeder-Burton SM. Smoking cessation in hospital patients given repeated advice plus nicotine or placebo chewing gum. Respiratory Medicine. 1991;85(2):155-7.

33. Campbell IA, Prescott RJ, Tjeder-Burton SM. Transdermal nicotine plus support in patients attending hospital with smoking-related diseases: a placebo-controlled study. Respiratory Medicine. 1996;90(1):47-51.

34. Cinciripini PM, Cinciripini LG, Wallfisch A, Haque W, Van VH. Behavior therapy and the transdermal nicotine patch: effects on cessation outcome, affect, and coping. Journal of Consulting and Clinical Psychology. 1996;64(2):314-23.

35. Cooney NL, Cooney JL, Perry BL, Carbone M, Cohen EH, Steinberg HR, et al. Smoking cessation during alcohol treatment: a randomized trial of combination nicotine patch plus nicotine gum. Addiction. 2009;104(9):1588-96.

36. Cooper TV, Klesges RC, DeBon MW, Zbikowski SM, Johnson KC, Clemens LH. A placebo controlled randomized trial of the effects of phenylpropanolamine and nicotine gum on cessation rates and postcessation weight gain in women. Addictive Behaviors. 2005;30(1):61-75.

37. Cox LS, Nollen NL, Mayo MS, Choi WS, Faseru B, Benowitz NL, et al. Bupropion for smoking cessation in African American light smokers: a randomized controlled trial. Journal of the National Cancer Institute. 2012;104(4):290-8.

38. Croghan GA, Sloan JA, Croghan IT, Novotny P, Hurt RD, DeKrey WL, et al. Comparison of nicotine patch alone versus nicotine nasal spray alone versus a combination for treating smokers: a minimal intervention, randomized multicenter trial in a nonspecialized setting. Nicotine Tob Res. 2003;5(2):181-7.

39. Dalsgareth OJ, Hansen NC, Soes-Petersen U, Evald T, Hoegholm A, Barber J, et al. A multicenter, randomized, double-blind, placebo-controlled, 6-month trial of bupropion hydrochloride sustained-release tablets as an aid to smoking cessation in hospital employees. Nicotine Tob Res. 2004;6(1):55-61.

40. Daughton D, Susman J, Sitorius M, Belenky S, Millatmal T, Nowak R, et al. Transdermal nicotine therapy and primary care. Importance of counseling, demographic, and participant selection factors on 1-year quit rates. The Nebraska Primary Practice Smoking Cessation Trial Group. Archives of Family Medicine. 1998;7(5):425-30.

41. Daughton DM, Heatley SA, Prendergast JJ, Causey D, Knowles M, Rolf CN. Effect of transdermal nicotine delivery as an adjunct to low-intervention smoking cessation therapy. A randomized, placebo-controlled, double-blind study. Arch Intern Med. 1991;151(4):749-52.

42. Davidson M, Epstein M, Burt R, Schaefer C, Whitworth G, McDonald A. Efficacy and safety of an over-the-counter transdermal nicotine patch as an aid for smoking cessation. Archives of Family Medicine. 1998;7(6):569-74.

43. de Dios MA, Anderson BJ, Stanton C, Audet DA, Stein M. Project Impact: A pharmacotherapy pilot trial investigating the abstinence and treatment adherence of Latino light smokers. Journal of Substance Abuse Treatment. 2012;43(3):322-30.

44. Eisenberg MJ, Grandi SM, Gervais A, O'Loughlin J, Paradis G, Rinfret S, et al. Bupropion for smoking cessation in patients hospitalized with acute myocardial infarction: a randomized, placebo-controlled trial. Journal of the American College of Cardiology. 2013;61(5):524-32.

45. Etter JF, Huguelet P, Perneger TV, Cornuz J. Nicotine gum treatment before smoking cessation: a randomized trial. Arch Intern Med. 2009 Jun 8;169(11):1028-34.

46. Etter JF, Laszlo E, Zellweger JP, Perrot C, Perneger TV. Nicotine replacement to reduce cigarette consumption in smokers who are unwilling to quit: A randomized trial. Journal of Clinical Psychopharmacology. 2002;22(5):487-95.

47. Evins AE, Cather C, Culhane MA, Birnbaum A, Horowitz J, Hsieh E, et al. A 12-week double-blind, placebo-controlled study of bupropion sr added to high-dose dual nicotine replacement therapy for smoking cessation or reduction in schizophrenia. Journal of Clinical Psychopharmacology. 2007;27(4):380-6.

48. Evins AE, Cather C, Deckersbach T, Freudenreich O, Culhane MA, Olm-Shipman CM, et al. A double-blind placebo-controlled trial of bupropion sustained-release for smoking cessation in schizophrenia. J Clin Psychopharmacol. 2005 Jun;25(3):218-25.

49. Evins AE, Cather C, Rigotti NA, Freudenreich O, Henderson DC, Olm-Shipman CM, et al. Two-year follow-up of a smoking cessation trial in patients with schizophrenia: increased rates of smoking cessation and reduction. Journal of Clinical Psychiatry. 2004;65(3):307-11.

50. Evins AE, Mays VK, Rigotti NA, Tisdale T, Cather C, Goff DC. A pilot trial of bupropion added to cognitive behavioral therapy for smoking cessation in schizophrenia. Nicotine Tob Res. 2001;3(4):397-403.

51. Fagerstrom KO. A comparison of psychological and pharmacological treatment in smoking cessation. J Behav Med. 1982 Sep;5(3):343-51.

52. Fiore MC, Kenford SL, Jorenby DE, Wetter DW, Smith SS, Baker TB. Two studies of the clinical effectiveness of the nicotine patch with different counseling treatments. Chest. 1994 Feb;105(2):524-33.

53. Fortmann SP, Killen JD. Nicotine gum and self-help behavioral treatment for smoking relapse prevention: results from a trial using population-based recruitment. Journal of Consulting and Clinical Psychology. 1995;63(3):460-8.

54. Fossati R, Apolone G, Negri E, Compagnoni A, La Vecchia C, Mangano S, et al. A double-blind, placebo-controlled, randomized trial of bupropion for smoking cessation in primary care. Arch Intern Med. 2007 Sep 10;167(16):1791-7.

55. Gallagher SM, Penn PE, Schindler E, Layne W. A comparison of smoking cessation treatments for persons with schizophrenia and other serious mental illnesses. J Psychoactive Drugs. 2007;39(4):487-97.

56. Garvey AJ, Kinnunen T, Nordstrom BL, Utman CH, Doherty K, Rosner B, et al. Effects of nicotine gum dose by level of nicotine dependence. Nicotine Tob Res. 2000;2(1):53-63.

57. George TP, Vessicchio JC, Sacco KA, Weinberger AH, Dudas MM, Allen TM, et al. A placebo-controlled trial of bupropion combined with nicotine patch for smoking cessation in schizophrenia. Biol Psychiatry. 2008 Jun 1;63(11):1092-6.

58. George TP, Vessicchio JC, Termine A, Bregartner TA, Feingold A, Rounsaville BJ, et al. A placebo controlled trial of bupropion for smoking cessation in schizophrenia. Biol Psychiatry. 2002 Jul 1;52(1):53-61.

59. Gifford EV, Kohlenberg BS, Hayes SC, Antonuccio DO, Piasecki MM, Rasmussen-Hall ML, et al. Acceptance-based treatment for smoking cessation. Behavior Therapy. 2004;35(4):689-705.

60. Gilbert JR, Wilson DM, Best JA, Taylor DW, Lindsay EA, Singer J, et al. Smoking cessation in primary care. A randomized controlled trial of nicotine-bearing chewing gum. Journal of Family Practice. 1989;28(1):49-55.

61. Glavas D, Rumboldt M, Rumboldt Z. Smoking cessation with nicotine replacement therapy among health care workers: Randomized double-blind study. Croatian Medical Journal. 2003(44 （2）):219-24.

62. Glover ED, Glover PN, Franzon M, Sullivan CR, Cerullo CC, Howell RM, et al. A comparison of a nicotine sublingual tablet and placebo for smoking cessation. Nicotine Tob Res. 2002;4(4):441-50.

63. Goldstein MG, Niaura R, Follick MJ, Abrams DB. Effects of behavioral skills training and schedule of nicotine gum administration on smoking cessation. American Journal of Psychiatry. 1989;146(1):56-60.

64. Gonzales D, Rennard SI, Nides M, Oncken C, Azoulay S, Billing CB, et al. Varenicline, an alpha4beta2 nicotinic acetylcholine receptor partial agonist, vs sustained-release bupropion and placebo for smoking cessation: a randomized controlled trial. JAMA. 2006;296(1):47-55.

65. Gonzales DH, Nides MA, Ferry LH, Kustra RP, Jamerson BD, Segall N, et al. Bupropion SR as an aid to smoking cessation in smokers treated previously with bupropion: a randomized placebo-controlled study. Clinical Pharmacology and Therapeutics. 2001;69(6):438-44.

66. Gourlay SG, Forbes A, Marriner T, Pethica D, McNeil JJ. Double blind trial of repeated treatment with transdermal nicotine for relapsed smokers. BMJ. 1995;311(7001):363-6.

67. Grant KM, Kelley SS, Smith LM, Agrawal S, Meyer JR, Romberger DJ. Bupropion and nicotine patch as smoking cessation aids in alcoholics. Alcohol. 2007 Aug;41(5):381-91.

68. Group TNS. Transdermal nicotine for smoking cessation. Six-month results from two multicenter controlled clinical trials. Transdermal Nicotine Study Group. JAMA. 1991 Dec 11;266(22):3133-8.

69. Haggstram FM, Chatkin JM, Sussenbach-Vaz E, Cesari DH, Fam CF, Fritscher CC. A controlled trial of nortriptyline, sustained-release bupropion and placebo for smoking cessation: preliminary results. Pulmonary Pharmacology & Therapeutics. 2006;19(3):205-9.

70. Hall SM, Humfleet GL, Reus VI, Munoz RF, Hartz DT, Maude-Griffin R. Psychological intervention and antidepressant treatment in smoking cessation. Archives of General Psychiatry. 2002;59(10):930-6.

71. Hand S, Edwards S, Campbell IA, Cannings R. Controlled trial of three weeks nicotine replacement treatment in hospital patients also given advice and support. Thorax. 2002;57(8):715-8.

72. Hanioka T, Ojima M, Tanaka H, Naito M, Hamajima N, Matsuse R. Intensive smoking-cessation intervention in the dental setting. J Dent Res. 2010;89(1):66-70.

73. Hanson KM. Treatment of adolescent smokers with the nicotine patch: U Minnesota; 2002.

74. Harackiewicz JM, Blair LW, Sansone C, Epstein JA, Stuchell RN. Nicotine gum and self-help manuals in smoking cessation: an evaluation in a medical context. Addictive Behaviors. 1988;13(4):319-30.

75. Harackiewicz JM, Sansone C, Blair LW, Epstein JA, Manderlink G. Attributional processes in behavior change and maintenance: smoking cessation and continued abstinence. Journal of Consulting and Clinical Psychology. 1987;55(3):372-8.

76. Hatsukami DK, Rennard S, Patel MK, Kotlyar M, Malcolm R, Nides MA, et al. Effects of sustained-release bupropion among persons interested in reducing but not quitting smoking. American Journal of Medicine. 2004;116(3):151-7.

77. Hays JT, Croghan IT, Schroeder DR, Offord KP, Hurt RD, Wolter TD, et al. Over-the-counter nicotine patch therapy for smoking cessation: results from randomized, double-blind, placebo-controlled, and open label trials. Am J Public Health. 1999 Nov;89(11):1701-7.

78. Hays JT, Hurt RD, Rigotti NA, Niaura R, Gonzales D, Durcan MJ, et al. Sustained-release bupropion for pharmacologic relapse prevention after smoking cessation. a randomized, controlled trial. Ann Intern Med. 2001 Sep 18;135(6):423-33.

79. Herrera N, Franco R, Herrera L, Partidas A, Rolando R, Fagerstrom KO. Nicotine gum, 2 and 4 mg, for nicotine dependence. A double-blind placebo-controlled trial within a behavior modification support program. Chest. 1995;108(2):447-51.

80. Hertzberg MA, Moore SD, Feldman ME, Beckham JC. A preliminary study of bupropion sustained-release for smoking cessation in patients with chronic posttraumatic stress disorder. J Clin Psychopharmacol. 2001 Feb;21(1):94-8.

81. Heydari G, Talischi F, Tafti SF, Masjedi MR. Quitting smoking with varenicline: parallel, randomised efficacy trial in Iran. International Journal of Tuberculosis and Lung Disease. 2012;16(2):268-72.

82. Hilberink SR, Jacobs JE, Breteler MH, de VH, Grol RP. General practice counseling for patients with chronic obstructive pulmonary disease to quit smoking: impact after 1 year of two complex interventions. Patient Education and Counseling. 2011;83(1):120-4.

83. Hill RD, Rigdon M, Johnson S. Behavioral smoking cessation treatment for older chronic smokers. Behavior Therapy24 (2) ()(pp 321-329), 1993Date of Publication: 1993. 1993(2):321-9.

84. Hilleman DE, Mohiuddin SM, Delcore MG. Comparison of fixed-dose transdermal nicotine, tapered-dose transdermal nicotine, and buspirone in smoking cessation. Journal of Clinical Pharmacology. 1994;34(3):222-4.

85. Hjalmarson A, Franzon M, Westin A, Wiklund O. Effect of nicotine nasal spray on smoking cessation. A randomized, placebo-controlled, double-blind study. Archives of Internal Medicine. 1994;154(22):2567-72.

86. Hjalmarson A, Nilsson F, Sjostrom L, Wiklund O. The nicotine inhaler in smoking cessation. Archives of Internal Medicine. 1997;157(15):1721-8.

87. Hjalmarson AI. Effect of nicotine chewing gum in smoking cessation. A randomized, placebo-controlled, double-blind study. JAMA. 1984;252(20):2835-8.

88. Holt S, Timu-Parata C, Ryder-Lewis S, Weatherall M, Beasley R. Efficacy of bupropion in the indigenous Maori population in New Zealand. Thorax. 2005;60(2):120-3.

89. Hughes JR, Gust SW, Keenan RM, Fenwick JW. Effect of dose on nicotine's reinforcing, withdrawal-suppression and self-reported effects. Journal of Pharmacology and Experimental Therapeutics. 1990;252(3):1175-83.

90. Hughes JR, Gust SW, Keenan RM, Fenwick JW, Healey ML. Nicotine vs placebo gum in general medical practice. JAMA. 1989;261(9):1300-5.

91. Hughes JR, Novy P, Hatsukami DK, Jensen J, Callas PW. Efficacy of nicotine patch in smokers with a history of alcoholism. Alcohol Clin Exp Res. 2003;27(6):946-54.

92. Hughes JR, Rennard SI, Fingar JR, Talbot SK, Callas PW, Fagerstrom KO. Efficacy of varenicline to prompt quit attempts in smokers not currently trying to quit: a randomized placebo-controlled trial. Nicotine and Tobacco Research. 2011;13(10):955-64.

93. Hurt RD, Dale LC, Fredrickson PA, Caldwell CC, Lee GA, Offord KP, et al. Nicotine patch therapy for smoking cessation combined with physician advice and nurse follow-up. One-year outcome and percentage of nicotine replacement. JAMA. 1994;271(8):595-600.

94. Hurt RD, Lauger GG, Offord KP, Kottke TE, Dale LC. Nicotine-replacement therapy with use of a transdermal nicotine patch--a randomized double-blind placebo-controlled trial. Mayo Clinic Proceedings. 1990;65(12):1529-37.

95. Hurt RD, Sachs DP, Glover ED, Offord KP, Johnston JA, Dale LC, et al. A comparison of sustained-release bupropion and placebo for smoking cessation. New England Journal of Medicine. 1997;337(17):1195-202.

96. Jamrozik K, Fowler G, Vessey M, Wald N. Placebo controlled trial of nicotine chewing gum in general practice. British Medical Journal (Clinical Research Ed). 1984;289(6448):794-7.

97. Jarvik ME, Schneider NG. Degree of addiction and effectiveness of nicotine gum therapy for smoking. Am J Psychiatry. 1984 Jun;141(6):790-1.

98. Jarvis MJ, Raw M, Russell MA, Feyerabend C. Randomised controlled trial of nicotine chewing-gum. Br Med J (Clin Res Ed) 1982;285(6341):537-40.

99. Jensen EJ, Schmidt E, Pedersen B, Dahl R. Effect of nicotine, silver acetate, and ordinary chewing gum in combination with group counselling on smoking cessation. Thorax. 1990;45(11):831-4.

100. Jorenby DE, Hays JT, Rigotti NA, Azoulay S, Watsky EJ, Williams KE, et al. Efficacy of varenicline, an alpha4beta2 nicotinic acetylcholine receptor partial agonist, vs placebo or sustained-release bupropion for smoking cessation: a randomized controlled trial. JAMA. 2006;296(1):56-63.

101. Jorenby DE, Leischow SJ, Nides MA, Rennard SI, Johnston JA, Hughes AR, et al. A controlled trial of sustained-release bupropion, a nicotine patch, or both for smoking cessation. New England Journal of Medicine. 1999;340(9):685-91.

102. Joseph AM, Norman SM, Ferry LH, Prochazka AV, Westman EC, Steele BG, et al. The safety of transdermal nicotine as an aid to smoking cessation in patients with cardiac disease. N Engl J Med. 1996 Dec 12;335(24):1792-8.

103. Kalman D, Herz L, Monti P, Kahler CW, Mooney M, Rodrigues S, et al. Incremental efficacy of adding bupropion to the nicotine patch for smoking cessation in smokers with a recent history of alcohol dependence: results from a randomized, double-blind, placebo-controlled study. Drug & Alcohol Dependence. 2011;118(2-3):111-8.

104. Killen JD, Fortmann SP, Davis L, Strausberg L, Varady A. Do heavy smokers benefit from higher dose nicotine patch therapy? Exp Clin Psychopharmacol. 1999;7(3):226-33.

105. Killen JD, Fortmann SP, Davis L, Varady A. Nicotine patch and self-help video for cigarette smoking cessation. Journal of Consulting and Clinical Psychology. 1997;65(4):663-72.

106. Killen JD, Robinson TN, Ammerman S, Hayward C, Rogers J, Stone C, et al. Randomized clinical trial of the efficacy of bupropion combined with nicotine patch in the treatment of adolescent smokers. J Consult Clin Psychol. 2004 Aug;72(4):729-35.

107. Kinnunen T, Korhonen T, Garvey AJ. Role of nicotine gum and pretreatment depressive symptoms in smoking cessation: twelve-month results of a randomized placebo controlled trial. International Journal of Psychiatry in Medicine. 2008;38(3):373-89.

108. Kornitzer M, Boutsen M, Dramaix M, Thijs J, Gustavsson G. Combined use of nicotine patch and gum in smoking cessation: a placebo-controlled clinical trial. Prev Med. 1995 Jan;24(1):41-7.

109. Kralikova E, Kozak JT, Rasmussen T, Gustavsson G, Le HJ. Smoking cessation or reduction with nicotine replacement therapy: a placebo-controlled double blind trial with nicotine gum and inhaler. BMC Public Health. 2009;9:433.

110. Lacasse Y, Lamontagne R, Martin S, Simard S, Arsenault M. Randomized trial of a smoking cessation intervention in hospitalized patients. Nicotine Tob Res. 2008;10(7):1215-21.

111. Leischow SJ, Nilsson F, Franzon M, Hill A, Otte P, Merikle EP. Efficacy of the nicotine inhaler as an adjunct to smoking cessation. American Journal of Health Behavior. 1996;20:364-71.

112. Lerman C, Kaufmann V, Rukstalis M, Patterson F, Perkins K, Audrain-McGovern J, et al. Individualizing nicotine replacement therapy for the treatment of tobacco dependence: a randomized trial. Annals of Internal Medicine. 2004;140(6):426-33.

113. Levine MD, Perkins KA, Kalarchian MA, Cheng Y, Houck PR, Slane JD, et al. Bupropion and cognitive behavioral therapy for weight-concerned women smokers. Archives of Internal Medicine. 2010;170(6):543-50.

114. Lewis SF, Piasecki TM, Fiore MC, Anderson JE, Baker TB. Transdermal nicotine replacement for hospitalized patients: a randomized clinical trial. Preventive Medicine. 1998;27(2):296-303.

115. Malcolm RE, Sillett RW, Turner JA, Ball KP. The use of nicotine chewing gum as an aid to stopping smoking Psychopharmacology (Berl) 1980;70(3):295-6.

116. Marshall A, Raw M. Nicotine chewing gum in general practice: effect of follow up appointments. British Medical Journal (Clinical Research Ed). 1985;290(6479):1397-8.

117. McCarthy DE, Piasecki TM, Lawrence DL, Jorenby DE, Shiffman S, Fiore MC, et al. A randomized controlled clinical trial of bupropion SR and individual smoking cessation counseling. Nicotine Tob Res. 2008;10(4):717-29.

118. Mikkelsen KL, Tønnesen P, Nørregaard J. Three-year outcome of two- and three-year sustained abstainers from a smoking cessation study with nicotine patches. Journal of Smoking-Related Disorders. 1994;5(2):95-100.

119. Molyneux A, Lewis S, Leivers U, Anderton A, Antoniak M, Brackenridge A, et al. Clinical trial comparing nicotine replacement therapy (NRT) plus brief counselling, brief counselling alone, and minimal intervention on smoking cessation in hospital inpatients. Thorax. 2003;58(6):484-8.

120. Moolchan ET, Robinson ML, Ernst M, Cadet JL, Pickworth WB, Heishman SJ, et al. Safety and efficacy of the nicotine patch and gum for the treatment of adolescent tobacco addiction. Pediatrics. 2005;115(4):e407-e14.

121. Muramoto ML, Leischow SJ, Sherrill D, Matthews E, Strayer LJ. Randomized, double-blind, placebo-controlled trial of 2 dosages of sustained-release bupropion for adolescent smoking cessation. Archives of Pediatrics and Adolescent Medicine. 2007;161(11):1068-74.

122. Myung SK, Seo HG, Park S, Kim Y, Kim DJ, Lee dH, et al. Sociodemographic and smoking behavioral predictors associated with smoking cessation according to follow-up periods: a randomized, double-blind, placebo-controlled trial of transdermal nicotine patches. Journal of Korean Medical Science. 2007;22(6):1065-70.

123. Nakamura M, Oshima A, Fujimoto Y, Maruyama N, Ishibashi T, Reeves KR. Efficacy and tolerability of varenicline, an alpha4beta2 nicotinic acetylcholine receptor partial agonist, in a 12-week, randomized, placebo-controlled, dose-response study with 40-week follow-up for smoking cessation in Japanese smokers. Clinical Therapeutics29 (6) ()(pp 1040-1056), 2007Date of Publication: June 2007. 2007(6):1040-56.

124. Niaura R, Abrams DB, Shadel WG, Rohsenow DJ, Monti PM, Sirota AD. Cue exposure treatment for smoking relapse prevention: a controlled clinical trial. Addiction (Abingdon, England). 1999;94(5):685-95.

125. Niaura R, Goldstein MG, Abrams DB. Matching high- and low-dependence smokers to self-help treatment with or without nicotine replacement. Preventive Medicine. 1994;23(1):70-7.

126. Niaura R, Hays JT, Jorenby DE, Leone FT, Pappas JE, Reeves KR, et al. The efficacy and safety of varenicline for smoking cessation using a flexible dosing strategy in adult smokers: a randomized controlled trial. Current Medical Research and Opinion. 2008;24(7):1931-41.

127. Nides M, Oncken C, Gonzales D, Rennard S, Watsky EJ, Anziano R, et al. Smoking cessation with varenicline, a selective alpha4beta2 nicotinic receptor partial agonist: Results from a 7-week, randomized, placebo- and bupropion-controlled trial with 1-year follow-up. Archives of Internal Medicine166 (15) ()(pp 1561-1568), 2006Date of Publication: 28 Aug 2006. 2006(15):1561-8.

128. Nollen N, Ahluwalia JS, Mayo MS, Richter K, Choi WS, Okuyemi KS, et al. A randomized trial of targeted educational materials for smoking cessation in African Americans using transdermal nicotine. Health Education & Behavior. 2007;34(6):911-27.

129. Okuyemi KS, James AS, Mayo MS, Nollen N, Catley D, Choi WS, et al. Pathways to health: a cluster randomized trial of nicotine gum and motivational interviewing for smoking cessation in low-income housing. Health Education & Behavior. 2007;34(1):43-54.

130. Oncken C, Cooney J, Feinn R, Lando H, Kranzler HR. Transdermal nicotine for smoking cessation in postmenopausal women. Addictive Behaviors. 2007;32(2):296-309.

131. Oncken C, Gonzales D, Nides M, Rennard S, Watsky E, Billing CB, et al. Efficacy and safety of the novel selective nicotinic acetylcholine receptor partial agonist, varenicline, for smoking cessation. Archives of Internal Medicine. 2006;166(15):1571-7.

132. Oncken C, Prestwood K, Kleppinger A, Wang Y, Cooney J, Raisz L. Impact of smoking cessation on bone mineral density in postmenopausal women. J Womens Health (Larchmt). 2006;15(10):1141-50.

133. Ortega F, Vellisco A, Marquez E, Lopez-Campos JL, Rodriguez A, de los Angeles SM, et al. Effectiveness of a cognitive orientation program with and without nicotine replacement therapy in stopping smoking in hospitalised patients. Archivos de Bronconeumologia. 2011;47(1):3-9.

134. Pack QR, Jorenby DE, Fiore MC, Jackson T, Weston P, Piper ME, et al. A comparison of the nicotine lozenge and nicotine gum: an effectiveness randomized controlled trial. WMJ. 2008 Aug;107(5):237-43.

135. Paoletti P, Fornai E, Maggiorelli F, Puntoni R, Viegi G, Carrozzi L, et al. Importance of baseline cotinine plasma values in smoking cessation: results from a double-blind study with nicotine patch. Eur Respir J. 1996 Apr;9(4):643-51.

136. Piper ME, Federman EB, McCarthy DE, Bolt DM, Smith SS, Fiore MC, et al. Efficacy of bupropion alone and in combination with nicotine gum. Nicotine and Tobacco Research. 2007;9(9):947-54.

137. Piper ME, Smith SS, Schlam TR, Fiore MC, Jorenby DE, Fraser D, et al. A randomized placebo-controlled clinical trial of 5 smoking cessation pharmacotherapies. Archives of General Psychiatry. 2009;66(11):1253-62.

138. Pirie PL, McBride CM, Hellerstedt W, Jeffery RW, Hatsukami D, Allen S, et al. Smoking cessation in women concerned about weight. American Journal of Public Health. 1992;82(9):1238-43.

139. Planer D, Lev I, Elitzur Y, Sharon N, Ouzan E, Pugatsch T, et al. Bupropion for smoking cessation in patients with acute coronary syndrome. Archives of Internal Medicine. 2011;171(12):1055-60.

140. Prapavessis H, Cameron L, Baldi JC, Robinson S, Borrie K, Harper T, et al. The effects of exercise and nicotine replacement therapy on smoking rates in women. Addictive Behaviors. 2007;32(7):1416-32.

141. Puska P, Bjorkqvist S, Koskela K. Nicotine-containing chewing gum in smoking cessation: A double blind trial with half year follow-up. Addictive Behaviors. 1979;4(2):141-6.

142. Puska P, Korhonen HJ, Vartiainen E, Urjanheimo EL, Gustavsson G, Westin A. Combined use of nicotine patch and gum compared with gum alone in smoking cessation: a clinical trial in North Karelia. Tobacco Control. 1995;4:231-5.

143. Ray R, Jepson C, Wileyto EP, Dahl JP, Patterson F, Rukstalis M, et al. Genetic variation in mu-opioid-receptor-interacting proteins and smoking cessation in a nicotine replacement therapy trial. Nicotine and Tobacco Research. 2007;9(11):1237-41.

144. Register GCT. A Multi-Center, Double-Blind, Double-Dummy, Placebo-Controlled, Randomized, Parallel Group, Dose Response Evaluation of a New Chemical Entity (NCE) and ZYBAN (bupropion hydrochloride) Sustained Release (300mg/day) versus Placebo As Aids to Smoking Cessation 2001 4th August 2009.

145. Reid MS, Fallon B, Sonne S, Flammino F, Nunes EV, Jiang H, et al. Smoking cessation treatment in community-based substance abuse rehabilitation programs. J Subst Abuse Treat. 2008;35(1):68-77.

146. Rennard S, Hughes J, Cinciripini PM, Kralikova E, Raupach T, Arteaga C. A randomized placebo-controlled trial of varenicline for smoking cessation allowing flexible quit dates. Nicotine and Tobacco Research. 2012;14(3):343-50.

147. Rennard SI, Glover ED, Leischow S, Daughton DM, Glover PN, Muramoto M, et al. Efficacy of the nicotine inhaler in smoking reduction: A double-blind, randomized trial. Nicotine Tob Res. 2006 Aug;8(4):555-64.

148. Richmond RL, Harris K, de Almeida NA. The transdermal nicotine patch: results of a randomised placebo-controlled trial. Medical Journal of Australia. 1994;161(2):130-5.

149. Richmond RL, Kehoe L. Ten-year survival outcome of the nicotine transdermal patch with cognitive behavioural therapy. Australian and New Zealand Journal of Public Health. 2007;31(3):282-5.

150. Richmond RL, Kehoe L, de Almeida Neto AC. Effectiveness of a 24-hour transdermal nicotine patch in conjunction with a cognitive behavioural programme: one year outcome. Addiction (Abingdon, England). 1997;92(1):27-31.

151. Richmond RL, Kehoe L, de Almeida Neto AC. Three year continuous abstinence in a smoking cessation study using the nicotine transdermal patch. Heart. 1997;78(6):617-8.

152. Richmond RL, Makinson RJ, Kehoe LA, Giugni AA, Webster IW. One-year evaluation of three smoking cessation interventions administered by general practitioners. Addictive Behaviors. 1993;18(2):187-99.

153. Rigotti NA, Pipe AL, Benowitz NL, Arteaga C, Garza D, Tonstad S. Efficacy and safety of varenicline for smoking cessation in patients with cardiovascular disease: a randomized trial. Circulation. 2010;121(2):221-9.

154. Rigotti NA, Thorndike AN, Regan S, McKool K, Pasternak RC, Chang Y, et al. Bupropion for smokers hospitalized with acute cardiovascular disease. American Journal of Medicine. 2006;119(12):1080-7.

155. Rovina N, Nikoloutsou I, Katsani G, Dima E, Fransis K, Roussos C, et al. Effectiveness of pharmacotherapy and behavioral interventions for smoking cessation in actual clinical practice. Therap. 2009;adv. respir. dis.. 3(6):279-87.

156. Russell MA, Stapleton JA, Feyerabend C, Wiseman SM, Gustavsson G, Sawe U, et al. Targeting heavy smokers in general practice: randomised controlled trial of transdermal nicotine patches. BMJ. 1993;306(6888):1308-12.

157. Sachs DP, Sawe U, Leischow SJ. Effectiveness of a 16-hour transdermal nicotine patch in a medical practice setting, without intensive group counseling. Archives of Internal Medicine. 1993;153(16):1881-90.

158. Schmitz JM, Stotts AL, Mooney ME, Delaune KA, Moeller GF. Bupropion and cognitive-behavioral therapy for smoking cessation in women. Nicotine Tob Res. 2007;9(6):699-709.

159. Schneider NG, Jarvik ME, Forsythe AB, Read LL, Elliott ML, Schweiger A. Nicotine gum in smoking cessation: a placebo-controlled, double-blind trial. Addict Behav 1983;8(3):253-61.

160. Schneider NG, Olmstead R, Mody FV, Doan K, Franzon M, Jarvik ME, et al. Efficacy of a nicotine nasal spray in smoking cessation: a placebo-controlled, double-blind trial. Addiction. 1995 Dec;90(12):1671-82.

161. Schneider NG, Olmstead R, Nilsson F, Mody FV, Franzon M, Doan K. Efficacy of a nicotine inhaler in smoking cessation: a double-blind, placebo-controlled trial. Addiction (Abingdon, England). 1996;91(9):1293-306.

162. Schnoll RA, Martinez E, Tatum KL, Glass M, Bernath A, Ferris D, et al. Nicotine patch vs. nicotine lozenge for smoking cessation: an effectiveness trial coordinated by the Community Clinical Oncology Program. Drug & Alcohol Dependence. 2010;107(2-3):237-43.

163. Schnoll RA, Martinez E, Tatum KL, Weber DM, Kuzla N, Glass M, et al. A bupropion smoking cessation clinical trial for cancer patients. Cancer Causes and Control. 2010;21(6):811-20.

164. Schnoll RA, Patterson F, Wileyto EP, Heitjan DF, Shields AE, Asch DA, et al. Effectiveness of extended-duration transdermal nicotine therapy: a randomized trial. Annals of Internal Medicine. 2010;152(3):144-51.

165. Schuurmans MM, Diacon AH, van BX, Bolliger CT. Effect of pre-treatment with nicotine patch on withdrawal symptoms and abstinence rates in smokers subsequently quitting with the nicotine patch: a randomized controlled trial. Addiction (Abingdon, England). 2004;99(5):634-40.

166. Segnan N, Ponti A, Battista RN, Senore C, Rosso S, Shapiro SH, et al. A randomized trial of smoking cessation interventions in general practice in Italy. Cancer Causes and Control. 1991;2(4):239-46.

167. Shiffman S, Dresler CM, Hajek P, Gilburt SJ, Targett DA, Strahs KR. Efficacy of a nicotine lozenge for smoking cessation. Arch Intern Med. 2002;162(11):1267-76.

168. Shiffman S, Ferguson SG, Strahs KR. Quitting by gradual smoking reduction using nicotine gum: a randomized controlled trial. American Journal of Preventive Medicine. 2009;36(2):96-104.

169. Simon JA, Duncan C, Carmody TP, Hudes ES. Bupropion for smoking cessation: a randomized trial. Archives of Internal Medicine. 2004;164(16):1797-803.

170. Simon JA, Duncan C, Huggins J, Solkowitz S, Carmody TP. Sustained-release bupropion for hospital-based smoking cessation: a randomized trial. Nicotine Tob Res. 2009;11(6):663-9.

171. Society RCotBT. Comparison of four methods of smoking withdrawal in patients with smoking related diseases. Report by a subcommittee of the Research Committee of the British Thoracic Society. Br Med J (Clin Res Ed). 1983 Feb 19;286(6365):595-7.

172. Sonderskov J, Olsen J, Sabroe S, Meillier L, Overvad K. Nicotine patches in smoking cessation: a randomized trial among over-the-counter customers in Denmark. Am J Epidemiol. 1997 Feb 15;145(4):309-18.

173. Stapleton J. Cessation of long-term nicotine gum use. Addiction (Abingdon, England). 1995;90(10):1406-7.

174. Stein MD, Weinstock MC, Herman DS, Anderson BJ, Anthony JL, Niaura R. A smoking cessation intervention for the methadone-maintained. Addiction (Abingdon, England). 2006;101(4):599-607.

175. Steinberg MB, Greenhaus S, Schmelzer AC, Bover MT, Foulds J, Hoover DR, et al. Triple-combination pharmacotherapy for medically ill smokers: a randomized trial. Ann Intern Med. 2009 Apr 7;150(7):447-54.

176. Steinberg MB, Randall J, Greenhaus S, Schmelzer AC, Richardson DL, Carson JL. Tobacco dependence treatment for hospitalized smokers: a randomized, controlled, pilot trial using varenicline. Addictive Behaviors. 2011;36(12):1127-32.

177. Sutherland G, Stapleton JA. Nasal nicotine spray for dependent smokers. Journal of Smoking Related Disorders. 1994;5(Suppl 1):195-201.

178. Sutherland G, Stapleton JA, Russell MA, Jarvis MJ, Hajek P, Belcher M, et al. Randomised controlled trial of nasal nicotine spray in smoking cessation. Lancet. 1992;340(8815):324-9.

179. Sutton SR, Hallett R. Randomized trial of brief individual treatment for smoking using nicotine chewing gum in a workplace setting. Am J Public Health. 1987;77:1210-1.

180. Swan GE, McAfee T, Curry SJ, Jack LM, Javitz H, Dacey S, et al. Effectiveness of bupropion sustained release for smoking cessation in a health care setting: a randomized trial. Archives of Internal Medicine. 2003;163(19):2337-44.

181. Tashkin D, Kanner R, Bailey W, Buist S, Anderson P, Nides M, et al. Smoking cessation in patients with chronic obstructive pulmonary disease: a double-blind, placebo-controlled, randomised trial. Lancet. 2001;357(9268):1571-5.

182. Tashkin DP, Rennard S, Hays JT, Ma W, Lawrence D, Lee TC. Effects of varenicline on smoking cessation in patients with mild to moderate COPD: a randomized controlled trial. Chest. 2011;139(3):591-9.

183. Tonnesen P, Fryd V, Hansen M, Helsted J, Gunnersen AB, Forchammer H, et al. Two and four mg nicotine chewing gum and group counselling in smoking cessation: an open, randomized, controlled trial with a 22 month follow-up. Addictive Behaviors. 1988;13(1):17-27.

184. Tonnesen P, Fryd V, Hansen M, Helsted J, Gunnersen AB, Forchammer H, et al. Effect of nicotine chewing gum in combination with group counseling on the cessation of smoking. New England Journal of Medicine. 1988;318(1):15-8.

185. Tonnesen P, Lauri H, Perfekt R, Mann K, Batra A. Efficacy of a nicotine mouth spray in smoking cessation: a randomised, double-blind trial. European Respiratory Journal. 2012;40(3):548-54.

186. Tonnesen P, Mikkelsen K, Bremann L. Nurse-conducted smoking cessation in patients with COPD using nicotine sublingual tablets and behavioral support. Chest. 2006;130(2):334-42.

187. Tonnesen P, Mikkelsen K, Norregaard J, Jorgensen S. Recycling of hard-core smokers with nicotine nasal spray. European Respiratory Journal. 1996;9(8):1619-23.

188. Tonnesen P, Mikkelsen KL. Smoking cessation with four nicotine replacement regimes in a lung clinic. European Respiratory Journal. 2000;16(4):717-22.

189. Tonnesen P, Norregaard J, Mikkelsen K, Jorgensen S, Nilsson F. A double-blind trial of a nicotine inhaler for smoking cessation. JAMA. 1993 Mar 10;269(10):1268-71.

190. Tonnesen P, Norregaard J, Sawe U. Two-year outcome in a smoking cessation trial with a nicotine patch. Journal of Smoking-Related Disorders. 1992;3:241-5.

191. Tonnesen P, Norregaard J, Simonsen K, Sawe U. A double-blind trial of a 16-hour transdermal nicotine patch in smoking cessation. New England Journal of Medicine. 1991;325(5):311-5.

192. Tonnesen P, Paoletti P, Gustavsson G, Russell MA, Saracci R, Gulsvik A, et al. Higher dosage nicotine patches increase one-year smoking cessation rates: Results from the European CEASE trial. European Respiratory Journal. 1999;13(2):238-46.

193. Tonnesen P, Tonstad S, Hjalmarson A, Lebargy F, van Spiegel PI, Hider A, et al. A multicentre, randomized, double-blind, placebo-controlled, 1-year study of bupropion SR for smoking cessation. Journal of Internal Medicine. 2003;254(2):184-92.

194. Tonstad S, Farsang C, Klaene G, Lewis K, Manolis A, Perruchoud AP, et al. Bupropion SR for smoking cessation in smokers with cardiovascular disease: a multicentre, randomised study. European Heart Journal. 2003;24(10):946-55.

195. Tsai ST, Cho HJ, Cheng HS, Kim CH, Hsueh KC, Billing CB, Jr., et al. A randomized, placebo-controlled trial of varenicline, a selective alpha4beta2 nicotinic acetylcholine receptor partial agonist, as a new therapy for smoking cessation in Asian smokers. Clinical Therapeutics. 2007;29(6):1027-39.

196. Tsukahara H, Noda K, Saku K. A randomized controlled open comparative trial of varenicline vs nicotine patch in adult smokers: efficacy, safety and withdrawal symptoms (the VN-SEESAW study). Circulation Journal. 2010;74(4):771-8.

197. Uyar M, Filiz A, Bayram N, Elbek O, Herken H, Topcu A, et al. A randomized trial of smoking cessation. Medication versus motivation. Saudi Medical Journal. 2007;28(6):922-6.

198. Wagena EJ, Knipschild PG, Huibers MJ, Wouters EF, van Schayck CP. Efficacy of bupropion and nortriptyline for smoking cessation among people at risk for or with chronic obstructive pulmonary disease. Archives of Internal Medicine. 2005;165(19):2286-92.

199. Wallstrom M, Nilsson F, Hirsch JM. A randomized, double-blind, placebo-controlled clinical evaluation of a nicotine sublingual tablet in smoking cessation. Addiction (Abingdon, England). 2000;95(8):1161-71.

200. Wang C, Xiao D, Chan KP, Pothirat C, Garza D, Davies S. Varenicline for smoking cessation: A placebo-controlled, randomized study. Respirology. 2009;14(3):384-92.

201. Ward KD, Asfar T, Al AR, Rastam S, Weg MW, Eissenberg T, et al. Randomized trial of the effectiveness of combined behavioral/pharmacological smoking cessation treatment in Syrian primary care clinics. Addiction. 2013;108(2):394-403.

202. Warner DO, Patten CA, Ames SC, Offord KP, Schroeder DR. Effect of nicotine replacement therapy on stress and smoking behavior in surgical patients. Anesthesiology. 2005 Jun;102(6):1138-46.

203. Wennike P, Danielsson T, Landfeldt B, Westin A, Tonnesen P. Smoking reduction promotes smoking cessation: results from a double blind, randomized, placebo-controlled trial of nicotine gum with 2-year follow-up. Addiction (Abingdon, England). 2003;98(10):1395-402.

204. Westman EC, Levin ED, Rose JE. The nicotine patch in smoking cessation. A randomized trial with telephone counseling. Archives of Internal Medicine. 1993;153(16):1917-23.

205. Williams JM, Anthenelli RM, Morris CD, Treadow J, Thompson JR, Yunis C, et al. A randomized, double-blind, placebo-controlled study evaluating the safety and efficacy of varenicline for smoking cessation in patients with schizophrenia or schizoaffective disorder. Journal of Clinical Psychiatry. 2012;73(5):654-60.

206. Williams KE, Reeves KR, Billing CB, Jr., Pennington AM, Gong J. A double-blind study evaluating the long-term safety of varenicline for smoking cessation. Current Medical Research and Opinion. 2007;23(4):793-801.

207. Wittchen HU, Hoch E, Klotsche J, Muehlig S. Smoking cessation in primary care - a randomized controlled trial of bupropione, nicotine replacements, CBT and a minimal intervention. International journal of methods in psychiatric research. 2011;20(1):28-39.

208. Wong J, Abrishami A, Yang Y, Zaki A, Friedman Z, Selby P. A perioperative smoking cessation intervention with varenicline: a double-blind, randomized, placebo-controlled trial. Anesthesiology. 2012;117(4):755-64.

209. Zellweger JP, Boelcskei PL, Carrozzi L, Sepper R, Sweet R, Hider AZ. Bupropion SR vs placebo for smoking cessation in health care professionals. American Journal of Health Behavior. 2005;29(3):240-9.

210. Zernig G, Wallner R, Grohs U, Kriechbaum N, Kemmler G, Saria A. A randomized trial of short psychotherapy versus sustained-release bupropion for smoking cessation. Addiction (Abingdon, England). 2008;103(12):2024-31.

211. Rigotti N, Pipe A, Benowitz N, Arteaga C, Garza D, Tonstad S, et al. A randomized trial of varenicline for smoking cessation in patients with cardiovascular disease: analysis of efficacy by baseline characteristics. Circulation 2010 Conference:22010.

212. Hays JT, Hurt RD, Rigotti NA, Niaura R, Gonzales D, Durcan MJ, et al. Sustained-release bupropion for pharmacologic relapse prevention after smoking cessation. a randomized, controlled trial. Annals of Internal Medicine. 2001;135(6):423-33.

213. Rigotti N, Thorndike A, Regan S, Pasternak R, Chang Y, McKool K, et al. Safety and efficacy of bupropion for smokers hospitalized with acute cardiovascular disease [abstract]. Nicotine & Tobacco Research. 2005;7:682.

214. Smoking cessation study for patients with schizophrenia or schizoaffective disorder [database on the Internet]2011 [cited 2/11/2011]. Available from: clinicaltrials.gov ID: NCT00644969

APPENDIX A: RESEARCH PHASE 2 LITERATURE SEARCH STRATEGY

Database: Embase Classic+Embase <1947 to 2013 November 15>, Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) <1946 to Present> Search Strategy:

---

1 Smoking Cessation/ (57316)
2 ((smoking or smokers or smoker or smoke or tobacco or nicotine or cigarette*) adj5 (stop* or ceas* or cessation* or discontinu* or abandon* or desist* or end or "give up" or halt* or quit or quits or quitting or terminat*)).tw. (57684)
3 Smoking/pc, th [Prevention & Control, Therapy] (24972)
4 or/1-3 (94309)
5 Smoking Cessation/px [Psychology] (4563)
6 Smoking/px [Psychology] (10288)
7 exp Behavior Therapy/ (90667)
8 (behavio?r* adj3 (chang* or modif* or therap* or psychotherap* or psycho-therap* or intervention* or treatment*)).tw. (176687)
9 ((cognitive or cognition) adj3 (therap* or psychotherap* or psycho-therap* or intervention* or treatment*)).tw. (44006)
10 CBT.tw. (12249)
11 applied behavio?r* analy*.tw. (688)
12 ((acceptance* or commitment) adj therap*).tw. (549)
13 ((feedback or biofeedback or bio-feedback) adj3 (psycholog* or psychophysiologic* or psycho-physiologic*)).tw. (217)
14 counselling/ or directive counselling/ (70755)
15 counsel*.tw. (161687)
16 Health Behavior/ (77330)
17 health behavio?r*.tw. (25695)
18 Self Care/ (53367)
19 Self Efficacy/ (67078)
20 (self adj (care or control* or efficac* or help* or manag* or monitor* or restrain* or support*)).tw. (97558)
21 Self-Help Groups/ (19309)
22 social support/ (108319)
23 ((social* or behavio?r* or community or family) adj3 support*).tw. (86990)
24 support network*.tw. (3892)
25 Motivation/ (120623)
26 (motivat* or quitline* or quit line$1).tw. (167112)
27 exp Exercise Therapy/ (79922)
28 ((exercis* or motion or movement or physical activit* or CPM or resistance or stretching) adj3 (program* or therap* or train*)).tw. (99945)
29 (relax* adj3 (program* or technic or technics or technique* or therap* or train*)).tw. (9761)
30 Patient Education as Topic/ (157731)
31 (patient* adj3 (educat* or booklet* or pamphlet*)).tw. (56719)
32 (education* adj3 (advice or class$2 or intervention* or program* or project* or train*)).tw. (131175)
33 ((professional* or clinician* or doctor* or medical or nurs* or patient* or physician* or therapist*) adj3 (advice or advis* or encourag* or messag* or warn*)).tw. (59374)
34 exp Health promotion/ (124187)
35 ((health* or wellness or smoke or smoker* or smoking or anti-smok* or antismok* or tobacco or anti-tobacco or antitobacco or nicotine or anti-nicotine or antinicotine or cigarette* or anti-cigarette* or anticigarette*) adj3 (educat* or booklet* or pamphlet* or advice or advis* or messag* or warn*)).tw. (115748)
36 ((health* or wellness or smoke or smoker* or smoking or anti-smok* or antismok* or tobacco or anti-tobacco or antitobacco or nicotine or anti-nicotine or antinicotine or cigarette* or anti-cigarette* or anticigarette*) adj3 (ad or ads or advertisement* or campaign*)).tw. (12038)
37 ((health* or wellness*) adj3 promot*).tw. (76563)
38 (brief adj (advice or intervention*)).tw. (5392)
39 ((aversive or aversion) adj3 (conditioning or smoking or therap*)).tw. (2884)
40 ("rapid smoking" or "rapid cigarette smoking").tw. (143)
41 (stimul* adj1 control*).tw. (8451)
42 contingency contracting.tw. (196)
43 Avoidance Learning/ (42041)
44 Reversal Learning/ (129612)
45 ((avoid* or reverse or reversal) adj3 (learn* or train*)).tw. (12051)
46 "Conditioning (Psychology)"/ (50603)
47 conditioning.tw. (105214)
48 ((operant or instrumental) adj learning).tw. (1267)
49 "Practice (Psychology)"/ (132330)
50 (practice adj1 psycholog*).tw. (448)
51 exp "Reinforcement (Psychology)"/ (73599)
52 (reinforc* or reward* or penalt* or penali* or punish* or incentive*).tw. (273654)
53 "Set (Psychology)"/ (132555)
54 (set adj1 psycholog*).tw. (73)
55 (desensiti* or de-sensiti*).tw. (57122)
56 exp Mind-Body Therapies/ (75138)

57 ((mind-body or body-mind) adj (medicine or therap*)).tw. (812)
58 (breathing exercise* or "Ch'i Kung" or "Qi Gong" or Qigong or respiratory muscle training or respiratory muscle exercis*).tw. (3315)
59 (hypnosis or hypnotic*or hypnotherap* or hypno-therap*).tw. (15332)
60 (guided image* or directed revery therap* or laughter therap* or meditation or psychodrama* or psycho-drama* or role playing or psychophysiolog* or psycho-physiolog*).tw. (29203)
61 (aromatherap* or aroma therap*).tw. (1627)
62 ("Tai Ji" or "T'ai Chi" or "Tai Chi" or Taiji or Taijiquan or meditat* or yoga or yogic).tw. (12518)
63 "Extinction, Psychological"/ (38351)
64 (extinction adj1 psycholog*).tw. (1)
65 (relaps* adj3 prevent*).tw. (16864)
66 (game or games or boardgame* or board-game*).tw. (38771)
67 or/5-66 (2270222)
68 4 and 67 (44759)
69 meta-analysis.pt. (51772)
70 meta-analysis/ (129113)
71 meta-analysis as topic/ (24270)
72 exp technology assessment, biomedical/ (20987)
73 ((systematic* adj3 (review* or overview*)) or (methodologic* adj3 (review* or overview*))).tw. (132941)
74 ((quantitative adj3 (review* or overview* or synthes*)) or (research adj3 (integrati* or overview*))).tw. (12150)
75 ((integrative adj3 (review* or overview*)) or (collaborative adj3 (review* or overview*)) or (pool* adj3 analy*)).tw. (25434)
76 (data synthes* or data extraction* or data abstraction*).tw. (30477)
77 (handsearch* or hand search*).tw. (13290)
78 (mantel haenszel or peto or der simonian or dersimonian or fixed effect* or latin square*).tw. (30365)
79 (met analy* or metanaly* or health technology assessment* or HTA or HTAs).tw. (7141)
80 (meta-analy* or metaanaly* or systematic review* or biomedical technology assessment* or bio-medical technology assessment*).mp. (303303)
81 (medline or Cochrane or pubmed or medlars).tw. (195391)
82 (cochrane or health technology assessment or evidence report).jw. (33972)
83 or/69-82 (475192)
84 68 and 83 (2181)
85 limit 84 to human (2075)
86 (in process or publisher or pubmed-not-medline or in-data-review).st. (1675448)
87 84 and 86 (58)
88 85 or 87 (2133)
89 (Randomized Controlled Trial or Controlled Clinical Trial).pt. (475293)
90 Randomized Controlled Trial/ (752782)
91 Randomized Controlled Trials as Topic/ (144124)
92 Controlled Clinical Trial/ or Controlled Clinical Trials as Topic/ (504178)
93 Random Allocation/ (145916)
94 Double-Blind Method/ or Single-Blind Method/ or Placebos/ (504924)
95 (random* or RCT$1 or sham or shams or placebo*).tw. (1886408)
96 ((singl* or doubl* or trebl* or tripl*) adj (mask* or blind* or dumm*)).tw. (303294)
97 exp Control Groups/ (64720)
98 exp Case-Control Studies/ (757164)
99 ((control* adj2 stud*) or (control* adj2 trial*) or case-control*).tw. (689387)
100 (nonrandom* or non random* or non-random* or quasi-random*).tw. (64541)
101 (control* adj3 ("before and after" or "before after" or "time series")).tw. (6620)
102 interrupted time series.tw. (2328)
103 trial.ti. (296478)
104 or/89-103 (3525079)
105 68 and 104 (11481)
106 limit 105 to human (11038)
107 105 and 86 (223)
108 106 or 107 (11261)
109 88 or 108 (12146)
110 109 use prmz (6617)
111 smoking cessation/ or smoking cessation program/ (58223)
112 ((smoking or smokers or smoker or smoke or tobacco or nicotine or cigarette*) adj5 (stop* or ceas* or cessation* or discontinu* or abandon* or desist* or end or "give up" or halt* or quit or quits or quitting or terminat*)).tw. (57684)
113 smoking/th [Therapy] (1503)
114 or/111-113 (80844)
115 exp behavior therapy/ (90667)
116 (behavio?r* adj3 (chang* or modif* or therap* or psychotherap* or psycho-therap* or intervention* or treatment*)).tw. (176687)
117 ((cognitive or cognition) adj3 (therap* or psychotherap* or psycho-therap* or intervention* or treatment*)).tw. (44006)
118 CBT.tw. (12249)
119 applied behavio?r* analy*.tw. (688)
120 ((acceptance* or commitment) adj therap*).tw. (549)
121 ((feedback or biofeedback or bio-feedback) adj3 (psycholog* or psychophysiologic* or psycho-physiologic*)).tw. (217)

122 counselling/ or directive counselling/ (70755)
123 counsel*.tw. (161687)
124 health behavior/ (77330)
125 health behavio?r*.tw. (25695)
126 self care/ or self help/ (64343)
127 self control/ (3628)
128 (self adj (care or control* or efficac* or help* or manag* or monitor* or restrain* or support*)).tw. (97558)
129 social support/ (108319)
130 ((social* or behavio?r* or community or family) adj3 support*).tw. (86990)
131 support network*.tw. (3892)
132 motivation/ or motivational interviewing/ (121209)
133 (motivat* or quitline* or quit line$1).tw. (167112)
134 exp kinesiotherapy/ (49577)
135 ((exercis* or motion or movement or physical activit* or CPM or resistance or stretching) adj3 (program* or therap* or train*)).tw. (99945)
136 relaxation training/ (8409)
137 (relax* adj3 (program* or technic or technics or technique* or therap* or train*)).tw. (9761)
138 patient education/ (157731)
139 (patient* adj3 (educat* or booklet* or pamphlet*)).tw. (56719)
140 (education* adj3 (advice or class$2 or intervention* or program* or project* or train*)).tw. (131175)
141 ((professional* or clinician* or doctor* or medical or nurs* or patient* or physician* or therapist*) adj3 (advice or advis* or encourag* or messag* or warn*)).tw. (59374)
142 health promotion/ (122955)
143 ((health* or wellness or smoke or smoker* or smoking or anti-smok* or antismok* or tobacco or anti-tobacco or antitobacco or nicotine or anti-nicotine or antinicotine or cigarette* or anti-cigarette* or anticigarette*) adj3 (educat* or booklet* or pamphlet* or advice or advis* or messag* or warn*)).tw. (115748)
144 ((health* or wellness or smoke or smoker* or smoking or anti-smok* or antismok* or tobacco or anti-tobacco or antitobacco or nicotine or anti-nicotine or antinicotine or cigarette* or anti-cigarette* or anticigarette*) adj3 (ad or ads or advertisement* or campaign*)).tw. (12038)
145 ((health* or wellness*) adj3 promot*).tw. (76563)
146 (brief adj (advice or intervention*)).tw. (5392)
147 aversion therapy/ (1502)
148 ((aversive or aversion) adj3 (conditioning or smoking or therap*)).tw. (2884)
149 ("rapid smoking" or "rapid cigarette smoking").tw. (143)
150 (stimul* adj1 control*).tw. (8451)
151 contingency contracting.tw. (196)
152 avoidance behavior/ (22598)
153 ((avoid* or reverse or reversal) adj3 (learn* or train*)).tw. (12051)
154 conditioning/ (50603)
155 conditioning.tw. (105214)
156 ((operant or instrumental) adj learning).tw. (1267)
157 (practice adj1 psycholog*).tw. (448)
158 reinforcement/ (45487)
159 (reinforc* or reward* or penalt* or penali* or punish* or incentive*).tw. (273654)
160 (set adj1 psycholog*).tw. (73)
161 (desensiti* or de-sensiti*).tw. (57122)
162 ((mind-body or body-mind) adj (medicine or therap*)).tw. (812)
163 (breathing exercise* or "Ch'i Kung" or "Qi Gong" or Qigong or respiratory muscle training or respiratory muscle exercis*).tw. (3315)
164 hypnosis/ (23882)
165 (hypnosis or hypnotic*or hypnotherap* or hypno-therap*).tw. (15332)
166 meditation/ (5254)
167 psychodrama/ (2271)
168 role playing/ (17759)
169 psychophysiology/ (26175)
170 (guided image* or directed revery therap* or laughter therap* or meditation or psychodrama* or psycho-drama* or role playing or psychophysiolog* or psycho-physiolog*).tw. (29203)
171 aromatherapy/ (1658)
172 (aromatherap* or aroma therap*).tw. (1627)
173 ("Tai Ji" or "T'ai Chi" or "Tai Chi" or Taiji or Taijiquan or meditat* or yoga or yogic).tw. (12518)
174 (extinction adj1 psycholog*).tw. (1)
175 (relaps* adj3 prevent*).tw. (16864)
176 (game or games or boardgame* or board-game*).tw. (38771)
177 or/115-176 (2094159)
178 114 and 177 (36908)
179 meta analysis/ (129113)
180 "meta analysis (topic)"/ (10111)
181 biomedical technology assessment/ (19882)
182 "systematic review"/ (66372)
183 ((systematic* adj3 (review* or overview*)) or (methodologic* adj3 (review* or overview*))).tw. (132941)

184 ((quantitative adj3 (review* or overview* or synthes*)) or (research adj3 (integrati* or overview*))).tw. (12150)
185 ((integrative adj3 (review* or overview*)) or (collaborative adj3 (review* or overview*)) or (pool* adj3 analy*)).tw. (25434)
186 (data synthes* or data extraction* or data abstraction*).tw. (30477)
187 (handsearch* or hand search*).tw. (13290)
188 (mantel haenszel or peto or der simonian or dersimonian or fixed effect* or latin square*).tw. (30365)
189 (met analy* or metanaly* or health technology assessment* or HTA or HTAs).tw. (7141)
190 (meta-analy* or metaanaly* or systematic review* or biomedical technology assessment* or bio-medical technology assessment*).mp. (303303)
191 (medline or Cochrane or pubmed or medlars).tw. (195391)
192 (cochrane or health technology assessment or evidence report).jx. (14255)
193 or/179-192 (473500)
194 178 and 193 (2017)
195 (exp animal/ or animal.hw. or nonhuman/) not (exp human/ or human cell/ or (human or humans).ti.) (9938056)
196 194 not 195 (2010)
197 randomized controlled trial/ (752782)
198 "randomized controlled trial (topic)"/ (41544)
199 controlled clinical trial/ (496826)
200 "controlled clinical trial (topic)"/ (2215)
201 Randomization/ (145916)
202 double blind procedure/ or single blind procedure/ or placebo/ (333758)
203 (random* or RCT$1 or sham or shams or placebo*).tw. (1886408)
204 ((singl* or doubl* or trebl* or tripl*) adj (mask* or blind* or dumm*)).tw. (303294)
205 control group/ (64720)
206 exp case control study/ (757164)
207 ((control* adj2 stud*) or (control* adj2 trial*) or case-control*).tw. (689387)
208 (nonrandom* or non random* or non-random* or quasi-random*).tw. (64541)
209 (control* adj3 ("before and after" or "before after" or "time series")).tw. (6620)
210 interrupted time series.tw. (2328)
211 trial.ti. (296478)
212 or/197-211 (3473141)
213 178 and 212 (10053)
214 213 not 195 (10033)
215 196 or 214 (10868)
216 215 use emczd (5560)
217 196 use emczd (1112)
218 214 use emczd (5071)
219 exp controlled study/ (4357724) ADDED TO RCT/CCT FILTER
220 212 or 219 (6914676)
221 178 and 220 (12039)
222 221 not 195 (11836)
223 222 use emczd (6874)
224 223 not (110 or 216) (1787)
225 ("201309" or "201310" or 20131* or 20132* or 20133* or 20134*).em. (1297689)
226 224 not 225 (1696) TO EMULATE ORIGINAL SEARCH DATE
227 remove duplicates from 226 (1696) UNIQUE EMBASE RECORDS NOT PART OF ORIGINAL SEARCH

****

APPENDIX B: LIST OF INCLUDED STUDIES

1. Abelin T, Ehrsam R, Imhof PR, al. e. Clinical experience with a transdermal nicotine system in healthy nicotine-dependent smokers. In: Wilhelmsen L, editor. Smoking as a cardiovascular risk factor - new strategies for smoking cessation. Lewiston NY: Hogrefe & Huber; 1991. p. 35-46.
2. Ahluwalia JS, Harris KJ, Catley D, Okuyemi KS, Mayo MS. Sustained-release bupropion for smoking cessation in African Americans: a randomized controlled trial. JAMA. 2002;288(4):468-74.
3. Ahluwalia JS, McNagny SE, Clark WS. Smoking cessation among inner-city African Americans using the nicotine transdermal patch. Journal of General Internal Medicine. 1998;13(1):1-8.
4. Ahluwalia JS, Okuyemi K, Nollen N, Choi WS, Kaur H, Pulvers K, et al. The effects of nicotine gum and counselling among African American light smokers: a 2 x 2 factorial design. Addiction (Abingdon, England). 2006;101(6):883-91.
5. Aubin HJ, Bobak A, Britton JR, Oncken C, Billing CB, Jr., Gong J, et al. Varenicline versus transdermal nicotine patch for smoking cessation: results from a randomised open-label trial. Thorax. 2008;63(8):717-24.
6. Aubin HJ, Lebargy F, Berlin I, Bidaut-Mazel C, Chemali-Hudry J, Lagrue G. Efficacy of bupropion and predictors of successful outcome in a sample of French smokers: a randomized placebo-controlled trial. Addiction (Abingdon, England). 2004;99(9):1206-18.
7. Blondal T, Franzon M, Westin A. A double-blind randomized trial of nicotine nasal spray as an aid in smoking cessation. Eur Respir J. 1997 Jul;10(7):1585-90.
8. Blondal T, Gudmundsson LJ, Olafsdottir I, Gustavsson G, Westin A. Nicotine nasal spray with nicotine patch for smoking cessation: randomised trial with six year follow up. BMJ. 1999 Jan 30;318(7179):285-8.
9. Bohadana A, Nilsson F, Rasmussen T, Martinet Y. Nicotine inhaler and nicotine patch as a combination therapy for smoking cessation: a randomized, double-blind, placebo-controlled trial. Arch Intern Med. 2000 Nov 13;160(20):3128-34.
10. Bolliger CT, Issa JS, Posadas-Valay R, Safwat T, Abreu P, Correia EA, et al. Effects of varenicline in adult smokers: a multinational, 24-week, randomized, double-blind, placebo-controlled study. Clinical Therapeutics. 2011;33(4):465-77.
11. Bolliger CT, van Biljon X, Axelsson A. A nicotine mouth spray for smoking cessation: a pilot study of preference, safety and efficacy. Respiration. 2007;74(2):196-201.
12. Bolliger CT, Zellweger JP, Danielsson T, van Biljon X, Robidou A, Westin A, et al. Smoking reduction with oral nicotine inhalers: double blind, randomised clinical trial of efficacy and safety. BMJ. 2000 Aug 5;321(7257):329-33.
13. Bullen C, Howe C, Lin RB, Grigg M, Laugesen M, McRobbie H, et al. Pre-cessation nicotine replacement therapy: pragmatic randomized trial. Addiction. 2010;105(8):1474-83.
14. Campbell IA, Prescott RJ, Tjeder-Burton SM. Smoking cessation in hospital patients given repeated advice plus nicotine or placebo chewing gum. Respiratory Medicine. 1991;85(2):155-7.
15. Campbell IA, Prescott RJ, Tjeder-Burton SM. Transdermal nicotine plus support in patients attending hospital with smoking-related diseases: a placebo-controlled study. Respiratory Medicine. 1996;90(1):47-51.
16. Cinciripini PM, Cinciripini LG, Wallfisch A, Haque W, Van VH. Behavior therapy and the transdermal nicotine patch: effects on cessation outcome, affect, and coping. Journal of Consulting and Clinical Psychology. 1996;64(2):314-23.
17. Cooney NL, Cooney JL, Perry BL, Carbone M, Cohen EH, Steinberg HR, et al. Smoking cessation during alcohol treatment: a randomized trial of combination nicotine patch plus nicotine gum. Addiction. 2009;104(9):1588-96.
18. Cooper TV, Klesges RC, DeBon MW, Zbikowski SM, Johnson KC, Clemens LH. A placebo controlled randomized trial of the effects of phenylpropanolamine and nicotine gum on cessation rates and postcessation weight gain in women. Addictive Behaviors. 2005;30(1):61-75.

19. Cox LS, Nollen NL, Mayo MS, Choi WS, Faseru B, Benowitz NL, et al. Bupropion for smoking cessation in African American light smokers: a randomized controlled trial. Journal of the National Cancer Institute. 2012;104(4):290-8.

20. Croghan GA, Sloan JA, Croghan IT, Novotny P, Hurt RD, DeKrey WL, et al. Comparison of nicotine patch alone versus nicotine nasal spray alone versus a combination for treating smokers: a minimal intervention, randomized multicenter trial in a nonspecialized setting. Nicotine Tob Res. 2003;5(2):181-7.

21. Dalsgareth OJ, Hansen NC, Soes-Petersen U, Evald T, Hoegholm A, Barber J, et al. A multicenter, randomized, double-blind, placebo-controlled, 6-month trial of bupropion hydrochloride sustained-release tablets as an aid to smoking cessation in hospital employees. Nicotine Tob Res. 2004;6(1):55-61.

22. Daughton D, Susman J, Sitorius M, Belenky S, Millatmal T, Nowak R, et al. Transdermal nicotine therapy and primary care. Importance of counselling, demographic, and participant selection factors on 1-year quit rates. The Nebraska Primary Practice Smoking Cessation Trial Group. Archives of Family Medicine. 1998;7(5):425-30.

23. Daughton DM, Heatley SA, Prendergast JJ, Causey D, Knowles M, Rolf CN. Effect of transdermal nicotine delivery as an adjunct to low-intervention smoking cessation therapy. A randomized, placebo-controlled, double-blind study. Arch Intern Med. 1991;151(4):749-52.

24. Davidson M, Epstein M, Burt R, Schaefer C, Whitworth G, McDonald A. Efficacy and safety of an over-the-counter transdermal nicotine patch as an aid for smoking cessation. Archives of Family Medicine. 1998;7(6):569-74.

25. de Dios MA, Anderson BJ, Stanton C, Audet DA, Stein M. Project Impact: A pharmacotherapy pilot trial investigating the abstinence and treatment adherence of Latino light smokers. Journal of Substance Abuse Treatment. 2012;43(3):322-30.

26. Eisenberg MJ, Grandi SM, Gervais A, O'Loughlin J, Paradis G, Rinfret S, et al. Bupropion for smoking cessation in patients hospitalized with acute myocardial infarction: a randomized, placebo-controlled trial. Journal of the American College of Cardiology. 2013;61(5):524-32.

27. Etter JF, Huguelet P, Perneger TV, Cornuz J. Nicotine gum treatment before smoking cessation: a randomized trial. Arch Intern Med. 2009 Jun 8;169(11):1028-34.

28. Etter JF, Laszlo E, Zellweger JP, Perrot C, Perneger TV. Nicotine replacement to reduce cigarette consumption in smokers who are unwilling to quit: A randomized trial. Journal of Clinical Psychopharmacology. 2002;22(5):487-95.

29. Evins AE, Cather C, Culhane MA, Birnbaum A, Horowitz J, Hsieh E, et al. A 12-week double-blind, placebo-controlled study of bupropion sr added to high-dose dual nicotine replacement therapy for smoking cessation or reduction in schizophrenia. Journal of Clinical Psychopharmacology. 2007;27(4):380-6.

30. Evins AE, Cather C, Deckersbach T, Freudenreich O, Culhane MA, Olm-Shipman CM, et al. A double-blind placebo-controlled trial of bupropion sustained-release for smoking cessation in schizophrenia. J Clin Psychopharmacol. 2005 Jun;25(3):218-25.

31. Evins AE, Cather C, Rigotti NA, Freudenreich O, Henderson DC, Olm-Shipman CM, et al. Two-year follow-up of a smoking cessation trial in patients with schizophrenia: increased rates of smoking cessation and reduction. Journal of Clinical Psychiatry. 2004;65(3):307-11.

32. Evins AE, Mays VK, Rigotti NA, Tisdale T, Cather C, Goff DC. A pilot trial of bupropion added to cognitive behavioral therapy for smoking cessation in schizophrenia. Nicotine Tob Res. 2001;3(4):397-403.

33. Fagerstrom KO. A comparison of psychological and pharmacological treatment in smoking cessation. J Behav Med. 1982 Sep;5(3):343-51.

34. Fiore MC, Kenford SL, Jorenby DE, Wetter DW, Smith SS, Baker TB. Two studies of the clinical effectiveness of the nicotine patch with different counselling treatments. Chest. 1994 Feb;105(2):524-33.

35. Fortmann SP, Killen JD. Nicotine gum and self-help behavioral treatment for smoking relapse prevention: results from a trial using population-based recruitment. Journal of Consulting and Clinical Psychology. 1995;63(3):460-8.

36. Fossati R, Apolone G, Negri E, Compagnoni A, La Vecchia C, Mangano S, et al. A double-blind, placebo-controlled, randomized trial of bupropion for smoking cessation in primary care. Arch Intern Med. 2007 Sep 10;167(16):1791-7.

37. Gallagher SM, Penn PE, Schindler E, Layne W. A comparison of smoking cessation treatments for persons with schizophrenia and other serious mental illnesses. J Psychoactive Drugs. 2007;39(4):487-97.

38. Garvey AJ, Kinnunen T, Nordstrom BL, Utman CH, Doherty K, Rosner B, et al. Effects of nicotine gum dose by level of nicotine dependence. Nicotine Tob Res. 2000;2(1):53-63.

39. George TP, Vessicchio JC, Sacco KA, Weinberger AH, Dudas MM, Allen TM, et al. A placebo-controlled trial of bupropion combined with nicotine patch for smoking cessation in schizophrenia. Biol Psychiatry. 2008 Jun 1;63(11):1092-6.

40. George TP, Vessicchio JC, Termine A, Bregartner TA, Feingold A, Rounsaville BJ, et al. A placebo controlled trial of bupropion for smoking cessation in schizophrenia. Biol Psychiatry. 2002 Jul 1;52(1):53-61.

41. Gifford EV, Kohlenberg BS, Hayes SC, Antonuccio DO, Piasecki MM, Rasmussen-Hall ML, et al. Acceptance-based treatment for smoking cessation. Behavior Therapy. 2004;35(4):689-705.

42. Gilbert JR, Wilson DM, Best JA, Taylor DW, Lindsay EA, Singer J, et al. Smoking cessation in primary care. A randomized controlled trial of nicotine-bearing chewing gum. Journal of Family Practice. 1989;28(1):49-55.

43. Glavas D, Rumboldt M, Rumboldt Z. Smoking cessation with nicotine replacement therapy among health care workers: Randomized double-blind study. Croatian Medical Journal. 2003(44 （2）):219-24.

44. Glover ED, Glover PN, Franzon M, Sullivan CR, Cerullo CC, Howell RM, et al. A comparison of a nicotine sublingual tablet and placebo for smoking cessation. Nicotine Tob Res. 2002;4(4):441-50.

45. Goldstein MG, Niaura R, Follick MJ, Abrams DB. Effects of behavioral skills training and schedule of nicotine gum administration on smoking cessation. American Journal of Psychiatry. 1989;146(1):56-60.

46. Gonzales D, Rennard SI, Nides M, Oncken C, Azoulay S, Billing CB, et al. Varenicline, an alpha4beta2 nicotinic acetylcholine receptor partial agonist, vs. sustained-release bupropion and placebo for smoking cessation: a randomized controlled trial. JAMA. 2006;296(1):47-55.

47. Gonzales DH, Nides MA, Ferry LH, Kustra RP, Jamerson BD, Segall N, et al. Bupropion SR as an aid to smoking cessation in smokers treated previously with bupropion: a randomized placebo-controlled study. Clinical Pharmacology and Therapeutics. 2001;69(6):438-44.

48. Gourlay SG, Forbes A, Marriner T, Pethica D, McNeil JJ. Double blind trial of repeated treatment with transdermal nicotine for relapsed smokers. BMJ. 1995;311(7001):363-6.

49. Grant KM, Kelley SS, Smith LM, Agrawal S, Meyer JR, Romberger DJ. Bupropion and nicotine patch as smoking cessation aids in alcoholics. Alcohol. 2007 Aug;41(5):381-91.

50. Group TNS. Transdermal nicotine for smoking cessation. Six-month results from two multicenter controlled clinical trials. Transdermal Nicotine Study Group. JAMA. 1991 Dec 11;266(22):3133-8.

51. Haggstram FM, Chatkin JM, Sussenbach-Vaz E, Cesari DH, Fam CF, Fritscher CC. A controlled trial of nortriptyline, sustained-release bupropion and placebo for smoking cessation: preliminary results. Pulmonary Pharmacology & Therapeutics. 2006;19(3):205-9.

52. Hall SM, Humfleet GL, Reus VI, Munoz RF, Hartz DT, Maude-Griffin R. Psychological intervention and antidepressant treatment in smoking cessation. Archives of General Psychiatry. 2002;59(10):930-6.

53. Hand S, Edwards S, Campbell IA, Cannings R. Controlled trial of three weeks nicotine replacement treatment in hospital patients also given advice and support. Thorax. 2002;57(8):715-8.

54. Hanioka T, Ojima M, Tanaka H, Naito M, Hamajima N, Matsuse R. Intensive smoking-cessation intervention in the dental setting. J Dent Res. 2010;89(1):66-70.

55. Hanson KM. Treatment of adolescent smokers with the nicotine patch: U Minnesota; 2002.

56. Harackiewicz JM, Blair LW, Sansone C, Epstein JA, Stuchell RN. Nicotine gum and self-help manuals in smoking cessation: an evaluation in a medical context. Addictive Behaviors. 1988;13(4):319-30.

57. Harackiewicz JM, Sansone C, Blair LW, Epstein JA, Manderlink G. Attributional processes in behavior change and maintenance: smoking cessation and continued abstinence. Journal of Consulting and Clinical Psychology. 1987;55(3):372-8.

58. Hatsukami DK, Rennard S, Patel MK, Kotlyar M, Malcolm R, Nides MA, et al. Effects of sustained-release bupropion among persons interested in reducing but not quitting smoking. American Journal of Medicine. 2004;116(3):151-7.

59. Hays JT, Croghan IT, Schroeder DR, Offord KP, Hurt RD, Wolter TD, et al. Over-the-counter nicotine patch therapy for smoking cessation: results from randomized, double-blind, placebo-controlled, and open label trials. Am J Public Health. 1999 Nov;89(11):1701-7.

60. Hays JT, Hurt RD, Rigotti NA, Niaura R, Gonzales D, Durcan MJ, et al. Sustained-release bupropion for pharmacologic relapse prevention after smoking cessation. a randomized, controlled trial. Ann Intern Med. 2001 Sep 18;135(6):423-33.

61. Herrera N, Franco R, Herrera L, Partidas A, Rolando R, Fagerstrom KO. Nicotine gum, 2 and 4 mg, for nicotine dependence. A double-blind placebo-controlled trial within a behavior modification support program. Chest. 1995;108(2):447-51.

62. Hertzberg MA, Moore SD, Feldman ME, Beckham JC. A preliminary study of bupropion sustained-release for smoking cessation in patients with chronic posttraumatic stress disorder. J Clin Psychopharmacol. 2001 Feb;21(1):94-8.

63. Heydari G, Talischi F, Tafti SF, Masjedi MR. Quitting smoking with varenicline: parallel, randomised efficacy trial in Iran. International Journal of Tuberculosis and Lung Disease. 2012;16(2):268-72.

64. Hilberink SR, Jacobs JE, Breteler MH, de VH, Grol RP. General practice counselling for patients with chronic obstructive pulmonary disease to quit smoking: impact after 1 year of two complex interventions. Patient Education and Counselling. 2011;83(1):120-4.

65. Hill RD, Rigdon M, Johnson S. Behavioral smoking cessation treatment for older chronic smokers. Behavior Therapy24 (2) ()(pp 321-329), 1993Date of Publication: 1993. 1993(2):321-9.

66. Hilleman DE, Mohiuddin SM, Delcore MG. Comparison of fixed-dose transdermal nicotine, tapered-dose transdermal nicotine, and buspirone in smoking cessation. Journal of Clinical Pharmacology. 1994;34(3):222-4.

67. Hjalmarson A, Franzon M, Westin A, Wiklund O. Effect of nicotine nasal spray on smoking cessation. A randomized, placebo-controlled, double-blind study. Archives of Internal Medicine. 1994;154(22):2567-72.

68. Hjalmarson A, Nilsson F, Sjostrom L, Wiklund O. The nicotine inhaler in smoking cessation. Archives of Internal Medicine. 1997;157(15):1721-8.

69. Hjalmarson AI. Effect of nicotine chewing gum in smoking cessation. A randomized, placebo-controlled, double-blind study. JAMA. 1984;252(20):2835-8.

70. Holt S, Timu-Parata C, Ryder-Lewis S, Weatherall M, Beasley R. Efficacy of bupropion in the indigenous Maori population in New Zealand. Thorax. 2005;60(2):120-3.

71. Hughes JR, Gust SW, Keenan RM, Fenwick JW. Effect of dose on nicotine's reinforcing, withdrawal-suppression and self-reported effects. Journal of Pharmacology and Experimental Therapeutics. 1990;252(3):1175-83.

72. Hughes JR, Gust SW, Keenan RM, Fenwick JW, Healey ML. Nicotine vs. placebo gum in general medical practice. JAMA. 1989;261(9):1300-5.

73. Hughes JR, Novy P, Hatsukami DK, Jensen J, Callas PW. Efficacy of nicotine patch in smokers with a history of alcoholism. Alcohol Clin Exp Res. 2003;27(6):946-54.

74. Hughes JR, Rennard SI, Fingar JR, Talbot SK, Callas PW, Fagerstrom KO. Efficacy of varenicline to prompt quit attempts in smokers not currently trying to quit: a randomized placebo-controlled trial. Nicotine and Tobacco Research. 2011;13(10):955-64.

75. Hurt RD, Dale LC, Fredrickson PA, Caldwell CC, Lee GA, Offord KP, et al. Nicotine patch therapy for smoking cessation combined with physician advice and nurse follow-up. One-year outcome and percentage of nicotine replacement. JAMA. 1994;271(8):595-600.

76. Hurt RD, Lauger GG, Offord KP, Kottke TE, Dale LC. Nicotine-replacement therapy with use of a transdermal nicotine patch--a randomized double-blind placebo-controlled trial. Mayo Clinic Proceedings. 1990;65(12):1529-37.

77. Hurt RD, Sachs DP, Glover ED, Offord KP, Johnston JA, Dale LC, et al. A comparison of sustained-release bupropion and placebo for smoking cessation. New England Journal of Medicine. 1997;337(17):1195-202.

78. Jamrozik K, Fowler G, Vessey M, Wald N. Placebo controlled trial of nicotine chewing gum in general practice. British Medical Journal (Clinical Research Ed). 1984;289(6448):794-7.

79. Jarvik ME, Schneider NG. Degree of addiction and effectiveness of nicotine gum therapy for smoking. Am J Psychiatry. 1984 Jun;141(6):790-1.

80. Jarvis MJ, Raw M, Russell MA, Feyerabend C. Randomised controlled trial of nicotine chewing-gum. Br Med J (Clin Res Ed) 1982;285(6341):537-40.

81. Jensen EJ, Schmidt E, Pedersen B, Dahl R. Effect of nicotine, silver acetate, and ordinary chewing gum in combination with group counselling on smoking cessation. Thorax. 1990;45(11):831-4.

82. Jorenby DE, Hays JT, Rigotti NA, Azoulay S, Watsky EJ, Williams KE, et al. Efficacy of varenicline, an alpha4beta2 nicotinic acetylcholine receptor partial agonist, vs. placebo or sustained-release bupropion for smoking cessation: a randomized controlled trial. JAMA. 2006;296(1):56-63.

83. Jorenby DE, Leischow SJ, Nides MA, Rennard SI, Johnston JA, Hughes AR, et al. A controlled trial of sustained-release bupropion, a nicotine patch, or both for smoking cessation. New England Journal of Medicine. 1999;340(9):685-91.

84. Joseph AM, Norman SM, Ferry LH, Prochazka AV, Westman EC, Steele BG, et al. The safety of transdermal nicotine as an aid to smoking cessation in patients with cardiac disease. N Engl J Med. 1996 Dec 12;335(24):1792-8.

85. Kalman D, Herz L, Monti P, Kahler CW, Mooney M, Rodrigues S, et al. Incremental efficacy of adding bupropion to the nicotine patch for smoking cessation in smokers with a recent history of alcohol dependence: results from a randomized, double-blind, placebo-controlled study. Drug & Alcohol Dependence. 2011;118(2-3):111-8.

86. Killen JD, Fortmann SP, Davis L, Strausberg L, Varady A. Do heavy smokers benefit from higher dose nicotine patch therapy? Exp Clin Psychopharmacol. 1999;7(3):226-33.

87. Killen JD, Fortmann SP, Davis L, Varady A. Nicotine patch and self-help video for cigarette smoking cessation. Journal of Consulting and Clinical Psychology. 1997;65(4):663-72.

88. Killen JD, Robinson TN, Ammerman S, Hayward C, Rogers J, Stone C, et al. Randomized clinical trial of the efficacy of bupropion combined with nicotine patch in the treatment of adolescent smokers. J Consult Clin Psychol. 2004 Aug;72(4):729-35.

89. Kinnunen T, Korhonen T, Garvey AJ. Role of nicotine gum and pretreatment depressive symptoms in smoking cessation: twelve-month results of a randomized placebo controlled trial. International Journal of Psychiatry in Medicine. 2008;38(3):373-89.

90. Kornitzer M, Boutsen M, Dramaix M, Thijs J, Gustavsson G. Combined use of nicotine patch and gum in smoking cessation: a placebo-controlled clinical trial. Prev Med. 1995 Jan;24(1):41-7.

91. Kralikova E, Kozak JT, Rasmussen T, Gustavsson G, Le HJ. Smoking cessation or reduction with nicotine replacement therapy: a placebo-controlled double blind trial with nicotine gum and inhaler. BMC Public Health. 2009;9:433.

92. Lacasse Y, Lamontagne R, Martin S, Simard S, Arsenault M. Randomized trial of a smoking cessation intervention in hospitalized patients. Nicotine Tob Res. 2008;10(7):1215-21.

93. Leischow SJ, Nilsson F, Franzon M, Hill A, Otte P, Merikle EP. Efficacy of the nicotine inhaler as an adjunct to smoking cessation. American Journal of Health Behavior. 1996;20:364-71.

94. Lerman C, Kaufmann V, Rukstalis M, Patterson F, Perkins K, Audrain-McGovern J, et al. Individualizing nicotine replacement therapy for the treatment of tobacco dependence: a randomized trial. Annals of Internal Medicine. 2004;140(6):426-33.

95. Levine MD, Perkins KA, Kalarchian MA, Cheng Y, Houck PR, Slane JD, et al. Bupropion and cognitive behavioral therapy for weight-concerned women smokers. Archives of Internal Medicine. 2010;170(6):543-50.

96. Lewis SF, Piasecki TM, Fiore MC, Anderson JE, Baker TB. Transdermal nicotine replacement for hospitalized patients: a randomized clinical trial. Preventive Medicine. 1998;27(2):296-303.

97. Malcolm RE, Sillett RW, Turner JA, Ball KP. The use of nicotine chewing gum as an aid to stopping smoking Psychopharmacology (Berl) 1980;70(3):295-6.

98. Marshall A, Raw M. Nicotine chewing gum in general practice: effect of follow up appointments. British Medical Journal (Clinical Research Ed). 1985;290(6479):1397-8.

99. McCarthy DE, Piasecki TM, Lawrence DL, Jorenby DE, Shiffman S, Fiore MC, et al. A randomized controlled clinical trial of bupropion SR and individual smoking cessation counselling. Nicotine Tob Res. 2008;10(4):717-29.

100. Mikkelsen KL, Tønnesen P, Nørregaard J. Three-year outcome of two- and three-year sustained abstainers from a smoking cessation study with nicotine patches. Journal of Smoking-Related Disorders. 1994;5(2):95-100.

101. Molyneux A, Lewis S, Leivers U, Anderton A, Antoniak M, Brackenridge A, et al. Clinical trial comparing nicotine replacement therapy (NRT) plus brief counselling, brief counselling alone, and minimal intervention on smoking cessation in hospital inpatients. Thorax. 2003;58(6):484-8.

102. Moolchan ET, Robinson ML, Ernst M, Cadet JL, Pickworth WB, Heishman SJ, et al. Safety and efficacy of the nicotine patch and gum for the treatment of adolescent tobacco addiction. Pediatrics. 2005;115(4):e407-e14.

103. Muramoto ML, Leischow SJ, Sherrill D, Matthews E, Strayer LJ. Randomized, double-blind, placebo-controlled trial of 2 dosages of sustained-release bupropion for adolescent smoking cessation. Archives of Pediatrics and Adolescent Medicine. 2007;161(11):1068-74.

104. Myung SK, Seo HG, Park S, Kim Y, Kim DJ, Lee dH, et al. Sociodemographic and smoking behavioral predictors associated with smoking cessation according to follow-up periods: a randomized, double-blind, placebo-controlled trial of transdermal nicotine patches. Journal of Korean Medical Science. 2007;22(6):1065-70.

105. Nakamura M, Oshima A, Fujimoto Y, Maruyama N, Ishibashi T, Reeves KR. Efficacy and tolerability of varenicline, an alpha4beta2 nicotinic acetylcholine receptor partial agonist, in a 12-week, randomized, placebo-controlled, dose-response study with 40-week follow-up for smoking cessation in Japanese smokers. Clinical Therapeutics29 (6) ()(pp 1040-1056), 2007Date of Publication: June 2007. 2007(6):1040-56.

106. Niaura R, Abrams DB, Shadel WG, Rohsenow DJ, Monti PM, Sirota AD. Cue exposure treatment for smoking relapse prevention: a controlled clinical trial. Addiction (Abingdon, England). 1999;94(5):685-95.

107. Niaura R, Goldstein MG, Abrams DB. Matching high- and low-dependence smokers to self-help treatment with or without nicotine replacement. Preventive Medicine. 1994;23(1):70-7.

108. Niaura R, Hays JT, Jorenby DE, Leone FT, Pappas JE, Reeves KR, et al. The efficacy and safety of varenicline for smoking cessation using a flexible dosing strategy in adult smokers: a randomized controlled trial. Current Medical Research and Opinion. 2008;24(7):1931-41.

109. Nides M, Oncken C, Gonzales D, Rennard S, Watsky EJ, Anziano R, et al. Smoking cessation with varenicline, a selective alpha4beta2 nicotinic receptor partial agonist: Results from a 7-week, randomized, placebo- and bupropion-controlled trial with 1-year follow-up. Archives of Internal Medicine166 (15) ()(pp 1561-1568), 2006Date of Publication: 28 Aug 2006. 2006(15):1561-8.

110. Nollen N, Ahluwalia JS, Mayo MS, Richter K, Choi WS, Okuyemi KS, et al. A randomized trial of targeted educational materials for smoking cessation in African Americans using transdermal nicotine. Health Education & Behavior. 2007;34(6):911-27.

111. Okuyemi KS, James AS, Mayo MS, Nollen N, Catley D, Choi WS, et al. Pathways to health: a cluster randomized trial of nicotine gum and motivational interviewing for smoking cessation in low-income housing. Health Education & Behavior. 2007;34(1):43-54.

112. Oncken C, Cooney J, Feinn R, Lando H, Kranzler HR. Transdermal nicotine for smoking cessation in postmenopausal women. Addictive Behaviors. 2007;32(2):296-309.

113. Oncken C, Gonzales D, Nides M, Rennard S, Watsky E, Billing CB, et al. Efficacy and safety of the novel selective nicotinic acetylcholine receptor partial agonist, varenicline, for smoking cessation. Archives of Internal Medicine. 2006;166(15):1571-7.

114. Oncken C, Prestwood K, Kleppinger A, Wang Y, Cooney J, Raisz L. Impact of smoking cessation on bone mineral density in postmenopausal women. J Womens Health (Larchmt). 2006;15(10):1141-50.

115. Ortega F, Vellisco A, Marquez E, Lopez-Campos JL, Rodriguez A, de los Angeles SM, et al. Effectiveness of a cognitive orientation program with and without nicotine replacement therapy in stopping smoking in hospitalised patients. Archivos de Bronconeumologia. 2011;47(1):3-9.

116. Pack QR, Jorenby DE, Fiore MC, Jackson T, Weston P, Piper ME, et al. A comparison of the nicotine lozenge and nicotine gum: an effectiveness randomized controlled trial. WMJ. 2008 Aug;107(5):237-43.

117. Paoletti P, Fornai E, Maggiorelli F, Puntoni R, Viegi G, Carrozzi L, et al. Importance of baseline cotinine plasma values in smoking cessation: results from a double-blind study with nicotine patch. Eur Respir J. 1996 Apr;9(4):643-51.

118. Piper ME, Federman EB, McCarthy DE, Bolt DM, Smith SS, Fiore MC, et al. Efficacy of bupropion alone and in combination with nicotine gum. Nicotine and Tobacco Research. 2007;9(9):947-54.

119. Piper ME, Smith SS, Schlam TR, Fiore MC, Jorenby DE, Fraser D, et al. A randomized placebo-controlled clinical trial of 5 smoking cessation pharmacotherapies. Archives of General Psychiatry. 2009;66(11):1253-62.

120. Pirie PL, McBride CM, Hellerstedt W, Jeffery RW, Hatsukami D, Allen S, et al. Smoking cessation in women concerned about weight. American Journal of Public Health. 1992;82(9):1238-43.

121. Planer D, Lev I, Elitzur Y, Sharon N, Ouzan E, Pugatsch T, et al. Bupropion for smoking cessation in patients with acute coronary syndrome. Archives of Internal Medicine. 2011;171(12):1055-60.

122. Prapavessis H, Cameron L, Baldi JC, Robinson S, Borrie K, Harper T, et al. The effects of exercise and nicotine replacement therapy on smoking rates in women. Addictive Behaviors. 2007;32(7):1416-32.

123. Puska P, Bjorkqvist S, Koskela K. Nicotine-containing chewing gum in smoking cessation: A double blind trial with half year follow-up. Addictive Behaviors. 1979;4(2):141-6.

124. Puska P, Korhonen HJ, Vartiainen E, Urjanheimo EL, Gustavsson G, Westin A. Combined use of nicotine patch and gum compared with gum alone in smoking cessation: a clinical trial in North Karelia. Tobacco Control. 1995;4:231-5.

125. Ray R, Jepson C, Wileyto EP, Dahl JP, Patterson F, Rukstalis M, et al. Genetic variation in mu-opioid-receptor-interacting proteins and smoking cessation in a nicotine replacement therapy trial. Nicotine and Tobacco Research. 2007;9(11):1237-41.

126. Register GCT. A Multi-Center, Double-Blind, Double-Dummy, Placebo-Controlled, Randomized, Parallel Group, Dose Response Evaluation of a New Chemical Entity (NCE) and ZYBAN (bupropion hydrochloride) Sustained Release (300mg/day) versus Placebo As Aids to Smoking Cessation 2001 4th August 2009.

127. Reid MS, Fallon B, Sonne S, Flammino F, Nunes EV, Jiang H, et al. Smoking cessation treatment in community-based substance abuse rehabilitation programs. J Subst Abuse Treat. 2008;35(1):68-77.

128. Rennard S, Hughes J, Cinciripini PM, Kralikova E, Raupach T, Arteaga C. A randomized placebo-controlled trial of varenicline for smoking cessation allowing flexible quit dates. Nicotine and Tobacco Research. 2012;14(3):343-50.

129. Rennard SI, Glover ED, Leischow S, Daughton DM, Glover PN, Muramoto M, et al. Efficacy of the nicotine inhaler in smoking reduction: A double-blind, randomized trial. Nicotine Tob Res. 2006 Aug;8(4):555-64.

130. Richmond RL, Harris K, de Almeida NA. The transdermal nicotine patch: results of a randomised placebo-controlled trial. Medical Journal of Australia. 1994;161(2):130-5.

131. Richmond RL, Kehoe L. Ten-year survival outcome of the nicotine transdermal patch with cognitive behavioural therapy. Australian and New Zealand Journal of Public Health. 2007;31(3):282-5.

132. Richmond RL, Kehoe L, de Almeida Neto AC. Effectiveness of a 24-hour transdermal nicotine patch in conjunction with a cognitive behavioural programme: one year outcome. Addiction (Abingdon, England). 1997;92(1):27-31.

133. Richmond RL, Kehoe L, de Almeida Neto AC. Three year continuous abstinence in a smoking cessation study using the nicotine transdermal patch. Heart. 1997;78(6):617-8.

134. Richmond RL, Makinson RJ, Kehoe LA, Giugni AA, Webster IW. One-year evaluation of three smoking cessation interventions administered by general practitioners. Addictive Behaviors. 1993;18(2):187-99.

135. Rigotti NA, Pipe AL, Benowitz NL, Arteaga C, Garza D, Tonstad S. Efficacy and safety of varenicline for smoking cessation in patients with cardiovascular disease: a randomized trial. Circulation. 2010;121(2):221-9.

136. Rigotti NA, Thorndike AN, Regan S, McKool K, Pasternak RC, Chang Y, et al. Bupropion for smokers hospitalized with acute cardiovascular disease. American Journal of Medicine. 2006;119(12):1080-7.

137. Rovina N, Nikoloutsou I, Katsani G, Dima E, Fransis K, Roussos C, et al. Effectiveness of pharmacotherapy and behavioral interventions for smoking cessation in actual clinical practice. Therap. 2009;adv. respir. dis.. 3(6):279-87.

138. Russell MA, Stapleton JA, Feyerabend C, Wiseman SM, Gustavsson G, Sawe U, et al. Targeting heavy smokers in general practice: randomised controlled trial of transdermal nicotine patches. BMJ. 1993;306(6888):1308-12.

139. Sachs DP, Sawe U, Leischow SJ. Effectiveness of a 16-hour transdermal nicotine patch in a medical practice setting, without intensive group counselling. Archives of Internal Medicine. 1993;153(16):1881-90.

140. Schmitz JM, Stotts AL, Mooney ME, Delaune KA, Moeller GF. Bupropion and cognitive-behavioral therapy for smoking cessation in women. Nicotine Tob Res. 2007;9(6):699-709.

141. Schneider NG, Jarvik ME, Forsythe AB, Read LL, Elliott ML, Schweiger A. Nicotine gum in smoking cessation: a placebo-controlled, double-blind trial. Addict Behav 1983;8(3):253-61.

142. Schneider NG, Olmstead R, Mody FV, Doan K, Franzon M, Jarvik ME, et al. Efficacy of a nicotine nasal spray in smoking cessation: a placebo-controlled, double-blind trial. Addiction. 1995 Dec;90(12):1671-82.

143. Schneider NG, Olmstead R, Nilsson F, Mody FV, Franzon M, Doan K. Efficacy of a nicotine inhaler in smoking cessation: a double-blind, placebo-controlled trial. Addiction (Abingdon, England). 1996;91(9):1293-306.

144. Schnoll RA, Martinez E, Tatum KL, Glass M, Bernath A, Ferris D, et al. Nicotine patch vs. nicotine lozenge for smoking cessation: an effectiveness trial coordinated by the Community Clinical Oncology Program. Drug & Alcohol Dependence. 2010;107(2-3):237-43.

145. Schnoll RA, Martinez E, Tatum KL, Weber DM, Kuzla N, Glass M, et al. A bupropion smoking cessation clinical trial for cancer patients. Cancer Causes and Control. 2010;21(6):811-20.

146. Schnoll RA, Patterson F, Wileyto EP, Heitjan DF, Shields AE, Asch DA, et al. Effectiveness of extended-duration transdermal nicotine therapy: a randomized trial. Annals of Internal Medicine. 2010;152(3):144-51.

147. Schuurmans MM, Diacon AH, van BX, Bolliger CT. Effect of pre-treatment with nicotine patch on withdrawal symptoms and abstinence rates in smokers subsequently quitting with the nicotine patch: a randomized controlled trial. Addiction (Abingdon, England). 2004;99(5):634-40.

148. Segnan N, Ponti A, Battista RN, Senore C, Rosso S, Shapiro SH, et al. A randomized trial of smoking cessation interventions in general practice in Italy. Cancer Causes and Control. 1991;2(4):239-46.

149. Shiffman S, Dresler CM, Hajek P, Gilburt SJ, Targett DA, Strahs KR. Efficacy of a nicotine lozenge for smoking cessation. Arch Intern Med. 2002;162(11):1267-76.

150. Shiffman S, Ferguson SG, Strahs KR. Quitting by gradual smoking reduction using nicotine gum: a randomized controlled trial. American Journal of Preventive Medicine. 2009;36(2):96-104.

151. Simon JA, Duncan C, Carmody TP, Hudes ES. Bupropion for smoking cessation: a randomized trial. Archives of Internal Medicine. 2004;164(16):1797-803.

152. Simon JA, Duncan C, Huggins J, Solkowitz S, Carmody TP. Sustained-release bupropion for hospital-based smoking cessation: a randomized trial. Nicotine Tob Res. 2009;11(6):663-9.

153. Society RCotBT. Comparison of four methods of smoking withdrawal in patients with smoking related diseases. Report by a subcommittee of the Research Committee of the British Thoracic Society. Br Med J (Clin Res Ed). 1983 Feb 19;286(6365):595-7.

154. Sonderskov J, Olsen J, Sabroe S, Meillier L, Overvad K. Nicotine patches in smoking cessation: a randomized trial among over-the-counter customers in Denmark. Am J Epidemiol. 1997 Feb 15;145(4):309-18.

155. Stapleton JA, Russell MA, Feyerabend C, Wiseman SM, Gustavsson G, Sawe U, et al. Dose effects and predictors of outcome in a randomized trial of transdermal nicotine patches in general practice. Addiction (Abingdon, England). 1995;90(1):31-42.

156. Stein MD, Weinstock MC, Herman DS, Anderson BJ, Anthony JL, Niaura R. A smoking cessation intervention for the methadone-maintained. Addiction (Abingdon, England). 2006;101(4):599-607.

157. Steinberg MB, Greenhaus S, Schmelzer AC, Bover MT, Foulds J, Hoover DR, et al. Triple-combination pharmacotherapy for medically ill smokers: a randomized trial. Ann Intern Med. 2009 Apr 7;150(7):447-54.

158. Steinberg MB, Randall J, Greenhaus S, Schmelzer AC, Richardson DL, Carson JL. Tobacco dependence treatment for hospitalized smokers: a randomized, controlled, pilot trial using varenicline. Addictive Behaviors. 2011;36(12):1127-32.

159. Sutherland G, Stapleton JA. Nasal nicotine spray for dependent smokers. Journal of Smoking Related Disorders. 1994;5(Suppl 1):195-201.

160. Sutherland G, Stapleton JA, Russell MA, Jarvis MJ, Hajek P, Belcher M, et al. Randomised controlled trial of nasal nicotine spray in smoking cessation. Lancet. 1992;340(8815):324-9.

161. Sutton SR, Hallett R. Randomized trial of brief individual treatment for smoking using nicotine chewing gum in a workplace setting. Am J Public Health. 1987;77:1210-1.

162. Swan GE, McAfee T, Curry SJ, Jack LM, Javitz H, Dacey S, et al. Effectiveness of bupropion sustained release for smoking cessation in a health care setting: a randomized trial. Archives of Internal Medicine. 2003;163(19):2337-44.

163. Tashkin D, Kanner R, Bailey W, Buist S, Anderson P, Nides M, et al. Smoking cessation in patients with chronic obstructive pulmonary disease: a double-blind, placebo-controlled, randomised trial. Lancet. 2001;357(9268):1571-5.

164. Tashkin DP, Rennard S, Hays JT, Ma W, Lawrence D, Lee TC. Effects of varenicline on smoking cessation in patients with mild to moderate COPD: a randomized controlled trial. Chest. 2011;139(3):591-9.

165. Tonnesen P, Fryd V, Hansen M, Helsted J, Gunnersen AB, Forchammer H, et al. Two and four mg nicotine chewing gum and group counselling in smoking cessation: an open, randomized, controlled trial with a 22 month follow-up. Addictive Behaviors. 1988;13(1):17-27.

166. Tonnesen P, Fryd V, Hansen M, Helsted J, Gunnersen AB, Forchammer H, et al. Effect of nicotine chewing gum in combination with group counselling on the cessation of smoking. New England Journal of Medicine. 1988;318(1):15-8.

167. Tonnesen P, Lauri H, Perfekt R, Mann K, Batra A. Efficacy of a nicotine mouth spray in smoking cessation: a randomised, double-blind trial. European Respiratory Journal. 2012;40(3):548-54.

168. Tonnesen P, Mikkelsen K, Bremann L. Nurse-conducted smoking cessation in patients with COPD using nicotine sublingual tablets and behavioral support. Chest. 2006;130(2):334-42.

169. Tonnesen P, Mikkelsen K, Norregaard J, Jorgensen S. Recycling of hard-core smokers with nicotine nasal spray. European Respiratory Journal. 1996;9(8):1619-23.

170. Tonnesen P, Mikkelsen KL. Smoking cessation with four nicotine replacement regimes in a lung clinic. European Respiratory Journal. 2000;16(4):717-22.

171. Tonnesen P, Norregaard J, Mikkelsen K, Jorgensen S, Nilsson F. A double-blind trial of a nicotine inhaler for smoking cessation. JAMA. 1993 Mar 10;269(10):1268-71.

172. Tonnesen P, Norregaard J, Sawe U. Two-year outcome in a smoking cessation trial with a nicotine patch. Journal of Smoking-Related Disorders. 1992;3:241-5.

173. Tonnesen P, Norregaard J, Simonsen K, Sawe U. A double-blind trial of a 16-hour transdermal nicotine patch in smoking cessation. New England Journal of Medicine. 1991;325(5):311-5.

174. Tonnesen P, Paoletti P, Gustavsson G, Russell MA, Saracci R, Gulsvik A, et al. Higher dosage nicotine patches increase one-year smoking cessation rates: Results from the European CEASE trial. European Respiratory Journal. 1999;13(2):238-46.

175. Tonnesen P, Tonstad S, Hjalmarson A, Lebargy F, van Spiegel PI, Hider A, et al. A multicentre, randomized, double-blind, placebo-controlled, 1-year study of bupropion SR for smoking cessation. Journal of Internal Medicine. 2003;254(2):184-92.

176. Tonstad S, Farsang C, Klaene G, Lewis K, Manolis A, Perruchoud AP, et al. Bupropion SR for smoking cessation in smokers with cardiovascular disease: a multicentre, randomised study. European Heart Journal. 2003;24(10):946-55.

177. Tsai ST, Cho HJ, Cheng HS, Kim CH, Hsueh KC, Billing CB, Jr., et al. A randomized, placebo-controlled trial of varenicline, a selective alpha4beta2 nicotinic acetylcholine receptor partial agonist, as a new therapy for smoking cessation in Asian smokers. Clinical Therapeutics. 2007;29(6):1027-39.

178. Tsukahara H, Noda K, Saku K. A randomized controlled open comparative trial of varenicline vs. nicotine patch in adult smokers: efficacy, safety and withdrawal symptoms (the VN-SEESAW study). Circulation Journal. 2010;74(4):771-8.

179. Uyar M, Filiz A, Bayram N, Elbek O, Herken H, Topcu A, et al. A randomized trial of smoking cessation. Medication versus motivation. Saudi Medical Journal. 2007;28(6):922-6.

180. Wagena EJ, Knipschild PG, Huibers MJ, Wouters EF, van Schayck CP. Efficacy of bupropion and nortriptyline for smoking cessation among people at risk for or with chronic obstructive pulmonary disease. Archives of Internal Medicine. 2005;165(19):2286-92.

181. Wallstrom M, Nilsson F, Hirsch JM. A randomized, double-blind, placebo-controlled clinical evaluation of a nicotine sublingual tablet in smoking cessation. Addiction (Abingdon, England). 2000;95(8):1161-71.

182. Wang C, Xiao D, Chan KP, Pothirat C, Garza D, Davies S. Varenicline for smoking cessation: A placebo-controlled, randomized study. Respirology. 2009;14(3):384-92.

183. Ward KD, Asfar T, Al AR, Rastam S, Weg MW, Eissenberg T, et al. Randomized trial of the effectiveness of combined behavioral/pharmacological smoking cessation treatment in Syrian primary care clinics. Addiction. 2013;108(2):394-403.

184. Warner DO, Patten CA, Ames SC, Offord KP, Schroeder DR. Effect of nicotine replacement therapy on stress and smoking behavior in surgical patients. Anesthesiology. 2005 Jun;102(6):1138-46.

185. Wennike P, Danielsson T, Landfeldt B, Westin A, Tonnesen P. Smoking reduction promotes smoking cessation: results from a double blind, randomized, placebo-controlled trial of nicotine gum with 2-year follow-up. Addiction (Abingdon, England). 2003;98(10):1395-402.

186. Westman EC, Levin ED, Rose JE. The nicotine patch in smoking cessation. A randomized trial with telephone counselling. Archives of Internal Medicine. 1993;153(16):1917-23.

187. Williams JM, Anthenelli RM, Morris CD, Treadow J, Thompson JR, Yunis C, et al. A randomized, double-blind, placebo-controlled study evaluating the safety and efficacy of varenicline for smoking cessation in patients with schizophrenia or schizoaffective disorder. Journal of Clinical Psychiatry. 2012;73(5):654-60.

188. Williams KE, Reeves KR, Billing CB, Jr., Pennington AM, Gong J. A double-blind study evaluating the long-term safety of varenicline for smoking cessation. Current Medical Research and Opinion. 2007;23(4):793-801.

189. Wittchen HU, Hoch E, Klotsche J, Muehlig S. Smoking cessation in primary care - a randomized controlled trial of bupropione, nicotine replacements, CBT and a minimal intervention. International journal of methods in psychiatric research. 2011;20(1):28-39.

190. Wong J, Abrishami A, Yang Y, Zaki A, Friedman Z, Selby P. A perioperative smoking cessation intervention with varenicline: a double-blind, randomized, placebo-controlled trial. Anesthesiology. 2012;117(4):755-64.

191. Zellweger JP, Boelcskei PL, Carrozzi L, Sepper R, Sweet R, Hider AZ. Bupropion SR vs. placebo for smoking cessation in health care professionals. American Journal of Health Behavior. 2005;29(3):240-9.

192. Zernig G, Wallner R, Grohs U, Kriechbaum N, Kemmler G, Saria A. A randomized trial of short psychotherapy versus sustained-release bupropion for smoking cessation. Addiction (Abingdon, England). 2008;103(12):2024-31.

APPENDIX C: LIST OF EXCLUDED STUDIES

1. How successful are nicotine patches in smoking cessation? Deutsche Apotheker Zeitung. 2003;143(33):45-6.
2. Abdullah AS, Mak YW, Loke AY, Lam TH. Smoking cessation intervention in parents of young children: a randomised controlled trial. Addiction (Abingdon, England). 2005;100(11):1731-40.
3. Abdullah ASM, Lam TH, Mak YW, Loke AY. A randomized control trial of a smoking cessation intervention on parents of young children- a preliminary report (POS2-011). . Society for Research on Nicotine and Tobacco 10th Annual Meeting 2004;February 18-21, Phoenix, Arizona. 2004.:65.
4. Abelin T, Ehrsam R, Imhof P, Muller P, Howald H. Clinical experience with a transdermal nicotine system in healthy nicotine-dependent smokers. . In: Wilhemsen L editor(s) Smoking as a cardiovascular risk factor - new strategies for smoking cessation. 1991;Hogrefe & Huber:35-46.
5. Abroms LC, Windsor R, Simons-Morton B. A formative evaluation of an email-based program for smoking cessation in young adults (POS1-115). Society for Research on Nicotine and Tobacco, 13th Annual Meeting; 21-24 February, 2007; Austin, TX2007. p. 68.
6. Adolfo AB, Tidey JW. Effects of bupropion-SR on smoking in people with schizophrenia. ClinicalTrials gov [www clinicaltrials gov]. 2005.
7. Aertsen-Van Der Kuip M, Besselink RM, Vlugt MJ, Peters E, Fouwels AJ, Wollersheim H, et al. Successful motivational interviewing for smoking cessation in a secondary cardiovascular prevention clinic. European Heart Journal. 2006;27(Suppl 1):165.
8. Afssaps. Recommendation of good practice: Therapeutic strategies, with or without the assistance of medicine-based treatment, for stopping smoking (May 2003). Gynecologie, Obsterique & Fertilite. 2004;32(5):451-70.
9. Ahijevych K, Wewers ME. Low-intensity smoking cessation intervention among African-American women cigarette smokers: a pilot study. American Journal of Health Promotion. 1995;9(5):337-9.
10. Ahluwalia JS, Richter KP, Mayo MS, Resnicow K. Quit for Life: A randomized trial of culturally sensitive materials for smoking cessation in African Americans. Journal of General Internal Medicine. 1999;14 Suppl 2:6.
11. Ahmadi J, Ashkani H, Ahmadi M, Ahmadi N. Twenty-four week maintenance treatment of cigarette smoking with nicotine gum, clonidine and naltrexone. J Subst Abuse Treat. 2003;24(3):251-5.
12. Akbarpour F, Rezaei O, Khodaie-Ardakani MR, Sheikhvatan M, Goodarzi H, Dolatshahi B. A double-blind placebo-controlled trial of bupropion for smoking abstinence and cognition improvement in schizophrenia. Minerva Psichiatrica. 2010;51(4):263-9.
13. Aleixandre i Marti E, Casanova Matutano MA, Mitjans Lafont J, Sanchez Monfort J, Sanmartin Almenar A. [Clinical trial of 2 tobacco use cessation interventions in primary care]. Aten Primaria. 1998 Oct 31;22(7):424-8.
14. Aleixandre i Marti E, Mitjans JF, Casanova MA, Sanchez J, Belloch A. Clinical trial of two interventions of tobacco cessation in primary care. Atencion Primaria. 1996;18(Suppl 1):212.
15. Allaway L, Stevens VJ. Respiratory care practitioners can provide effective smoking-cessation counseling to hospitalized smokers. Respiratory Care. 1996;41(11):1026-9.
16. Alsagoff F, Lee HP. Nicotine-replacement products in smoking cessation: a review. Singapore Medical Journal. 1993;34(6):505-10.
17. Ames SC, Werch CE, Ames GE, Lange LJ, Schroeder DR, Hanson AC, et al. Integrated smoking cessation and binge drinking intervention for young adults: a pilot investigation. Annals of Behavioral Medicine. 2010;40(3):343-9.
18. An LC, Partin M, Zhu SH, Arikian NJ, Nelson DB, Nugent SM. Delivery of bupropion SR as part of a telephone counseling intervention for veteran smokers (POS1-040). Society for Research on Nicotine and Tobacco 10th Annual Meeting February 18 21, Phoenix, Arizona. 2004:44.

19. An LC, Zhu SH, Arikian NJ, Nelson DB, Nugent SM, Partin M. Telestop: a randomized trial of increased access to behavioral and pharmacological therapy for smoking cessation (abstract). Nicotine and Tobacco Research. 2005;7(4):689.

20. An LC, Zhu SH, Nelson DB, Arikian NJ, Nugent S, Partin MR, et al. Benefits of telephone care over primary care for smoking cessation: a randomized trial. Archives of Internal Medicine. 2006;166(5):536-42.

21. Andersen S. Do indigenous helpers foster smoking cessation in adult smokers? Addictive Behaviors. 2006;31(8):1496-502.

22. Andolsek KM. Safety of nicotine patch for patients with cardiac disease. American Family Physician. 1997;55(4):1429-32.

23. Andrews JO. Sister to sister: A community partnered tobacco cessation intervention in low income housing developments: University of South Carolina; 2004.

24. Andrews JO. Sister to sister: A community partnered tobacco cessation intervention in low income housing developments. Dissertation Abstracts International. 2004;12:6286.

25. Andrews JO, Felton G, Ellen WM, Waller J, Tingen M. The effect of a multi-component smoking cessation intervention in African American women residing in public housing. Research in Nursing and Health. 2007;30(1):45-60.

26. Andrews K, Bale P, Chu J, Cramer A, Aveyard P. A randomized controlled trial to assess the effectiveness of a letter from a consultant surgeon in causing smokers to stop smoking pre-operatively. Public Health. 2006;120(4):356-8.

27. Evaluation of the efficacy of varenicline on cognition, safety, tolerability and pharmacokinetics in subjects with mild-to-moderate Alzheimer's disease; [Official title] A phase 2 multicenter, double-blind, placebo-controlled, crossover trial of varenicline tartrate (CP-526,555) in patients with mild to moderate Alzheimer's disease [database on the Internet]2009. Available from: http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/749/CN-00724749/frame.html.

28. Anthonisen NR, Connett JE, Kiley JP, Altose MD, Bailey WC, Buist AS, et al. Effects of smoking intervention and the use of an inhaled anticholinergic bronchodilator on the rate of decline of FEV1. The Lung Health Study. JAMA. 1994;272(19):1497-505.

29. Antonopoulos MS, Bercume CM. Varenicline (Chantix): A new treatment option for smoking cessation. P and T. 2007;32(1):20-6+53.

30. Arcari PM. Efficacy of a workplace smoking cessation program: mindfulness meditation vs. cognitive-behavioral interventions. Dissertation Abstracts International. 1996;57(10):6174.

31. Areechon W, Punnotok J. Smoking cessation through the use of nicotine chewing gum: a double-blind trial in Thailand. Clin Ther 1988;10(2):183-6.

32. Armitage CJ. A volitional help sheet to encourage smoking cessation: a randomized exploratory trial. Health Psychology. 2008;27(5):557-66.

33. Arrechon W, Punnontok J. Smoking cessation through the use of nicotine chewing gum: A doubleblind trial in Thailand. Clinical Therapeutics. 1988;10:183-6.

34. Arroll B. A cheap medication for smoking cessation. New Zealand Medical Journal. 2002;115(1156):303.

35. Asfar T, Ebbert JO, Klesges RC, Relyea GE. Do smoking reduction interventions promote cessation in smokers not ready to quit? Addictive Behaviors. 2011;36(7):764-8.

36. Audrain J, Boyd NR, Roth J, Main D, Caporaso NF, Lerman C. Genetic susceptibility testing in smoking-cessation treatment: one-year outcomes of a randomized trial. Addictive Behaviors. 1997;22(6):741-51.

37. Aveyard P, Johnson C, Fillingham S, Parsons A, Murphy M. Nortriptyline plus nicotine replacement versus placebo plus nicotine replacement for smoking cessation: pragmatic randomised controlled trial. BMJ. 2008;336(7655):1223-7.

38. Aytemur ZA, Pismisoglu B, Kilinc O, Pismisoglu E, Hacievliyagil SS, Karaman C. Intensive clinic intervention plus psychodrama in smoking cessation and effects on cessation outcome. Turkiye Klinikleri Journal of Medical Sciences. 2012;32(3):630-7.

39. Baddeley GM, Schomer HH, Albrecht CF. Nicotine gum and psychological support in smoking cessation. A pilot study in South Africa. South African Medical Journal. 1988;73(7):409-11.

40. Bailey SR, Fong DM, Bryson SW, Fortmann SP, Killen JD. Perceived drug assignment and treatment outcome in smokers given nicotine patch therapy. J Subst Abuse Treat. 2010;39(2):150-6.

41. Baillie AJ, Mattick RP, Hall W, Webster P. Meta-analytic review of the efficacy of smoking cessation interventions. Drug and Alcohol Review. 1994;13(2):157-70.

42. Baker A, Richmond R, Kay-Lambkin F, Lewin TJ, Carr VJ. Randomized controlled trial of a smoking cessation intervention among people with a psychotic disorder: 3-year follow-up (PA2-2). Society for Research on Nicotine and Tobacco 13th Annual Meeting February 21 24, Austin, Texas. 2007:19.

43. Balamuth WA, Guarino MA, Lisbin J, Dougherty MF. Weight control program reinforces smoking cessation. American Journal of Public Health78 (9) ()(pp 1240-1241), 1988Date of Publication: 1988. 1988(9):1240-1.

44. Barrueco FM, Jimenez RC, Palomo CL, Torrecilla GM, Romero PP, Riesco Miranda JA. Continuous and momentous tobacco abstinence with pharmacologic therapy in clinical practice. Med Clin (Barc). 2004;123(17):652-6.

45. Basler H, Brinkmeier U, Buser K. Nicotine gum assisted group therapy in smokers with an increased risk of coronary disease-evaluation in a primary care setting format. Health Education Research. 1992;7:87-95.

46. Bastian LA, Fish LJ, Peterson BL, Biddle AK, Garst J, Lyna P, et al. Assessment of the impact of adjunctive proactive telephone counseling to promote smoking cessation among lung cancer patients' social networks. American Journal of Health Promotion. 2013;27(3):181-90.

47. Batra A, Buchkremer G. Does length of nicotine replacement therapy predict long term abstinence in smokers? Sucht. 2000;46(6):414-23.

48. Batra A, Klingler K, Landfeldt B, Friederich HM, Westin A, Danielsson T. Smoking reduction treatment with 4-mg nicotine gum: a double-blind, randomized, placebo-controlled study. Clinical Pharmacology and Therapeutics. 2005;78(6):689-96.

49. Batra A, Schroter M, Sattler K, Frittrang T, Buchkremer G. Relapse management as a treatment strategy in smoking cessation - comparison of two behavioural treatment programmes. Society for Research on Nicotine and Tobacco 5th European Meeting November 20 22 2003 Padua: Abstract Book. 2003.

50. Batra A, Schupp P, Buchkremer G. Combined use of nicotine replacement products in highly dependent smokers - effectiveness of nasal spray and patch [abstract]. Nicotine and Tobacco Research. 1999;1(2):188-9.

51. Bauman KE, Ennett ST, Foshee VA, Pemberton M, King TS, Koch GG. Influence of a family-directed program on adolescent cigarette and alcohol cessation. Prev Sci. 2000;1(4):227-37.

52. Becker BM, Bock BC, Partridge R. Smoking cessation interventions in the emergency department for smokers with chest pain. Academic Emergency Medicine. 2003;10(5):507.

53. Becker KM, Rose JE, Albino AP. A randomized trial of nicotine replacement therapy in combination with reduced-nicotine cigarettes for smoking cessation. Nicotine Tob Res. 2008;10(7):1139-48.

54. Becona E, Garcia MP. Nicotine fading and smokeholding methods to smoking cessation. Psychological Reports. 1993;73(3 Pt 1):779-86.

55. Becona E, Vazquez FL. Does using relapse prevention increase the efficacy of a program for smoking cessation? An empirical study. Psychological Reports. 1997;81(1):291-6.

56. Becona E, Vazquez FL. Efficacy of a behavioral multicomponent cessation program at five year follow-up. Research Communications in Biological Psychology and Psychiatry23 (1-2) ()(pp 9-17), 1998Date of Publication: 1998. 1998(1-2):9-17.

57. Becona E, Vazquez FL. Comparison of the efficacy of a self-help smoking cessation by mail with a manual in one-time intervention or weekly intervention. Psiquis. 2001;22(4):41-50.

58. Beglinger C, Frey C, Abelin T. Modification of smoking behavior using long-distance methods. Sozial- und Praventivmedizin. 1977;22(4):182-3.

59. Berg CJ, Thomas JL, An LC, Guo H, Collins T, Okuyemi KS, et al. Change in smoking, diet, and walking for exercise in Blacks. Health Education & Behavior. 2012;39(2):191-7.

60. Bergmann L, Warncke W, Herschel M. Bupropion SR for weaning from smoking in relapsed smokers: results of an open multicentre trial in Germany. Pneumologie. 2004;58(3):140-6.

61. Berlin I, Chen H, Covey LS. Depressive mood, suicide ideation and anxiety in smokers who do and smokers who do not manage to stop smoking after a target quit day. Addiction. 2010;105(12):2209-16.

62. Berlin I, Said S, Spreux-Varoquaux O, Launay JM, Olivares R, Millet V, et al. A reversible monoamine oxidase A inhibitor (moclobemide) facilitates smoking cessation and abstinence in heavy, dependent smokers. Clinical Pharmacology and Therapeutics. 1995;58(4):444-52.

63. Berman BA, Gritz ER, Braxton-Owens H, Nisenbaum R. Targeting adult smokers through a multi-ethnic public school system. Journal of Cancer Education. 1995;10(2):91-101.

64. Bernard HS, Efran JS. Eliminating versus reducing smoking using pocket timers. Behaviour Research and Therapy. 1972;10(4):399-401.

65. Bertera R, Oehl L, Telepchak J. Self-help versus group approaches to smoking cessation in the workplace: eighteen-month follow-up and cost analysis. American Journal of Health Promotion. 1990;4:187-92.

66. Best J, Suedfeld P. Restricted environmental stimulation therapy and behavioral self- managament in smoking cessation. Journal of Applied Social Psychology. 1982;12(5):408-19.

67. Bitton A. Intensive smoking cessation programs for hospitalized coronary patients: A proven intervention in need of implementation. . Journal of Clinical Outcomes Management. 2009;16(9):396-7.

68. Bjurlin MA, Lombardo LM, Cohn MR, Kim DY, Hurley SD, Palmer CJ, et al. Smoking cessation using brief tailored intervention: A prospective trial in the urology setting. Journal of UrologyConference: 2012 Annual Meeting of the American Urological Association, AUA Atlanta, GA United StatesConference Start: 20120519 Conference End: 20120523Conference Publication: (varpagings)187 (4 Suppl 1) ()(pp e267), 2012Date. 2012(var.pagings):e267.

69. Bliksrud T, Nygaard E. [Telephone Quitline and changed smoking behavior]. Tidsskrift for Den Norske Laegeforening. 2002;122(27):2616-8.

70. Blom RA, Mulder M, Spiegel PI, Christenhusz LCA. Determinants of successful quitting in patients with COPD. Society for Research on Nicotine and Tobacco 11th Annual Meeting20 23 March; Prague, Czech Republic. 2005.

71. Blondal T. Controlled trial of nicotine polacrilex gum with supportive measures. Archives of Internal Medicine. 1989;149(8):1818-21.

72. Blondal T, Gudmundsson LJ, Tomasson K, Jonsdottir D, Hilmarsdottir H, Kristjansson F, et al. The effects of fluoxetine combined with nicotine inhalers in smoking cessation - A randomized trial. Addiction. 1999(94 (7)):1007-15.

73. Blondal T, Ludviksdottir D, Gudmundsson L, Olafsdottir I, Gustavsson G, Westin A. Efficacy of nicotine nasal spray added to transdermal nicotine patches in smoking cessation [Abstract]. . Proceedings of the 10th World Conference on Tobacco or Health; Aug 24-28; Beijing, China. 1997;48.

74. Blondal T, Olafsdottir I, Gunnarsdottir R, Franzon M, Westin A. Controlled trial of nicotine nasal spray as an aid to stopping smoking [abstract]. European Respiratory Journal. 1993;6(Suppl 17):631S.

75. Blum A. Nicotine chewing gum and the medicalization of smoking. Annals of Internal Medicine. 1984;101(1):121-3.

76. Bobo JK, McIlvain HE, Lando HA, Walker RD. A randomized community intervention trial of providing smoking cessation counseling in residential alcohol treatment centers. American Journal of Epidemiology. 1995;141(Suppl. 11):S38.

77. Bock BC, Hudmon KS, Christian J, Graham AL, Bock FR. A tailored intervention to support pharmacy-based counseling for smoking cessation. Nicotine Tob Res. 2010;12(3):217-25.

78. Bock BC, Niaura RS, Neighbors CJ, Carmona-Barros R, Azam M. Differences between Latino and non-Latino White smokers in cognitive and behavioral characteristics relevant to smoking cessation. Addict Behav. 2005 May;30(4):711-24.

79. Bohadana A, Nilsson F, Rasmussen T, Martinet Y. Gender differences in quit rates following smoking cessation with combination nicotine therapy: influence of baseline smoking behavior. Nicotine Tob Res. 2003;5(1):111-6.

80. Bohandana AB, Nilsson F, Martinet Y. Nicotine inhaler and nicotine patch: a combination therapy for smoking cessation [abstract]. Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco. 1999;1(2):189.

81. Bolger K, Carter K, Curtin L, Martz DM, Gagnon SG, Michael KD. Motivational interviewing for smoking cessation among college students. Journal of College Student Psychotherapy. 2010;24(2):116-29.

82. Bolin LJ. A study of two regimens of transdermal nicotine replacement therapy in smoking cessation: U Nevada; 1996.

83. Bolin LJ, Follette WC, Antonuccio DO, Krumpe P. Transdermal nicotine: The long and the short of it. Psychology of Addictive Behaviors. 1999;13(2):152-6.

84. Bolliger CT, Issa JS, Posadas VR, Safwat T, Abreu P, Correia-Ea e. A Randomized Trial Of Varenicline For Smoking Cessation In Latin America, Africa And The Middle East [Abstract]. American Journal of Respiratory and Critical Care Medicine. 2010;181:A2648.

85. Bolman C, de VH, van BG. A minimal-contact intervention for cardiac inpatients: long-term effects on smoking cessation. Preventive Medicine. 2002;35(2):181-92.

86. Bolt DM, Piper ME, Theobald WE, Baker TB. Why two smoking cessation agents work better than one: role of craving suppression. Journal of Consulting and Clinical Psychology. 2012;80(1):54-65.

87. Bordnick PS, Traylor AC, Carter BL, Graap KM. A feasibility study of virtual reality-based coping skills training for nicotine dependence. Research on Social Work Practice. 2012;22(3):293-300.

88. Borland R, Balmford J, Benda P. Population-level effects of automated smoking cessation help programs: a randomized controlled trial. Addiction. 2012 Mar;108(3):618-28.

89. Borland R, Balmford J, Hunt D. The effectiveness of personally tailored computer-generated advice letters for smoking cessation. Addiction (Abingdon, England). 2004;99(3):369-77.

90. Borland R, Balmford J, Segan C, Livingston P, Owen N. The effectiveness of personalized smoking cessation strategies for callers to a Quitline service. Addiction (Abingdon, England). 2003;98(6):837-46.

91. Borland R, Hunt R, Balmford J. A randomised trial of a program of computer-generated personalized advice focussing on relapse prevention. Society for Research on Nicotine and Tobacco 8th Annual Meeting February 20 23 Savannah, Georgia. 2002:56.

92. Borland R, Segan CJ, Livingston PM, Owen N. The effectiveness of callback counselling for smoking cessation: a randomized trial. Addiction (Abingdon, England). 2001;96(6):881-9.

93. Borrelli B, McQuaid EL, Becker B, Hecht J, Papandonatos G, Fritz G. Motivating parents of kids with asthma to quit smoking: preliminary effects on ETS and smoking cessation (POS2-010). Society for Research on Nicotine and Tobacco 10th Annual Meeting February 18 21, Phoenix, Arizona. 2004:65.

94. Bovet P, Perret F, Cornuz J, Quilindo J, Paccaud F. Improved smoking cessation in smokers given ultrasound photographs of their own atherosclerotic plaques. Preventive Medicine. 2002;34(2):215-20.

95. Bowers TG, Winett RA, Frederiksen LW. Nicotine fading, behavioral contracting, and extended treatment: effects on smoking cessation. Addictive Behaviors. 1987;12(2):181-4.

96. Boyle RG, Solberg LI, Asche SE, Maciosek MV, Boucher JL, Pronk NP. Proactive recruitment of health plan smokers into telephone counseling. Nicotine Tob Res. 2007;9(5):581-9.

97. Bramley D, Riddell T, Whittaker R, Corbett T, Lin RB, Wills M, et al. Smoking cessation using mobile phone text messaging is as effective in Maori as non-Maori. New Zealand Medical Journal. 2005;118(1216):U1494, 2005.

98. Brandon TH, Zelman DC, Baker TB. Effects of maintenance sessions on smoking relapse: delaying the inevitable? Journal of Consulting and Clinical Psychology. 1987;55:780-2.

99. Brandstein K. A proactive smoking cessation intervention with hospitalized smokers: A randomized controlled trial: U California; 2011.

100. Brantmark B, Ohlin P, Westling H. Nicotine-containing chewing gum as an anti-smoking aid. Psychopharmacologia. 1973 Jul 19;31(3):191-200.

101. Bredesen H, Lous J. Smoking cessation with special focus on primary health care. Ugeskrift for Laeger. 2009;171(9):683-8.

102. Bredie SJ, Fouwels AJ, Wollersheim H, Schippers GM. Effectiveness of Nurse Based Motivational Interviewing for smoking cessation in high risk cardiovascular outpatients: a randomized trial. Eur j cardiovasc nurs. 2010;10(3):174-9.

103. Breitling LP, Twardella D, Brenner H. High effectiveness of short treatment with bupropion for smoking cessation in general care. Thorax. 2008;63(5):476-7.

104. Brendryen H, Drozd F, Kraft P. A digital smoking cessation program delivered through internet and cell phone without nicotine replacement (happy ending): randomized controlled trial. Journal of Medical Internet Research. 2008;10(5):e51.

105. Brendryen H, Kraft P. A RCT of an internet and cell-phone based smoking cessation intervention. Psychol Health. 2006;21:23-4.

106. Brendryen H, Kraft P. Happy ending: a randomized controlled trial of a digital multi-media smoking cessation intervention. Addiction. 2008;103(3):478-84.

107. Bricker JB, Liu J, Comstock BA, Peterson AV, Kealey KA, Marek PM. Social cognitive mediators of adolescent smoking cessation: results from a large randomized intervention trial. Psychol Addict Behav. 2010;24(3):436-45.

108. Brockway BS, Kleinmann G, Edleson J, Gruenewald K. Non-aversive procedures and their effect on cigarette smoking. Addictive Behaviors. 1977;2(2-3):121-8.

109. Bronson DL, Flynn BS, Solomon LJ, Vacek P, Secker-Walker RH. Smoking cessation counseling during periodic health examinations. Archives of Internal Medicine. 1989;149(7):1653-6.

110. Bronson DL, O'Meara K. The impact of shared medical records on smoking awareness and behavior in ambulatory care. Journal of General Internal Medicine. 1986;1(1):34-7.

111. Brown DW. Nurse-led intervention increases smoking cessation among people with coronary heart disease. Evidence-Based Healthcare. 2004;8(3):128-30.

112. Brown RA, Lichtenstein E, McIntyre KO, Harrington-Kostur J. Effects of nicotine fading and relapse prevention on smoking cessation. Journal of Consulting and Clinical Psychology. 1984;52(2):307-8.

113. Brown RA, Niaura R, Lloyd-Richardson EE, Strong DR, Kahler CW, Abrantes AM, et al. Bupropion and cognitive-behavioral treatment for depression in smoking cessation. Nicotine Tob Res. 2007;9(7):721-30.

114. Brown RA, Strong DR, Abrantes AM, Myers MG, Ramsey SE, Kahler CW. Effects on substance use outcomes in adolescents receiving motivational interviewing for smoking cessation during psychiatric hospitalization. Addictive Behaviors. 2009;34(10):887-91.

115. Bruel A, Cleemput I, Linden A, Schoefs D, Ramaekers D, Bonneux L. Effectiveness and cost-effectiveness of treatments for smoking cessation. Health Technology Assessment Database2004.

116. Brunner-Frandsen NS, Bak S. Smoking cessation intervention after stroke or transient ischemic attack. A randomised controlled trial. Cerebrovascular DiseasesConference: 19th European Stroke Conference Barcelona Spain. 2010.

117. Buchkremer G, Bents H, Horstmann M, Opitz K, Tolle R. Combination of behavioral smoking cessation with transdermal nicotine substitution. Addictive Behaviors. 1989;14(2):229-38.

118. Buchkremer G, Bents H, Minneker E, Opitz K. Longterm-effects of smoking cessation therapy combining behavior therapy and transdermal nicotine substitution. <ORIGINAL> LANGFRISTIGE EFFEKTE EINER KOMBINATION VON TRANSDERMALER NIKOTINZUFUHR MIT VERHALTENSTHERAPIE ZUR RACHERENTWOHNUNG. Nervenarzt. 1988;59(8):488-90.

119. Buchkremer G, Minneker E. Efficiency of multimodal smoking cessation therapy combining transdermal nicotine substitution with behavioral therapy. Methods and findings in experimental and clinical pharmacology. 1989;11(3):215-8.

120. Buffels J, Degryse J, Decramer M, Heyrman J. Can spirometry improve the success rate of smoking cessation in general practice [abstract]. European Respiratory Journal. 2005;26(Suppl 49):670s.

121. Buller D, Borland R, Severson H, Bettinghaus E, Haperin A, Tinkelman D. Results of a randomized trial comparing an online smoking cessation program to a self-help booklet and telephone quit line among young adults (POS2-17). Society for Research on Nicotine and Tobacco 18th Annual Meeting March 13 16, 2012, Houston, Texas. 2012:66.

122. Burling TA, Marotta J, Gonzalez R, Moltzen JO, Eng AM, Schmidt GA, et al. Computerized smoking cessation program for the worksite: treatment outcome and feasibility. J Consult Clin Psychol. 1989 Oct;57(5):619-22.

123. Burling TA, Marshall GD, Seidner AL. Smoking cessation for substance abuse inpatients. Journal of substance abuse. 1991;3(3):269-76.

124. Burns EK, Tong S, Levinson AH. Reduced NRT supplies through a quitline: smoking cessation differences. Nicotine and Tobacco Research. 2010;12(8):845-9.

125. Burt A, Thornley P, Illingworth D, White P, Shaw TR, Turner R. Stopping smoking after myocardial infarction. Lancet. 1974 Feb 23;1(7852):304-6.

126. Burton S, Campbell IA, Prescott RJ. Nicotine patches versus placebo in 235 hospital patients [abstract 191]. Abstracts from the 8th World Conference on Tobacco or Health, Mar 30-Apr 3; Buenos Aires, Argentina. 1992.

127. Bush T, Levine MD, Beebe LA, Cerutti B, Deprey M, McAfee T, et al. Addressing weight gain in smoking cessation treatment: a randomized controlled trial. American Journal of Health Promotion. 2012;27(2):94-102.

128. Byrne DG, Whyte HM. The efficacy of community-based smoking cessation strategies: a long-term follow-up study. International Journal of the Addictions. 1987;22(8):791-801.

129. Cabezas C, Advani M, Puente D, Rodriguez-Blanco T, Martin C, Group IS. Effectiveness of a stepped primary care smoking cessation intervention: cluster randomized clinical trial (ISTAPS study). Addiction. 2011;106(9):1696-706.

130. Camarelles F, Asensio A, Jimenez-Ruiz C, Becerril B, Rodero D, Vidaller O. Effectiveness of a group therapy intervention to quit smoking. Randomized clinical trial. Med Clin (Barc). 2002;119(2):53-7.

131. Campbell IA. Safety profile of bupropion for chronic obstructive pulmonary disease. Lancet. 2001;358(9286):1010.

132. Campbell IA, Hansford M, Prescott RJ. Effect of a "stop smoking" booklet on smokers attending for chest radiography: a controlled study. Thorax. 1986;41(5):369-71.

133. Campbell IA, Lyons E, Prescott RJ. Stopping smoking. Do nicotine chewing-gum and postal encouragement add to doctors' advice. Practitioner. 1987;231(1423):114-7.

134. Caponnetto P, Cibella F, Mancuso S, Campagna D, Arcidiacono G, Polosa R. Effect of a nicotine-free inhalator as part of a smoking-cessation programme. European Respiratory Journal. 2011;38(5):1005-11.

135. Caponnetto P, Cibella F, Mancuso S, Russo C, Arcidiacono G, Polosa R. Effect of a nicotine free inhalator as part of a smoking cessation program [Abstract]. European Respiratory Society Annual Congress, Barcelona, Spain, September 18 22. 2010:2577.

136. Carpenter MJ, Hughes JR, Gray KM, Wahlquist AE, Saladin ME, Alberg AJ. Nicotine therapy sampling to induce quit attempts among smokers unmotivated to quit: a randomized clinical trial. Archives of Internal Medicine. 2011;171(21):1901-7.

137. Carpenter MJ, Hughes JR, Keely JP. Effect of smoking reduction on later cessation: a pilot experimental study. Nicotine Tob Res. 2003;5(2):155-62.

138. Cartwright A, Fowler G, Russell MAH, Stapleton J. Effect of nicotine chewing gum as an adjunct to general practitioners' advice against smoking. British Medical Journal. 1984;288(6411):145.

139. Catz SL, Jack LM, McClure JB, Javitz HS, Deprey M, Zbikowski SM, et al. Adherence to varenicline in the COMPASS smoking cessation intervention trial. Nicotine Tob Res. 2011;13(5):361-8.

140. Catz SL, Jack LM, Swan GE, McClure JB. Adherence to bupropion SR in a smoking cessation effectiveness trial (POS2-77). Society for Research on Nicotine and Tobacco 12th Annual Meeting; February 15-18; Orlando, Florida2006. p. 94.

141. Cavallo DA, Cooney JL, Duhig AM, Smith AE, Liss TB, McFetridge AK. Combining cognitive behavioral therapy with contingency management for smoking cessation in adolescent smokers: A preliminary comparison of two different CBT formats. American Journal on Addictions / American Academy of Psychiatrists in Alcoholism and Addictions. 2007;16(6):468-74.

142. Chahal AS, Kishan J, Dhillon A. A comparative study of the role of physician advice and nicotine replacement therapy in smoking cessation. Chest. 2005;128(4):386S.

143. Chan SS, Leung DY, Abdullah AS, Lo SS, Yip AW, Kok WM, et al. Smoking-cessation and adherence intervention among Chinese patients with erectile dysfunction. American Journal of Preventive Medicine. 2010;39(3):251-8.

144. Chan SS, Leung DY, Abdullah AS, Wong VT, Hedley AJ, Lam TH. A randomized controlled trial of a smoking reduction plus nicotine replacement therapy intervention for smokers not willing to quit smoking. Addiction. 2011;106(6):1155-63.

145. Chan SS, Leung DY, Lau C, Wong V, Lam T. Cost-effectiveness analysis of a low intensity nurse-led stage-matched smoking cessation intervention to cardiac patients in Hong Kong. CirculationConference: World Congress of Cardiology Scientific Sessions 2010, WCC 2010 Beijing China. 2010;122(2):e87.

146. Chen J, Chen P. The individualized smoking counselling for smoking cessation in COPD patients and general smokers. RespirologyConference: 16th Congress of the Asian Pacific Society of Respirology Shanghai China. 2011;16:116.

147. Christen AG, McDonald JL, Jr., Olson BL, Drook CA, Stookey GK. Efficacy of nicotine chewing gum in facilitating smoking cessation. Journal of the American Dental Association. 1984;108(4):594-7.

148. Cinciripini PM, Lapitsky LG, Seay S, Wallfisch A, Meyer WJ, Vunakis H. A placebo-controlled evaluation of the effects of buspirone on smoking cessation: differences between high-anxiety and low- anxiety smokers [published erratum appears in J Clin Psychopharmacol 1995 Dec;15(6):408]. Journal of Clinical Psychopharmacology. 1995;15:182-91.

149. Cinciripini PM, Lapitsky LG, Wallfisch A, Mace R, Nezami E, Van VH. An evaluation of a multicomponent treatment program involving scheduled smoking and relapse prevention procedures: initial findings. Addictive Behaviors. 1994;19(1):13-22.

150. Circo A, Tosto A, Raciti S. First results of an anti-smoke outpatient unit: Comparison among three methods. Rivista di Cardiologia Preventiva e Riabilitativa3 (2) ()(pp 147-151), 1985Date of Publication: 1985. 1985(2):147-51.

151. Claiborn WL, Lewis P, Humble S. Stimulus satiation and smoking: a revisit. Journal of Clinical Psychology. 1972;28(3):416-9.

152. Clavel-Chapelon F, Paoletti C, Benhamou S. Smoking cessation rates 4 years after treatment by nicotine gum and acupuncture. Prev Med 1997;26(1):25-8.

153. Cohen SJ, Stookey GK, Katz BP, Drook CA, Christen AG. Helping smokers quit: a randomized controlled trial with private practice dentists. Journal of the American Dental Association. 1989;118(1):41-5.

154. Cohen SJ, Stookey GK, Katz BP, Drook CA, Smith DM. Encouraging primary care physicians to help smokers quit. A randomized, controlled trial. Annals of Internal Medicine. 1989;110(8):648-52.

155. Colditz GA, Huse DM, Delea TE, Oster G. Nicotine chewing-gum. Lancet. 1987;330(8556):458.

156. Coleman WD, Lee JW, Montgomery S, Blix G, Wang DQT. Evaluation of developmentally appropriate programs for adolescent tobacco cessation. Journal of School Health. 1999;69:314-9.

157. Colletti G, Kopel S. Maintaining behavior change: An investigation of three maintenance strategies and the relationship of self-attribution to the long-term reduction of cigarette smoking. Journal of Consulting and Clinical Psychology. 1979;47(3):614-7.

158. Collins B, Wyleto E, Patterson F, Audrain-McGovern J, Hawk L, Kaufmann V, et al. Gender differences in response to bupropion treatment in a randomized placebo-controlled smoking cessation trial. Cancer epidemiology, biomarkers & prevention. 2003;12(2):181.

159. Collins BN, Wileyto EP, Patterson F, Rukstalis M, Audrain-McGovern J, Kaufmann V, et al. Gender differences in smoking cessation in a placebo-controlled trial of bupropion with behavioral counseling. Nicotine Tob Res. 2004;6(1):27-37.

160. Conway TL, Woodruff SI, Edwards CC, Elder JP, Hurtado SL, Hervig LK. Operation stay quit: evaluation of two smoking relapse prevention strategies for women after involuntary cessation during U.S. navy recruit training. Military Medicine. 2004;169(3):236-42.

161. Cooke M, Mattick RP, Walsh RA. Implementation of the "Fresh Start" smoking cessation programme to 23 antenatal clinics: A randomized controlled trial investigating two methods of dissemination. Drug & Alcohol Review 2001;20:19-28.

162. Cooney N, Pilkey D, Steinberg H, Cooney J, Litt M, Oncken C. Efficacy of intensive versus brief smoking cessation treatment concurrent with intensive outpatient alcohol treatment (POS4-62). Society for Research on Nicotine and Tobacco 9th Annual Meeting 2003;February 19-22 New Orleans, Louisiana. 2003.:96.

163. Cooper TM, Clayton RR. Stop-smoking program using nicotine reduction therapy and behavior modification for heavy smokers. Journal of the American Dental Association. 1989;118(1):47-51.

164. Cooper TV, Montgomery GV, DeBon MW, Zbikowski SM, Klesges RC, Johnson KC. The effects of PPA and nicotine gum on cessation rates and post cessation weight gain in women (POS3-46). Society for Research on Nicotine and Tobacco 9th Annual Meeting February 19 22 New Orleans, LouisianaRapid Communications Posters. 2003:12.

165. Cordoba GR, Martin Moros JM, Aznar TP, Die MS, Sanz Andres MC, Fores Catala MD. Effect of follow-up offer versus counseling alone in a sample of dissonant smokers. Evaluation of the influence of the tobacco habit of health professionals in this intervention. Atencion Primaria. 1990;7(5):350-4.

166. Corelli RL, Suchanek HK. Medications for smoking cessation. Western Journal of Medicine. 2002;176(2):131-5.

167. Cornuz J, Humair JP, Seematter L, Stoianov R, van MG, Stalder H, et al. Efficacy of resident training in smoking cessation: a randomized, controlled trial of a program based on application of behavioral theory and practice with standardized patients. Annals of Internal Medicine. 2002;136(6):429-37.

168. Cornuz J, Willi C, Chiolero A, Payot S, Stoianov R, Bize R. Physical activity as an aid to smoking cessation: A randomized controlled trial of sedentary adults smokers Journal of General Internal Medicine. 2007;22(S1):107.

169. Cornuz J, Zwahlen S, Jungi WF, Osterwalder J, Klingler K, van MG, et al. A vaccine against nicotine for smoking cessation: a randomized controlled trial. PLoS One. 2008;3(6):e2547.

170. Corty E, McFall RM. Response prevention in the treatment of cigarette smoking. Addictive Behaviors. 1984;9(4):405-8.

171. Cossette S, Frasure-Smith N, Robert M, Chouinard MC, Juneau M, Guertin MC, et al. A pre assessment for nursing intervention to support tobacco cessation in patients hospitalized for cardiac problems: a pilot study (So-Live). Rech Soins Infirm. 2011(105):60-75.

172. Cottraux JA, Harf R, Boissel JP. Smoking cessation with behaviour therapy or acupuncture. A controlled study. Behaviour Research and Therapy21 (4) ()(pp 417-424), 1983Date of Publication: 1983. 1983(4):417-24.

173. Covey LS, Glassman AH. A meta-analysis of double-blind placebo-controlled trials of clonidine for smoking cessation. Br J Addict. 1991;86(8):991-8.

174. Covey LS, Glassman AH, Jiang H, Fried J, Masmela J, LoDuca C, et al. A randomized trial of bupropion and/or nicotine gum as maintenance treatment for preventing smoking relapse. Addiction (Abingdon, England). 2007;102(8):1292-302.

175. Covey LS, Hu MC, Weissman J, Croghan I, Adler L, Winhusen T. Divergence by ADHD subtype in smoking cessation response to OROS-methylphenidate. Nicotine Tob Res. 2011;13(10):1003-8.

176. Cox LS, Faseru B, Mayo MS, Krebill R, Snow TS, Bronars CA, et al. Design, baseline characteristics, and retention of African American light smokers into a randomized trial involving biological data. Trials. 2011;12:22.

177. Cox LS, Nollen NL, Mayo MS, Choi WS, Faseru B, Snow TS, et al. Bupropion for treatment of African American light smokers [SYM 8D]. Society for Research on Nicotine & Tobacco 17th Annual Meeting, February 16 19, Toronto. 2011:11.

178. Cox LS, Wick JA, Nazir N, Cupertino AP, Mussulman LM, Ahluwalia JS, et al. Predictors of early versus late smoking abstinence within a 24-month disease management program. Nicotine Tob Res. 2011;13(3):215-20.

179. Croghan GA, Hurt RD, Croghan IT, Sloan J, Novotny P, Loprinzi C. Comparison of a 15 mg transdermal nicotine patch alone versus nicotine nasal spray alone versus both for smoking cessation. Journal of Addictive Diseases. 1998;17:121.

180. Croghan IT, Hurt RD, Croghan GA, Sloan JA. Comparing nicotine inhaler, bupropion and nicotine inhaler plus bupropion in treating tobacco dependence [abstract]. Nicotine & Tobacco Research 2005;7:680-1.

181. Croghan IT, Hurt RD, Dakhil SR, Croghan GA, Sloan JA, Novotny PJ, et al. Randomized comparison of a nicotine inhaler and bupropion for smoking cessation and relapse prevention. Mayo Clinic Proceedings. 2007;82(2):186-95.

182. Cronan TA, Conway TL, Hervig LK. Evaluation of smoking interventions in recruit training. Military Medicine. 1989;154(7):371-5.

183. Csonka A, Jonas Z. The combination of targeted cognitive-behavioural psychotherapy and pharmacotherapy for patients suffering from depression in smoking cessation. International Journal of Neuropsychopharmacology. 2008;11(Suppl 1):92.

184. Cuckle HS, Vunakis H. The effectiveness of a postal smoking cessation 'kit'. Community medicine. 1984;6(3):210-5.

185. Culbertson CS, Shulenberger S, De La Garza R, Newton TF, Brody AL. Virtual reality cue exposure therapy for the treatment of tobacco dependence. Journal of CyberTherapy and Rehabilitation. 2012;5(1):57-64.

186. Cummings KM, Hyland A, Carlin-Menter S, Mahoney MC, Willett J, Juster HR. Costs of giving out free nicotine patches through a telephone quit line. J Public Health Manag Pract. 2011;17(3):E16-E23.

187. Cunningham JA, Leatherdale ST, Selby PL, Tyndale RF, Zawertailo L, Kushnir V. Randomized controlled trial of mailed Nicotine Replacement Therapy to Canadian smokers: study protocol. BMC Public Health. 2011;11:741.

188. Currie SR, Karltyn J, Lussier D, De DE, Brown D, El-Guebaly N. Outcome from a community-based smoking cessation program for persons with serious mental illness. Community Mental Health Journal. 2008;44(3):187-94.

189. Curry S, al. e. Worksite smoking cessation: a test of two programs. Progress in Clinical and Biological Research. 1987;248:93-100.

190. Curry SJ, Ludman EJ, Graham E, Bentz CJ. A smoking cessation intervention in a pediatric clinical setting reduced smoking in low income women. Evidence Based Medicine. 2003;8(6):180.

191. Dalack GW, Meador-Woodruff JH. The Nicotine Patch, Smoking and Schizophrenia. Conference abstract from the 150th Annual Meeting of the American Psychiatric AssociationSan Diego, California, USA17 22 May, 1997. 1997;San Diego, California, USA.

192. Dale HW, Klein MW, Williams D, Werder SF. Extended use of nicotine replacement therapy to maintain smoking cessation in persons with schizophrenia. Neuropsychiatr. 2005;dis. treat.. 1(4):349-55.

193. Dale LC, Ebbert JO, Schroeder DR, Croghan IT, Rasmussen DF, Trautman JA, et al. Bupropion for the treatment of nicotine dependence in spit tobacco users: a pilot study. Nicotine Tob Res. 2002;4(3):267-74.

194. Dale LC, Glover ED, Sachs DP, Schroeder DR, Offord KP, Croghan IT, et al. Bupropion for smoking cessation : predictors of successful outcome. Chest. 2001;119(5):1357-64.

195. Dale LC, Hurt RD, Offord KP, Lawson GM, Croghan IT, Schroeder DR. High-dose nicotine patch therapy. Percentage of replacement and smoking cessation. JAMA. 1995 Nov 1;274(17):1353-8.

196. Dalum P, Paludan-Muller G, Engholm G, Kok G. A cluster randomised controlled trial of an adolescent smoking cessation intervention: short and long-term effects. Scand J Public Health. 2012;40(2):167-76.

197. Database HTA. Smoking cessation for people with severe mental illness: a pilot study and definitive randomised evaluation of a bespoke service. Health Technology Assessment Database2010.

198. Database HTA. Varenicline for smoking cessation in patients with psychiatric illness: a review of the risks. Health Technology Assessment Database2010.

199. Database HTA. An exploratory trial to evaluate the effects of a physical activity intervention as a smoking cessation induction and cessation aid among the 'hard to reach'. Health Technology Assessment Database2011.

200. Database HTA. A randomised trial of nicotine patch preloading for smoking cessation. Health Technology Assessment Database2012.

201. Daughton DM, Fortmann SP, Glover ED, Hatsukami DK, Heatley SA, Lichtenstein E, et al. The smoking cessation efficacy of varying doses of nicotine patch delivery systems 4 to 5 years post-quit day. Preventive Medicine. 1999;28(2):113-8.

202. Dautzenberg B, Peiffer G, Toulouse F, Yvinec MJ, Jacob N, Kienzler JL. Randomized trial assessment of nicotinell lozenge 1mg, a new oral nicotine replacement therapy. Abstract Book Society for Research on Nicotine and Tobacco 3rd European Conference, Paris. 2001;55:11.

203. David SP. Should we recommend nicotine replacement therapy? American Family Physician63 (11) ()(pp 2245-2247+2251-2252), 2001Date of Publication: 01 Jun 2001. 2001(11):2245-52.

204. David SP, Brown RA, Papandonatos GD, Kahler CW, Lloyd-Richardson EE, Munafo MR, et al. Pharmacogenetic clinical trial of sustained-release bupropion for smoking cessation. Nicotine Tob Res. 2007;9(8):821-33.

205. David SP, Munafo MR, Murphy MF, Walton RT, Johnstone EC. The serotonin transporter 5-HTTLPR polymorphism and treatment response to nicotine patch: follow-up of a randomized controlled trial. Nicotine Tob Res. 2007 Feb;9(2):225-31.

206. Davis AL, Faust R, Ordentlich M. Self-help smoking cessation and maintenance programs: a comparative study with 12-month follow-up by the American Lung Association. American Journal of Public Health. 1984;74(11):1212-7.

207. Davis MJ, Baker LJV. Smoking cessation: The use of a choice of strategies to aid cessation and maintenance. Irish Journal of Psychology. 1995;16(2):150-61.

208. Davis SW, Cummings KM, Rimer BK, Sciandra R. The impact of tailored self-help smoking cessation guides on young mothers. Health Education Quarterly. 1992;19(4):495-504.

209. Daza P, Nguyen L, Mazas C, Mejia L, Wetter D. Smoking cessation among hispanic smokers: Adios al fumar! Society for Research on Nicotine and Tobacco 11th Annual Meeting, 20 23 March 2005; Prague, Czech Republic. 2005:130.

210. de Azevedo RC, Mauro ML, Lima DD, Gaspar KC, Silva VF, Botega NJ. General hospital admission as an opportunity for smoking-cessation strategies: a clinical trial in Brazil. General Hospital Psychiatry. 2010;32(6):599-606.

211. DeGraff AC, Jr. Pharmacologic therapy for nicotine addiction. Chest. 2002;122(2):392-4.

212. Deig E, Soler A, Garcia P, Vidal I, Pedrol E. Smoking cessation in HIV-infected patients. Nutrition and Metabolic Disorders in HIV Infection. 2005;4(1):565-73.

213. Demers RY, Neale AV, Adams R, Trembath C, Herman SC. The impact of physicians' brief smoking cessation counseling: a MIRNET study. Journal of Family Practice. 1990;31(6):625-9.

214. Dent CW, Pfingston YM, Schmuker K, Granstra J. Nicotine replacement in school-based cessation (RP-33). Society for Research on Nicotine and Tobacco 8th Annual Meeting; February 20-23, 2002; Savannah, Georgia2002. p. 9.

215. Dey P, Foy R, Woodman M, Fullard B, Gibbs A. Should smoking cessation cost a packet? A pilot randomized controlled trial of the cost-effectiveness of distributing nicotine therapy free of charge. Br J Gen Pract. 1999 Feb;49(439):127-8.

216. Digiusto E, Bird KD. Matching smokers to treatment: self-control versus social support. Journal of Consulting and Clinical Psychology. 1995;63(2):290-5.

217. Dijkstra A. Disengagement beliefs in smokers: do they influence the effects of a tailored persuasive message advocating smoking cessation? Psychol Health. 2009;24(7):791-804.

218. Dijkstra A, de VH, Roijackers J. Long-term effectiveness of computer-generated tailored feedback in smoking cessation. Health Education Research. 1998;13(2):207-14.

219. Dijkstra A, de VH, Roijackers J. Targeting smokers with low readiness to change with tailored and nontailored self-help materials. Preventive Medicine. 1999;28(2):203-11.

220. Dijkstra A, de VH, Roijackers J, van BG. Tailored interventions to communicate stage-matched information to smokers in different motivational stages. Journal of Consulting and Clinical Psychology. 1998;66(3):549-57.

221. Dino G, Kamal K, Horn K, Kalsekar I, Fernandes A. Stage of change and smoking cessation outcomes among adolescents. Addictive Behaviors. 2004;29(5):935-40.

222. Donny EC, Jones M. Prolonged exposure to denicotinized cigarettes with or without transdermal nicotine. Drug & Alcohol Dependence. 2009;104(1-2):23-33.

223. Dornelas EA, Sampson RA, Gray JF, Waters D, Thompson PD. A randomized controlled trial of smoking cessation counseling after myocardial infarction. Preventive Medicine. 2000;30(4):261-8.

224. Dubitzky M, Schwartz JL. Cognitive dissonance and changes in cigarette smoking in an organized control program. The Journal of Social Psychology. 1969;79(2):219-25.

225. Dutra SJ, Stoeckel LE, Carlini SV, Pizzagalli DA, Evins AE. Varenicline as a smoking cessation aid in schizophrenia patients: Effects on smoking behavior and reward sensitivity. Biological Psychiatry. 2011;69(9 Suppl 1):280S.

226. Dyer MA, Evins AE. A trial of the effects of bupropion, nicotine replacement therapy and cbt on smoking cessation and smoking relapse in patients with schizophrenia. ClinicalTrials gov [www clinicaltrials gov]. 2006.

227. Earl-Slater A, Walley T. Smoking cessation and bupropion. British Journal of Clinical Governance. 2001;6(1):69-74.

228. Ebbert JO, Burke MV, Hays JT, Hurt RD. Combination treatment with varenicline and nicotine replacement therapy. Nicotine and Tobacco Research. 2009;11(5):572-6.

229. Ebbert JO, Carr AB, Patten CA, Morris RA, Schroeder DR. Tobacco use quitline enrollment through dental practices: a pilot study. Journal of the American Dental Association. 2007;138(5):595-601.

230. Ebbert JO, Croghan IT, Sood A, Schroeder DR, Hays JT, Hurt RD. Varenicline and bupropion sustained-release combination therapy for smoking cessation. Nicotine Tob Res. 2009 Mar;11(3):234-9.

231. Ebbert JO, Severson HH, Croghan IT, Danaher BG, Schroeder DR. A pilot study of mailed nicotine lozenges with assisted self-help for the treatment of smokeless tobacco users. Addictive Behaviors. 2010;35(5):522-5.

232. Ehrsam RE, Buhler A, Muller P, Mauli D, Schumacher PM, Howald H, et al. [Weaning of young smokers using a transdermal nicotine patch]. Schweiz Rundsch Med Prax. 1991 Feb 12;80(7):145-50.

233. Eichler K. Smoking cessation after cardiovascular event: Bupropion without long-term result. Schweizerische Rundschau fur Medizin 2007;96(51-52):2063-4.

234. Eisenberg MJ, Grandi SM, Gervais A, Joseph L, O'Loughlin J, Paradis G. Bupropion for smoking cessation in patients hospitalized with acute myocardial infarction: A randomized, placebo-controlled trial. Canadian Journal of Cardiology. 2011;27(5 Suppl 1):S337.

235. Elfeddali I, Bolman C, Candel MJJM, Wiers RW, de Vries H. Preventing smoking relapse via web-based computer-tailored feedback: A randomized controlled trial. Journal of Medical Internet Research. 2012;14(4):87-102.

236. Elliott CH, Denney DR. A multiple-component treatment approach to smoking reduction. Journal of Consulting and Clinical Psychology. 1978;46(6):1330-9.

237. Emmons KM, Puleo E, Mertens A, Gritz ER, Diller L, Li FP. Long-term smoking cessation outcomes among childhood cancer survivors in the Partnership for Health Study. Journal of Clinical Oncology. 2009;27(1):52-60.

238. Emmons KM, Puleo E, Park E, Gritz ER, Butterfield RM, Weeks JC, et al. Peer-delivered smoking counseling for childhood cancer survivors increases rate of cessation: the partnership for health study. Journal of Clinical Oncology. 2005;23(27):6516-23.

239. Etter J, Cornuz J, Hugelet P, Perneger T. Pre-cessation treatment with nicotine gums for smoking cessation: a randomized trial [PA12-1]. Society for Research on Nicotine and Tobacco 14th Annual Meeting; Portland, Oregon2008. p. 31.

240. Etter JF. Internet-based smoking cessation programs. Int J Med Informat 2006;75:110-6.

241. Etter JF. Comparing abrupt and gradual smoking cessation: a randomized trial. Drug & Alcohol Dependence. 2011;118(2-3):360-5.

242. Etter JF, Laszlo E. Postintervention effect of nicotine replacement therapy for smoking reduction: a randomized trial with a 5-year follow-up. Journal of Clinical Psychopharmacology. 2007;27(2):151-5.

243. Etter JF, Laszlo E, Perneger TV. Postintervention effect of nicotine replacement therapy on smoking reduction in smokers who are unwilling to quit: randomized trial. Journal of Clinical Psychopharmacology. 2004;24(2):174-9.

244. Etter JF, Perneger TV. Effectiveness of a computer-tailored smoking cessation program: a randomized trial. Archives of Internal Medicine. 2001;161(21):2596-601.

245. Etter JF, Perneger TV. Post-intervention effect of a computer tailored smoking cessation programme. Journal of Epidemiology and Community Health. 2004;58(10):849-51.

246. Evins AE, Cather C, Culhane M, Birnbaum AS, Horowitz J, Hsieh E. A placebo-controlled study of bupropion SR added to high dose nicotine replacement therapy for smoking cessation or reduction in schizophrenia (POS2-104). Society for Research on Nicotine and Tobacco 12th Annual Meeting February 15 18, Orlando, Florida. 2006:101.

247. Evins AE, Cather C, Culhane M, Freudenreich O, Rigotti NA, Goff DC. Smoking cessation in schizophrenia: A double blind placebo controlled trial of bupropion SR added to cognitive behavioral therapy（806）. Biological Psychiatry. 2004;55:226S.

248. Evins AE, Cather C, Goff DC, Olm-Shipman C, Rigotti NA. A placebo controlled trial of bupropion SR for smoking cessation in schizophrenia (POS3-49). Conference abstract of Society for Research on Nicotine and Tobacco 9th Annual Meeting. 2003;New Orleans, Louisiana, USA. 2003:13.

249. Evins AE, Cather C, Goff DC, Rigotti NA. Increased smoking cessation and reduction two years following a smoking cessation trial in patients with schizophrenia (POS4-83). Society for Research on Nicotine and Tobacco; New Orleans, Louisiana, USA. 2003.2003. p. 102.

250. Evins EA, Goff DC, Shipman CO, Rigotti NA, Cather C. A controlled trial of bupropion SR for smoking cessation in patients with schizophrenia. Conference abstract of 156th Annual Meeting of the American Psychiatric Association. 2003;San Francisco, USA. 2003.

251. Fagerstrom K, Aubin HJ. Management of smoking cessation in patients with psychiatric disorders. Current Medical Research and Opinion. 2009;25(2):511-8.

252. Fagerstrom K, Nakamura M, Cho HJ, Tsai ST, Wang C, Davies S, et al. Varenicline treatment for smoking cessation in Asian populations: A pooled analysis of placebo-controlled trials conducted in six Asian countries. Current Medical Research and Opinion. 2010;26(9):2165-73.

253. Fagerstrom KO. Nicotine chewing gum combined with psychological antidotal treatment for smoking at a Swedish antidotal smoking treatment clinic. A comparison of different methods. Lakartidningen. 1981;78(11):1082-4.

254. Fagerstrom KO. Effects of nicotine chewing gum and follow-up appointments in physician-based smoking cessation. Preventive Medicine. 1984;13(5):517-27.

255. Fagerstrom KO. Combined use of nicotine replacement products. Health Values. 1994;18:15-20.

256. Faseru B, Choi WS, Krebill R, Mayo MS, Nollen NL, Okuyemi KS. Factors associated with smoking menthol cigarettes among treatment-seeking African American light smokers. Addictive Behaviors. 2011;36(12):1321-4.

257. Fatemi SH, Stary JM, Hatsukami DK, Murphy SE. A double-blind placebo-controlled cross over trial of bupropion in smoking reduction in schizophrenia. Schizophr Res. 2005 Jul 15;76(2-3):353-6.

258. Fee WM, Stewart MJ. A controlled trial of nicotine replacement therapy in a smoking withdrawal clinic. Rehabilitation - Praventivmedizin Physikalische Medizin Sozialmedizin. 1980;33(1-4):9.

259. Fee WM, Stewart MJ. A controlled trial of nicotine chewing gum in a smoking withdrawal clinic. Practitioner. 1982;226:148-51.

260. Ferguson J, Docherty G, Bauld L, Lewis S, Lorgelly P, Boyd KA. Effect of offering different levels of support and free nicotine replacement therapy via an English national telephone quitline: randomised controlled trial. BMJ (Clinical research ed). 2012;344:e1696.

261. Ferguson SG, Shiffman S, Gwaltney CJ. Does reducing withdrawal severity mediate nicotine patch efficacy? A randomized clinical trial. Journal of Consulting and Clinical Psychology. 2006;74(6):1153-61.

262. Ferketich AK, Otterson GA, King M, Hall N, Browning KK, Wewers ME. A pilot test of a combined tobacco dependence treatment and lung cancer screening program. Lung Cancer. 2012;76(2):211-5.

263. Ferry LH, Burchette RJ. Efficacy of bupropion for smoking cessation in non depressed smokers [Abstract]. Journal of Addictive Diseases 1994;13(4):249.

264. Filion KB, Grandi SM, Joseph L, O'Loughlin J, Paradis G, Pilote L, et al. The effect of bupropion on symptoms of depression among patients attempting to quit smoking post-myocardial infarction: the zesca trial. CirculationConference: Epidemiology and Prevention/Physical Activity, Nutrition and Metabolism 2012 San Deigo, CA United StatesConference Start: 20120313 Conference End: 20120316Conference Publication: (varpagings)125 (10 Suppl 1) , 2012Date of. 2012(var.pagings).

265. Floeter S, Metz K, Kroeger C, Donath C, Piontek D, Gradi S. Evaluation of telephone booster sessions after intensive in-patient treatment - a randomized treatment control trial (POS1-78). . Society for Research on Nicotine and Tobacco 12th Annual Meeting 2006. p. 60.

266. Floter S, Kroger C. Effectiveness of telephone aftercare following a smoking cessation program for women on inpatient rehabilitation. Deutsche Medizinische Wochenschrift. 2009;134(47):2382-7.

267. Fortmann SP, Killen JD, Telch MJ, Newman B. Minimal contact treatment for smoking cessation. A placebo controlled trial of nicotine polacrilex and self-directed relapse prevention: initial results of the Stanford Stop Smoking Project. JAMA. 1988;260(11):1575-80.

268. Foulds J, Stapleton J, Hayward M, Russell MA, Feyerabend C, Fleming T, et al. Transdermal nicotine patches with low-intensity support to aid smoking cessation in outpatients in a general hospital. A placebo-controlled trial. Archives of Family Medicine. 1993;2(4):417-23.

269. Foxx RM, Axelroth E. Nicotine fading, self-monitoring and cigarette fading to produce cigarette abstinence or controlled smoking. Behaviour Research and Therapy21 (1) ()(pp 17-27), 1983Date of Publication: 1983. 1983(1):17-27.

270. Friederich HM, Batra A. Drug treatment of tobacco dependence. Deutsche Medizinische Wochenschrift134 (47) ()(pp 2402-2405), 2009Date of Publication: 2009. 2009(47):2402-5.

271. Froján MX, Santacreu J. El programa UAM para fumadores insatisfechos (PUAFI) (UAM programme for unsatisfied smokers). Anales de Psicología. 1993;9:53-70.

272. Garcia RC. Effectiveness and safety of nicotine replacement therapy-assisted reduction to stop smoking: Systematic review and meta-analysis. FMC Formacion Medica Continuada en Atencion Primaria16 (9) ()(pp 607), 2009Date of Publication: November 2009. 2009(9):607.

273. Garelik D. On the subject of the AFSSAPS recommendation of good practice about therapeutic strategies, with or without the assistance of medicine-based treatment, for stopping smoking (May 2003). Gynecologie Obstetrique Fertilite. 2004;32(5):450-70.

274. Gariti P, Alterman AI, Lynch KG, Kampman K, Whittingham T. Adding a nicotine blocking agent to cigarette tapering. J Subst Abuse Treat. 2004;27(1):17-25.

275. Gariti P, Lynch K, Alterman A, Kampman K, Xie H, Varillo K. Comparing smoking treatment programs for lighter smokers with and without a history of heavier smoking. J Subst Abuse Treat. 2009;37(3):247-55.

276. Garrido ES, Hurtado RV, Vicente ME, Gonzalez RI, Serrano FM. Results of smoking cessation program in Primary Health Care. MEDIFAM - Revista de Medicina Familiar y Comunitaria13 (1) ()(pp 23-28), 2003Date of Publication: January 2003. 2003(1):23-8.

277. Garrison MM, Christakis DA, Ebel BE, Wiehe SE, Rivara FP. Smoking cessation interventions for adolescents: a systematic review. American Journal of Preventive Medicine. 2003;25(4):363-7.

278. George TP, Vessicchio J, Allen T, Weinberger A, Sacco KA. A randomized, double-blind, placebo-controlled trial of sustained-release bupropion combined with transdermal nicotine patch for smoking cessation in schizophrenia: Neuropsychological predictors of treatment outcome. Neuropsychopharmacology 2006;31 (Suppl. 1):S254-5.

279. George TP, Vessicchio JC, Weinberger AH, Sacco KA. Sustained-release bupropion combined with transdermal nicotine patch for smoking cessation in schizophrenia (SYM8C). Conference abstract of the Society for Research on Nicotine and Tobacco 13th Annual Meeting. 2007;Austin, Texas, USA. 2007:11.

280. Gifford ERVDV. Acceptance-based treatment of regulatory internal stimuli in nicotine dependent smokers: A controlled comparison with transdermal nicotine replacement: U Nevada; 2003.

281. Gilbert H, Nazareth I, Sutton S, Morris R, Godfrey C. Effectiveness of computer-tailored Smoking Cessation Advice in Primary Care (ESCAPE): a randomised trial. Trials. 2008;9:23.

282. Gilbert H, Sutton S. Does adding tailored feedback to telephone counselling improve quit rates? (POS1-033). Society for Research on Nicotine and Tobacco 10th Annual Meeting February 18-21, 2004; Phoenix, Arizona2004. p. 43.

283. Gilbert H, Sutton S. Evaluating the effectiveness of proactive telephone counselling for smoking cessation in a randomized controlled trial. Addiction (Abingdon, England). 2006;101(4):590-8.

284. Girgis S, Adily A, Velasco MJ, Zwar NA, Jalaludin BB, Ward JE. Feasibility, acceptability and impact of a telephone support service initiated in primary medical care to help Arabic smokers quit. Aust J Prim Health. 2011;17(3):274-81.

285. Glasgow RE. Effects of a self-control manual, rapid smoking, and amount of therapist contact on smoking reduction. Journal of Consulting and Clinical Psychology. 1978;46(6):1439-47.

286. Glasgow RE, Hollis JF, Pettigrew L, Foster L, Givi MJ, Morrisette G. Implementing a year-long worksite-based incentive program for smoking cessation. American Journal of Health Promotion. 1991;5:192-9.

287. Glasgow RE, Klesges RC, Godding PR, Vasey MW, O'Neill HK. Evaluation of a worksite-controlled smoking program. J Consult Clin Psychol. 1984 Feb;52(1):137-8.

288. Glasgow RE, Klesges RC, O'Neill HK. Programming social support for smoking modification: an extension and replication. Addictive Behaviors. 1986;11(4):453-7.

289. Glasgow RE, Morray K, Lichtenstein E. Controlled smoking versus abstinence as a treatment goal: The hopes and fears may be unfounded. Behavior Therapy. 1989;20(1):77-91.

290. Glassman AH, Covey LS, Stetner F, Rivelli S. Smoking cessation and the course of major depression: a follow-up study. Lancet. 2001;357(9272):1929-32.

291. Glover E, Glover P, Franzon M, Sullivan R, Cerullo C. Safety and efficacy of a nicotine sublingual tablet for smoking cessation [abstract]. Smoke Free 21st Century, 2nd European Conference on Tobacco or Health. 1999;Las Palmas de Gran Canaria.

292. Glover ED. Transdermal nicotine patch for smoking cessation. New England Journal of Medicine. 1992;326(5):344.

293. Glover ED, Franzon M, Sullivan CR, Cerullo CL. A nicotine sublingual tablet for treating tobacco dependence [Abstract]. Society for Research on Nicotine and Tobacco 3rd Europe Conference, Paris September 2001 Abstract Book 2001;48.

294. Glover ED, Glover PN, Franzon M, Sullivan R, Sullivan P, Howell R, et al. A nicotine sublingual tablet for smoking cessation: 6-month data [Abstract]. Proceedings of the 10th World Conference on Tobacco or Health; Aug 24-28 Beijing, China. 1997.

295. Glynn TJ, Shopland DR, Manley M, Lynn WR, Freedman LS, Green SB, et al. Community intervention trial for smoking cessation (COMMIT): I. Cohort results from a four-year community intervention. American Journal of Public Health. 1995;85(2):183-92.

296. Gocan SJ, Laplante MC, Papadakis S, Reid RD, Pipe AL, Cousineau D, et al. QUIT - A pilot trial of standardized counselling and cost free pharmacotherapy for smoking cessation in secondary stroke prevention. StrokeConference: 1st Canadian Stroke Congress Quebec City, QC Canada. 2010;41(7):e479.

297. Goldstein MG, Niaura R, Willey C, Kazura A, Rakowski W, DePue J, et al. An academic detailing intervention to disseminate physician-delivered smoking cessation counseling: smoking cessation outcomes of the Physicians Counseling Smokers Project. Preventive Medicine. 2003;36(2):185-96.

298. Goniewicz ML, Czogala J. Safety of Zyban administration in nicotine dependence treatment. Przeglad Lekarski. 2004;61(10):1200-2.

299. Gonzales D, Jorenby DE, Brandon TH, Arteaga C, Lee TC. Immediate versus delayed quitting and rates of relapse among smokers treated successfully with varenicline, bupropion SR or placebo. Addiction. 2010;105(11):2002-13.

300. Gonzales D, Nides M, Ferry LH, Segall N, Herrero L, Modell J, et al. Retreatment with bupropion SR: results from 12-month follow-up (RP-83). Society for Research on Nicotine and Tobacco 8th Annual Meeting; February 20-23; Savannah, Georgia2002. p. 21.

301. Gonzales D, Rennard SI, Nides M, Oncken C, Azoulay S, Billing CB, et al. Varenicline effective for smoking cessation. Journal of Family Practice. 2006;55(10):848.

302. Gordon JS, Andrews JA, Albert DA, Crews KM, Payne TJ, Severson HH. Tobacco cessation via public dental clinics: results of a randomized trial. American Journal of Public Health. 2010;100(7):1307-12.

303. Górecka D, Bednarek M, ski A, ska E, Goljan-Geremek A, ski J. [Effect of treatment for nicotine dependence in patients with COPD]. Pneumonologia I Alergologia Polska. 2003;71(9-10):411-7.

304. Górecka D, Borak J, Goljan A, Gorzelak K, Mankowski M, Zgierska A. Treatment outcome in tobacco dependence after nicotine replacement therapy and group therapy. Pneumonologia I Alergologia Polska. 1999;67(3-4):95-102.

305. Gorini G, Carreras G, Giordano L, Anghinoni E, Iossa A, Coppo A, et al. The Pap smear screening as an occasion for smoking cessation and physical activity counselling: effectiveness of the SPRINT randomized controlled trial. BMC Public Health. 2012;12:740.

306. Graham AL, Cobb NK, Papandonatos GD, Moreno JL, Kang H, Tinkelman DG, et al. A randomized trial of Internet and telephone treatment for smoking cessation. Archives of Internal Medicine. 2011;171(1):46-53.

307. Grandi S, Shimony A, Eisenberg MJ. The efficacy and safety of bupropion started in-hospital for smoking cessation in patients with cardiovascular disease: A systematic review and meta-analysis. CirculationConference: American

Heart Association's Scientific Sessions 2011 Orlando, FL United StatesConference Start: 20111112 Conference End: 20111116Conference Publication: (varpagings)124 (21 Suppl 1) , 2011Date of Publication: 22 Nov 2011. 2011(var.pagings):A13605.

308. Gratziou C, Francis K, Maragianni Z, Athanassa Z, Efthimiou K, Kalpakoglou T, et al. Bupropion treatment and cognitive behavioural therapy in a smoking cessation program. European Respiratory Journal. 2001;18(Suppl 33):12s.

309. Greenberg JS, Deputat Z. Smoking intervention: comparing three methods in a high school setting. J Sch Health. 1978 Oct;48(8):498-502.

310. Greenberg RA, Strecher VJ, Bauman KE, Boat BW, Fowler MG, Keyes LL, et al. Evaluation of a home-based intervention program to reduce infant passive smoking and lower respiratory illness. J Behav Med. 1994 Jun;17(3):273-90.

311. Grimaldi B. [Results of the first randomized controlled trial of nicotine chewing gum (Nicoret) for smoking cessation]. Therapie. 1988;43(6):514.

312. Grimaldi B, Demaria C, Gerard MJ, Serrurier D, Loufrani E, Brochard P, et al. First French controlled trial on nicotine-releasing chewing gum versus placebo gum. La Presse Medicale. 1988;17(8):390, 1988.

313. Groner JA, Ahijevych K, Grossman LK, Rich LN. The impact of a brief intervention on maternal smoking behavior. Pediatrics. 2000;105(1 Pt 3):267-71.

314. Group ICRFGPR. Effectiveness of a nicotine patch in helping people stop smoking: results of a randomised trial in general practice. Imperial Cancer Research Fund General Practice Research Group. BMJ. 1993 May 15;306(6888):1304-8.

315. Group ICRFGPR. Randomised trial of nicotine patches in general practice: results at one year. Imperial Cancer Research Fund General Practice Research Group. BMJ. 1994 Jun 4;308(6942):1476-7.

316. Gruder CL, Mermelstein RJ, Kirkendol S, Hedeker D, Wong SC, Schreckengost J, et al. Effects of social support and relapse prevention training as adjuncts to a televised smoking-cessation intervention. Journal of Consulting and Clinical Psychology. 1993;61(1):113-20.

317. Guallar-Castillon P, Lafuente Urdinguio P, Garteizaurrekoa Dublang P, Sainz Martinez O, Diez Azcarate JI, Foj Aleman M, et al. Probability of success in tobacco quitting during the course of two simple medical interventions [Probabilidad de exito en el abandono del tabaco en el curso de dos intervenciones sencillas para dejar de fumar]. Revista Espanol de Salud Publica. 2003;77(1):117-24.

318. Guallar-Castillon P, Lafuente-Urdinguio P, Garteizaurrekoa-Dublang P, Sainz-Martinez O, Diez-Azcarate JI, Foj-Aleman M. [Probability of success in tobacco quitting during the course of two simple medical interventions]. Revista Espanola de Salud Publica. 2003;77(1):117-24.

319. Gundert-Remy U. Varenicline (Champix). Internistische Praxis. 2008;48(2):371-5.

320. Gunes G, Ilgar M, Karaoglu L. The effectiveness of an education program on stages of smoking behavior for workers at a factory in Turkey. Ind Health. 2007 Apr;45(2):232-6.

321. Hackbarth D, Cohen RA, Preckwinkel L, Younker L, McKee C, Solinski J, et al. Spirometry screening and an invitation to quit from a state tobacco quit line as motivators for smoking cessation among community dwelling adults. Chest. 2006;130(4):145S.

322. Hajek P, Stead LF. Aversive smoking for smoking cessation. Cochrane Database of Systematic Reviews. 2001(3):1.

323. Hajek P, Tonnesen P, Arteaga C, Russ C, Tonstad S. Varenicline in prevention of relapse to smoking: effect of quit pattern on response to extended treatment. Addiction (Abingdon, England). 2009;104(9):1597-602.

324. Hall SM, Humfleet GL, Munoz RF, Reus VI, Prochaska JJ, Robbins JA. Using extended cognitive behavioral treatment and medication to treat dependent smokers. American Journal of Public Health. 2011;101(12):2349-56.

325. Hall SM, Humfleet GL, Munoz RF, Reus VI, Robbins JA, Prochaska JJ. Extended treatment of older cigarette smokers. Addiction (Abingdon, England). 2009;104(6):1043-52.

326. Hall SM, Humfleet GL, Reus VI, Munoz RF, Cullen J. Extended nortriptyline and psychological treatment for cigarette smoking. American Journal of Psychiatry. 2004;161(11):2100-7.

327. Hall SM, Munoz RF, Reus VI. Cognitive-behavioral intervention increases abstinence rates for depressive-history smokers. Journal of Consulting and Clinical Psychology. 1994;62(1):141-6.

328. Hall SM, Munoz RF, Reus VI, Sees KL, Duncan C, Humfleet GL, et al. Mood management and nicotine gum in smoking treatment: a therapeutic contact and placebo-controlled study. Journal of Consulting and Clinical Psychology. 1996;64(5):1003-9.

329. Hall SM, Tunstall C, Rugg D, Jones RT, Benowitz N. Nicotine gum and behavioral treatment in smoking cessation. Journal of Consulting and Clinical Psychology. 1985;53(2):256-8.

330. Hall SM, Tunstall CD, Ginsberg D, Benowitz NL, Jones RT. Nicotine gum and behavioral treatment: A placebo controlled trial. Journal of Consulting and Clinical Psychology. 1987;55(4):603-5.

331. Halpin HA, McMenamin S, Rideout J, Boyce-Smith G. The effectiveness and costs of different benefit designs for treating tobacco dependence. Results from a randomized trial. Nicotine and Tobacco Research. 2005;7(4):681-2.

332. Hamilton BD. Nicotine fading versus abrupt quitting: Testing educational and behavioral smoking cessation treatment strategies: Hofstra University; 1997.

333. Hamilton SB, Bornstein PH. Broad-spectrum behavioral approach to smoking cessation: Effects of social support and paraprofessional training on the maintenance of treatment effects. Journal of Consulting and Clinical Psychology. 1979;47(3):598-600.

334. Hand S. Do nicotine patches plus nicotine inhaler improve cessation rates in hospital patients also given advice and support? Thorax. 2000;55(Suppl 3):A46.

335. Hanson K, Allen S, Jensen S, Hatsukami D. Treatment of adolescent smokers with the nicotine patch. Nicotine Tob Res. 2003;5(4):515-26.

336. Hanson K, Zylla E, Allen S, Avery G. Harm reduction: an intervention for adolescent smokers (SYM3B). Society for Research on Nicotine and Tobacco 12th Annual Meeting February 15 18, Orlando, Florida. 2006:S108.

337. Hao W, Yang D. Factors influencing the outcomes of a smoking cessation program for 107 smokers. Chinese Mental Health Journal. 1992;6(5):194-6.

338. Hao W, Young D. Effect of clonidine on cigarette cessation and in the alleviation of withdrawal symptoms. Br J Addict. 1988;83(10):1221-6.

339. Hartman N, Jarvik ME, Wilkins JN. Reduction of cigarette smoking by use of a nicotine patch. Archives of General Psychiatry. 1989;46(3):289.

340. Hartman N, Leong GB, Glynn SM, Wilkins JN, Jarvik ME. Transdermal nicotine and smoking behavior in psychiatric patients. American Journal of Psychiatry. 1991;148(3):374-5.

341. Haustein KO, Krause J, Haustein H, Rasmussen T, Cort N. Effects of cigarette smoking or nicotine replacement on cardiovascular risk factors and parameters of haemorheology. Journal of Internal Medicine. 2002;252(2):130-9.

342. Haustein KO, Krause J, Haustein H, Rasmussen T, Cort N. Comparison of the effects of combined nicotine replacement therapy vs. cigarette smoking in males. Nicotine Tob Res. 2003;5(2):195-203.

343. Hawkshaw BA, Zuo Y. Audit of prescribed nicotine replacement therapy to hospital inpatients who smoke. Medical Journal of Australia. 2005;182(1):43-4.

344. Hayford KE, Patten CA, Rummans TA, Schroeder DR, Offord KP, Croghan IT, et al. Efficacy of bupropion for smoking cessation in smokers with a former history of major depression or alcoholism. British Journal of Psychiatry. 1999 1999 Feb.;174:173-8.

345. Hays JT, Croghan GA, Offord KP, Hurt RD, Schroeder DR, Wolter TD. Over-the-Counter 22mg Nicotine Patch Therapy for smoking cessation: Results from randomized, double-blind, placebo-controlled and open label trials. Society for Research on Nicotine and Tobacco Fifth Annual Meeting March 5 7 San Diego CA. 1999.

346. Hays JT, Croghan GA, Offord KP, Wolter TD, Nides MA, Davidson M. Over-the-Counter (OTC) transdermal nicotine patch therapy [abstract]. Journal of Addictive Diseases 1996;16:136.

347. Hays JT, Croghan IT, Baker CL, Cappelleri JC, Bushmakin AG. Changes in health-related quality of life with smoking cessation treatment. European Journal of Public Health. 2012;22(2):224-9.

348. Hays JT, Hurt RD, Decker PA, Croghan IT, Offord KP, Patten CA. A randomized, controlled trial of bupropion sustained-release for preventing tobacco relapse in recovering alcoholics. Nicotine Tob Res. 2009;11(7):859-67.

349. Hays JT, Hurt RD, Rigotti NA, Niaura R, Gonzales D, Durcan MJ, et al. Sustained-release bupropion for pharmacologic relapse prevention after smoking cessation. a randomized, controlled trial. Annals of Internal Medicine. 2001;135(6):423-33.

350. Hebert JR, Kristeller J, Ockene JK, Landon J, Luippold R, Goldberg RJ, et al. Patient characteristics and the effect of three physician-delivered smoking interventions. Preventive Medicine. 1992;21(5):557-73.

351. Hegaard HK, Kjaergaard H, Moller LF, Wachmann H, Ottesen B. Long-term nicotine replacement therapy. British Journal of Midwifery. 2004;12(4):214-20.

352. Hellmann R, Oshea RM, Kunz ML, Schimpfhauser FT. University health service physician intervention with cigarette smokers. Journal of American College Health. 1988;37:91-3.

353. Helyer AJ, Brehm WT, Gentry NO, Pittman TA. Effectiveness of a worksite smoking cessation program in the military. Program evaluation. AAOHN Journal. 1998;46(5):238-45.

354. Hendricks PS, Delucchi KL, Hall SM. Mechanisms of change in extended cognitive behavioral treatment for tobacco dependence. Drug & Alcohol Dependence. 2010;109(1-3):114-9.

355. Hennrikus DJ, Jeffery RW, Lando HA, Murray DM, Brelje K, Davidann B, et al. The SUCCESS project: the effect of program format and incentives on participation and cessation in worksite smoking cessation programs. American Journal of Public Health. 2002;92(2):274-9.

356. Hensley MJ, Nagle AL, Hensley MJ, Schofield MJ, Koschel A. Efficacy of a brief nurse provided nicotine management intervention for hospitalised smokers. Respirology 2002;7:A12.

357. Higashi A, Ozasa K, Watanabe Y, Hayashi K, Aoike A, Kawai K, et al. Efficacy of smoking cessation instruction for general smokers at an annual physical examination. Nippon Koshu Eisei Zasshi. 1995;42(5):313-21.

358. Hilberink SR, Jacobs JE, Bottema BJ, de VH, Grol RP. Smoking cessation in patients with COPD in daily general practice (SMOCC): six months' results. Preventive Medicine. 2005;41(5-6):822-7.

359. Hill A. A cost-effectiveness evaluation of single and combined smoking cessation interventions in Texas. Tex Med. 2006 Aug;102(8):50-5.

360. Hill AL, Roe DJ, Taren DL, Muramoto MM, Leischow SJ. Efficacy of transdermal nicotine in reducing post-cessation weight gain in a Hispanic sample. Nicotine Tob Res. 2000;2(3):247-53.

361. Hill JS. Effect of a program of aerobic exercise on the smoking behaviour of a group of adult volunteers. Canadian Journal of Public Health. 1985;76(3):183-6.

362. Hilleman DE, Mohiuddin SM, Delcore MG, Lucas BD, Jr. Randomized, controlled trial of transdermal clonidine for smoking cessation. Annals of Pharmacotherapy. 1993;27(9):1025-8.

363. Hilleman DE, Mohiuddin SM, Packard KA. Comparison of Conservative and Aggressive Smoking Cessation Treatment Strategies Following Coronary Artery Bypass Graft Surgery. Chest. 2004;125(2):435-8.

364. Hind D, Tappenden P, Peters J, Kenjegalieva K. Varenicline in the management of smoking cessation: a single technology appraisal. Health Technology Assessment. 2009;13 Suppl 2::9-13.

365. Hjalmarson A, Boethius G. The effectiveness of brief advice and extended smoking cessation counseling programs when implemented routinely in hospitals. Preventive Medicine. 2007;45(2-3):202-7.

366. Hjalmarson AI. Effects of nicotine chewing gum on smoking cessation in routine clinical use. British journal of addiction. 1985;80(3):321-4.

367. Hobbs SD, Bradbury AW. Smoking cessation strategies in patients with peripheral arterial disease: an evidence-based approach. European Journal of Vascular and Endovascular Surgery. 2003;26(4):341-7.

368. Hoch E, Wittchen HU. Population health perspective on smoking cessation: A randomized controlled trial of different methods in primary health care. Society for Research on Nicotine and Tobacco 12th Annual Meeting February 15 18, Orlando, Florida. 2006:S336.

369. Hoffman J, Nemes S, Weil J, Zack S. Adolescent smoking cessation escaping nicotine and tobacco (ASCENT): outcomes. Society for Research on Nicotine and Tobacco 11th Annual Meeting; 20-23 March, 2005; Prague, Czech Republic2005. p. 132.

370. Hoffman J, Nemes S, Weil J, Zack S, Munly K, Hess L. Evaluation of the ASCENT smoking cessation program for adolescents. Journal of Smoking Cessation. 2008;3(1):2-8.

371. Hokanson JM, Anderson RL, Hennrikus DJ, Lando HA, Kendall DM. Integrated tobacco cessation counseling in a diabetes self-management training program: a randomized trial of diabetes and reduction of tobacco. Diabetes Educator. 2006;32(4):562-70.

372. Holdcroft C. Efficacy of transdermal nicotine patches for nicotine replacement and smoking cessation. Nurse Pract. 1992;17(7):46-8.

373. Hollis J, Fellows J, Aickin M, Riedlinger K, McAfee T, Zbikowski S. Efficacy of six state-level tobacco quitline interventions (POS1-023). Society for Research on Nicotine and Tobacco 10th Annual Meeting February 18 21, Phoenix, Arizona. 2004:40.

374. Hollis J, McAfee T, Stark M, Fellows J, Zbikowski S, Riedlinger K. One-year outcomes for six Oregon tobacco Quitline interventions. Annals of Behavioral Medicine. 2005;29 Suppl:S056.

375. Hollis JF, McAfee TA, Fellows JL, Zbikowski SM, Stark M, Riedlinger K. The effectiveness and cost effectiveness of telephone counselling and the nicotine patch in a state tobacco quitline. Tobacco Control. 2007;16(Suppl 1):i53-9.

376. Hollis JF, Polen MR, Whitlock EP, Lichtenstein E, Mullooly JP, Velicer WF, et al. Teen reach: outcomes from a randomized, controlled trial of a tobacco reduction program for teens seen in primary medical care. Pediatrics. 2005;115(4):981-9.

377. Hoogendoorn M, Feenstra T, Hoogenveen RT, Rutten-van Mblken MP. Long-term effectiveness and cost-effectiveness of smoking cessation interventions in patients with COPD. Value in HealthConference: ISPOR 13th Annual European Congress Prague Czech RepublicConference Start: 20101106 Conference End: 20101109Conference Publication: (varpagings)13 (7) ()(pp A322-A323), 2010Date of Publication: November 2010. 2010(var.pagings):A322-A3.

378. Horn K, Dino G, Hamilton C, Noerachmanto N. Efficacy of an emergency department-based motivational teenage smoking intervention. Prev Chronic Dis. 2007;4(1):A08.

379. Horn KA, Dino GA, Kalsekar ID, Fernandes AW. Appalachian teen smokers: not on tobacco 15 months later. American Journal of Public Health. 2004;94(2):181-4.

380. Horst WD, Klein MW, Williams D, Werder SF. Extended use of nicotine replacement therapy to maintain smoking cessation in persons with schizophrenia. Neuropsychiatric Disease and Treatment. 2005;1(4):349-55.

381. Hovell MF, Zakarian JM, Matt GE, Liles S, Jones JA, Hofstetter CR, et al. Counseling to reduce children's secondhand smoke exposure and help parents quit smoking: a controlled trial. Nicotine Tob Res. 2009;11(12):1383-94.

382. Hu J, Redden DT, Berrettini WH, Shields PG, Restine SL, Pinto A, et al. No evidence for a major role of polymorphisms during bupropion treatment. Obesity (Silver Spring). 2006;14(11):1863-7.

383. Huber D. Combined and separate treatment effects of nicotine chewing gum and self-control method. Pharmacopsychiatry. 1988;21(6):461-2.

384. Hughes, John R, Glaser, Mitchell. Transdermal Nicotine for Smoking Cessation. Health Values: The Journal of Health Behavior, Education and Promotion. 1993;17(2):25-31.

385. Hughes GH, Hymowitz N, Ockene JK, Simon N, Vogt TM. The multiple risk factor intervention trial (MRFIT). V. Intervention on smoking. Preventive Medicine. 1981;10(4):476-500.

386. Hughes JR, Callas PW. Is delaying a quit attempt associated with less success? Nicotine Tob Res. 2011;13(12):1228-32.

387. Hughes JR, Gulliver SB, Amori G, Mireault GC, Fenwick JF. Effect of instructions and nicotine on smoking cessation, withdrawal symptoms and self-administration of nicotine gum. Psychopharmacology. 1989;99(4):486-91.

388. Hughes JR, Gust SW, Keenan R, Fenwick JW, Skoog K, Higgins ST. Long-term use of nicotine vs. placebo gum. Arch Intern Med. 1991 Oct;151(10):1993-8.

389. Hughes JR, Lesmes GR, Hatsukami DK, Richmond RL, lichtenstein E, Jorenby DE. Are higher doses of nicotine replacement more effective for smoking cessation? Nicotine & Tobacco Research. 1999;1(2):169-74.

390. Hughes JR, Peters EN, Naud S. Effectiveness of over-the-counter nicotine replacement therapy: a qualitative review of nonrandomized trials. Nicotine Tob Res. 2011;13(7):512-22.

391. Humerfelt S, Eide GE, Kvale G, Aaro LE, Gulsvik A. Smoking cessation after a doctor's postal advice to quit smoking among high risk male smokers in a community [abstract]. European Respiratory Journal. 1995;8 Suppl 19:112S.

392. Humfleet G, Hall S, Munoz R, Greenwood G. Reaching and treating LGBT smokers: does the internet work? (POS1-117). Society for Research on Nicotine and Tobacco 13th Annual Meeting February 21 24, Austin, Texas. 2007:65.

393. Hunt YM, Rash CJ, Burke RS, Parker JD. Smoking cessation in recovery: Comparing 2 different cognitive behavioral treatments Addictive Disorders and their Treatment 2010. 2010;9(2):64-74.

394. Hurt RD. Pharmacotherapy for alcoholic smokers. Alcohol Clin Exp Res. 2002 Dec;26(12):1939-41.

395. Hurt RD, Glover ED, Sachs DPL, et.al. Buproprion for smoking cessation: a double-blind, placebo-controlled dose response trial. J Addict Dis. 1996;15(4):137.

396. Hurt RD, Offord KP, Lauger GG, Marusic Z, Fagerstrom KO, Enright PL, et al. Cessation of long-term nicotine gum use--a prospective, randomized trial. Addiction (Abingdon, England). 1995;90(3):407-13.

397. Hymowitz N, Eckholdt H. Effects of a 2.5-mg silver acetate lozenge on initial and long-term smoking cessation. Preventive Medicine. 1996;25(5):537-46.

398. Hymowitz N, Lasser NL, Safirstein BH. Effects of graduated external filters on smoking cessation. Preventive Medicine. 1982;11(1):85-95.

399. Ito H, Matsuo K, Wakai K, Saito T, Kumimoto H, Okuma K, et al. An intervention study of smoking cessation with feedback on genetic cancer susceptibility in Japan. Preventive Medicine. 2006;42(2):102-8.

400. Ivers RG. A review of tobacco interventions for Indigenous Australians. Australian and New Zealand Journal of Public Health. 2003;27(3):294-9.

401. Jackson EA. Bupropion for smoking cessation. Journal of Family Practice. 1998;46(2):111-2.

402. Jackson PH, Stapleton JA, Russell MAH, Merriman RJ. Nicotine gum use and outcome in a general practitioner intervention against smoking. Addictive Behaviors. 1989;14:335-41.

403. Jacobs JE, Keegstra J, Vries H, Grol R. Implementation of smoking cessation counselling for patients with COPD in general practice (SMOCC): results of a pilot [Abstract]. International Primary Care Respiratory Group Congress: Amsterdam, June 2002. 2002:45.

404. Jacobs MA, Spilken AZ, Norman MM, Wohlberg GW, Knapp PH. Interaction of personality and treatment conditions associated with success in a smoking control program. Psychosomatic Medicine. 1971;33(6):545-56.

405. Jamerson BD, Nides M, Jorenby DE, Donahue R, Garrett P, Johnston JA, et al. Late-term smoking cessation despite initial failure: an evaluation of bupropion sustained release, nicotine patch, combination therapy, and placebo. Clinical Therapeutics. 2001;23(5):744-52.

406. Jamrozik K, Vessey M, Fowler G, Wald N, Parker G, Van VH. Controlled trial of three different antismoking interventions in general practice. British Medical Journal (Clinical Research Ed). 1984;288(6429):1499-503.

407. Janz NK, Becker MH, Kirscht JP. Evaluation of a minimal-contact smoking cessation intervention in an outpatient setting. American Journal of Public Health. 1987;77(7):805-9.

408. Jardin BF, Carpenter MJ. Predictors of quit attempts and abstinence among smokers not currently interested in quitting. Nicotine Tob Res. 2012;14(10):1197-204.

409. Jason LA, Lesowitz T, Michaels M, Blitz C, Victors L, Dean L. A worksite smoking cessation intervention involving the media and incentives. American journal of community psychology. 1989;17(6):785-99.

410. Javitz HS, Swan GE, Zbikowski SM, Curry SJ, McAfee TA, Decker DL, et al. Cost-effectiveness of different combinations of bupropion SR dose and behavioral treatment for smoking cessation: a societal perspective. American Journal of Managed Care. 2004;10(3):217-26.

411. Javitz HS, Zbikowski SM, Deprey M, McAfee TA, McClure JB, Richards J. Cost-effectiveness of varenicline and three different behavioral treatment formats for smoking cessation. Translational behavioral medicine. 2011;1(1):182-90.

412. Jeffery RW, Forster JL, French SA, Kelder SH, Lando HA, McGovern PG, et al. The Healthy Worker Project: a work-site intervention for weight control and smoking cessation. American Journal of Public Health. 1993;83(3):395-401.

413. Jeffery RW, Hellerstedt WL, Schmid TL. Correspondence programs for smoking cessation and weight control: a comparison of two strategies in the Minnesota Heart Health Program. Health Psychology. 1990;9(5):585-98.

414. Jensen EJ, Schmidt E, Pedersen B, Dahl R. The effect of nicotine, silver acetate, and placebo chewing gum on the cessation of smoking. The influence of smoking type and nicotine dependence. Int J Addict. 1991;26(11):1223-31.

415. Jensen EJ, Schmidt E, Pedersen B, Dahl R. Effect on smoking cessation of silver acetate, nicotine and ordinary chewing gum. Influence of smoking history. Psychopharmacology. 1991;104(4):470-4.

416. Jensen JB. Side-effects in smoking cessation with Zyban (bupropion). Ugeskrift for Laeger. 2001;163(46):6455.

417. Jeremias E, Chatkin JM, Chatkin G, Seibert J, Martins M, Wagner M. Smoking cessation in older adults. International Journal of Tuberculosis and Lung Disease16 (2) ()(pp 273-278), 2012Date of Publication: 01 Feb 2012. 2012(2):273-8.

418. Jiang Y, Maddison R, McRobbie H, Bullen C, Roberts V, Glover M. Can exercise enhance smoking cessation outcomes? A pragmatic randomized controlled trial (fit2quit Study). Clinical trials (London, England). 2012;9(4):484-5.

419. Jiménez Ruiz CA, Pinedo AR, Guerrero AC, Ulibarri MM, Fernandez MC, Gonzalez GL. Characteristics of COPD smokers and effectiveness and safety of smoking cessation medications. Nicotine and Tobacco Research. 2012;14(9):1035-9.

420. Johnson HM, Gossett LK, Piper ME, Aeschlimann SE, Korcarz CE, Baker TB, et al. Effects of smoking and smoking cessation on endothelial function: 1-year outcomes from a randomized clinical trial. Journal of the American College of Cardiology55 (18) ()(pp 1988-1995), 2010Date of Publication: 04 May 2010. 2010(18):1988-95.

421. Johnson KM, Lando HA, Schmid LS, Solberg LI. The GAINS project: outcome of smoking cessation strategies in four urban Native American clinics. Giving American Indians No-smoking Strategies. Addictive Behaviors. 1997;22(2):207-18.

422. Johnson TS. A brief review of pharmacotherapeutic treatment options in smoking cessation: bupropion versus varenicline. Journal of the American Academy of Nurse Practitioners. 2010;22(10):557-63.

423. Jones C, Griffiths RD, Skirrow P, Humphris G. Smoking cessation through comprehensive critical care. Intensive Care Medicine. 2001;27(9):1547-9.

424. Jones JA, Zakarian JM, Liles SM, Hovell ML. Behavioral counselling intervention for passive smoking and smoking cessation with low-income familes with young children. Society for Research on Nicotine and Tobacco 12th Annual Meeting February 15 18, Orlando, Florida. 2006:49.

425. Jones TE, Williams J. Craving control using nicotine replacement therapy in a teaching hospital. Internal Medicine Journal. 2012;42(3):317-22.

426. Jorenby DE, Leischow SJ, Nides MA, Rennard SI, Johnston JA, Hughes AR, et al. A controlled trial of sustained - Release bupropion, a nicotine patch, or both for smoking cessation. Revista Portuguesa de Pneumologia. 2001;7(2):161-3.

427. Jorenby DE, Smith SS, Fiore MC, Hurt RD, Offord KP, Croghan IT, et al. Varying nicotine patch dose and type of smoking cessation counseling. JAMA. 1995;274(17):1347-52.

428. Joseph AM. Nicotine replacement therapy for cardiac patients. American Journal of Health Behavior. 1996;20:261-9.

429. Joseph AM, Fu SS, Lindgren B, Rothman AJ, Kodl M, Lando H, et al. Chronic disease management for tobacco dependence: a randomized, controlled trial. Archives of Internal Medicine. 2011;171(21):1894-900.

430. Joseph AM, Hecht SS, Murphy SE, Lando H, Carmella SG, Gross M, et al. Smoking reduction fails to improve clinical and biological markers of cardiac disease: a randomized controlled trial. Nicotine Tob Res. 2008;10(3):471-81.

431. Joseph AM, Willenbring ML, Nugent SM, Nelson DB. A randomized trial of concurrent versus delayed smoking intervention for patients in alcohol dependence treatment. JStudAlcohol. 2004;65(6):681-91.

432. Joyce GF, Niaura R, Maglione M, Mongoven J, Larson-Rotter C, Coan J, et al. The effectiveness of covering smoking cessation services for medicare beneficiaries. Health Services Research. 2008;43(6):2106-23.

433. Juarranz SM, Soriano LT, Reyes MG, Sanchez Sanchez MI. Efficacy of the treatment with substitute of nicotine in the smoking cessation from the Primary Health Care. MEDIFAM - Revista de Medicina Familiar y Comunitaria8 (6) ()(pp 376-383), 1998Date of Publication: 1998. 1998(6):376-83.

434. Kahler CW, Metrik J, LaChance HR, Ramsey SE, Abrams DB, Monti PM, et al. Addressing Heavy Drinking in Smoking Cessation Treatment: A Randomized Clinical Trial. Journal of Consulting and Clinical Psychology76 (5) ()(pp 852-862), 2008Date of Publication: October 2008. 2008(5):852-62.

435. Kahn R, Gorgon L, Jones K, McSherry F, Glover ED, Anthenelli RM, et al. Selegiline transdermal system (STS) as an aid for smoking cessation. Nicotine Tob Res. 2012;14(3):377-82.

436. Kallan FV, Brandt CJ, Ellegaard H, Joensen MB, Sorknaes AD, Tougaard L. [The diagnosis of "smoker's lung" encourages smoking cessation]. Ugeskr Laeger. 1997 Oct 27;159(44):6528-30.

437. Kallio K, Jokinen E, Hamalainen M, Kaitosaari T, Volanen I, Viikari J, et al. Impact of repeated lifestyle counselling in an atherosclerosis prevention trial on parental smoking and children's exposure to tobacco smoke. Acta Paediatr. 2006 Mar;95(3):283-90.

438. Kalman D, Denison H, Penk W, Peer J, Kresman D, Monti P. Early findings from a treatment study of heavy smokers in alcohol recovery (PO2 34). Society for Research on Nicotine and Tobacco 7th Annual Meeting March 23 23 Seattle Washington. 2001:61.

439. Kalman D, Hayes K, Colby SM, Eaton CA, Rohsenow DJ, Monti PM. Concurrent versus delayed smoking cessation treatment for persons in early alcohol recovery. A pilot study. J Subst Abuse Treat. 2001;20(3):233-8.

440. Kane KY, Ellis MR. Bupropion or patch for smoking cessation? Journal of Family Practice. 1999;48(6):419, 1999.

441. Kanner RE, Connett JE, Williams DE, Buist AS. Effects of randomized assignment to a smoking cessation intervention and changes in smoking habits on respiratory symptoms in smokers with early chronic obstructive pulmonary disease: the Lung Health Study. American Journal of Medicine. 1999;106(4):410-6.

442. Kaper J, Wagena EJ, Schayck CP. The effect of reimbursement for smoking cessation treatment on the number of smokers: results of a randomised controlled trial. Society for Research on Nicotine and Tobacco 5th European Meeting November 20 22 2003 Padua: Abstract Book. 2003.

443. Kaper J, Wagena EJ, van Schayck CP, Severens JL. Encouraging smokers to quit: the cost effectiveness of reimbursing the costs of smoking cessation treatment. PharmacoEconomics. 2006;24(5):453-64.

444. Kaper J, Wagena EJ, Willemsen MC, van Schayck CP. Reimbursement for smoking cessation treatment may double the abstinence rate: results of a randomized trial. Addiction (Abingdon, England). 2005;100(7):1012-20.

445. Kaper J, Wagena EJ, Willemsen MC, van Schayck CP. A randomized controlled trial to assess the effects of reimbursing the costs of smoking cessation therapy on sustained abstinence. Addiction. 2006;101(11):1656-61.

446. Karam-Hage M, Strobbe S, Robinson JD, Brower KJ. Bupropion-SR for smoking cessation in early recovery from alcohol dependence: a placebo-controlled, double-blind pilot study. Am J Drug Alcohol Abuse. 2011;37(6):487-90.

447. Katz D, Vander WM, Fu S, Prochazka A, Grant K, Buchanan L, et al. A before-after implementation trial of smoking cessation guidelines in hospitalized veterans. Implement Sci. 2009;4:58.

448. Katz DA, Muehlenbruch DR, Brown RL, Fiore MC, Baker TB, Group ASCGS. Effectiveness of implementing the agency for healthcare research and quality smoking cessation clinical practice guideline: a randomized, controlled trial. Journal of the National Cancer Institute. 2004;96(8):594-603.

449. Katz RC, Heiman M, Gordon S. Effects of two self-management approaches on cigarette smoking. Addictive Behaviors. 1977;2(2-3):113-9.

450. Kaufert JM, Rabkin SW, Syrotuik J, Boyko E, Shane F. Health beliefs as predictors of success of alternate modalities of smoking cessation: results of a controlled trial. Journal of Behavioral Medicine. 1986;9(5):475-89.

451. Killen JD, Fortmann SP, Murphy GM, Jr., Hayward C, Arredondo C, Cromp D, et al. Extended treatment with bupropion SR for cigarette smoking cessation. Journal of Consulting and Clinical Psychology. 2006;74(2):286-94.

452. Killen JD, Fortmann SP, Murphy GM, Jr., Hayward C, Fong D, Lowenthal K, et al. Failure to improve cigarette smoking abstinence with transdermal selegiline + cognitive behavior therapy. Addiction. 2010;105(9):1660-8.

453. Killen JD, Maccoby N, Taylor CB. Nicotine gum and self-regulation training in smoking relapse prevention. Behavior Therapy. 1984;15(3):234-48.

454. King AC. Role of naltrexone in initial smoking cessation: Preliminary findings. Alcoholism: Clinical and Experimental Research. 2002;26(12):1942-4.

455. King AC, Cao D, O'Malley SS, Kranzler HR, Cai X, Dewit H. Effects of naltrexone on smoking cessation outcomes and weight gain in nicotine-dependent men and women. Journal of Clinical Psychopharmacology. 2012;32(5):630-6.

456. Kinne S, Thompson B, Wooldridge JA. Response to a telephone smoking information line. Am J Health Promot. 1991 Jul-Aug;5(6):410-3.

457. Kinnunen T. Excercise as a behavioural adjunct to NRT for female smokers-preliminary findings. Society for Research on Nicotine and Tobacco 3rd Europe Conference; September 19-222001. p. 49.

458. Kistler CE, Goldstein AO. The risk of adverse cardiovascular events from varenicline balanced against the benefits in mortality from smoking cessation. Nicotine and Tobacco Research. 2012;14(12):1391-3.

459. Klatt C, Berg CJ, Thomas JL, Ehlinger E, Ahluwalia JS, An LC. The role of peer e-mail support as part of a college smoking-cessation website. Am J Prev Med. 2008;35(Suppl.1):S471-8.

460. Klesges R, Vasey M, Glasgow R. A worksite smoking modification competition: potential for public health impact. American Journal of Public Health. 1986;76:198-200.

461. Klesges RC, Debon M, Vander Weg MW, Haddock CK, Lando HA, Relyea GE, et al. Efficacy of a tailored tobacco control program on long-term use in a population of U.S. military troops. Journal of Consulting and Clinical Psychology. 2006;74(2):295-306.

462. Kohler C, Schoenberger YM, Phillips M. Effectiveness evaluation of a school-based smoking cessation program for adolescents. Society for Research on Nicotine and Tobacco 11th Annual Meeting; 20-23 March, 2005; Prague, Czech Republic2005. p. 131.

463. Kornitzer M, Boutsen M, Thijs J, Gustavsson G. Efficiency and safety of combined use of nicotine patches and nicotine gum in smoking cessation: a placebo controlled doubleblind trial [abstract]. European Respiratory Journal 1993;6 (Suppl 17):630S.

464. Kornitzer M, Kittel F, Dramaix M, Bourdoux P. A double blind study of 2 mg versus 4 mg nicotine-gum in an industrial setting. J Psychosom Res. 1987;31(2):171-6.

465. Koshy P, Mackenzie M, Leslie W, Lean M, Hankey C. Eating the elephant in slices or in one go: Views of participants in a smoking cessation intervention trial on multiple behaviour changes as sequential or concurrent tasks. Obesity Reviews. 2010;Conference(var.pagings):294.

466. Kotz D, Huibers MJH, West RJ, Wesseling G, Schayck OCP. The effect of confrontational counseling on smoking cessation in smokers with COPD (E444). European Respiratory Society Annual Congress, Berlin, Germany, October 4-8. 2008:54S.

467. Kröger C, Metz K, Bühler A, Heppekausen K. Nicotine replacement therapy in German rehabilitation centers. Nicotine and Tobacco Research. 2005;7(4):647-8.

468. Lacasse Y, Lamontagne R, Martin S, Arsenault M. Randomized trial of a smoking cessation intervention in patients hospitalized in a cardio-respiratory institute. Chest 2005;128(4 (Suppl)):204S.

469. Lahad A. Nicotine patch for smoking cessation. JAMA. 1994;272(1):32.

470. Lancaster T, Stead LF. Mecamylamine (a nicotine antagonist) for smoking cessation. Cochrane Database of Systematic Reviews. 2000(2).

471. Lancaster T, Stead LF. Silver acetate for smoking cessation. Cochrane Database of Systematic Reviews. 2012;9:CD000191, 2012.(9).

472. Lando HA. Successful treatment of smokers with a broad-spectrum behavioral approach. Journal of Consulting and Clinical Psychology. 1977;45(3):361-6.

473. Lando HA. Lay facilitators as effective smoking cessation counselors. Addictive Behaviors. 1987;12(1):69-72.

474. Lando HA, Hennrikus D, Boyle R, Lazovich D, Stafne E, Rindal B. Promoting tobacco abstinence among older adolescents in dental clinics. Journal of Smoking Cessation. 2007;2(1):23-30.

475. Lando HA, Kalb EA, McGovern PG. Behavioral self-help materials as an adjunct to nicotine gum. Addictive Behaviors. 1988;13(2):181-4.

476. Lando HA, McGovern PG. Nicotine fading as a nonaversive alternative in a broad-spectrum treatment for eliminating smoking. Addictive Behaviors. 1985;10(2):153-61.

477. Lando HA, Pirie PL, Roski J, McGovern PG, Schmid LA. Promoting abstinence among relapsed chronic smokers: the effect of telephone support. American Journal of Public Health. 1996;86(12):1786-90.

478. Lang T, Nicaud V, Slama K, Hirsch A, Imbernon E, Goldberg M, et al. Smoking cessation at the workplace. Results of a randomised controlled intervention study. Journal of Epidemiology & Community Health. 2000;54(5):349-54.

479. Lasser KE, Boyd JW. Varenicline and smokers with mental illnesses. Lancet. 2008;372(9645):1218-9.

480. Lebargy F. Bupropion is 2 times more effective than a placebo for smoking cessation. Revue du Praticien - Medecine Generale. 2002;16(588):1479-82.

481. Lebargy F, Aubin HJ, Lagrue G, Bidaut-Mazel C, Chemali-Hudry J, Poulain L. A placebo-controlled, double-blind study of Zyban LP: An effective and well-tolerated aid to smoking cessation - preliminary results (POS4-69). Society for Research on Nicotine and Tobacco 9th Annual Meeting February 19 22 New Orleans, Louisiana. 2003:98.

482. Lee AM, Jepson C, Hoffmann E, Epstein L, Hawk LW, Lerman C, et al. CYP2B6 genotype alters abstinence rates in a bupropion smoking cessation trial. Biological Psychiatry. 2007;62(6):635-41.

483. Leischow S, Cook G, Muramoto ML. The effect of cost on the effectiveness of over-the-counter nicotine gum [abstract]. Nicotine and Tobacco Research. 1999;1(2):196.

484. Leischow SJ, Hill A, Cook G. The effects of transdermal nicotine for the treatment of Hispanic smokers. Am J Health Behavior. 1996;20(5):304-11.

485. Leischow SJ, Ranger-Moore J, Muramoto ML, Matthews E. The safety and effectiveness of the nicotine inhaler for smoking cessation in an over-the-counter setting (POS4-78). Society for Research on Nicotine and Tobacco 9th Annual Meeting February 19 22 New Orleans, Louisiana. 2003:100.

486. Lemmens V, Oenema A, Knut IK, Brug J. Effectiveness of smoking cessation interventions among adults: a systematic review of reviews. European Journal of Cancer Prevention. 2008;17(6):535-44.

487. Lenert L, Munoz RF, Perez JE, Bansod A. Automated e-mail messaging as a tool for improving quit rates in an internet smoking cessation intervention. J Am Med Informat Assoc. 2004;11:235-40.

488. Lennox AS, Bain N, Taylor RJ, McKie L, Donnan PT, Groves J. Stages of Change training for opportunistic smoking intervention by the primary health care team. Part I: randomised controlled trial of the effect of training on patient smoking outcomes and health professional behaviour as recalled by patients. Health Education Journal. 1998;57(2):140-9.

489. Lerman C, Audrain J, Patterson F, Kaufmann V, Rukstalis M, Wileyto EP. Differential response to nicotine replacement therapies in obese and non-obese women (PA2-6). Society for Research on Nicotine and Tobacco 9th Annual Meeting February 19 22 New Orleans, Louisiana. 2003:20.

490. Lerman C, Niaura R, Collins BN, Wileyto P, Audrain-McGovern J, Pinto A, et al. Effect of bupropion on depression symptoms in a smoking cessation clinical trial. Psychol Addict Behav. 2004;18(4):362-6.

491. Lerman C, Shields PG, Wileyto EP, Audrain J, Pinto A, Hawk L, et al. Pharmacogenetic investigation of smoking cessation treatment. Pharmacogenetics. 2002;12(8):627-34.

492. Lerman C, Tyndale R, Patterson F, Wileyto EP, Shields PG, Pinto A, et al. Nicotine metabolite ratio predicts efficacy of transdermal nicotine for smoking cessation. Clinical Pharmacology and Therapeutics. 2006;79(6):600-8.

493. Leslie W, Koshy P, Mackenzie M, Murray H, Lean M, Hankey C. Food choice and changes in body weight in those attempting smoking cessation: A cluster randomised controlled study. Obesity ReviewsConference: 11th International Congress on Obesity, ICO 2010 Stockholm Sweden. 2010;11:294.

494. Leventhal AM, David SP, Brightman M, Strong D, McGeary JE, Brown RA, et al. Dopamine D4 receptor gene variation moderates the efficacy of bupropion for smoking cessation. The pharmacogenomics journal. 2012;12(1):86-92.

495. Levine MD, Cheng Y, Kalarchian MA, Perkins KA, Marcus MD. Dietary intake after smoking cessation among weight-concerned women smokers. Psychology of Addictive Behaviors. 2012;26(4):969-73.

496. Levine MD, Perkins KA, Slane J, Neal DM, Marcus MD. Bupropion and cognitive behavioral treatment for weight concerns improves smoking cessation outcome among weight concerned women (PA3-3). Society for Research on Nicotine and Tobacco 13th Annual Meeting February 21 24, Austin, Texas. 2007:21.

497. Li J, Zhang T-l, Wang B, Li X-w. An efficacy analysis of bupropion for smoking cessation in schizophrenia. Zhongguo Xinyao yu Linchuang Zazhi. 2009;28(3):231-4.

498. Li VC, Coates TJ, Spielberg LA, Ewart CK, Dorfman S, Huster WJ. Smoking cessation with young women in public family planning clinics: the impact of physician messages and waiting room media. Preventive Medicine. 1984;13:477-89.

499. Li WW, Froelicher ES. Predictors of smoking relapse in women with cardiovascular disease in a 30-month study: extended analysis. Heart and Lung. 2008;37(6):455-65.

500. Lichtenstein E, Boles SM, Lee ME, Hampson SE, Glasgow RE, Fellows J. Using radon risk to motivate smoking reduction II: randomized evaluation of brief telephone counseling and a targeted video. Health Education Research. 2008;23(2):191-201.

501. Lichtenstein E, Keutzer CS. Experimental investigation of diverse techniques to modify smoking: A follow-up report. Behaviour Research and Therapy. 1969;7(1):139-40.

502. Lifrak P, Gariti P, Alterman A, Volpicelli J, O'Brien C. Combining individual relapse prevention counseling with a transdermal nicotine patch for smoking cessation. Journal of Addictive Diseases. 1994;13(4):251.

503. Lin HN. The effectiveness of nicotine patch for smoking cessation. Chinese Psychiatry. 1996;10:223-33.

504. Linke SE, Rutledge T, Myers MG. Intermittent exercise in response to cigarette cravings in the context of an Internet-based smoking cessation program. Mental Health and Physical Activity. 2012;5(1):85-92.

505. Lipkus IM, Lyna PR, Rimer BK. Using tailored interventions to enhance smoking cessation among African-Americans at a community health center. Nicotine Tob Res. 1999;1(1):77-85.

506. Lipkus IM, McBride CM, Pollak KI, Schwartz-Bloom RD, Tilson E, Bloom PN. A randomized trial comparing the effects of self-help materials and proactive telephone counseling on teen smoking cessation. Health Psychology. 2004;23(4):397-406.

507. Liu X, Tian H-M. Effectiveness evaluation on smoking among primary school students and their family members in Chengdu, Sichuan Province. Chinese Health Service Management. 2004;2:117-21.

508. Lopez-Ortiz C, Roncero C, Miquel L, Casas M. Smoking in affective psychosis: review about nicotine use in bipolar and schizoaffective disorders. Adicciones. 2010;23(1):65-75.

509. Luna L. The effectiveness of Motivational Enhancement Therapy on smoking cessation in college students: Temple U.; 2005.

510. Lundberg GD. Nicotine replacement therapy does help smokers to quit. edGenMed Medscape General Medicine. 2008;10(5):116.

511. Lundberg GD. Seven pharmacotherapies do promote smoking abstinence at 6 and 12 months. Medgenmed Medscape General Medicine. 2008;10(10):249.

512. Luty J. Nicotine addiction and smoking cessation treatments. Advances in Psychiatric Treatment. 2002;8(1):42-8.

513. Macgregor ID. Efficacy of dental health advice as an aid to reducing cigarette smoking. British Dental Journal. 1996;180(8):292-6.

514. Macleod ZR, Charles MA, Arnaldi VC, Adams IM. Telephone counselling as an adjunct to nicotine patches in smoking cessation: a randomised controlled trial. Medical Journal of Australia. 2003;179(7):349-52.

515. Maddison R, Roberts V, Bullen C, McRobbie H, Jiang Y, Prapavessis H, et al. Design and conduct of a pragmatic randomized controlled trial to enhance smoking-cessation outcomes with exercise: The Fit2Quit study. Mental Health and Physical Activity. 2010;3(2):92-101.

516. Mahmarian JJ, Moye LA, Nasser GA, Nagueh SF, Bloom MF, Benowitz NL, et al. Nicotine patch therapy in smoking cessation reduces the extent of exercise-induced myocardial ischemia. Journal of the American College of Cardiology. 1997;30(1):125-30.

517. Manchester A. Trialling smoking cessation drug among Maori: a nurse researcher is encouraged by preliminary results from a research project assessing the effectiveness of the smoking cessation medication Brupopion within a Maori client group.: Kai Tiaki: Nursing New Zealand; 2004. Available from: http://www.thefreelibrary.com/Trialling+smoking+cessation+drug+among+Maori%3A+a+nurse+researcher+is...-a0114003153.

518. Manfredi C, Crittenden KS, Cho YI, Gao S. Long-term effects (up to 18 months) of a smoking cessation program among women smokers in public health clinics. Preventive Medicine. 2004;38(1):10-9.

519. Manfredi C, Crittenden KS, Warnecke R, Engler J, Cho YI, Shaligram C. Evaluation of a motivational smoking cessation intervention for women in public health clinics. Preventive Medicine. 1999;28(1):51-60.

520. Mantler T, Irwin JD, Morrow D. Motivational interviewing and smoking behaviors: a critical appraisal and literature review of selected cessation initiatives. Psychological Reports. 2012;110(2):445-60.

521. Marcos T, Godas T, Corominas J. Tratamiento de sustitucion de nicotina frente a reduccion progresiva en la deshabituacion tabaquica [Nicotine replacement therapy versus gradual smoking withdrawal in smoking cessation]. Med Clin (Barc). 2004;123(4):127-30.

522. Marcus B, Lewis B, Hogan J, King T, Albrecht RN, Bock B, et al. The efficacy of moderate intensity physical activity for smoking cessation among women. Annual Meeting of the Society of Behavioral Medicine. 2003;Salt Lake City, USA. 2003.

523. Marin D, Salvador T, Gonzalez T, Castellvi E, Muriana C, Iniesta C. Smoking cessation in Spain: Review and evaluation of various methods. Psychotropes. 1992;7(2):51-4.

524. Marks DF, Sykes CM. Randomized controlled trial of cognitive behavioural therapy for smokers living in a deprived are of London: Outcome at one-year follow-up. Psychology, Health and Medicine. 2002;7(1):17-24.

525. Marteau TM, Aveyard P, Munafo MR, Prevost AT, Hollands GJ, Armstrong D. Effect on adherence to nicotine replacement therapy of informing smokers their dose is determined by their genotype: a randomised controlled trial. PLoS One. 2012;7(4):e35249.

526. Marteau TM, Hall S. Motivating smoking cessation in women undergoing cervical screening : evaluation of two leaflets. International Journal of Cancer. 2002(Suppl 13):469.

527. Martin JE, Calfas KJ, Patten CA, Polarek M, Hofstetter CR, Noto J, et al. Prospective evaluation of three smoking interventions in 205 recovering alcoholics: one-year results of Project SCRAP-Tobacco. Journal of Consulting and Clinical Psychology. 1997;65(1):190-4.

528. Martini B. Varenicline--a new drug for smoking cessation. Medizinische Monatsschrift fur Pharmazeuten. 2007;30(3):84-6.

529. Martin-Lujan F, Pinol-Moreso JL, Martin-Vergara N, Basora-Gallisa J, Pascual-Palacios I, Sagarra-Alamo R, et al. Effectiveness of a structured motivational intervention including smoking cessation advice and spirometry information in the primary care setting: the ESPITAP study. BMC Public Health. 2011;11:859.

530. Mayer C, Vandecasteele H, Bodo M, Primo C, Slachmuylder JL, Kaufman L, et al. Smoking relapse prevention programs and factors that predict abstinence: A controlled study comparing the efficacy of workplace group counselling and proactive phone counseling. Journal of Smoking Cessation. 2010;5(1):83-94.

531. Mazoni CG, Fernandes S, Pierozan PS, Moreira T, Freese L, Ferigolo M, et al. Efficacy of pharmacological and no-pharmacological treatments for smoking cessation. Estudos de Psicologia. 2008;13(2):133-40.

532. McAfee T, Zbikowski SM, Bush T, McClure J, Swan G, Jack LM, et al. The effectiveness of bupropion SR and phone counseling for light and heavy smokers. Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco. 2004;6:721.

533. McAfee T, Zbikowski SM, Bush T, McClure J, Swan G, Jack LM, et al. The effectiveness of bupropion SR and phone counseling for light and heavy smokers (PA2-1). Society for Research on Nicotine and Tobacco 10th Annual Meeting; February 18-21; Phoenix, Arizona2004. p. 18.

534. McAlister AL, Rabius V, Geiger A, Glynn TJ, Huang P, Todd R. Telephone assistance for smoking cessation: one year cost effectiveness estimations. Tobacco Control. 2004;13(1):85-6.

535. McBride C, Bepler G, Lyna P, Samsa G, Lipkus I, McIntyre L, et al. A randomized trial to evaluate genetic susceptibility feedback to motivate smoking cessation. Cancer epidemiology, biomarkers & prevention. 2001;10(2):155.

536. McBride CM, Bepler G, Lipkus IM, Lyna P, Samsa G, Albright J, et al. Incorporating genetic susceptibility feedback into a smoking cessation program for African-American smokers with low income. Cancer Epidemiology, Biomarkers and Prevention. 2002;11(6):521-8.

537. McBride CM, Curry SJ, Grothaus LC, Rosner D, Louie D, Wagner EH. Use of self-help materials and smoking cessation among proactively recruited and volunteer intervention participants. American Journal of Health Promotion. 1998;12(5):321-4.

538. McCambridge J, Jenkins RJ. Do brief interventions which target alcohol consumption also reduce cigarette smoking? Systematic review and meta-analysis. Drug & Alcohol Dependence. 2008;96(3):263-70.

539. McCarthy DE, Piasecki TM, Lawrence DL, Fiore MC, Baker TB. Efficacy of bupropion SR and individual counseling among adults attempting to quit smoking (POS1-041). Society for Research on Nicotine and Tobacco 10th Annual Meeting February 18 21, Phoenix, Arizona. 2004:45.

540. McClure EA, Vandrey RG, Johnson MW, Stitzer ML. Effects of varenicline on abstinence and smoking reward following a programmed lapse. Nicotine Tob Res. 2013;15(1):139-48.

541. McClure JB, Ludman EJ, Grothaus L, Pabiniak C, Richards J. Impact of a brief motivational smoking cessation intervention the Get PHIT randomized controlled trial. American Journal of Preventive Medicine. 2009;37(2):116-23.

542. McClure JB, Swan GE, St JJ, Fauver R, Javitz HS, Bergen AW, et al. Pharmacogenetic smoking cessation intervention in a health care setting: a pilot feasibility study. Nicotine Tob Res. 2013;15(2):518-26.

543. McDonald PW, Jessup L, Stephen BK, Ahmed R, Filsinger S. Are cessation interventions based on stage of change really more effective? (POS4-27). Society for Research on Nicotine and Tobacco 9th Annual Meeting February 19 22 New Orleans, Louisiana. 2003:88.

544. McDonnell DD, Kazinets G, Lee HJ, Moskowitz JM. An internet-based smoking cessation program for Korean Americans: results from a randomized controlled trial. Nicotine and Tobacco Research. 2011;13(5):336-43.

545. McFall SL, Michener A, Rubin D, Flay BR, Mermelstein RJ, Burton D, et al. The effects and use of maintenance newsletters in a smoking cessation intervention. Addictive Behaviors. 1993;18(2):151-8.

546. McGrath MJ, Hall SM. Self-management treatment of smoking behavior. Addictive Behaviors. 1976;1(4):287-92.

547. McIntosh NA, Clark NM, Howatt WF. Reducing tobacco smoke in the environment of the child with asthma: a cotinine-assisted, minimal-contact intervention. Journal of Asthma. 1994;31(6):453-62.

548. McIntyre RS. Varenicline and suicidality: A new era in medication safety surveillance. Expert Opinion on Drug Safety. 2008;7(5):511-4.

549. McIntyre-Kingsolver K, Lichtenstein E, Mermelstein RJ. Spouse training in a multicomponent smoking-cessation program. Behavior Therapy. 1986;17(1):67-74.

550. McKay HG, Danaher BG, Seeley JR, Lichtenstein E, Gau JM. Comparing two web-based smoking cessation programs: randomized controlled trial. Journal of Medical Internet Research. 2008;10(5):e40.

551. McNeil JJ, Piccenna L, Ioannides-Demos LL. Smoking cessation-recent advances. Cardiovascular Drugs and Therapy24 (4) ()(pp 359-367), 2010Date of Publication: August 2010. 2010;24(4):359-67.

552. McRobbie H, Brath H, Astbury C, Hider A, Sweet R. Bupropion hydrochloride sustained release (SR) is an effective and well tolerated aid to smoking cessation in smokers with cardiovascular disease 12 month follow-up phase data (ZYB40014). European Respiratory Society meeting; 14-18 September 2002; Stockholm, Sweden2002.

553. Mei K-W, Zhu Y-Y, Wei M-Q, al. e. Effects evaluation on smoking behavior intervention approach among community hospital staff members in Minhang District of Shanghai City. Chinese J Health Educ. 2008;10:755-7.

554. Meier LE, Mayer M, Boleski PL. Combination of transdermal nicotine substitution and behavioural group therapy in smoking cessation. European Respiratory Journal. 1990;3(suppl 10):168S.

555. Melnyk BM. The latest evidence on smoking cessation interventions with diverse populations. Worldviews on Evidence-Based Nursing. 2005;2(4):212-6.

556. Meszaros ZS, Batki SL, Dimmock J. Varenicline treatment in alcohol and nicotine dependent patients with schizophrenia. ClinicalTrials gov [www clinicaltrials gov]. 2008;ClinicalTrials.gov ID NCT00727103.

557. Metz K, Floter S, Kroger C, Donath C, Piontek D, Gradl S. Telephone booster sessions for optimizing smoking cessation for patients in rehabilitation centers. Nicotine Tob Res. 2007;9(8):853-63.

558. Metz K, Kroeger C, Schuetz C, Floeter S, Donath C. Which smoking cessation intervention works for smokers with an alcohol addiction? 68th Annual Scientific Meeting of the College on Problems of Drug Dependence. 2006.

559. Meyer C, Ulbricht S, Gross B, Kastel L, Wittrien S, Klein G, et al. Adoption, reach and effectiveness of computer-based, practitioner delivered and combined smoking interventions in general medical practices: a three-arm cluster randomized trial. Drug & Alcohol Dependence. 2012;121(1-2):124-32.

560. Meyer C, Ulbricht S, Schumann A, Hannover W, Hapke U, Rumpf HJ, et al. Inteventions fostering the motivation to quit for smokers in general practice. Suchtmedizin in Forschung und Praxis. 2003;5(2):134-6.

561. Meysman M, Boudrez H, Nackaerts K, Dieriks B, Indemans R, Vermeire P. Smoking cessation rates after a nurse-led inpatient smoking cessation intervention. Journal of Smoking Cessation. 2010;5(1):69-76.

562. Miguez MC, Becona E. Evaluating the effectiveness of a single telephone contact as an adjunct to a self-help intervention for smoking cessation in a randomized controlled trial. Nicotine Tob Res. 2008;10(1):129-35.

563. Miller M, Wood L. Effectiveness of smoking cessation interventions: review of evidence and implications for best practice in Australian health care settings. Australian and New Zealand Journal of Public Health. 2003;27(3):300-9.

564. Miller NH, Smith PM, DeBusk RF, Sobel DS, Taylor CB. Smoking cessation in hospitalized patients. Results of a randomized trial. Archives of Internal Medicine. 1997;157(4):409-15.

565. Minneker E, Buchkremer G, Bents H. Predictors of successful smoking cessation. Suchtgefahren35 (2) ()(pp 91-102), 1989Date of Publication: 1989. 1989(2):91-102.

566. Minneker-Hugel E, Unland H, Buchkremer G. Behavioral relapse prevention strategies in smoking cessation. International Journal of the Addictions. 1992;27(5):627-34.

567. Minthorn-Biggs MB. Smoking cessation using an interpersonal coping skills program: U Toronto; 1999.

568. Mishra GA, Majmudar PV, Gupta SD, Rane PS, Hardikar NM, Shastri SS. Call centre employees and tobacco dependence: making a difference. Indian J Cancer. 2010;47(Suppl 1):43-52.

569. Mistler LA, Brunette MF, Ferron JC, Ziedonis DM. Shared decision making and behavioral support interventions for people with severe mental illness and tobacco dependence. Journal of Dual Diagnosis. 2012;8(2):99-103.

570. Mitchell MD, Leone F, Williams K. Varenicline for smoking cessation. Health Technology Assessment Database2007.

571. Mitchell MD, Leone F, Williams K. Varenicline for smoking cessation. Health Technology Assessment Database2009.

572. Mohiuddin SM, Mooss AN, Hunter CB, Grollmes TL, Cloutier DA, Hilleman DE. Intensive smoking cessation intervention reduces mortality in high-risk smokers with cardiovascular disease. Chest. 2007;131(2):446-52.

573. Mohjuddin SM, Mooss AN, Hunter CB, Grollmes T, Cloutier DA, Hilleman DE. Intensive multicomponent smoking cessation intervention decreases mortality in hospitalized high-risk cardiac smokers. Journal of the American College of Cardiology. 2006;47(4):375A.

574. Moller AM, Tonnesen H. Group therapy and smoking cessation. Ugeskrift for Laeger. 1999;161(36):4987-8.

575. Mondoux TJ. A comparison of hypnotic, non-hypnotic and subliminal message placebo treatment conditions on the success of a smoking cessation program. Ottawa: Carleton University; 1995.

576. Monti P, Colby SM, O'Leary TA, Spirito A, Woolard RH, Lewander WJ, et al. Motivational interviewing for adolescent smokers: preliminary results from a randomized clinical trial (Rapid Communications Posters RP-27). February 20-23, 2002; Society for Research on Nicotine and Tobacco 8th Annual Meeting2002. p. 7.

577. Moolchan ET, Robinson ML, Schroeder JR, Huestis MA, Ernst M. A randomized trial of the efficacy of the nicotine gum and patch for adolescent smokers (PA2-8). Society for Research on Nicotine and Tobacco 10th Annual Meeting; February 18-21 2004; Phoenix, Arizona2004. p. 20.

578. Moon KT. Does adjusting varenicline dosing enhance smoking cessation rates? American Family Physician85 (7) , 2012Date of Publication: 20120401. 2012(7).

579. Morgan GD, Noll EL, Orleans CT, Rimer BK, Amfoh K, Bonney G. Reaching midlife and older smokers: tailored interventions for routine medical care. Preventive Medicine. 1996;25(3):346-54.

580. Morris CD, Waxmonsky JA, May MG, Tinkelman DG, Dickinson M, Giese AA. Smoking reduction for persons with mental illnesses: 6-month results from community-based interventions. Community Ment Health J. 2011;47(6):694-702.

581. Mudde AN, de VH, Dolders MG. Evaluation of a Dutch community-based smoking cessation intervention. Preventive Medicine. 1995;24(1):61-70.

582. Muller S, Petitjean S, Degen B, Wiesbeck GA. Smoking cessation in alcohol-dependent patients: Results from a randomized, controlled trial. Alcohol and AlcoholismConference: European Society for Biomedical Research on Alcoholism, ESBRA 2011 Vienna Austria. 2011;46: i7.

583. Mulligan SC, Masterson JG, Devane JG, Kelly JG. Clinical and pharmacokinetic properties of a transdermal nicotine patch. Clin Pharmacol Ther. 1990 Mar;47(3):331-7.

584. Munn Z. Psychosocial interventions for smoking cessation in patients with coronary heart disease. Journal of Advanced Nursing. 2008;64(5):457-8.

585. Munoz RF, Barrera AZ, Delucchi K, Penilla C, Torres LD, Perez-Stable EJ. International Spanish/English Internet smoking cessation trial yields 20% abstinence rates at 1 year. Nicotine and Tobacco Research. 2009;11(9):1025-34.

586. Muramoto M, Campbell J, Connolly T, Aickin M. Project Reach: training community-based "health influencers" to help tobacco users quit (POS2-122). Society for Research on Nicotine and Tobacco 13th Annual Meeting February 21 24, Austin, Texas. 2007:106.

587. Muramoto M, Leischow S, Sherrill D. A randomized trial of the efficacy of bupropion for adolescent smoking cessation [RP-064]. Society for Research on Nicotine and Tobacco 11th annual meeting; March 2005; Prague, Czech Republic2005. p. 17.

588. Muramoto ML, Leischow S, Cook G, Castellini SM, Strayer L. Effectiveness of over-the-counter transdermal nicotine for smoking reduction [abstract]. Nicotine and Tobacco Research. 1999;1(2):107.

589. Murray RL, Leonardi-Bee J, Marsh J, Jayes L, Li J, Parrott S, et al. Systematic identification and treatment of smokers by hospital based cessation practitioners in a secondary care setting: cluster randomised controlled trial. BMJ. 2013;347:f4004.

590. Murray RP, Connett JE, Rand CS, Pan W, Anthonisen NR. Persistence of the effect of the Lung Health Study (LHS) smoking intervention over eleven years. Preventive Medicine. 2002;35(4):314-9.

591. Myers MG, Brown SA. A controlled study of a cigarette smoking cessation intervention for adolescents in substance abuse treatment. Psychology of Addictive Behaviors. 2005;19(2):230-3.

592. Myers MG, Prochaska JJ. Does smoking intervention influence adolescent substance use disorder treatment outcomes? Substance abuse : official publication of the Association for Medical Education and Research in Substance Abuse. 2008;29(2):81-8.

593. Nakamura M, Oshima A, Fujimoto Y, Maruyama N, Ishibashi T, Reeves KR. Efficacy and tolerability of varenicline, an alpha4beta2 nicotinic acetylcholine receptor partial agonist, in a 12-week, randomized, placebo-controlled, dose-response study with 40-week follow-up for smoking cessation in Japanese smokers. Clinical Therapeutics29 (6) ()(pp 1040-1056), 2007Date of Publication: June 2007. 2007(6):1040-56.

594. Narsavage G, Idemoto BK, Sarah Cole Hirsh Institute for Best Nursing Practices of the Bolton School of N. Smoking cessation interventions for hospitalized patients with cardio-pulmonary disorders. Online Journal of Issues in Nursing. 2003;8(2):2003.

595. Nebot M, Cabezas C. Does nurse counseling or offer of nicotine gum improve the effectiveness of physician smoking-cessation advice? Family Practice Research Journal. 1992;12(3):263-70.

596. Nebot M, Cabezas C, Oller M, Moreno F, Rodrigo J, Sarda T, et al. [Medical counseling, nursing counseling, and nicotine chewing gum for smoking cessation in primary care]. Medicina Clinica Barcelona. 1990;95(2):57-61.

597. Nebot-Adell M, Soler-Vila M, Martin-Cantera C, Birules-Pons M, Oller-Colom M, Sala-Carbonell E, et al. Effectiveness of the physician's advice to quit smoking: evaluation of the impact a year after the fact. Rev Clin Esp. 1989;184(4):201-5.

598. Nemeth-Coslett R, Henningfield JE. Effects of nicotine chewing gum on cigarette smoking and subjective and physiologic effects. Clinical Pharmacology and Therapeutics. 1986;39(6):625-30.

599. Neumann JK, Peeples B, East J, Ellis AR. Nicotine reduction: effectiveness of bupropion. British Journal of Psychiatry. 2000;177:87-8.

600. Neumann JK, Peeples B, Seneker A. Nicotine reduction and bupropion. Chest. 2002;121(4):1378.

601. Neuner B, Weiss-Gerlach E, Miller P, Martus P, Hesse D, Spies C. Emergency department-initiated tobacco control: a randomised controlled trial in an inner city university hospital. Tobacco Control. 2009;18(4):283-93.

602. Niaura R, Joyce G, Maglione M, Morton S, Coan J, Lapin P, et al. Helping older smokers quit: The Medicare Stop Smoking Program (PA11-6). . Society for Research on Nicotine and Tobacco 2006;12th Annual Meeting February 15-18, Orlando, Florida. 2006.:36.

603. Niaura R, Richardson EE, Stanton C, Carton-Lopez S, Morrow K, Shadel W. Motivation and patch treatment for HIV-positive smokers: psychosocial barriers to cessation (POS1-057). Society for Research on Nicotine and Tobacco 10th Annual Meeting February 18 21, Phoenix, Arizona. 2004:49.

604. Niaura R, Spring B, Borrelli B, Hedeker D, Goldstein MG, Keuthen N, et al. Multicenter trial of fluoxetine as an adjunct to behavioral smoking cessation treatment. Journal of Consulting and Clinical Psychology. 2002;70(4):887-96.

605. Niemiec CP, Ryan RM, Deci EL, Williams GC. Aspiring to physical health: the role of aspirations for physical health in facilitating long-term tobacco abstinence. Patient Education and Counseling. 2009;74(2):250-7.

606. Nightingale SL. Nicotine nasal spray approved for smoking cessation. JAMA. 1996;275(16):1224.

607. Noe S. New therapeutic options for smoking cessation. Nicotine polacrilex tablets for tobacco cessation. Medizinische Monatsschrift fur Pharmazeuten. 2003;26(12):418-22.

608. Nohlert E, Tegelberg A, Tillgren P, Johansson P, Rosenblad A, Helgason AR. Comparison of a high and a low intensity smoking cessation intervention in a dentistry setting in Sweden: a randomized trial. BMC Public Health. 2009;9:121, 2009.

609. Nollen NL, Mayo MS, Sanderson CL, Okuyemi KS, Choi WS, Kaur H, et al. Predictors of quitting among African American light smokers enrolled in a randomized, placebo-controlled trial. Journal of General Internal Medicine. 2006;21(6):590-5.

610. Nordstrom BL, Kinnunen T, Utman CH, Garvey AJ. Long-term effects of nicotine gum on weight gain after smoking cessation. Nicotine and Tobacco Research. 1999;1(3):259-68.

611. Norregaard J, Jorgensen S, Mikkelsen KL, Tonnesen P, Iversen E, Sorensen T, et al. The effect of ephedrine plus caffeine on smoking cessation and postcessation weight gain. Clinical Pharmacology and Therapeutics. 1996;60(6):679-86.

612. Novy P, Hughes JR, Jensen JA. The efficacy of the nicotine patch in recovering alcoholic smokers. In L S Harris (Ed), Problems of drug dependence, 1998 (NIDA Research Monograph 179; Bethesda, MD: National Institute of Drug Abuse. 1999:91.

613. Nyborg KF, Nevid JS. Couples who smoke: A comparison of couples training versus individual training for smoking cessation. Behavior Therapy17 (5) ()(pp 620-625), 1986Date of Publication: 1986. 1986(5):620-5.

614. O'Brien CP. A second varenicline trial. Curr Psychiatry Rep. 2007;9(5):346-7.

615. Ockene JK, Kristeller J, Goldberg R, Amick TL, Pekow PS, Hosmer D, et al. Increasing the efficacy of physician-delivered smoking interventions: a randomized clinical trial. Journal of General Internal Medicine. 1991;6(1):1-8.

616. Ockene JK, Kristeller J, Pbert L, Hebert JR, Luippold R, Goldberg RJ, et al. The physician-delivered smoking intervention project: can short-term interventions produce long-term effects for a general outpatient population? Health Psychology. 1994;13(3):278-81.

617. Okechukwu CA, Krieger N, Sorensen G, Li Y, Barbeau EM. MassBuilt: effectiveness of an apprenticeship site-based smoking cessation intervention for unionized building trades workers. Cancer Causes and Control. 2009;20(6):887-94.

618. Okuyemi KS, Goldade K, Whembolua GL, Thomas JL, Eischen S, Guo H. Effects of motivational interviewing and the nicotine patch for smoking cessation among homeless smokers (PA7-2). Society for Research on Nicotine and Tobacco 18th Annual Meeting March 13 16 Houston Texas. 2012:26.

619. Okuyemi KS, Zheng H, Guo H, Ahluwalia JS. Predictors of adherence to nicotine gum and counseling among African-American light smokers. Journal of General Internal Medicine. 2010;25(9):969-76.

620. Olivia G, Magne L, Bouchemha Y, Dillinger JG, Sideris G, Henry P. An active strategy based on mandatory nicotine replacement coupled with a behavioral approach can dramatically decrease the rate of smoking 6 months after an acute coronary syndrome. The PATPAC trial. Archives of Cardiovascular Diseases SupplementsConference: 20th European Days - Annual Meeting of the French Society of Cardiology Paris France. 2010;2(1):94.

621. O'Malley SS, Cooney JL, Krishnan-Sarin S, Dubin JA, McKee SA, Cooney NL, et al. A controlled trial of naltrexone augmentation of nicotine replacement therapy for smoking cessation. Archives of Internal Medicine166 (6) ()(pp 667-674), 2006Date of Publication: 27 Mar 2006. 2006(6):667-74.

622. Omenn GS, Thompson B, Sexton M, Hessol N, Breitenstein B, Curry S, et al. A randomized comparison of Worksite-sponsored smoking cessation programs. American Journal of Preventive Medicine. 1988;4(5):261-7.

623. Oncken C, Watsky E, Reeves K, Anziano R. Efficacy and safety of the novel selective nicotinic receptor partial agonist varenicline for smoking cessation. Journal of the American College of Cardiology. 2005;45(3 Suppl A):381A.

624. Oncken C, Watsky E, Reeves K, Anziano R. Smoking cessation with varenicline, a selective nicotinic receptor partial agonist: results from a phase 2 study [POS1-046]. Society for Research on Nicotine and Tobacco 11th Annual Meeting; 20-23 March 2005; Prague, Czech Republic2005. p. 54.

625. O'Neill HK, Gillispie MA, Slobin K. Stages of change and smoking cessation: a computer-administered intervention program for young adults. American journal of health promotion : AJHP. 2000;15(2):93-6, iii.

626. Onizawa S, Taniguchi H, Nozu T, Asano A, Katsura H, Saiki K, et al. [Sustainable efficacy of oral varenicline for smoking cessation] [Japanese]. Journal of the Japanese Respiratory Society. 2010;48(11):791-6.

627. Onken LS, Blaine JD, Boren JJ. Integrating behavioral therapies with medications in the treatment of drug dependence. National Institute on Drug Abuse Research Monograph 150. Maryland, USA: Rockville, Maryland: US Department of Health and Human Services, National Institute on Drug Abus; 1995.

628. Orleans CT, Boyd NR, Bingler R, Sutton C, Fairclough D, Heller D, et al. A self-help intervention for African American smokers: tailoring cancer information service counseling for a special population. Prev Med. 1998 Sep-Oct;27(5 Pt 2):S61-70.

629. Orleans CT, Boyd NR, Bingler R, Sutton C, Fairclough D, Heller D, et al. A self-help intervention for African American smokers: tailoring cancer information service counseling for a special population. Preventive Medicine. 1998;27(5 Pt 2):S61-S70.

630. Orleans CT, Boyd NR, Noll E, Crosette L, Glassman B. Computer tailored intervention for older smokers using transdermal nicotine. Tobacco Control. 2000;9 Suppl 1:I53.

631. Osinubi OY, Moline J, Rovner E, Sinha S, Perez-Lugo M, Demissie K, et al. A pilot study of telephone-based smoking cessation intervention in asbestos workers. J Occup Environ Med. 2003 May;45(5):569-74.

632. Ossip-Klein DJ, Carosella AM, Krusch DA. Self-help interventions for older smokers. Tobacco Control. 1997;6(3):188-93.

633. Oswald JS, Worden WL, Cox JL. The efficacy of nicotine gum in group-centered smoking cessation therapy in a family practice. Journal of Family Practice. 1988;27(2):179-83.

634. Otero UB, Perez CA, Szklo M, Esteves GA, dePinho MM, Szklo AS, et al. Randomized clinical trial: effectiveness of the cognitive-behavioral approach and the use of nicotine replacement transdermal patches for smoking cessation among adults in Rio de Janeiro, Brazil. Cad Saude Publica. 2006;22(2):439-49.

635. Oxley S, Batra A. Nicotine dependence and responsiveness to different standardised behavioural interventions combined with nicotine patch. Nicotine Tob Res. 1999;1(2):197.

636. Ozasa K, Higashi A, Shiroeda O, Watanabe Y, Aoike A, Kawai K, et al. [A study of smoking cessation education in a multiphasic screening setting]. Nippon Koshu Eisei Zasshi [Japanese Journal of Public Health]. 1991;38:45-51.

637. Pai A, Prasad S. Attempting tobacco cessation--an oral physician's perspective. Asian Pac J Cancer Prev. 2012;13(10):4973-7.

638. Pallonen UE, Velicer WF, Prochaska JO, Rossi JS, Bellis JM, Tsoh JY. Computer-based smoking cessation interventions in adolescents: Description, feasibility, and six-month follow-up findings. Substance Use and Misuse. 1998;33(4):935-65.

639. Paone G, Serpilli M, Girardi E, Conti V, Principe R, Puglisi G, et al. The combination of a smoking cessation programme with rehabilitation increases stop-smoking rate. Journal of Rehabilitation Medicine. 2008;40(8):672-7.

640. Parsons A, Ingram J, Inglis J, Aveyard P, Johnstone E, Brown K, et al. A proof of concept randomised placebo controlled factorial trial to examine the efficacy of St John's wort for smoking cessation and chromium to prevent weight gain on smoking cessation. Drug & Alcohol Dependence. 2009;102(1-3):116-22.

641. Partin MR, An LC, Nelson DB, Nugent S, Snyder A, Fu SS, et al. Randomized trial of an intervention to facilitate recycling for relapsed smokers. American Journal of Preventive Medicine. 2006;31(4):293-9.

642. Patel S, Hendry P, Kalynych C, Butterfield R, Lott M, Lukens-Bull K. The impact of third-hand smoke education in a pediatric emergency department on caregiver smoking policies and quit status: A pilot study. International Journal on Disability and Human Development11 (4) ()(pp 335-342), 2012Date of Publication: November 2012. (4):335-42.

643. Patten CA. Treating alcoholic smokers who have a history of depression. Alcohol Clin Exp Res. 2002;26(12):1947-9.

644. Patten CA, Hayford KE, Schroeder DR, Hurt RD, Offord KP, Croghan IT, et al. Efficacy of bupropion for smokers with a history of alcoholism. Journal of Addictive Diseases. 1997;16(4):125.

645. Patten CA, Martin JE, Calfas KJ, Lento J, Wolter TD. Behavioral treatment for smokers with a history of alcoholism: predictors of successful outcome. Journal of Consulting and Clinical Psychology. 2001;69(5):796-801.

646. Patten CA, Martin JE, Myers MG, Calfas KJ, Williams CD. Effectiveness of cognitive-behavioral therapy for smokers with histories of alcohol dependence and depression. JStudAlcohol. 1998;59(3):327-35.

647. Patten CA, Offord KP, Hurt RD, Sanderson CL, Thomas JL, Quigg SM, et al. Training support persons to help smokers quit: a pilot study. American Journal of Preventive Medicine. 2004;26(5):386-90.

648. Patterson F, Schnoll RA, Wileyto EP, Pinto A, Epstein LH, Shields PG, et al. Toward personalized therapy for smoking cessation: A randomized placebo-controlled trial of bupropion. Clinical Pharmacology and Therapeutics84 (3) ()(pp 320-325), 2008Date of Publication: September 2008. 2008(3):320-5.

649. Paxton R. The effects of a deposit contract as a component in a behavioural programme for stopping smoking. Behaviour Research and Therapy. 1980;18(1):45-50.

650. Paxton R. Prolonging the effects of deposit contracts with smokers. Behaviour Research and Therapy. 1983;21(4):425-33.

651. Pbert L. Nurse-conducted smoking cessation in patients with COPD, using nicotine sublingual tablets and behavioral support. Chest. 2006 Aug;130(2):314-6.

652. Pbert L, Flint AJ, Fletcher KE, Young MH, Druker S, DiFranza JR. Effect of a pediatric practice-based smoking prevention and cessation intervention for adolescents: a randomized, controlled trial. Pediatrics. 2008;121(4):e738-e47.

653. Pedersen L, Johansen S, Eksten L. [Smoking cessation among patients with acute heart disease. A randomised intervention project] (Danish). Ugeskrift for Laeger. 2005;167(33):3044-7.

654. Pederson LL, Baldwin N, Lefcoe NM. Utility of behavioral self-help manuals in a minimal-contact smoking cessation program. Int J Addict. 1981;16(7):1233-9.

655. Pederson LL, Wanklin JM, Lefcoe NM. The effects of counseling on smoking cessation among patients hospitalized with chronic obstructive pulmonary disease: a randomized clinical trial. Int J Addict. 1991;26(1):107-19.

656. Pereira BC, Stoebner-Delbarre A, Gourgou S, Sancho-Garnier H, Rijnoveanu A, Slama K, et al. A cluster randomised controlled trial of a continuing education programme - Smoking cessation intervention. European Journal of Epidemiology. 2006;21:99.

657. Perez-Stable EJ, Sabogal F, Marin G, Marin BV, Otero-Sabogal R. Evaluation of "Guia para Dejar de Fumar," a self-help guide in Spanish to quit smoking. Public Health Rep. 1991 Sep-Oct;106(5):564-70.

658. Perkins KA, Ciccocioppo M, Conklin CA, Milanak ME, Grottenthaler A, Sayette MA. Mood Influences on Acute Smoking Responses Are Independent of Nicotine Intake and Dose Expectancy. Journal of Abnormal Psychology. 2008;117(1):79-93.

659. Perkins KA, Marcus MD, Levine MD, D'Amico D, Miller A, Broge M, et al. Cognitive-behavioral therapy to reduce weight concerns improves smoking cessation outcome in weight-concerned women. Journal of Consulting and Clinical Psychology. 2001;69(4):604-13.

660. Perkins KA, Mercincavage M, Fonte CA, Lerman C. Varenicline's effects on acute smoking behavior and reward and their association with subsequent abstinence. Psychopharmacology. 2010;210(1):45-51.

661. Perng RP, Hsieh WC, Chen YM, Lu CC, Chiang SJ. Randomized, double-blind, placebo-controlled study of transdermal nicotine patch for smoking cessation. J Formos Med Assoc. 1998 Aug;97(8):547-51.

662. Perng RP, Hsieh WC, Chen YM, Lu CC, Chiang SJ. Randomized, double-blind, placebo-controlled study of transdermal nicotine patch for smoking cessation. American Journal of Respiratory and Critical Care Medicine. 1999;159(3SS):A735.

663. Pesis-Katz I, Williams GC, Niemiec CP, Fiscella K. Cost-effectiveness of intensive tobacco dependence intervention based on self-determination theory. American Journal of Managed Care. 2011;17(10):e393-e8.

664. Peterson AV, Jr., Kealey KA, Mann SL, Marek PM, Ludman EJ, Liu J, et al. Group-randomized trial of a proactive, personalized telephone counseling intervention for adolescent smoking cessation. Journal of the National Cancer Institute. 2009;101(20):1378-92.

665. Pharmacologie SFd. Drug and Non-Drug Treatment Strategies to Assist Smoking Cessation. Thérapie. 2003;58(6):479-97.

666. Pichon-Riviere A, Augustovski F, Garcia MS, Bardach A, Lopez A, Regueiro A, et al. Usefulness of varenicline in smoking cessation therapy. Health Technology Assessment Database2008.

667. Pieterse ME, Seydel ER, DeVries H, Mudde AN, Kok GJ. Effectiveness of a minimal contact smoking cessation program for Dutch general practitioners: a randomized controlled trial. Preventive Medicine. 2001;32(2):182-90.

668. Piper ME. Bupropion alone and in combination with nicotine gum: Efficacy, mediation and moderation: U Wisconsin - Madison; 2006.

669. Piper ME. Bupropion alone and in combination with nicotine gum: Efficacy, mediation and moderation. Dissertation Abstracts International: Section B: The Sciences and Engineering2007. p. 5418.

670. Piper ME, Fiore MC, Smith SS, Jorenby DE, Wilson JR, Zehner ME, et al. Use of the vital sign stamp as a systematic screening tool to promote smoking cessation. Mayo Clinic Proceedings. 2003;78(6):716-22.

671. Polosa R, Russo C, Di MA, Arcidiacono G, Morjaria JB, Piccillo GA. Feasibility of using e-mail counseling as part of a smoking-cessation program. Respiratory Care. 2009;54(8):1033-9.

672. Poole AD, Sanson-Fisher RW, German GA. The rapid-smoking technique: therapeutic effectiveness. Behaviour Research and Therapy. 1981;19(5):389-97.

673. Powell DR, McCann BS. The effects of a multiple treatment program and maintenance procedures on smoking cessation. Preventive Medicine. 1981;10(1):94-104.

674. Prado GF, Lombardi EM, Bussacos MA, Arrabal-Fernandes FL, Terra-Filho M, Santos Ude P. A real-life study of the effectiveness of different pharmacological approaches to the treatment of smoking cessation: re-discussing the predictors of success. Clinics (São Paulo, Brazil). 2011;66:65-71.

675. Prapavessis H. The effects of exercise and nicotine replacement therapy on smoking rates in women. Eighth International Congress of Behavioural Medicine. 2004;Mainz, Germany. 2004.

676. Prochaska JJ, Hall SM, Humfleet G, Munoz RF, Reus V, Gorecki J, et al. Physical activity as a strategy for maintaining tobacco abstinence: a randomized trial. Preventive Medicine. 2008;47(2):215-20.

677. Prochaska JO, DiClemente CC, Velicer WF, Rossi JS. Standardized, individualized, interactive, and personalized self-help programs for smoking cessation. Health Psychology. 1993;12(5):399-405.

678. Prochazka AV, Caverly TJ. Review: Varenicline is better than bupropion but not nicotine patch for smoking abstinence in adults. Annals of Internal Medicine. 2012;157(6):JC3-JC7.

679. Prochazka AV, Weaver MJ, Keller RT, Fryer GE, Licari PA, Lofaso D. A randomized trial of nortriptyline for smoking cessation. Archives of Internal Medicine. 1998;158(18):2035-9.

680. Prokhorov AV, Fouladi RT, Moor C, Warneke CL, Luca M, Mullin-Jones M. Computer-assisted, counselor-delivered smoking cessation counseling for community college students: Intervention approach and sample characteristics. Journal of child & adolescent substance abuse. 2007;16:35-62.

681. Puschel K, Thompson B, Coronado G, Huang Y, Gonzalez L, Rivera S. Effectiveness of a brief intervention based on the '5A' model for smoking cessation at the primary care level in Santiago, Chile. Health Promotion International. 2008;23(3):240-50.

682. Quiles ZN, Leeman RF, Molinelli L, Nordstrom BL, Garvey AJ, Hartley LH, et al. Exercise as a behavioral adjunct to nicotine gum for smoking cessation - preliminary findings (PO2 42). Society for Research on Nicotine and Tobacco 8th Annual Meeting. 2002;February 20 23 Savannah, Georgia. 2002:59.:59.

683. Quilez Garcia C, Hernando Arizaleta L, Rubio Diaz A, Granero Fernandez EJ, Vila Coll MA, Estruch Riba JSO. Double-blind study of the efficacy of nicotine chewing gum for smoking cessation in the primary care setting [Spanish] [Estudio doble ciego de la eficacia del chicle de nicotina en la deshabituacion tabaquica dentro del ambito de la atencion primaria]. Atencion Primaria. 1989;6:719-26.

684. Quilez GC, Hernando AL, Rubio DA, Estruch RJ, Fornes Ramis MV. Smoking addiction treatment, with nicotine chewing gum, in primary care. Double-blind study. Rev Clin Esp. 1993;192(4):157-61.

685. Rabius V, McAlister AL, Geiger A, Huang P, Todd R. Telephone counseling increases cessation rates among young adult smokers. Health Psychology. 2004;23(5):539-41.

686. Rabius V, Pike J, Geiger A, Hunter J, McAlister A. The American Cancer Society's Quitlink: A randomized clinical trial evaluating internet-based smoking cessation programs and medication use (RPOS 3-62). Society for Research on Nicotine and Tobacco, 12th Annual Meeting 15-18 February, 2006; Orlando, FL2006. p. 17.

687. Rabius V, Pike J, Geiger AT, McAlister AL. Telephone counseling for smoking cessation; effects of number and duration of counseling sessions and NRT use (PA2-3). Society for Research on Nicotine and Tobacco 10th Annual Meeting February 18 21, Phoenix, Arizona. 2004:18.

688. Rabius V, Pike J, Hunter J, Wiatrek D, McAlister A. Optimizing telephone counseling for smoking cessation: Six-month effects of varying the number and duration of counseling sessions. American Association for Cancer ResearchFrontiers in Cancer Prevention ResearchNov 12 15, Boston. 2006:150.

689. Rabius V, Pike KJ, Hunter J, Wiatrek D, McAlister AL. Effects of frequency and duration in telephone counselling for smoking cessation. Tobacco Control. 2007;16 Suppl 1:i71-4, 2007 Dec.:4.

690. Rabius V, Pike KJ, Wiatrek D, McAlister AL. Comparing internet assistance for smoking cessation: 13-month follow-up of a six-arm randomized controlled trial. Journal of Medical Internet Research. 2008;10(5):e45.

691. Rabkin SW, Boyko E, Shane F, Kaufert J. A randomized trial comparing smoking cessation programs utilizing behaviour modification, health education or hypnosis. Addictive Behaviors. 1984;9(2):157-73.

692. Ralston S, Roohi M. A randomized, controlled trial of smoking cessation counseling provided during child hospitalization for respiratory illness. Pediatric Pulmonology. 2008;43(6):561-6.

693. Rapp K, Buchele G, Jahnke AG, Weiland SK. A cluster-randomized trial on smoking cessation in German student nurses. Preventive Medicine. 2006;42(6):443-8.

694. Rasch A, Greiner W. Efficacy and cost-effectiveness of smoking cessation courses in the statutory health insurance: a review. Gesundheitswesen. 2009;71(11):732-8.

695. Raw M, Jarvis MJ, Feyerabend C, Russell MAH. Comparison of nicotine chewing-gum and psychological treatments for dependent smokers. BMJ. 1980;281(6238):481-2.

696. Raw M, Russell MAH. Rapid smoking, cue exposure and support in the modification of smoking. Behaviour Research and Therapy18 (5) ()(pp 363-372), 1980Date of Publication: 1980. 1980(5):363-72.

697. Ray LA, Lunny K, Bujarski S, Moallem N, Krull JL, Miotto K. The effects of varenicline on stress-induced and cue-induced craving for cigarettes. Drug and Alcohol Dependence. 2013:136.

698. Register GCT. A randomized, double-blind, placebocontrolled, 12-week smoking cessation trial of Zyban (150 mg bid) in adult smokers previously treated with Zyban (Study No: ZYB40001)2006 accessed 23rd August 2006.

699. Reid R, Pipe A, Higginson L, Johnson K, D'Angelo MS, Cooke D, et al. Stepped care approach to smoking cessation in patients hospitalized for coronary artery disease. Journal of Cardiopulmonary Rehabilitation. 2003;23(3):176-82.

700. Reid RD, Aitken DA, McDonnell L, Armstrong A, Mullen KA, Jones L. Randomized trial of an automated telephone follow-up system for smoking cessation in smokers with CHD. Canadian Journal of Cardiology. 2011;27(5 Suppl 1):S67.

701. Reid RD, Armstrong A, McDonnell L, Aitken DA, Robert L, LaRue A, et al. Varenicline versus transdermal nicotine patch for smoking cessation in patients with coronary heart disease: A pilot randomized trial. 2010 Canadian Council of Cardiovascular Nurses Annual Scientific Sessions 20101023 - 20101026; Montreal, QC Canada: Canadian Journal of Cardiology; 2010. p. 53D.

702. Reid RD, Pipe AL. A telephone-based support program for over-the-counter nicotine patch users. Canadian Journal of Public Health. 1999;90(6):397-8.

703. Reid RD, Pipe AL, Quinlan B, Oda J. Interactive voice response telephony to promote smoking cessation in patients with heart disease: a pilot study. Patient Education and Counseling. 2007;66(3):319-26.

704. Rennard S, Hughes J, Kralikova E, Raupach T, Arteaga C. Randomized, placebo-controlled trial of varenicline for smoking cessation with flexible quit dates [Abstract 5139]. European Respiratory Society Annual Congress, Barcelona, Spain, September 18 22. 2010:940S.

705. Rennard SI, Daughton DM, Fortmann SP. Transdermal nicotine enhances smoking cessation in coronary artery disease patients. Chest. 1991;100(Suppl):5S.

706. Rennard SI, Glover E, Leischow S, Daughton DM, Glover P, Muramoto M. Efficacy of nicotine inhaler in smoking reduction. Nicotine and Tobacco Research. 2002;4(3):380.

707. Report C. A pill for smoking cessation: The chances of success have doubled. MMW-Fortschritte der Medizin. 1999;141(35):14.

708. Reus VI, Smith BJ. Multimodal techniques for smoking cessation: a review of their efficacy and utilisation and clinical practice guidelines. International Journal of Clinical Practice. 2008;62(11):1753-68.

709. Rey L, Vaucher P, Secretan F, Zellweger JP, Bodenmann P. Use of nicotine substitute prescribed at hourly plus ab libitum intake or ad libitum for heavy smokers willing to quit: a randomized controlled trial. Subst Abuse Treat Prev Policy. 2009;4:12.

710. Rezaishiraz H. Phase ii study to assess the benefit of very low nicotine cigarettes as a smoking cessation treatment: State U New York At Buffalo; 2007.

711. Rice VH, Fox DH, Lepczyk M, Sieggreen M, Mullin M, Jarosz P, et al. A comparison of nursing interventions for smoking cessation in adults with cardiovascular health problems. Heart and Lung. 1994;23(6):473-86.

712. Richmond R, Baker A, Haile MJ, Carr V, Lewin T, Wilhelm K, et al. Randomized control trial of nicotine patch and cognitive behavioral therapy among smokers with psychotic illness (PA5-4). Society for Research on Nicotine and Tobacco 10th Annual Meeting. 2004;February 18-21 Phoenix, Arizona:25.

713. Richmond RL, Austin A, Webster IW. Three year evaluation of a programme by general practitioners to help patients to stop smoking. British Medical Journal (Clinical Research Ed). 1986;292(6523):803-6.

714. Richmond RL, Baker A, Haile M, Carr V, Lewin T, Wilhelm K. Intervention for tobacco dependence among people with a psychotic illness: RCT with one year outcome. Nicotine and Tobacco Research. 2005;7(4):681.

715. Richmond RL, Makinson RJ, Kehoe LA, Giugni AA, Webster IW. One-year evaluation of three smoking cessation interventions administered by general practitioners. Addictive Behaviors. 1993;18(2):187-99.

716. Riemann K, Troschke VJ. Nicotine patches - Experiences with a new method for smoking-cessation. Medizinische Welt. 1992;43(10):867-71.

717. Riggs RL, Hughes JR, Pillitteri JL. Two behavioral treatments for smoking reduction: a pilot study. Nicotine Tob Res. 2001;3(1):71-6.

718. Rigotti N, Pipe A, Benowitz N, Arteaga C, Garza D, Tonstad S, et al. A randomized trial of varenicline for smoking cessation in patients with cardiovascular disease: analysis of efficacy by baseline characteristics. Circulation 2010 Conference:22010.

719. Rigotti N, Pipe A, Benowitz N, Arteaga C, Garza D, Tonstad S, et al. A randomized trial of varenicline for smoking cessation in patients with cardiovascular disease: Analysis of efficacy by baseline characteristics. CirculationConference: World Congress of Cardiology Scientific Sessions 2010, WCC 2010 Beijing China. 2010;122(2):e275.

720. Rigotti N, Thorndike A, Regan S, Pasternak R, Chang Y, McKool K, et al. Safety and efficacy of bupropion for smokers hospitalized with acute cardiovascular disease [abstract]. Nicotine & Tobacco Research. 2005;7:682.

721. Rigotti NA, Amsten JH, McKool K, Wood RK, Pasternak RC, Singer DE. Efficacy of smoking cessation counseling for hospitalized smokers: A randomized controlled trial. Journal of General Internal Medicine. 1996;11 Suppl 1:128.

722. Rigotti NA, Gonzales D, Dale LC, Lawrence D, Chang Y, Group CS. A randomized controlled trial of adding the nicotine patch to rimonabant for smoking cessation: efficacy, safety and weight gain. Addiction (Abingdon, England). 2009;104(2):266-76.

723. Rigotti NA, Pipe A, Garza D, Arteaga C, Benowitz NL, Tonstad S. Efficacy and safety of varenicline for smoking cessation in patients with cardiovascular disease: A randomized trial. Journal of the American College of CardiologyConference: American College of Cardiology 58th Annual Scientific Session and i2 Summit: Innovation in Intervention Orlando, FL United StatesConference Start: 20090329 Conference End: 20090331Conference P. 2009(var.pagings):A224.

724. Riley W, Jerome A, Behar A, Weil J. Computer and manual self-help behavioral strategies for smoking reduction: initial feasibility and one-year follow-up. Nicotine Tob Res. 2002;4(Suppl 2):S183-8.

725. Riley WT, Behar A, Shields R, Kelleher K, Vasiliadis M. Effects of a scheduled gradual crossover of cigarettes and nicotine nasal spray. Society for Research on Nicotine and Tobacco 11th Annual Meeting, 20 23 March 2005; Prague, Czech Republic. 2005:124.

726. Ringen K, Anderson N, McAfee T, Zbikowski SM, Fales D. Smoking cessation in a blue-collar population: results from an evidence-based pilot program. American Journal of Industrial Medicine. 2002;42(5):367-77.

727. Rissel C, Salmon A, Hughes AM. Evaluation of a (pilot) stage-tailored brief smoking cessation intervention among hospital patients presenting to a hospital pre-admission clinic. Australian Health Review. 2000;23(3):83-93.

728. Roales-Nieto J, Parra A. Efficiency of a self-control program for the treatment of smoking behaviour: Different effects in two strategies, one with an immediate quitting and other with a gradual quitting [Eficacia de un programa de autocontrol para el tratamiento del tabaquismo: Efectos diferenciales de dos estrategias de retirada de y reduccion]. Analisis y Modificacion de Conducta. 1992;18(59):329-44.

729. Robinson LM, Vail SR. An integrative review of adolescent smoking cessation using the Transtheoretical Model of Change. Journal of Pediatric Health Care. 2012;26(5):336-45.

730. Rodondi N, Collet TH, Nanchen D, Giraudon K, Bovet P, Cornuz J. Impact of carotid plaque screening on smoking cessation and other cardiovascular risk factors: A randomized controlled trial. Journal of General Internal MedicineConference: 34th Annual Meeting of the Society of General Internal Medicine Phoenix, AZ United States. 2011;26:S36-S7.

731. Rodondi N, Collet TH, Nanchen D, Locatelli I, Depairon M, Aujesky D. Impact of carotid plaque screening on smoking cessation and other cardiovascular risk factors: a randomized controlled trial. Archives of Internal Medicine. 2012;172(4):344-52.

732. Rodriguez RM, Taylor O, Shah S, Urstein S. A Prospective, Randomized Trial in the Emergency Department of Suggestive Audio-Therapy under Deep Sedation for Smoking Cessation. West J Emerg Med. 2007;8(3):79-83.

733. Rohsenow D, Martin R, Tidey J, Monti P, Swift R. Motivational and contingency interventions for unmotivated smokers in substance abuse treatment. Society for Research on Nicotine and Tobacco, 11th Annual Meeting March, ; Prague, Czech Republic: Research on Nicotine and Tobacco; 2005. p. 30.

734. Rohsenow DJ, Monti PM, Colby SM, Martin RA. Brief interventions for smoking cessation in alcoholic smokers. Alcohol Clin Exp Res. 2002;26(12):1950-1.

735. Rolnick SJ, Klevan D, Cherney L, Lando HA. Nicotine replacement therapy in a group model HMO. HMO Practice / HMO Group. 1997;11(1):34-7.

736. Rosa Alcazar AI, Sanchez Meca J, Olivares Rodriguez J. Self-control techniques and tobacco addiction: Meta-analysis of Spanish literature. Analisis y Modificacion de Conducta. 1998;24(98):829-50.

737. Rosal MC, Ockene JK, Hurley TG, Kalan K, Hebert JR. Effectiveness of nicotine-containing gum in the Physician-Delivered Smoking Intervention Study. Preventive Medicine. 1998;27(2):262-7.

738. Rosal MC, Ockene JK, Ma Y, Hebert JR, Ockene IS, Merriam P, et al. Coronary Artery Smoking Intervention Study (CASIS): 5-year follow-up. Health Psychol. 1998 Sep;17(5):476-8.

739. Rose JE, Behm FM, Westman EC, Levin ED, Stein RM, Ripka GV. Mecamylamine combined with nicotine skin patch facilitates smoking cessation beyond nicotine patch treatment alone. Clinical Pharmacology and Therapeutics. 1994;56(1):86-99.

740. Rose JE, Herskovic JE, Behm FM. Pre-cessation treatment with nicotine skin patch significantly increases abstinence rates relative to conventional treatment. the Annual Meeting of the Society for Research on Nicotine and Tobacco; Austin, TX, USA.: Research on Nicotine and Tobacco; 2007. p. 14.

741. Roto P, Ojala A, Sundman K, Jokinen K, Peltomakl R. Nicotine gum and withdrawal from smoking. Suomen LaakarilehtiFinlands Lakartidning. 1987;36:3445-8.

742. Russell MA, Wilson C, Taylor C, Baker CD. Effect of general practitioners' advice against smoking. British Medical Journal. 1979;2(6184):231-5.

743. Russell MAH, Stapleton JA, Jackson PH, Hajek P, Belcher M. District programme to reduce smoking: effect of clinic supported brief intervention by general practitioners. British Medical Journal Clinical Research. 1987;295:1240-4.

744. Russell PO, Epstein LH, Johnston JJ, Block DR, Blair E. The effects of physical activity as maintenance for smoking cessation. Addictive Behaviors. 1988;13(2):215-8.

745. Ryan PJ, Forster NJ, Holder D. Evaluation of a worksite smoking-cessation program. J Occup Environ Med. 2002 Aug;44(8):703-4.

746. Sadr AO, Lindstrom D, Adami J, Tonnesen H, Nasell H, Gilljam H, et al. The efficacy of a smoking cessation programme in patients undergoing elective surgery: a randomised clinical trial. Anaesthesia. 2009;64(3):259-65.

747. Saenghirunvattan S. Trial of transdermal nicotine patch in smoking cessation. Southeast Asian Journal of Tropical Medicine and Public Health. 1994;25(2):368-70.

748. Saenghirunvattana S. Trial of transdermal nicotine patch in smoking cessation. Journal of the Medical Association of Thailand. 1995;78(9):466-8.

749. Salieh M, Elhaj H, Adam K, Hassan A, Slama K, Enarson DA. Brief smoking cessation intervention with tuberculosis patients in Sudan. Society for Research on Nicotine and Tobacco 11th Annual Meeting, 20 23 March 2005; Prague, Czech Republic. 2005;7(4):686.

750. Salina D, Jason LA, Hedeker D, Kaufman J, Lesondak L, McMahon SD, et al. A follow-up of a media-based, worksite smoking cessation program. Am J Community Psychol. 1994;22(2):257-71.

751. Sallis JF, Hill RD, Killen JD, Telch MJ, Flora JA, Girard J, et al. Efficacy of self-help behavior modification materials in smoking cessation. American Journal of Preventive Medicine. 1986;2(6):342-4.

752. Salvador LT, Marin TD, Gonzalez QJ, Iniesta TC, Castellvi BE, Muriana SC, et al. Treatment of smoking: efficacy of the use of nicotine chewing gum. Double-blind study. Med Clin (Barc). 1988;90(16):646-50.

753. Salvador LT, Marin TD, Gonzalez QJ, Iniesta TC, Marsal AS, Muriana SC, et al. [Treatment of smoking: a comparison between supportive therapy and therapy using support, nicotine chewing gum and behavior reinforcement]. Medicina Clinica Barcelona. 1986;87:403-6.

754. Sanchez BL, Martin-Carrillo DP, Gil SP, Gomez GE, Pascual dlT, Valero MA. Preliminary study of smoking cessation at 6 months following medical counseling, pamphlet, and follow-up. Atencion Primaria. 1992;10(4):738-41.

755. Sanders D, Fowler G, Mant D, Fuller A, Jones L, Marzillier J. Randomized controlled trial of anti-smoking advice by nurses in general practice. Journal of the Royal College of General Practitioners. 1989;39(324):273-6.

756. Sanz-Pozo B, de Miguel Diaz J, Aragon Blanco M, Gonzalez Gonzalez AI, Cortes CM, Vazquez I. Effectiveness of non-pharmacological primary care methods for giving up tobacco dependency. Atencion Primaria. 2003;32(6):366-70.

757. Sanz-Pozo B, de Miguel-Diez J, Anegon-Blanco M, Garcia-Carballo M, Gomez-Suarez E, Fernandez-Dominguez JF. Effectiveness of a programme of intensive tobacco counselling by nursing professionals. Atencion Primaria. 2006;37(5):266-72.

758. Scanlon PD, Connett JE, Waller LA, Altose MD, Bailey WC, Buist AS. Smoking cessation and lung function in mild-to-moderate chronic obstructive pulmonary disease. The Lung Health Study. Am J Respir Crit Care Med. 2000 Feb;161(2 Pt 1):381-90.

759. Schauffler HH, McMenamin S, Olson K, Boyce-Smith G, Rideout JA, Kamil J. Variations in treatment benefits influence smoking cessation: results of a randomised controlled trial. Tobacco Control. 2001;10(2):175-80.

760. Schiller KR, Luo X, Anderson AJ, Jensen JA, Allen SS, Hatsukami DK. Comparing an immediate cessation versus reduction approach to smokeless tobacco cessation. Nicotine Tob Res. 2012;14(8):902-9.

761. Schioldborg P. [Smoking cessation using nicotine chewing gum]. Tidsskr Nor Laegeforen. 1990;110:1199-201.

762. Schmelzle J, Rosser WW, Birtwhistle R. Update on pharmacologic and nonpharmacologic therapies for smoking cessation. Canadian Family Physician. 2008;54(7):994-9.

763. Schmidt F. Drug preparations as an aid to withdrawal of smoking. A double blind trial in some 5000 smokers. Munchener Medizinische Wochenschrift116 (11) ()(pp 557-564), 1974Date of Publication: 1974. 1974(11):557-64.

764. Schmitz J, Stotts AL, Hokanson PS, Sayre S, Delaune KA. Bupropion and cognitive-behavioral therapy for smoking cessation in women (SYM 8D). Society for Research on Nicotine and Tobacco 9th Annual Meeting February 19 22 New Orleans, Louisiana. 2003:11.

765. Schneider NG, Jarvik ME. Nicotine gum vs. placebo gum: comparisons of withdrawal symptoms and success rates. NIDA Res Monogr. 1985;53:83-101, 1985.:101.

766. Schneider NG, Jarvik ME, Forsythe AB. Nicotine vs. placebo gum in the alleviation of withdrawal during smoking cessation. Addictive Behaviors. 1984;9(2):149-56.

767. Schneider NG, Olmstead R, Nilsson F, Mody FV, Franzon M, Doan K. Efficacy of a nicotine inhaler in smoking cessation: a double-blind, placebocontrolled trial. Addiction. 1997;9:630.

768. Schneider NG, Olmstead RE, Steinberg C, Sloan K, Daims RM, Brown HV. Efficacy of buspirone in smoking cessation: a placebo-controlled trial. Clinical Pharmacology and Therapeutics. 1996;60(5):568-75.

769. Schneider SJ, Walter R, O'Donnell R. Computerized communication as a medium for behavioral smoking cessation treatment: Controlled evaluation. Computers in Human Behavior. 1990;6(2):141-51.

770. Schnoll RA, Martinez E, Tatum KL, Glass M, Bernath A, Ferris D, et al. Increased self-efficacy to quit and perceived control over withdrawal symptoms predict smoking cessation following nicotine dependence treatment. Addictive Behaviors. 2011;36(1-2):144-7.

771. Schnoll RA, Zhang B, Rue M, Krook JE, Spears WT, Marcus AC, et al. Brief physician-initiated quit-smoking strategies for clinical oncology settings: a trial coordinated by the Eastern Cooperative Oncology Group. Journal of Clinical Oncology. 2003;21(2):355-65.

772. Schoberberger R, Kunze M. First results of transdermal nicotine replacement therapy in Austria. Atemwegs- und Lungenkrankheiten. 1993;19(Suppl 1):S77-S9.

773. Schroeder SA, Sox HC. Trials that matter: varenicline: a designer drug to help smokers quit. Annals of Internal Medicine. 2006;145(10):784-5.

774. Schuurmans MM, Diacon AH, van Biljon X, Westin A, Landfeldt B, Bolliger CT. Effect of pre-treatment with nicotine patch on withdrawal symptoms in smokers subsequently quitting with the nicotine patch: a double-blind randomised controlled trial. European Respiratory Society Annual Congress, Stockholm. 2002;https:/ /www.ersnetsecure.org/public/prg˙congres.abstract? ww˙i˙presentation=6711.

775. Schwartz JL, Dubitzky M. Maximizing success in smoking cessation methods. AmerJPublHlth 59 (8) ()(pp 1392-1399), 1969Date of Publication: 1969. 1969(8):1392-9.

776. Schwartz JL, Dubitzky MILD. The smoking control research project: Purpose, design, and initial results. Psychological Reports. 1967;20(2):367-76.

777. Scott RR, Prue DM, Denier CA, King AC. Worksite smoking intervention with nursing professionals: long-term outcome and relapse assessment. J Consult Clin Psychol. 1986 Dec;54(6):809-13.

778. Seidman DF, Westmaas JL, Goldband S, Rabius V, Katkin ES, Pike KJ, et al. Randomized controlled trial of an interactive internet smoking cessation program with long-term follow-up. Annals of Behavioral Medicine. 2010;39(1):48-60.

779. Selby P, Cleary K. A smoking cessation program for patients with affective and anxiety disorders. Society for Research on Nicotine and Tobacco2003. p. 16.

780. Severson HH, Akers L, Andrews JA, Lichtenstein E, Jerome A. Evaluating two self-help interventions for smokeless tobacco cessation. Addictive Behaviors. 2000;25(3):465-70.

781. Severson HH, Andrews JA, Lichtenstein E, Gordon JS, Barckley MF. Using the hygiene visit to deliver a tobacco cessation program: results of a randomized clinical trial. Journal of the American Dental Association. 1998;129(7):993-9.

782. Shaban M, Nejati S, Mehran A, Saidi J. The effects of counseling on smoking cessation in patients suffering from COPD [Farsi]. HAYAT: The Journal of Tehran Faculty of Nursing & Midwifery. 2005;11(3-4):115.

783. Shahab L, West R, McNeill A. Adding expired air-carbon-monoxide feedback to brief stop smoking advice - Evaluation of cognitive and behavioral effects. Annals of Behavioral Medicine. 2008;35(Suppl 1):S205.

784. Shanahan M, Doran C, Gates J, Shakeshaft A, Mattick RP. The cost effectiveness of pharmacotherapies for smoking cessation: necessary but not sufficient? Appl Health Econ Health Policy. 2003;2(2):76-8.

785. Shelley D, Zraik D, Tseng TY, Jannat-Khah DP, Pae-Cho C, Moon L. Effect of short acting vs long acting nicotine replacement therapy among a low SES population of light smokers (POS3-77). Society for Research on Nicotine and Tobacco 18th Annual Meeting March 13 16, 2012, Houston, Texas. 2012:113.

786. Sherbot NA. The use of motivational enhancement therapy and the quit 4 life program as a means to facilitate adolescent smoking cessation. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2005;66(1-B):574.

787. Sherman SE, Aldana I, Estrada M, York L. Comparing the tolerability and effectiveness of two treatment regimens in a smoking clinic. Military Medicine. 2008;173(6):550-4.

788. Sherman SE, Cummins S, Finney J, Kalra P, Kuschner W, York L. Preliminary results from a study of telephone care coordination for smoking cessation. Journal of General Internal Medicine. 2008;23(Suppl 2):376-7.

789. Sherman SE, Estrada M, Lanto AB, Farmer MM, Aldana I. Effectiveness of an on-call counselor at increasing smoking treatment. Journal of General Internal Medicine. 2007;22(8):1125-31.

790. Shiffman S. Nicotine lozenge efficacy in light smokers. Drug and Alcohol Dependence77 (3) ()(pp 311-314), 2005Date of Publication: 07 Mar 2005. 2005(3):311-4.

791. Shiffman S, Sweeney CT, Dresler CM. Nicotine patch and lozenge are effective for women. Nicotine Tob Res. 2005 Feb;7(1):119-27.

792. Shim JC, Jung D, Oh M, Kong B, Ha T, Cho D, et al. Varenicline treatment for smoking cessation in people with schizophrenia: A randomized double-blind placebo-controlled trial. Schizophrenia Bulletin. 2011;37:320-1.

793. Shipley RH, Orleans CT, Wilbur CS, Piserchia PV, McFadden DW. Effect of the Johnson & Johnson Live for Life program on employee smoking. Prev Med. 1988 Jan;17(1):25-34.

794. Sias JJ, Urquidi UJ, Bristow ZM, Rodriguez JC, Ortiz M. Evaluation of smoking cessation behaviors and interventions among Latino smokers at low-income clinics in a US-Mexico border county. Addict Behav. 2008 Feb;33(2):373-80.

795. Silagy C, Mant D, Fowler G, Lodge M. Meta-analysis on efficacy of nicotine replacement therapies in smoking cessation. Lancet. 1994;343(8890):139-42.

796. Simmons VN. Smoking cessation in a university setting: The efficacy of an experiential, theory-based intervention for college students: U South Florida; 2004.

797. Simon JA, Duncan C, Carmody TP, Hudes ES. Bupropion plus nicotine replacement no better than replacement alone. Journal of Family Practice. 2004;53(12):953-4.

798. Sinclair HK, Bond CM, Lennox AS, al e. Nicotine replacement therapies: smoking cessation outcomes in a pharmacy setting in Scotland. Tobacco Control. 1995;4(4):338-43.

799. Sinclair HK, Bond CM, Lennox AS, Silcock J, Winfield AJ, Donnan PT. Training pharmacists and pharmacy assistants in the stage-of-change model of smoking cessation: a randomised controlled trial in Scotland. Tobacco Control. 1998;7(3):253-61.

800. Sinclair HK, Silcock J, Bond CM, Lennox AS, Winfield AJ. The cost-effectiveness of intensive pharmaceutical intervention in assisting people to stop smoking. Int J Pharm Pract. 1999;7:107-12.

801. Singh J, Budhiraja S. Partial nicotinic acetylcholine (alpha4beta2) agonists as promising new medications for smoking cessation. Indian Journal of Pharmacology. 2008;40(5):191-6.

802. Singh P, Kumar R. Assessment of the effectiveness of sustained release Bupropion and intensive physician advice in smoking cessation. Lung India. 2010;27(1):11-8.

803. Sipich JF, Russell RK, Tobias LL. A comparison of covert sensitization and 'nonspecific' treatment in the modification of smoking behavior. Journal of Behavior Therapy and Experimental Psychiatry5 (2) ()(pp 201-203), 1974Date of Publication: 1974. 1974(2):201-3.

804. Sippel JM, Osborne ML, Bjornson W, Goldberg B, Buist AS. Smoking cessation in primary care clinics. Journal of General Internal Medicine. 1999;14(11):670-6.

805. Sivarajan Froelicher ES, Miller NH, Christopherson DJ, Martin K, Parker KM, Amonetti M, et al. High rates of sustained smoking cessation in women hospitalized with cardiovascular disease: the Women's Initiative for Nonsmoking (WINS). Circulation. 2004;109(5):587-93.

806. Slama K, Karsenty S, Hirsch A. Effectiveness of minimal intervention by general practitioners with their smoking patients: a randomised, controlled trial in France. Tobacco Control. 1995;4:162-9.

807. Smit ES, de VH, Hoving C. The PAS study: a randomized controlled trial evaluating the effectiveness of a web-based multiple tailored smoking cessation programme and tailored counselling by practice nurses. Contemp Clin Trials. 2010;31(3):251-8.

808. Smit ES, de VH, Hoving C. Effectiveness of a Web-based multiple tailored smoking cessation program: a randomized controlled trial among Dutch adult smokers. Journal of Medical Internet Research. 2012;14(3):e82.

809. Smith B, Peters M, Fitridge R, Esterman A, Litt J, Horowitz J, et al. Varenicline tartrate and counselling versus counselling alone in a randomised controlled trial for inpatient smoking cessation: 6 month interim results. Am J Respir Crit Care Med2011. p. A5445.

810. Smith M, Fu S, Nugent S, Nelson D, Joseph A, An L. A cost-effective telehealth intervention for smoking cessation. Journal of General Internal MedicineConference: 33rd Annual Meeting of the Society of General Internal Medicine Minneapolis, MN United States. 2010;25:S208.

811. Smith PM, Burgess E. Smoking cessation initiated during hospital stay for patients with coronary artery disease: a randomized controlled trial. Canadian Medical Association Journal. 2009;180(13):1297-303.

812. Smith PM, Cameron R, McDonald PW, Kawash B, Madill C, Brown KS. Telephone counseling for population-based smoking cessation. American Journal of Health Behavior. 2004;28(3):231-41.

813. Smith PM, Reilly KR, Houston MN, DeBusk RF, Taylor CB. Application of a nurse-managed inpatient smoking cessation program. Nicotine Tob Res. 2002;4(2):211-22.

814. Smith RC, Cornwell J. Varenicline for cigarette smoking in schizophrenia - efficacy and predictors. ClinicalTrials gov [www clinicaltrials gov]. 2008.

815. Smith RC, Lindenmayer JP, Davis JM, Cornwell J, Noth K, Gupta S, et al. Cognitive and antismoking effects of varenicline in patients with schizophrenia or schizoaffective disorder. Schizophr Res. 2009 May;110(1-3):149-55.

816. Smith SS, McCarthy DE, Japuntich SJ, Christiansen B, Piper ME, Jorenby DE, et al. Comparative effectiveness of 5 smoking cessation pharmacotherapies in primary care clinics. Archives of Internal Medicine. 2009;169(22):2148-55.

817. Snow WM, Connett JE, Sharma S, Murray RP. Predictors of attendance and dropout at the Lung Health Study 11-year follow-up. Contemporary clinical trials. 2007;28(1):25-32.

818. Sobell MB, Sobell LC, Peterson AL, Brundige A, Hryshko-Mullen A. Using reduced alcohol consumption as a strategy to minimize weight gain when stopping smoking. Alcoholism: Clinical and Experimental ResearchConference: Texas Research Society On Alcoholism - 19th Annual Scientific Meeting San Antonio, TX United States. 2009:33.

819. Solomon LJ, Marcy TW, Howe KD, Skelly JM, Reinier K, Flynn BS. Does extended proactive telephone support increase smoking cessation among low-income women using nicotine patches? Preventive Medicine. 2005;40(3):306-13.

820. Sood A, Andoh J, Verhulst S, Ganesh M, Edson B, Hopkins-Price P. "Real-world" effectiveness of reactive telephone counseling for smoking cessation: a randomized controlled trial. Chest. 2009;136(5):1229-36.

821. Sood A, Ebbert JO, Prasad K, Croghan IT, Bauer B, Schroeder DR. A randomized clinical trial of St. John's wort for smoking cessation. Journal of Alternative and Complementary Medicine. 2010;16(7):761-7.

822. Sorensen G, Lando H, Pechacek TF. Promoting smoking cessation at the workplace. Results of a randomized controlled intervention study. Journal of Occupational Medicine. 1993;35(2):121-6.

823. Sorensen LT, Hemmingsen U, Jorgensen T. Strategies of smoking cessation intervention before hernia surgery--effect on perioperative smoking behavior. Hernia. 2007;11(4):327-33.

824. Spring B, Howe D, Berendsen M, McFadden HG, Hitchcock K, Rademaker AW, et al. Behavioral intervention to promote smoking cessation and prevent weight gain: a systematic review and meta-analysis. Addiction. 2009;104(9):1472-86.

825. Spring FL, Sipich JF, Trimble RW, Goeckner DJ. Effects of contingency and noncontingency contracts in the context of a self-control-oriented smoking modification program. Behavior Therapy. 1978;9(5):967-8.

826. Stanislaw AE, Wewers ME. A smoking cessation intervention with hospitalized surgical cancer patients: a pilot study. Cancer Nurs. 1994 Apr;17(2):81-6.

827. Stanton WR, Lowe JB, Moffatt J, Del Mar CB. Randomised control trial of a smoking cessation intervention directed at men whose partners are pregnant. Preventive Medicine. 2004;38(1):6-9.

828. Stapleton J. Cessation of long-term nicotine gum use. Addiction (Abingdon, England). 1995;90(10):1406-7.

829. Steinberg MB, Foulds J, Richardson DL, Burke MV, Shah P. Pharmacotherapy and smoking cessation at a tobacco dependence clinic. Preventive Medicine. 2006;42(2):114-9.

830. Steinberg MB, Randall J, Greenhaus S. Tobacco dependence treatment intervention for hospitalized smokers: a randomized, controlled trial utilizing varenicline. Journal of General Internal MedicineConference: 34th Annual Meeting of the Society of General Internal Medicine Phoenix, AZ United States. 2011;26:S28.

831. Stevens VJ, Glasgow RE, Hollis JF, Lichtenstein E, Vogt TM. A smoking-cessation intervention for hospital patients. Medical Care. 1993;31(1):65-72.

832. Stevens VJ, Glasgow RE, Hollis JF, Mount K. Implementation and effectiveness of a brief smoking-cessation intervention for hospital patients. Medical Care. 2000;38(5):451-9.

833. Stevenson JM. Focus on 2006: A year of novel pharmacologic agents in review. Formulary. 2006;41(11):570-4.

834. Stewart PJ, Rosser WW. The impact of routine advice on smoking cessation from family physicians. Canadian Medical Association Journal. 1982;126(9):1051-4.

835. Stotts RC, Roberson PK, Hanna EY, Jones SK, Smith CK. A randomised clinical trial of nicotine patches for treatment of spit tobacco addiction among adolescents. Tobacco Control. 2003;12 (Suppl 4):IV11-5.

836. Stratelis G, Molstad S, Jakobsson P, Zetterstrom O. Diagnosis of COPD combined with brief smoking cessation advice increases smoking cessation rate in comparison with those with normal lung function [Abstract]. Primary Care Respiratory Journal. 2006;15(3):210.

837. Stratelis G, Molstad S, Jakobsson P, Zetterstrom O. The impact of repeated spirometry and smoking cessation advice on smokers with mild COPD. Scandinavian Journal of Primary Health Care. 2006;24(3):133-9.

838. Strayer SM, Flusche A, Hodge J, Martindale JR. Effectiveness trial of Zyban for smoking cessation in the outpatient setting (POS1-044). Society for Research on Nicotine and Tobacco 10th Annual Meeting February 18 21, Phoenix, Arizona. 2004:45.

839. Strecher VJ, Becker MH, Kirscht JP, Eraker SA, Graham-Tomasi RP. Evaluation of a minimal-contact smoking cessation program in a health care setting. Patient Education and Counseling. 1985;7(4):395-407.

840. Strecher VJ, Kreuter M, Den Boer DJ, Kobrin S, Hospers HJ, Skinner CS. The effects of computer-tailored smoking cessation messages in family practice settings. Journal of Family Practice. 1994;39(3):262-70.

841. Strecher VJ, McClure JB, Alexander GL, Chakraborty B, Nair VN, Konkel JM, et al. Web-based smoking-cessation programs: results of a randomized trial. Am J Prev Med. 2008 May;34(5):373-81.

842. Sudan BJ. Transdermal nicotine and placebo. Lancet. 1989;1(8633):334.

843. Suedfeld P, Baker-Brown G. Restricted environmental stimulation therapy of smoking: a parametric study. Addictive Behaviors. 1987;12(3):263-7.

844. Sun X, Prochaska JO, Velicer WF, Laforge RG. Transtheoretical principles and processes for quitting smoking: a 24-month comparison of a representative sample of quitters, relapsers, and non-quitters. Addict Behav. 2007 Dec;32(12):2707-26.

845. Sundblad BM, Larsson K, Nathell L. High rate of smoking abstinence in COPD patients: Smoking cessation by hospitalization 2412. Nicotine Tob Res. 2008;10(5):883-90.

846. Sussman S. Effects of sixty six adolescent tobacco use cessation trials and seventeen prospective studies of self-initiated quitting. TobIncudDis. 2002;1(1):35-81.

847. Sutherland G. A placebo-controlled double-blind combination trial of nicotine spray and patch [abstract]. Nicotine and Tobacco Research. 1999;1(2):186.

848. Sutherland G, Stapleton JA, Russell MA. Randomized placebo-controlled trial of nicotine nasal spray in general practice. Nicotine and Tobacco Research. 2005;7(4):686.

849. Sutton S, Hallett R. Smoking intervention in the workplace using videotapes and nicotine chewing gum. Preventive Medicine. 1988;17(1):48-59.

850. Sutton SR, Hallett R. Experimental evaluation of the BBC TV series "So You Want To Stop Smoking?". Addictive Behaviors. 1987;12(4):363-6.

851. Swan GE, Jack LM, Curry S, Chorost M, Javitz H, McAfee T, et al. Bupropion SR and counseling for smoking cessation in actual practice: predictors of outcome. Nicotine Tob Res. 2003;5(6):911-21.

852. Swan GE, Jack LM, Javitz HS, McAfee T, McClure JB. Predictors of 12-month outcome in smokers who received bupropion sustained-release for smoking cessation. CNS Drugs. 2008;22(3):239-56.

853. Swan GE, Jack LM, Niaura R, Borrelli B, Spring B. Subgroups of smokers with different success rates after treatment with fluoxetine for smoking cessation [abstract]. Nicotine & Tobacco Research. 1999;1:281.

854. Swan GE, McClure JB, Jack LM, Zbikowski SM, Javitz HS, Catz SL, et al. Behavioral counseling and varenicline treatment for smoking cessation. American Journal of Preventive Medicine. 2010;38(5):482-90.

855. Swanson NA, Burroughs CC, Long MA, Lee RW. Controlled trial for smoking cessation in a Navy shipboard population using nicotine patch, sustained-release buproprion, or both. Military Medicine. 2003;168(10):830-4.

856. Tahiri M, Mottillo S, Joseph L, Pilote L, Eisenberg MJ. Alternative smoking cessation aids: a meta-analysis of randomized controlled trials. American Journal of Medicine. 2012;125(6):576-84.

857. Tang JL, Law M, Wald N. How effective is nicotine replacement therapy in helping people to stop smoking? British Medical Journal. 1994;308(6920):21-6.

858. Tashkin D, Rennard S, Hays JT, Ma W, Lee TC. Efficacy and safety of varenicline for smoking cessation in patients with mild to moderate COPD. ChestConference: American College of Chest Physicians Annual Meeting, CHEST 2009 San Diego, CA United StatesConference Start: 20091031 Conference End: 20091105Conference Publication: (varpagings)136 (4) , 2009Date of Publication: 01 Oct 2009. 2009;136(4).

859. Tashkin DP, Rennard SI, Taylor HJ, Ma W, Lee TC. Improvements in post-bronchodilator FEV1 in patients with mild to moderate Chronic Obstructive Pulmonary Disease (COPD) during a randomized controlled smoking cessation trial with varenicline. American Journal of Respiratory and Critical Care Medicine. 2010;181:A2856.

860. Tashkin DP, Rennard SI, Taylor HJ, Ma W, Lee TC. A randomized trial of varenicline for smoking cessation in patients with mild to moderate Chronic Obstructive Pulmonary Disease (COPD): analysis of efficacy by baseline characteristics. American Journal of Respiratory and Critical Care Medicine. 2010;181:A2858.

861. Tashkin DP, Rennard SI, Taylor HJ, Ma W, Marton JP, Lee TC. Assessment of respiratory symptoms, functional and mental status in subjects with mild-to-moderate Chronic Obstructive Pulmonary Disease (COPD) during a

randomized controlled smoking cessation trial with varenicline. American Journal of Respiratory and Critical Care Medicine. 2010;181:A2864.

862. Taylor CB, Houston-Miller N, Haskell WL, DeBusk RF. Smoking cessation after acute myocardial infarction: the effects of exercise training. Addictive Behaviors. 1988;13(4):331-5.

863. Te Poel F, Bolman C, Reubsaet A, Vries H. Efficacy of a single computer-tailored e-mail for smoking cessation: results after 6 months. Health Education Research. 2009;24(6):930-40.

864. Thankappan K, Mini G, Daivadanam M, Vijayakumar G, Sarma P, Nichter M. Smoking cessation among diabetes patients: results of a pilot randomized controlled trial in Kerala, India. BMC Public Health. 2013;13:47.

865. Thompson B, Kinne S, Lewis FM, Woolridge JA. Randomized telephone smoking-intervention trial initially directed at blue-collar workers. Journal of the National Cancer InstituteMonographs. 1993(14):105-12.

866. Thompson B, McLerran D, Livaudais JC, Coronado GD. A group-randomized tobacco trial among 30 Pacific Northwest colleges: Results from the campus health action on tobacco study. Nicotine and Tobacco Research. 2010;12(6):635-46.

867. Thompson B, Omenn G, Sexton M, Breitenstein B, Hessol N, Curry S, et al. Worksite smoking cessation: a test of two programs. Prog Clin Biol Res. 1987;248:93-100.

868. Thompson GH, Hunter DA. Nicotine replacement therapy. Annals of Pharmacotherapy. 1998;32(10):1067-75.

869. Tidey JW, Rohsenow DJ. Intention to quit moderates the effect of bupropion on smoking urge. Nicotine and Tobacco Research. 2009;11(3):308-12.

870. Tindle H, Rigotti N, Barbeau E, Davis R, Park E, Eisenberg D, et al. Guided imagery for smoking cessation (POS1-82). Society for Research on Nicotine and Tobacco 12th Annual Meeting February 15 18, Orlando, Florida. 2006:61.

871. Tinkelman D, Wilson SM, Willett J, Sweeney CT. Offering free NRT through a tobacco quitline: impact on utilisation and quit rates. Tobacco Control. 2007;16 (Suppl 1):i42-i6.

872. Toll B, O'Malley S, Katulak N, Wu R, Dubin J, George T. Message framing for smoking cessation with bupropion: A randomized controlled trial. Society for Research on Nicotine and Tobacco 12th Annual Meeting February 15 18, Orlando, Florida. 2006:31.

873. Toll BA, White M, Wu R, Meandzija B, Jatlow P, Makuch R, et al. Low-dose naltrexone augmentation of nicotine replacement for smoking cessation with reduced weight gain: a randomized trial. Drug & Alcohol Dependence. 2010;111(3):200-6.

874. Tongas PN. The Kaiser-Permanente Smoking Control Program: Its purpose and implications for an HMO. Professional Psychology. 1979;10(4):409-18.

875. Tonnesen P. Dose and nicotine dependence as determinants of nicotine gum efficacy. Progress in Clinical and Biological Research. 1988;261:129-44.

876. Tonnesen P, Batra A, Mann K, Lauri H, Perfekt R. Efficacy and safety of a novel nicotine mouth spray in smoking cessation: a randomised, placebo-controlled, double-blind, multi-center study with a 52-week follow -up (POS2-38). Society for Research on Nicotine and Tobacco2011. p. 74.

877. Tonnesen P, Fryd V, Hansen M, Gunnersen AB, Helsted J, Engbaek C, et al. Individual cure of tobacco smoking with nicotine chewing gum. Ugeskrift for Laeger. 1984;146(31):2304-7.

878. Tønnesen P, Lauri H, Perfekt R, Mann K, Batra A. Efficacy and safety of a novel nicotine mouth spray in smoking cessation: A randomized, placebo-controlled, double blind, multicenter study with 52-week follow up. Poster Presented at SRNT. 2011;Feb 16-19th, 2011, Toronto, Canada.

879. Tonnesen P, Mikkelsen K. Varenicline to Stop Long-term Nicotine Replacement Use: A Double-Blind, Randomized, Placebo-Controlled Trial. Nicotine Tob Res. 2013;15(2):419-27.

880. Tonnesen P, Norregaard J, Simonsen K, Sawe U. [A double-blind trial of nicotine patches in smoking cessation]. Ugeskr Laeger. 1992 Jan 27;154(5):251-4.

881. Tonnesen P, Pisinger C, Hvidberg S, Wennike P, Bremann L, Westin A, et al. Effects of smoking cessation and reduction in asthmatics. Nicotine Tob Res. 2005 Feb;7(1):139-48.

882. Tonstad S, Holme I, Tonnesen P. Dianicline, a novel alpha4beta2 nicotinic acetylcholine receptor partial agonist, for smoking cessation: A randomized placebo-controlled clinical trial. Nicotine and Tobacco Research. 2011;13(1):1-6.

883. Tonstad S, Tonnesen P, Hajek P, Williams KE, Billing CB, Reeves KR, et al. Effect of maintenance therapy with varenicline on smoking cessation: a randomized controlled trial. JAMA. 2006;296(1):64-71.

884. Tran K, Cimon K, Kaunelis D, Pipe A, Selby P. Effectiveness of prescription and over-the-counter smoking cessation therapies. Canadian Pharmacists JournalConference: Canadian Pharmacists Association Conference, CPhA 2011 Montreal, QC CanadaConference Start: 20110528 Conference End: 20110531Conference Publication: (varpagings)144 (5) ()(pp e11), 2011Date of Publication. 2011(var.pagings):e11.

885. Travis HE, Lawrance K. Effectiveness of self-help smoking cessation interventions for college smokers: a randomized controlled trial (POS2-032). Society for Research on Nicotine and Tobacco 10th Annual Meeting February 18 21, Phoenix, Arizona. 2004:70.

886. Trockel M, Burg M, Jaffe A, Barbour K, Taylor CB. Smoking behavior postmyocardial infarction among ENRICHD trial participants: cognitive behavior therapy intervention for depression and low perceived social support compared with care as usual. Psychosomatic Medicine. 2008;70(8):875-82.

887. Tsoh J, Delucchi K, Benowitz N, Hall S. Cigarette reduction predicts 12-month smoking cessation in Chinese smokers. Society for Research on Nicotine and Tobacco 11th Annual Meeting, 20 23 March; Prague, Czech Republic. 2005:111.

888. Tsoi DTY, Porwal M, Webster AC. Bupropion increases rate of smoking abstinence in smokers with schizophrenia: A systematic review and meta-analysis of randomised trial data. European PsychiatryConference: 17th European Psychiatric Association, EPA Congress Lisbon PortugalConference Start: 20090124 Conference End: 20090128Conference Publication: (varpagings)24 ()(pp S1207), 2009Date of Publication: 2009. 2009:S1207.

889. Tzelepis F, Paul CL, Wiggers J, Walsh RA, Knight J, Duncan SL, et al. A randomised controlled trial of proactive telephone counselling on cold-called smokers' cessation rates. Tobacco Control. 2011;20(1):40-6.

890. van der Aalst CM, de Koning HJ, van den Bergh KA, Willemsen MC, van Klaveren RJ. The effectiveness of a computer-tailored smoking cessation intervention for participants in lung cancer screening: a randomised controlled trial. Lung Cancer. 2012;76(2):204-10.

891. van der Aalst CM, van den Bergh KA, Willemsen MC, de Koning HJ, van Klaveren RJ. Lung cancer screening and smoking abstinence: 2 year follow-up data from the Dutch-Belgian randomised controlled lung cancer screening trial. Thorax. 2010;65(7):600-5.

892. van der Meer RM, Willemsen MC, Smit F, Cuijpers P, Schippers GM. Effectiveness of a mood management component as an adjunct to a telephone counselling smoking cessation intervention for smokers with a past major depression: a pragmatic randomized controlled trial. Addiction. 2010;105(11):1991-9.

893. Van Schayck CP, Kaper J, Wagena EJ, Wouters EF, Severens JL. The cost-effectiveness of antidepressants for smoking cessation in chronic obstructive pulmonary disease (COPD) patients. Addiction (Abingdon, England). 2009;104(12):2110-7.

894. Velicer WF, Friedman RH, Fava JL, Gulliver SB, Keller S, Sun X, et al. Evaluating nicotine replacement therapy and stage-based therapies in a population-based effectiveness trial. Journal of Consulting and Clinical Psychology. 2006;74(6):1162-72.

895. Velicer WF, Prochaska JO. An expert system intervention for smoking cessation. Patient Education & Counseling. 1999;36:119-29.

896. Vera MPG, Sanz J. What do cue-exposure techniques contribute to the effectiveness of cognitive-behavioral therapy with nicotine patches for smoking cessation? [Spanish]. Psicooncologia. 2006;3(2-3):305-3.

897. Vessicchio JC, Termine A, Bregartner TA, George TP. Bupropion versus placebo for smoking cessation in schizophrenia. Drug Alcohol Depend. 2002;66:s187.

898. Viallat JR, Velardocchio JM, Baron B, Boutin C. Nicotine chewing gum: Is it of use in giving up smoking? Lyon Mediterranee Medical. 1985;21(15):10149-51.

899. Villa RS, Alvarez ABD, Hermida JRF. Effectiveness of a multicomponent program to quit smoking with and without nicotine chewing gum [Spanish] [Eficacia de un programa multicomponente para dejar de fumar con y sin chicle de nicotina]. Psicologia Conductual Revista Internacional de Psicologia Clinica de la Salud. 1999;7:107-18.

900. Villanti A. Smoking cessation interventions for U.S. adults and young adults: Evaluating effects and cost-effectiveness. Baltimore, Maryland: The Johns Hopkins U.; 2010.

901. Viswesvaran C, Schmidt FL. A meta-analytic comparison of the effectiveness of smoking cessation methods. J Appl Psychol. 1992;77(4):554-61.

902. Vuaille B. Smoking cessation by means of a transdermal nicotine system. Concours Medical. 1992;114(12):1017.

903. Waage HP, Vatten LJ, Opedal E, Hilt B. Smoking intervention in subjects at risk of asbestos-related lung cancer. American Journal of Industrial Medicine31 (6) ()(pp 705-712), 1997Date of Publication: June 1997. 1997(6):705-12.

904. Wagena EJ, Knipschild PG, Huibers MJH, Wouters EFM, Schayck CPR. Efficacy of bupropion and nortriptyline for smoking cessation among people who are at risk for or have chronic obstructive pulmonary disease: Results from a randomized, placebo-controlled trial. Nicotine and Tobacco Research. 2005;7(4):683-4.

905. Wagena EJ, Zeegers MP, Huibers MJ, Chavannes NH, van Schayck CP. Bupropion: an effective new aid for smoking cessation. Nederlands Tijdschrift voor Geneeskunde. 2001;145(2):103-4.

906. Wagena EJ, Zeegers MP, van Schayck CP, Wouters EF. Benefits and risks of pharmacological smoking cessation therapies in chronic obstructive pulmonary disease. Drug Safety. 2003;26(6):381-403.

907. Wagner FA, Sheikhattari P. The effectiveness of two smoking cessation interventions targeted for residents of disadvantaged neighborhoods and smokers with other addictions and co-morbidities. European PsychiatryConference: 20th European Congress of Psychiatry, EPA 2012 Prague Czech RepublicConference Start: 20120303 Conference End: 20120306Conference Publication: (varpagings)27 , 2012Date of Publication: 2012. 2012.

908. Walker N, Howe C, Bullen C, Grigg M, Glover M, McRobbie H, et al. The combined effect of very low nicotine content cigarettes, used as an adjunct to usual Quitline care (nicotine replacement therapy and behavioural support), on smoking cessation: a randomized controlled trial. Addiction. 2012;107(10):1857-67.

909. Walker WB, Franzini LR. Low-risk aversive group treatments, physiological feedback, and booster sessions for smoking cessation. Behavior Therapy. 1985;16(3):263-74.

910. Wall MA, Severson HH, Andrews JA, Lichtenstein E, Zoref L. Pediatric office-based smoking intervention: impact on maternal smoking and relapse. Pediatrics. 1995;96(4 Pt 1):622-8.

911. Wallstrom M. A double blind placebo controlled clinical evaluation of a nicotine sublingual tablet in smoking cessation. Nicotine and Tobacco Research. 1999;1(1):187.

912. Walsh RA. Nicotine lozenge trial: a "Real-World" perspective. Archives of Internal Medicine. 2002;162(22):2632-3.

913. Walsh RA, Penman AG. The effectiveness of nicotine replacement therapy over-the-counter. Drug and Alcohol Review. 2000;19(3):243-7.

914. Walsh Z, Epstein A, Munisamy G, King A. The impact of depressive symptoms on the efficacy of naltrexone in smoking cessation. Journal of Addictive Diseases. 2008;27(1):65-72.

915. Wang A, Zhong S, Wang L, al. e. Smoking-control intervention on the hand-surgical patients' tobacco control compliance. Clin Med. 2008;28(10):120-2.

916. Wang WD. Feasibility and effectiveness of a stages-of-change model in cigarette smoking cessation counseling. Journal of the Formosan Medical Association. 1994;93(9):752-7.

917. Wang Y. Evaluation on intervention effect of the smoking behavior and smoking control in health personnel of haidian district. . Modern Prev Med. 2008;35:1298-304.

918. Wangberg SC, Nilsen O, Antypas K, Gram IT. Effect of tailoring in an internet-based intervention for smoking cessation: randomized controlled trial. Journal of Medical Internet Research. 2011;13(4):e121.

919. Webb MS, de Ybarra DR, Baker EA, Reis IM, Carey MP. Cognitive-behavioral therapy to promote smoking cessation among African American smokers: a randomized clinical trial. Journal of Consulting and Clinical Psychology. 2010;78(1):24-33.

920. Webb MS, Simmons VN, Brandon TH. Tailored interventions for motivating smoking cessation: using placebo tailoring to examine the influence of expectancies and personalization. Health Psychology. 2005;24(2):179-88.

921. Weinberger AH, Reutenauer EL, Jatlow PI, O'Malley SS, Potenza MN, George TP. A double-blind, placebo-controlled, randomized clinical trial of oral selegiline hydrochloride for smoking cessation in nicotine-dependent cigarette smokers. Drug & Alcohol Dependence. 2010;107(2-3):188-95.

922. Weiner E. Comparison of Varenicline and Placebo for Smoking Cessation in Schizophrenia. . wwwclinicaltrialsgov/ct2/show/NCT00554840 2007;(accessed on 31/03/2010).

923. Weiner E, Ball MP, Buchanan R, Gold JM. A comparison of bupropion SR and placebo for smoking cessation. Schizophr Bull 2007 33:465

924. Weiner E, Buchanan R, Gold J, Ball P, Bennett M. A comparison of bupropion SR and placebo for smoking cessation in schizophrenia. Schizophr Res. 2003;60:305-6.

925. Weiner E, Buchholz A, Coffay A, Liu F, McMahon RP, Buchanan RW, et al. Varenicline for smoking cessation in people with schizophrenia: A double blind randomized pilot study. Schizophrenia Research. 2011;129(1):94-5.

926. Weisburg MA. Smoking cessation treatment using the nicotine transdermal patch and behavioral therapy: Hofstra U; 1995.

927. West R, May S, McEwen A, McRobbie H, Hajek P, Vangeli E. A randomised trial of glucose tablets to aid smoking cessation. Psychopharmacology. 2010;207(4):631-5.

928. West R, Zatonski W, Cedzynska M, Lewandowska D, Pazik J, Aveyard P, et al. Placebo-controlled trial of cytisine for smoking cessation. New England Journal of Medicine. 2011;365(13):1193-200.

929. Westman EC, Behm FM, Rose JE. Airway sensory replacement combined with nicotine replacement for smoking cessation. A randomized, placebo-controlled trial using a citric acid inhaler. Chest. 1995;107(5):1358-64.

930. Westman EC, Tomlin KF, Perkins CE, Rose JE. Oral nicotine solution for smoking cessation: a pilot tolerability study. Nicotine Tob Res. 2001;3(4):391-6.

931. Westman EC, Tomlin KF, Shipley RH. Integrating transdermal nicotine therapy into nicotine fading treatments: Effects on salivary cotinine levels. Psychology of Addictive Behaviors. 1999;13:279-83.

932. Whembolua GL, Davis JT, Reitzel LR, Guo H, Thomas JL, Goldade KR. Subjective social status predicts smoking abstinence among light smokers. American Journal of Health Behavior. 2012;36(5):639-46.

933. White AR, Rampes H, Liu JP, Stead LF, Campbell J. Acupuncture and related interventions for smoking cessation. Cochrane Database of Systematic Reviews. 2011(1).

934. Whittaker R, Borland R, Bullen C, Lin RB, McRobbie H, Rodgers A. Mobile phone-based interventions for smoking cessation. Sao Paulo Medical Journal. 2010;128(2):106-7.

935. Whittaker R, Dorey E, Bramley D, Bullen C, Denny S, Elley CR, et al. A theory-based video messaging mobile phone intervention for smoking cessation: randomized controlled trial. Journal of Medical Internet Research. 2011;13(1):e10.

936. Whitten L. Bupropion helps people with schizophrenia quit smoking. Nida Notes. 2006;20(5):7.

937. Wilcox CS, Oskooilar N, Erickson JS, Billes SK, Katz BB, Tollefson G, et al. An open-label study of naltrexone and bupropion combination therapy for smoking cessation in overweight and obese subjects. Addictive Behaviors. 2010;35(3):229-34.

938. Willemsen MC, De Vries H, Oldenburg B, al. e. Impact of a comprehensive worksite smoking cessation programme on employees who do not take part in cessation activities. . Psychol Health. 1999;14:887-95.

939. Willemsen MC, de Vries H, van Breukelen G, Genders R. Long-term effectiveness of two Dutch work site smoking cessation programs. Health Educ Behav. 1998 Aug;25(4):418-35.

940. Willemsen MC, Vries H. Evaluation of a smoking cessation intervention for Dutch employees consisting of self help methods and a group progamme. Tobacco Control. 1995;4:351-64.

941. Willemsen MC, Wiebing M, van EA, Zeeman G. Helping smokers to decide on the use of efficacious smoking cessation methods: a randomized controlled trial of a decision aid. Addiction (Abingdon, England). 2006;101(3):441-9.

942. Willemsen MC, Wiebing MA, Ernst AJ, Zeeman G. A self-help quit kit to motivate smokers to undergo treatment: a randomised controlled trial. Society for Research on Nicotine and Tobacco 11th Annual Meeting20 23 March 2005; Prague, Czech Republic. 2005:88.

943. Williams DM, Whiteley JA, Dunsiger S, Jennings EG, Albrecht AE, Ussher MH, et al. Moderate intensity exercise as an adjunct to standard smoking cessation treatment for women: a pilot study. Psychol Addict Behav. 2010;24(2):349-54.

944. Williams GC, Niemiec CP, Patrick H, Ryan RM, Deci EL. The importance of supporting autonomy and perceived competence in facilitating long-term tobacco abstinence. Annals of Behavioral Medicine. 2009;37(3):315-24.

945. Williams GC, Patrick H, Niemiec CP, Ryan RM, Deci EL, Lavigne HM. The smoker's health project: a self-determination theory intervention to facilitate maintenance of tobacco abstinence. Contemp Clin Trials. 2011;32(4):535-43.

946. Williams J. Trial of nicotine nasal spray as an aid for smoking cessation in schizophrenia. ClinicalTrials gov [www clinicaltrials gov]. 2009.

947. Williams JM. High-dose versus regular-dose nicotine patch for nicotine dependence in individuals with schizophrenia or schizoaffective disorder. ClinicalTrials gov [www clinicaltrials gov]. 2002.

948. Williams JM, Gandhi KK, Foulds J, Steinberg M, Lou S, Masumova F, et al. No advantage for high dose compared to regular dose nicotine patch on short-term abstinence rates in schizophrenia (PA2-3). Conference abstract of the Society for Research on Nicotine and Tobacco 13th Annual Meeting. 2007;Austin, Texas, USA. 2007:19.

949. Williams NJ. Comparison of effectiveness of a dental school based nicotine dependence program to dental hygiene student lead tobacco intervention counseling (Sym 6A). Society for Research on Nicotine and Tobacco 8th Annual Meeting February 20 23 Savannah, Georgia. 2002:7.

950. Wilson D, Wood G, Johnston N, Sicurella J. Randomized clinical trial of supportive follow-up for cigarette smokers in a family practice. Canadian Medical Association Journal. 1982;126(2):127-9.

951. Wilson DH, Wakefield MA, Steven ID, Rohrsheim RA, Esterman AJ, Graham NMH. 'Sick of smoking': Evaluation of a targeted minimal smoking cessation intervention in general practice. Medical Journal of Australia. 1990;152(10):518-21.

952. Wilson LM, Avila TE, Chander G, Hutton HE, Odelola OA, Elf JL, et al. Impact of tobacco control interventions on smoking initiation, cessation, and prevalence: a systematic review. J Environ Public Health. 2012;2012:1-36.

953. Wirth N, Martinet Y, Thevenin C. Smoking and smoking cessation. Revue des Maladies Respiratoires Actualites. 2009;1(Suppl 3):S47-S55.

954. Wojtyna EJ, Dosiak MM. Cognitive-behaviour therapy to enhancing self-esteem concerns improves smoking cessation outcome in patients with mental disorders: The pilot study. European PsychiatryConference: 17th European Psychiatric Association, EPA Congress Lisbon PortugalConference Start: 20090124 Conference End: 20090128Conference Publication: (varpagings)24 ()(pp S709), 2009Date of Publication: 2009. 2009.

955. Wolfenden L, Campbell E, Wiggers J, Walsh RA, Bailey LJ. Helping hospital patients quit: what the evidence supports and what guidelines recommend. Preventive Medicine. 2008;46(4):346-57.

956. Wolfenden L, Wiggers J, Knight J, Campbell E, Rissel C, Kerridge R, et al. A programme for reducing smoking in pre-operative surgical patients: randomised controlled trial. Anaesthesia. 2005;60(2):172-9.

957. Wong GY, Wolter TD, Croghan GA, Croghan IT, Offord KP, Hurt RD. A randomized trial of naltrexone for smoking cessation. Addiction (Abingdon, England). 1999;94(8):1227-37.

958. Wongwiwatthananukit S, Jack HM, Popovich NG. Smoking cessation: Part 2--Pharmacologic approaches. Journal of the American Pharmaceutical Association (Washington,DC: 1996). 1998;38(3):339-53.

959. Woodward A, Owen N, Grgurinovich N, Griffith F, Linke H. Trial of an intervention to reduce passive smoking in infancy. Pediatr Pulmonol. 1987 May-Jun;3(3):173-8.

960. Wright AJ, French DP, Weinman J, Marteau TM. Can Genetic Risk Information Enhance Motivation for Smoking Cessation? An Analogue Study. Health Psychology. 2006;25(6):740-52.

961. Wynd CA. Guided health imagery for smoking cessation and long-term abstinence. J Nurs Scholarsh. 2005;37(3):245-50.

962. Yano EM, Rubenstein LV, Farmer MM, Chernof BA, Mittman BS, Lanto AB, et al. Targeting primary care referrals to smoking cessation clinics does not improve quit rates: implementing evidence-based interventions into practice. Health Services Research. 2008;43(5 Pt 1):1637-61.

963. Yilmaz G, Karacan C, Yoney A, Yilmaz T. Brief intervention on maternal smoking: a randomized controlled trial. Child: Care, Health and Development. 2006;32(1):73-9.

964. Young JM, Girgis S, Bruce TA, Hobbs M, Ward JE. Acceptability and effectiveness of opportunistic referral of smokers to telephone cessation advice from a nurse: a randomised trial in Australian general practice. BMC Fam Pract. 2008;9:16.

965. Yudkin P, Hey K, Roberts S, Welch S, Murphy M, Walton R. Abstinence from smoking eight years after participation in randomised controlled trial of nicotine patch. BMJ 2003;327(7405):28-9.

966. Yuhongxia L. The compliance of vanrenicline usage and the smoking abstinence rate via mobile phone text messaging combine with varenicline: A single-blind, randomised control trial. RespirologyConference: 16th Congress of the Asian Pacific Society of Respirology Shanghai China. 2011;16:46-7.

967. Zbikowski SM, Jack LM, McClure JB, Deprey M, Javitz HS, McAfee TA. Utilization of services in a randomized trial testing phone- and web-based interventions for smoking cessation. Nicotine and Tobacco Research. 2011;13(5):319-27.

968. Zelman DC, Brandon TH, Jorenby DE, Baker TB. Measures of affect and nicotine dependence predict differential response to smoking cessation treatments. Journal of Consulting and Clinical Psychology. 1992;60(6):943-52.

969. Zhu SH, Anderson CM, Tedeschi GJ, Rosbrook B, Johnson CE, Byrd M, et al. Evidence of real-world effectiveness of a telephone quitline for smokers. New England Journal of Medicine. 2002;347(14):1087-93.

970. Zhu SH, Roeseler A. Telephone counselling for smoking cessation: the California experience. 10th World Conference on Tobacco Or Health 24 28 August Beijing Abstract Book. 1997:93.

971. Zhu SH, Stretch V, Balabanis M, Rosbrook B, Sadler G, Pierce JP. Telephone counseling for smoking cessation: effects of single-session and multiple-session interventions. Journal of Consulting and Clinical Psychology. 1996;64(1):202-11.

972. Ziedonis D, Harris P, Brandt P, Trudeau K, George T, Rao S, et al. Motivational enhancement therapy and nicotine replacement improve smoking cessation outcomes for smokers with schizophrenia or depression. Addiction (Abingdon, England). 1997;92:633.

973. Zierler-Brown SL, Kyle JA. Oral varenicline for smoking cessation. Annals of Pharmacotherapy. 2007;41(1):95-9.

974. Zikos A, Molter GDO, Romovacek M, Nellis K, Guadio R. Comparison of nicotine gum, clonidine and no medication in a multidisciplinary smoking cessation program. Chest. 1991;100:4S.

975. Zimmer D, Lindinger P, Mitschele U. [Training people to stop smoking radically: I. Long-term efficacy of an individualized cognitive-behavioral treatment in smoking cessation (4.5-year follow-up)]. Verhaltenstherapie. 1993;3(4):304-11.

976. Zinser M, Murphy L, Miller L, Prochazka A. Personalizing the health risk message: Effects on smoking cessation. Addiction (Abingdon, England). 1997;92:633.

977. Zisserson RN. Reducing the impact of temptation cues on health-related goal cognitions among college student cigarette smokers: Boston U.; 2011.

978. Zwar NA, Nasser A, Comino EJ, Richmond RL. Short-term effectiveness of bupropion for assisting smoking cessation in general practice. Medical Journal of Australia. 2002;177(5):277-8.

979. Zwick RH, Mutzbacher P, Dovjak N, Heinzle C, Burghuber OC, Zwick H. Exercise in addition to nicotine replacement therapy improves success rates in smoking cessation. Chest. 2006;130(4):145S.

APPENDIX D: SUMMARY OF INCLUDED STUDY RISK OF BIAS ASSESSMENTS

Study Code	Adequate sequence generation?	Allocation concealment?	Blinding of objective outcomes' assessment?	Blinding of subjective outcomes' assessment?	Incomplete outcome data addressed – for efficacy outcomes?	Incomplete outcome data addressed – for safety outcomes?
Abelin 1991-35	Unclear	Unclear	Low	Unclear	High	Low
Ahluwalia 1998-1	Low	Unclear	Low	Low	Low	High
Ahluwalia 2002 -468	Unclear	Low	Low	Low	High	High
Ahluwalia 2006 - 883	Unclear	Low	Low	Low	Low	Low
Aubin 2004-1206	Low	Low	Low	Low	High	High
Aubin 2008 - 717	Low	Unclear	Low	High	High	High
Blondal 1997-1585	Low	Unclear	Low	Low	Low	Low
Blondal 1999-285	Low	Low	Low	Low	Low	Low
Bohadana 2000-3128	Low	Low	Low	Low	High	High
Bolliger 2000 - 329	Unclear	Unclear	Low	Low	High	High
Bolliger 2007 - 196	Unclear	Unclear	Low	High	High	High
Bollinger 2011-465	Unclear	Low	Low	Low	Low	Low
BTS 1983 - 595	Unclear	Unclear	Low	Low	Low	Low
Bullen 2010-1474	Low	Low	Low	High	High	High
Campbell 1991 -155	Unclear	Unclear	Low	Low	Low	Low
Campbell 1996 - 47	Unclear	Unclear	Low	Unclear	High	High
Cinciripini 1996 - 314	Unclear	Unclear	Low	High	Low	Low
Cooney 2009 - 1588	Low	Unclear	Low	Low	Low	High
Cooper 2005 - 61	Unclear	Unclear	Low	Unclear	Low	Low
Cox 2012-290	Low	Unclear	Low	Low	High	High
Croghan 2003-181	Low	Low	Low	High	High	High
Dalsgaro 2004 - 55	Low	Unclear	Low	Low	High	High
Daughton 1991- 749	Unclear	Unclear	Low	Low	Unclear	Unclear
Daughton 1998 - 425	Unclear	Unclear	Low	Unclear	Low	Low
Davidson 1998 - 569	Low	Unclear	Low	Unclear	Low	High
de Dios 2012- 322	Unclear	Unclear	Low	Low	High	Low
Eisenberg 2013 - 524	Low	Low	Low	Low	High	High
Etter 2002-487	Low	Unclear	Low	Low	Low	Low
Etter 2009-1028	Low	Unclear	Low	High	Low	Low
Evins 2001-397, 2004-307	Unclear	Unclear	Low	Low	Low	Low
Evins 2005-218	Unclear	Unclear	Low	Low	Low	Low
Evins 2007- 380	Unclear	Unclear	Low	Low	Low	High
Fagerstrom 1982 - 343	Unclear	Unclear	Low	Low	Unclear	Unclear
Fiore 1994 - 524-S1	Low	Unclear	Low	Unclear	High	High
Fiore 1994 - 524-S2	Low	Unclear	Low	Unclear	High	High
Fortmann 1995 - 460	Unclear	Unclear	Low	Unclear	Low	Low
Fossati 2007-1791	Unclear	Unclear	Low	Low	Unclear	Unclear
Gallagher 2007-487	Unclear	Unclear	Low	High	High	Low

Study Code	Adequate sequence generation?	Allocation concealment?	Blinding of objective outcomes' assessment?	Blinding of subjective outcomes' assessment?	Incomplete outcome data addressed – for efficacy outcomes?	Incomplete outcome data addressed – for safety outcomes?
Garvey 2000-53+ Kinnunen 2008-373	Unclear	Unclear	Low	Unclear	Low	Low
George 2002 - 53	Unclear	Unclear	Low	Low	Low	Low
George 2008 - 1092	Unclear	Unclear	Low	Low	High	High
Gifford 2004-689	Unclear	Unclear	Low	Low	Unclear	Low
Gilbert 1989-49	Unclear	Low	Low	Low	Low	Low
Glavas 2003 - 219	Unclear	Low	Low	Low	Low	Low
Glover 2002 - 441	Low	Unclear	Low	Low	Low	Low
Goldstein 1989-56	Unclear	Unclear	Low	Low	Low	Low
Gonzales 2001 - 438	Unclear	Unclear	Low	Low	Low	Low
Gonzales 2006 - 47	Low	Unclear	Low	Low	High	High
Gourlay 1995 - 363	Low	Low	Low	Low	Low	Low
Grant 2007-381	Unclear	Unclear	Low	Low	High	High
Haggstram 2006 - 205	Unclear	Unclear	Low	Low	Low	Low
Hall 2002 -930	Unclear	Unclear	Low	Low	Low	Low
Hand 2002 - 715	High	Unclear	Low	Low	Low	Low
Hanioka 2010-66	Unclear	Unclear	Low	High	High	High
Hanson 2002-thesis	Unclear	Unclear	Low	Low	Low	High
Harackiewicz 1987-372	Unclear	Unclear	Low	High	High	Low
Harackiewicz 1988 - 319	Unclear	Unclear	Low	Low	Low	Low
Hatsukami 2004 - 151	Low	Unclear	Low	Low	Low	Low
Hays 1999-1701	Low	Low	Low	Low	Low	Low
Hays 2001 - 423	Low	Low	Low	Low	Unclear	Unclear
Herrera 1995-447	Unclear	Unclear	Low	Low	Low	Low
Hertzberg 2001 - 94	Unclear	Unclear	Low	Low	Low	Low
Heydari 2012-268	Unclear	Unclear	Low	Low	Unclear	Unclear
Hilberink 2011 - 120	Unclear	Unclear	Low	Low	Low	Low
Hill 1993 - 321	Unclear	Unclear	Low	Low	Unclear	Unclear
Hilleman 1994-222	Unclear	Unclear	Low	Low	Low	Low
Hjalmarson 1984 - 2835	Unclear	Unclear	Low	Low	Low	Low
Hjalmarson 1994 - 2567	Unclear	Unclear	Low	Low	Unclear	Low
Hjalmarson 1997 -1721	Unclear	Unclear	Low	Low	Low	Low
Holt 2005 - 120	Low	Unclear	Low	Low	High	High
Hughes 1989 - 1300	Unclear	Unclear	Low	Low	Unclear	Unclear
Hughes 1990-1175	Unclear	Unclear	Low	Low	Low	Unclear
Hughes 2003 - 946	Unclear	Unclear	Low	Low	Unclear	Unclear
Hughes 2011-955	Unclear	Unclear	Unclear	Low	High	High
Hurt 1994-595	Unclear	Unclear	Unclear	Low	Unclear	Unclear
Hurt 1997 - 1195	Unclear	Unclear	Low	Low	High	High
Hurt 1990 - 1529	High	Unclear	Low	Low	Low	Low
Jamrozik 1984-794	High	Unclear	Low	Low	Low	Low
Jarvik 1984-790	Unclear	Unclear	Low	Low	Low	Low
Jarvis 1982 - 537	High	Unclear	Low	Low	Low	Low

Study Code	Adequate sequence generation?	Allocation concealment?	Blinding of objective outcomes' assessment?	Blinding of subjective outcomes' assessment?	Incomplete outcome data addressed – for efficacy outcomes?	Incomplete outcome data addressed – for safety outcomes?
Jensen 1990-831	Unclear	Unclear	Low	High	Low	Low
Jorenby 1999 - 685	Unclear	Unclear	Low	Unclear	High	High
Jorenby 2006 - 56	Low	Low	Low	Low	High	Low
Joseph 1996 - 1792	Low	Unclear	Low	Low	High	High
Kalman 2011-111	Low	Unclear	Low	Low	HIgh	Low
Killen 1997 - 663	Unclear	Unclear	Low	Unclear	HIgh	Low
Killen 1999-226	Unclear	Unclear	Low	HIgh	Low	Low
Killen 2004 - 729	Unclear	Unclear	Low	Low	HIgh	Low
Kornitzer 1995 p41	Low	Low	Low	Low	High	Low
Kralikova 2009 - 433	Unclear	Unclear	Low	High	High	Low
Lacasse 2008-1215	Unclear	Unclear	Low	Unclear	Low	Low
Leischow 1996 - 364	Low	Unclear	Low	HIgh	High	High
Lerman 2004 - 426	Low	High	Low	High	Low	Low
Levine 2010-543	High	Unclear	Low	Low	High	Low
Lewis 1998 - 296	Low	Unclear	Low	Low	Low	Low
Malcolm 1980-295	Unclear	Unclear	Low	Low	Low	Low
Marshall 1985-1395	Unclear	Unclear	Low	High	Low	Low
McCarthy 2008 - 717	Low	Unclear	Low	Low	High	High
Molyneux 2003-484	Low	Unclear	Low	Unclear	High	Low
Moolchan 2005-e407	Low	Low	Low	Low	High	High
Muramoto 2007 - 1068	Low	Low	Low	Low	High	High
Myung 2007-1065	Low	Low	Low	Low	Low	Low
Nakamura 2007-1040	Low	Low	Low	Unclear	High	High
Niaura 1994 - 70	Unclear	Unclear	Low	High	Low	Low
Niaura 1999 - 685	Unclear	Unclear	Low	High	Low	Low
Niaura 2008 - 1931	Low	Low	Low	Unclear	Unclear	Low
Nides 2006 - 1561	Low	Low	Low	Low	High	High
Nollen 2007 - 911	Low	Low	Low	Unclear	High	High
Okuyemi 2007 - 43	Unclear	Low	Low	High	High	Low
Oncken 2007-296 + Oncken 2006- 1141	Unclear	Unclear	Low	High	Unclear	Unclear
Oncken 2006-1571	Unclear	Unclear	Low	Unclear	High	High
Ortega 2011-3	Low	Unclear	Low	High	Low	Low
Pack 2008 - 237	Unclear	Unclear	Low	High	Low	Low
Paoletti 1996 - 643	Unclear	Unclear	Low	Low	High	High
Piper 2007 - 947	Unclear	Unclear	Low	Unclear	High	High
Piper 2009 - 1253	Unclear	Unclear	Low	Unclear	Low	High
Pirie 1992 - 1238	Unclear	Unclear	Low	Unclear	Low	Low
Planer 2011-1055	Unclear	Low	Low	Low	Low	Low
Puska 1995 - 231	Unclear	Unclear	Low	Low	High	High
Puska 1979-141	Unclear	Unclear	Low	Low	Low	High
Prapavessis 2007-1416	Unclear	Unclear	Low	High	High	Low
Ray 2007-1237	Unclear	Unclear	Low	High	Low	Low
Registered (GSK) 2001	Unclear	Unclear	Low	Low	Unclear	Unclear
Reid 2008 - 68	Low	Low	Low	Low	Low	Low

Study Code	Adequate sequence generation?	Allocation concealment?	Blinding of objective outcomes' assessment?	Blinding of subjective outcomes' assessment?	Incomplete outcome data addressed – for efficacy outcomes?	Incomplete outcome data addressed – for safety outcomes?
Rennard 2006-555	Unclear	Unclear	Low	Low	High	High
Rennard 2012- 343	Low	Low	Low	Low	Low	Low
Richmond 1993-187	Unclear	Unclear	Low	High	High	Low
Richmond 1994-130, Richmond 1997-27, Richmond 1997-617& Richmond 2007-282	Unclear	Low	Low	Low	High	High
Rigotti 2006-1080	Low	Low	Low	Low	High	High
Rigotti 2010-221	Low	Low	Low	Low	Low	Low
Rovina 2009-279	Unclear	Unclear	Low	High	Low	Low
Russel 1993-1308 & Stapleton 1995-31	Unclear	Unclear	Low	Low	Unclear	Unclear
Sachs 1993-1881	Unclear	Unclear	Low	Unclear	Unclear	Unclear
Schmitz 2007-699	Unclear	Low	Low	Low	High	Low
Schneider 1983- 253	Unclear	Unclear	Low	Low	Unclear	Unclear
Schneider 1995 - 1671	Unclear	Unclear	Low	Low	Unclear	Unclear
Schneider 1996 - 1293	Low	Low	Low	Low	Unclear	Unclear
Schnoll 2010-144	Low	Low	Low	High	High	Unclear
Schnoll 2010-237	Unclear	Unclear	Low	High	High	High
Schnoll 2010-811	Unclear	Unclear	Low	Unclear	High	High
Schuurmans 2004 - 634	Low	Low	Low	Unclear	High	High
Segnan 1991 - 239	Unclear	Low	Low	High	Low	Low
Shiffman 2002-1267	Unclear	Unclear	Low	Unclear	Low	High
Shiffman 2009-96	Low	Unclear	Low	Unclear	Low	High
Simon 2004-1797	Low	Unclear	Low	Unclear	Low	Low
Simon 2009 - 663	Low	Unclear	Low	Low	Low	Low
Sonderskov 1997-309	Unclear	Unclear	Low	Low	Low	Low
Stein 2006-599	Unclear	Unclear	Low	Unclear	Low	Low
Steinberg 2009 - 447	Low	Low	Low	High	High	High
Steinberg 2011 - 1127	Low	Unclear	Low	Low	High	High
Sutherland 1992-324	Low	Unclear	Low	Low	Low	Low
Sutton 1987-1210	Unclear	Unclear	Low	High	Low	Low
Swan 2003 - 2337	Low	Unclear	Low	High	Low	Low
Tashkin 2001-1571	Low	Low	Low	Low	High	High
Tashkin 2011 – 591	Unclear	Unclear	Low	Unclear	High	High
TNS Group 1991 - 3133	Unclear	Unclear	Low	Unclear	High	High
Tonnesen 1988 - 15	Unclear	Unclear	Low	Low	High	High
Tonnesen 1988 - 17	Unclear	Unclear	Low	High	Low	Low
Tonnesen 1991 - 311+Tonnesen 1992-241+Mikkelsen 1994 95	Low	Unclear	Low	Low	Low	Low
Tonnesen 1993-1268	Low	Unclear	Low	Low	Low	Low
Tonnesen 1996-1169	Unclear	Unclear	Low	High	High	High
Tonnesen 1999 - 238	Low	Low	Low	Low	High	High

Study Code	Adequate sequence generation?	Allocation concealment?	Blinding of objective outcomes' assessment?	Blinding of subjective outcomes' assessment?	Incomplete outcome data addressed – for efficacy outcomes?	Incomplete outcome data addressed – for safety outcomes?
Tonnesen 2000 - 717	Low	Unclear	Low	High	High	Low
Tonnesen 2003-184	Low	Low	Low	Low	High	High
Tonnesen 2006 - 334	Unclear	Unclear	Low	Low	High	High
Tonnesen 2012 - 548	Low	Low	Low	Low	High	High
Tonstad 2003 - 946	Unclear	Unclear	Low	Unclear	High	High
Tsai 2007 - 1027	Low	Low	Low	Unclear	Low	Low
Tsukahara 2010 - 771	Low	Unclear	Low	High	Low	Low
Uyar 2007 - 922	Unclear	Unclear	Low	High	Low	Low
Wagena 2005-2286	Low	Unclear	Low	Low	Low	Low
Wallstrom 2000 - 1161	Low	Unclear	Low	High	Low	Low
Wang 2009 - 384	Unclear	Unclear	Low	Unclear	Low	Low
Ward 2012 – 394	Low	Low	Low	Low	High	High
Warner 2005-1138	Low	Low	Low	Low	Low	Low
Wennike 2003-1395	Unclear	Unclear	Low	Low	High	High
Westman 1993 - 1917	Unclear	Unclear	Low	Low	Unclear	High
Williams 2007-793	Unclear	Unclear	Low	Unclear	Unclear	High
Williams 2012 - 654+Pfizer 2011	Unclear	Unclear	Low	Unclear	Unclear	High
Wittchen 2011 -28	Low	High	Low	High	Low	High
Wong 2012- 755	Low	Low	Low	Low	Low	Low
Zellweger 2005 - 240	Unclear	Unclear	Low	Unclear	High	High
Zernig 2008-2024	Unclear	Low	Low	High	High	High

APPENDIX E: DETAILED NETWORK META-ANALYSIS RESULTS

CAR AT 12 MONTHS

Table 8: Continuous Abstinence Rate at 12 Months: Odds Ratios, Relative Risks and Risk Difference for All Treatment Comparisons – Network Meat-Analysis, Random Effects Model, Placebo Index Node

TREATMENT	REFERENCE	OR (95% CRI)	RR (95% CRI)	RD% (95% CRI)
BUPROPION 150 MG BID	PLACEBO	2.20 (1.55,3.07)	2.01 (1.49,2.65)	8.00 (3.89,12.89)
NICOTINE GUM 2 MG		2.36 (1.32,4.63)	2.13 (1.29,3.63)	8.95 (2.31,19.94)
NICOTINE INHALER		2.04 (1.21,3.42)	1.88 (1.19,2.89)	7.01 (1.51,14.52)
NICOTINE INHALER+16 HR NICOTINE PATCH 15 MG		3.04 (1.27,7.45)	2.62 (1.24,4.95)	12.82 (1.91,30.83)
NICOTINE LOZENGE 1-2 MG		2.54 (1.41,4.69)	2.26 (1.37,3.64)	10.06 (2.89,20.79)
NICOTINE MOUTH SPRAY 1 MG		2.78 (1.18,6.92)	2.43 (1.17,4.74)	11.41 (1.34,29.22)
16 HR NICOTINE PATCH 15 MG		2.06 (1.55,2.95)	1.90 (1.48,2.57)	7.13 (3.97,11.92)
16 HR NICOTINE PATCH 15 MG+NICOTINE GUM 2 MG		3.39 (1.76,7.05)	2.84 (1.65,4.81)	14.66 (5.32,29.18)
16 HR NICOTINE PATCH 15 MG+NICOTINE INHALER		0.94 (0.23,3.14)	0.95 (0.24,2.69)	-0.41 (-6.08,13.24)
24 HR NICOTINE PATCH 21 MG		1.70 (0.90,3.32)	1.61 (0.91,2.81)	4.87 (-0.74,14.12)
NRT		2.25 (1.14,4.50)	2.04 (1.13,3.55)	8.29 (1.01,19.69)
NICOTINE SPRAY		2.65 (1.06,6.74)	2.34 (1.05,4.66)	10.65 (0.40,28.54)
NICOTINE SPRAY+16 HR NICOTINE PATCH 15 MG		6.21 (2.60,16.59)	4.38 (2.30,7.52)	26.97 (10.42,50.65)
NICOTINE SUBLINGUAL 2 MG		1.83 (1.01,3.38)	1.72 (1.01,2.85)	5.68 (0.09,14.43)
VARENICLINE 1 MG BID		3.40 (2.21,5.54)	2.85 (2.01,4.10)	14.75 (8.06,24.11)
16 HR NICOTINE PATCH <15 MG		0.44 (0.07,2.03)	0.46 (0.07,1.87)	-4.28 (-7.57,6.92)
NICOTINE GUM 4 MG		1.68 (0.78,3.70)	1.59 (0.79,3.06)	4.69 (-1.71,15.93)
NICOTINE LOZENGE 4 MG		2.03 (1.12,3.74)	1.88 (1.11,3.08)	6.99 (0.87,16.44)
16 H NICOTINE PATCH 15 MG		1.91 (1.17,2.92)	1.78 (1.15,2.55)	6.20 (1.23,11.94)
24 HR NICOTINE PATCH >21 MG		1.48 (0.39,5.53)	1.43 (0.41,4.09)	3.40 (-4.78,24.01)
NICOTINE GUM 2 MG	BUPROPION 150 MG BID	1.07 (0.55,2.30)	1.06 (0.60,1.96)	0.89 (-7.51,12.93)
NICOTINE INHALER		0.93 (0.50,1.74)	0.94 (0.55,1.58)	-0.98 (-8.52,7.79)
NICOTINE INHALER+16 HR NICOTINE PATCH 15 MG		1.38 (0.54,3.60)	1.30 (0.59,2.64)	4.74 (-7.44,23.26)
NICOTINE LOZENGE 1-2 MG		1.16 (0.59,2.34)	1.13 (0.64,1.98)	2.03 (-6.60,13.48)
NICOTINE MOUTH SPRAY 1 MG		1.26 (0.51,3.38)	1.21 (0.56,2.53)	3.39 (-7.87,21.75)
16 HR NICOTINE PATCH 15 MG		0.94 (0.61,1.56)	0.95 (0.66,1.45)	-0.88 (-6.66,5.74)
16 HR NICOTINE PATCH 15 MG+NICOTINE GUM 2 MG		1.54 (0.74,3.50)	1.42 (0.77,2.61)	6.64 (-4.11,21.95)
16 HR NICOTINE PATCH 15 MG+NICOTINE INHALER		0.43 (0.10,1.51)	0.47 (0.11,1.40)	-8.32 (-16.28,5.81)
24 HR NICOTINE PATCH 21 MG		0.78 (0.38,1.65)	0.81 (0.42,1.52)	-3.06 (-10.81,7.08)
NRT		1.02 (0.48,2.21)	1.02 (0.53,1.90)	0.29 (-8.67,12.53)
NICOTINE SPRAY		1.20 (0.45,3.22)	1.16 (0.50,2.45)	2.60 (-8.83,20.86)
NICOTINE SPRAY+16 HR NICOTINE PATCH 15 MG		2.82 (1.12,8.04)	2.18 (1.10,4.07)	18.83 (1.65,43.13)

NICOTINE SUBLINGUAL 2 MG		0.83 (0.42,1.68)	0.85 (0.47,1.53)	-2.31 (-9.88,7.31)
VARENICLINE 1 MG BID		1.55 (0.97,2.59)	1.43 (0.98,2.12)	6.74 (-0.43,15.81)
16 HR NICOTINE PATCH <15 MG		0.20 (0.03,0.96)	0.23 (0.04,0.96)	-12.02 (-18.37,-0.54)
NICOTINE GUM 4 MG		0.76 (0.33,1.81)	0.79 (0.38,1.63)	-3.27 (-11.63,8.82)
NICOTINE LOZENGE 4 MG		0.93 (0.47,1.87)	0.94 (0.52,1.67)	-1.00 (-8.90,9.30)
16 HR NICOTINE PATCH >15 MG		0.87 (0.48,1.49)	0.89 (0.53,1.40)	-1.79 (-8.85,5.27)
24 HR NICOTINE PATCH >21 MG		0.68 (0.17,2.66)	0.71 (0.20,2.15)	-4.56 (-14.47,16.45)
NICOTINE INHALER	NICOTINE GUM 2 MG	0.87 (0.37,1.85)	0.89 (0.43,1.68)	-1.82 (-14.56,8.06)
NICOTINE INHALER+16 HR NICOTINE PATCH 15 MG		1.29 (0.41,3.64)	1.23 (0.48,2.71)	3.77 (-12.21,22.62)
NICOTINE LOZENGE 1-2 MG		1.08 (0.43,2.49)	1.07 (0.51,2.10)	1.13 (-12.17,13.74)
NICOTINE MOUTH SPRAY 1 MG		1.19 (0.40,3.41)	1.15 (0.47,2.58)	2.47 (-12.61,21.33)
16 HR NICOTINE PATCH 15 MG		0.88 (0.46,1.61)	0.90 (0.54,1.51)	-1.75 (-12.24,5.70)
16 HR NICOTINE PATCH 15 MG+NICOTINE GUM 2 MG		1.44 (0.84,2.48)	1.34 (0.87,2.04)	5.59 (-2.59,16.03)
16 HR NICOTINE PATCH 15 MG+NICOTINE INHALER		0.40 (0.08,1.49)	0.45 (0.10,1.40)	-9.07 (-21.80,5.48)
24 HR NICOTINE PATCH 21 MG		0.72 (0.29,1.76)	0.76 (0.35,1.61)	-4.00 (-16.42,7.50)
NRT		0.95 (0.36,2.37)	0.96 (0.43,2.03)	-0.67 (-13.99,12.69)
NICOTINE SPRAY		1.12 (0.36,3.47)	1.10 (0.43,2.64)	1.61 (-13.47,21.24)
NICOTINE SPRAY+16 HR NICOTINE PATCH 15 MG		2.65 (0.91,7.77)	2.06 (0.93,4.13)	17.84 (-1.72,41.81)
NICOTINE SUBLINGUAL 2 MG		0.78 (0.32,1.79)	0.81 (0.38,1.63)	-3.19 (-15.71,7.75)
VARENICLINE 1 MG BID		1.45 (0.66,3.00)	1.35 (0.72,2.44)	5.87 (-7.18,17.16)
16 HR NICOTINE PATCH <15 MG		0.18 (0.03,0.93)	0.22 (0.03,0.94)	-12.80 (-24.34,-0.80)
NICOTINE GUM 4 MG		0.71 (0.26,1.91)	0.75 (0.31,1.72)	-4.17 (-16.84,8.92)
NICOTINE LOZENGE 4 MG		0.87 (0.35,2.00)	0.89 (0.41,1.77)	-1.83 (-14.57,9.65)
16 HR NICOTINE PATCH >15 MG		0.81 (0.36,1.59)	0.84 (0.43,1.49)	-2.74 (-14.69,5.67)
24 HR NICOTINE PATCH >21 MG		0.63 (0.15,2.61)	0.67 (0.18,2.15)	-5.44 (-19.42,16.05)
NICOTINE INHALER+16 HR NICOTINE PATCH 15 MG	NICOTINE INHALER	1.49 (0.73,3.08)	1.39 (0.76,2.36)	5.71 (-3.48,20.57)
NICOTINE LOZENGE 1-2 MG		1.25 (0.57,2.76)	1.21 (0.63,2.30)	3.06 (-7.27,15.04)
NICOTINE MOUTH SPRAY 1 MG		1.38 (0.50,3.94)	1.30 (0.55,2.93)	4.45 (-8.47,23.17)
16 HR NICOTINE PATCH 15 MG		1.01 (0.59,1.86)	1.01 (0.64,1.71)	0.11 (-7.64,7.25)
16 HR NICOTINE PATCH 15 MG+NICOTINE GUM 2 MG		1.66 (0.74,4.06)	1.50 (0.78,3.02)	7.53 (-4.26,23.32)
16 HR NICOTINE PATCH 15 MG+NICOTINE INHALER		0.46 (0.11,1.54)	0.51 (0.13,1.44)	-7.22 (-15.87,5.91)
24 HR NICOTINE PATCH 21 MG		0.84 (0.37,1.96)	0.86 (0.42,1.76)	-2.05 (-11.50,8.69)
NRT		1.10 (0.48,2.62)	1.09 (0.53,2.20)	1.28 (-9.26,14.11)
NICOTINE SPRAY		1.31 (0.46,3.79)	1.25 (0.51,2.82)	3.68 (-9.28,22.42)
NICOTINE SPRAY+16 HR NICOTINE PATCH 15 MG		3.06 (1.12,9.16)	2.33 (1.10,4.66)	19.81 (1.76,44.00)
NICOTINE SUBLINGUAL 2 MG		0.90 (0.41,1.96)	0.92 (0.46,1.76)	-1.26 (-10.84,8.70)
VARENICLINE 1 MG BID		1.67 (0.86,3.38)	1.52 (0.88,2.70)	7.72 (-2.39,18.65)
16 HR NICOTINE PATCH <15 MG		0.22 (0.03,0.98)	0.25 (0.04,0.98)	-10.84 (-18.75,-0.25)
NICOTINE GUM 4 MG		0.82 (0.32,2.12)	0.85 (0.37,1.87)	-2.25 (-12.50,10.26)
NICOTINE LOZENGE 4 MG		1.01 (0.45,2.22)	1.01 (0.51,1.96)	0.07 (-9.77,10.95)

16 HR NICOTINE PATCH >15 MG		0.94 (0.46,1.80)	0.95 (0.52,1.66)	-0.78 (-9.81,7.08)
24 HR NICOTINE PATCH >21 MG		0.73 (0.18,3.00)	0.76 (0.21,2.40)	-3.48 (-14.87,17.76)
NICOTINE LOZENGE 1-2 MG	NICOTINE INHALER+16 HR NICOTINE PATCH 15 MG	0.84 (0.29,2.42)	0.87 (0.38,2.09)	-2.72 (-21.89,12.37)
NICOTINE MOUTH SPRAY 1 MG		0.93 (0.26,3.28)	0.94 (0.35,2.57)	-1.24 (-22.07,19.42)
16 HR NICOTINE PATCH 15 MG		0.68 (0.28,1.73)	0.73 (0.38,1.61)	-5.62 (-23.53,6.31)
16 HR NICOTINE PATCH 15 MG+NICOTINE GUM 2 MG		1.12 (0.38,3.54)	1.09 (0.48,2.74)	1.93 (-18.05,20.31)
16 HR NICOTINE PATCH 15 MG+NICOTINE INHALER		0.31 (0.06,1.30)	0.36 (0.09,1.25)	-12.83 (-30.87,3.26)
24 HR NICOTINE PATCH 21 MG		0.56 (0.19,1.67)	0.62 (0.27,1.55)	-7.74 (-26.26,6.33)
NRT		0.74 (0.24,2.31)	0.78 (0.33,2.01)	-4.51 (-24.02,11.82)
NICOTINE SPRAY		0.88 (0.24,3.19)	0.90 (0.32,2.49)	-1.97 (-23.32,19.00)
NICOTINE SPRAY+16 HR NICOTINE PATCH 15 MG		2.06 (0.60,7.57)	1.67 (0.69,4.19)	13.82 (-10.04,40.22)
NICOTINE SUBLINGUAL 2 MG		0.60 (0.21,1.77)	0.66 (0.28,1.63)	-7.03 (-25.83,7.12)
VARENICLINE 1 MG BID		1.12 (0.42,3.08)	1.09 (0.53,2.51)	1.91 (-16.94,16.53)
16 HR NICOTINE PATCH <15 MG		0.14 (0.02,0.77)	0.18 (0.03,0.80)	-16.45 (-34.45,-2.82)
NICOTINE GUM 4 MG		0.55 (0.17,1.84)	0.61 (0.24,1.67)	-7.97 (-27.05,7.90)
NICOTINE LOZENGE 4 MG		0.67 (0.23,1.98)	0.72 (0.31,1.77)	-5.74 (-24.67,8.76)
16 HR NICOTINE PATCH >15 MG		0.63 (0.23,1.64)	0.68 (0.31,1.54)	-6.60 (-25.39,5.70)
24 HR NICOTINE PATCH >21 MG		0.49 (0.10,2.37)	0.55 (0.14,1.98)	-8.92 (-29.35,13.59)
NICOTINE MOUTH SPRAY 1 MG	NICOTINE LOZENGE 1-2 MG	1.10 (0.38,3.30)	1.08 (0.45,2.52)	1.43 (-13.60,20.74)
16 HR NICOTINE PATCH 15 MG		0.81 (0.43,1.66)	0.84 (0.51,1.55)	-2.93 (-13.65,6.15)
16 HR NICOTINE PATCH 15 MG+NICOTINE GUM 2 MG		1.33 (0.55,3.47)	1.26 (0.62,2.63)	4.61 (-9.34,21.07)
16 HR NICOTINE PATCH 15 MG+NICOTINE INHALER		0.37 (0.08,1.41)	0.42 (0.10,1.33)	-10.23 (-22.67,4.69)
24 HR NICOTINE PATCH 21 MG		0.67 (0.28,1.64)	0.71 (0.34,1.51)	-5.09 (-17.15,6.65)
NRT		0.88 (0.36,2.19)	0.90 (0.42,1.90)	-1.75 (-14.71,11.53)
NICOTINE SPRAY		1.04 (0.35,3.15)	1.03 (0.41,2.43)	0.60 (-14.23,19.76)
NICOTINE SPRAY+16 HR NICOTINE PATCH 15 MG		2.44 (0.86,7.59)	1.93 (0.89,4.05)	16.64 (-2.55,41.20)
NICOTINE SUBLINGUAL 2 MG		0.72 (0.30,1.68)	0.76 (0.37,1.54)	-4.29 (-16.60,6.96)
VARENICLINE 1 MG BID		1.34 (0.64,2.93)	1.26 (0.71,2.37)	4.64 (-7.65,16.57)
16 HR NICOTINE PATCH <15 MG		0.17 (0.02,0.90)	0.20 (0.03,0.92)	-13.97 (-25.35,-1.23)
NICOTINE GUM 4 MG		0.66 (0.24,1.78)	0.70 (0.30,1.62)	-5.23 (-17.87,8.11)
NICOTINE LOZENGE 4 MG		0.80 (0.44,1.46)	0.83 (0.50,1.37)	-2.97 (-11.89,5.28)
16 HR NICOTINE PATCH >15 MG		0.75 (0.34,1.54)	0.79 (0.41,1.44)	-3.81 (-15.78,5.26)
24 HR NICOTINE PATCH >21 MG		0.58 (0.14,2.50)	0.63 (0.17,2.04)	-6.57 (-20.40,15.26)
16 HR NICOTINE PATCH 15 MG	NICOTINE MOUTH SPRAY 1 MG	0.74 (0.29,1.90)	0.78 (0.39,1.74)	-4.24 (-22.22,7.30)
16 HR NICOTINE PATCH 15 MG+NICOTINE GUM 2 MG		1.21 (0.40,3.73)	1.17 (0.50,2.89)	3.13 (-16.80,21.09)
16 HR NICOTINE PATCH 15 MG+NICOTINE INHALER		0.33 (0.06,1.50)	0.38 (0.09,1.40)	-11.57 (-30.42,5.10)
24 HR NICOTINE PATCH 21 MG		0.61 (0.20,1.85)	0.66 (0.27,1.69)	-6.53 (-25.21,7.47)
NRT		0.81 (0.26,2.40)	0.84 (0.34,2.07)	-3.04 (-22.56,12.24)

NICOTINE SPRAY		0.95 (0.25,3.38)	0.96 (0.33,2.63)	-0.76 (-21.74,19.89)
NICOTINE SPRAY+16 HR NICOTINE PATCH 15 MG		2.25 (0.63,8.17)	1.80 (0.72,4.48)	15.19 (-8.97,41.33)
NICOTINE SUBLINGUAL 2 MG		0.66 (0.22,1.90)	0.70 (0.30,1.72)	-5.60 (-24.48,7.75)
VARENICLINE 1 MG BID		1.23 (0.45,3.26)	1.17 (0.55,2.65)	3.33 (-15.46,17.38)
16 HR NICOTINE PATCH <15 MG		0.15 (0.02,0.92)	0.19 (0.03,0.93)	-15.10 (-33.58,-0.85)
NICOTINE GUM 4 MG		0.60 (0.19,1.90)	0.65 (0.25,1.73)	-6.62 (-25.48,8.27)
NICOTINE LOZENGE 4 MG		0.73 (0.24,2.11)	0.77 (0.33,1.88)	-4.39 (-23.15,9.62)
16 HR NICOTINE PATCH >15 MG		0.68 (0.25,1.77)	0.73 (0.33,1.64)	-5.20 (-23.80,6.50)
24 HR NICOTINE PATCH >21 MG		0.53 (0.10,2.66)	0.58 (0.14,2.19)	-7.80 (-27.87,15.20)
16 HR NICOTINE PATCH 15 MG+NICOTINE GUM 2 MG	16 HR NICOTINE PATCH 15 MG	1.64 (0.85,3.22)	1.50 (0.87,2.42)	7.48 (-2.06,21.16)
16 HR NICOTINE PATCH 15 MG+NICOTINE INHALER		0.45 (0.11,1.50)	0.50 (0.12,1.40)	-7.58 (-14.72,5.80)
24 HR NICOTINE PATCH 21 MG		0.83 (0.40,1.70)	0.85 (0.44,1.55)	-2.23 (-9.87,7.58)
NRT		1.08 (0.50,2.30)	1.07 (0.55,1.96)	1.05 (-7.81,13.12)
NICOTINE SPRAY		1.28 (0.47,3.38)	1.23 (0.52,2.53)	3.46 (-8.17,21.53)
NICOTINE SPRAY+16 HR NICOTINE PATCH 15 MG		3.02 (1.30,7.38)	2.31 (1.24,3.75)	19.79 (3.62,41.93)
NICOTINE SUBLINGUAL 2 MG		0.89 (0.44,1.70)	0.90 (0.49,1.55)	-1.45 (-9.07,7.61)
VARENICLINE 1 MG BID		1.65 (0.98,2.76)	1.50 (0.99,2.23)	7.57 (-0.24,16.82)
16 HR NICOTINE PATCH <15 MG		0.21 (0.03,0.95)	0.24 (0.04,0.96)	-11.24 (-16.87,-0.59)
NICOTINE GUM 4 MG		0.81 (0.34,1.86)	0.84 (0.39,1.67)	-2.46 (-10.77,9.21)
NICOTINE LOZENGE 4 MG		0.99 (0.48,1.90)	0.99 (0.53,1.69)	-0.10 (-8.23,9.62)
16 HR NICOTINE PATCH >15 MG		0.93 (0.55,1.35)	0.94 (0.59,1.29)	-0.88 (-6.93,4.04)
24 HR NICOTINE PATCH >21 MG		0.72 (0.18,2.76)	0.75 (0.21,2.21)	-3.76 (-13.61,17.14)
16 HR NICOTINE PATCH 15 MG+NICOTINE INHALER	16 HR NICOTINE PATCH 15 MG+NICOTINE GUM 2 MG	0.28 (0.06,1.10)	0.33 (0.08,1.08)	-14.67 (-30.60,1.34)
24 HR NICOTINE PATCH 21 MG		0.50 (0.19,1.28)	0.57 (0.26,1.23)	-9.72 (-25.24,3.47)
NRT		0.67 (0.24,1.72)	0.72 (0.32,1.54)	-6.27 (-22.99,8.49)
NICOTINE SPRAY		0.78 (0.24,2.50)	0.82 (0.32,1.99)	-3.97 (-22.17,16.77)
NICOTINE SPRAY+16 HR NICOTINE PATCH 15 MG		1.85 (0.61,5.66)	1.54 (0.69,3.18)	12.12 (-9.41,36.67)
NICOTINE SUBLINGUAL 2 MG		0.54 (0.21,1.30)	0.60 (0.28,1.24)	-8.83 (-24.56,3.74)
VARENICLINE 1 MG BID		1.01 (0.44,2.22)	1.01 (0.55,1.88)	0.14 (-15.75,13.26)
16 HR NICOTINE PATCH <15 MG		0.13 (0.02,0.67)	0.16 (0.02,0.72)	-18.36 (-33.69,-4.97)
NICOTINE GUM 4 MG		0.49 (0.17,1.41)	0.56 (0.23,1.32)	-9.80 (-25.88,5.09)
NICOTINE LOZENGE 4 MG		0.60 (0.23,1.45)	0.66 (0.31,1.36)	-7.54 (-23.35,5.54)
16 HR NICOTINE PATCH >15 MG		0.56 (0.24,1.17)	0.63 (0.32,1.14)	-8.40 (-23.61,2.02)
24 HR NICOTINE PATCH >21 MG		0.44 (0.10,1.88)	0.50 (0.13,1.62)	-10.94 (-28.44,11.10)
24 HR NICOTINE PATCH 21 MG	16 HR NICOTINE PATCH 15 MG+NICOTINE INHALER	1.84 (0.44,8.83)	1.72 (0.50,7.52)	5.21 (-9.67,16.21)
NRT		2.38 (0.62,11.83)	2.15 (0.67,9.53)	8.47 (-6.12,21.30)
NICOTINE SPRAY		2.82 (0.62,15.91)	2.46 (0.67,11.67)	10.65 (-5.63,29.84)
NICOTINE SPRAY+16 HR NICOTINE PATCH 15		6.72 (1.56,36.82)	4.61 (1.42,20.15)	26.80 (6.69,51.07)

MG				
NICOTINE SUBLINGUAL 2 MG		1.95 (0.52,9.30)	1.82 (0.57,7.91)	5.95 (-8.25,16.44)
VARENICLINE 1 MG BID		3.64 (1.00,16.78)	3.03 (1.00,12.75)	14.92 (0.00,26.19)
16 HR NICOTINE PATCH <15 MG		0.48 (0.06,2.96)	0.50 (0.06,2.75)	-3.45 (-16.65,6.77)
NICOTINE GUM 4 MG		1.81 (0.42,8.84)	1.70 (0.47,7.48)	5.00 (-9.96,17.60)
NICOTINE LOZENGE 4 MG		2.19 (0.57,10.44)	2.01 (0.62,8.68)	7.29 (-7.27,18.54)
16 HR NICOTINE PATCH >15 MG		2.02 (0.56,8.73)	1.87 (0.62,7.56)	6.47 (-7.46,14.51)
24 HR NICOTINE PATCH >21 MG		1.59 (0.27,10.47)	1.52 (0.30,8.10)	3.64 (-12.12,24.84)
NRT	24 HR NICOTINE PATCH 21 MG	1.32 (0.51,3.44)	1.27 (0.56,2.83)	3.36 (-8.46,16.34)
NICOTINE SPRAY		1.55 (0.50,4.72)	1.45 (0.55,3.49)	5.67 (-8.36,24.38)
NICOTINE SPRAY+16 HR NICOTINE PATCH 15 MG		3.64 (1.21,11.76)	2.71 (1.17,6.02)	21.80 (2.92,46.60)
NICOTINE SUBLINGUAL 2 MG		1.07 (0.44,2.58)	1.06 (0.49,2.28)	0.77 (-10.06,11.08)
VARENICLINE 1 MG BID		2.00 (0.90,4.47)	1.77 (0.92,3.50)	9.78 (-1.68,20.92)
16 HR NICOTINE PATCH <15 MG		0.25 (0.03,1.38)	0.28 (0.04,1.34)	-8.87 (-19.01,3.29)
NICOTINE GUM 4 MG		0.98 (0.35,2.76)	0.98 (0.40,2.38)	-0.21 (-11.82,12.65)
NICOTINE LOZENGE 4 MG		1.20 (0.49,2.88)	1.17 (0.54,2.47)	2.12 (-8.85,13.14)
16 HR NICOTINE PATCH >15 MG		1.12 (0.49,2.37)	1.10 (0.54,2.14)	1.27 (-9.43,9.33)
24 HR NICOTINE PATCH >21 MG		0.87 (0.20,3.65)	0.88 (0.23,2.87)	-1.47 (-14.21,19.30)
NICOTINE SPRAY	NRT	1.18 (0.38,3.70)	1.15 (0.44,2.82)	2.35 (-12.94,21.65)
NICOTINE SPRAY+16 HR NICOTINE PATCH 15 MG		2.77 (0.91,9.19)	2.14 (0.93,4.82)	18.39 (-1.49,43.57)
NICOTINE SUBLINGUAL 2 MG		0.81 (0.33,2.05)	0.84 (0.39,1.85)	-2.57 (-15.48,9.12)
VARENICLINE 1 MG BID		1.52 (0.67,3.54)	1.40 (0.73,2.82)	6.47 (-6.93,18.71)
16 HR NICOTINE PATCH <15 MG		0.20 (0.03,0.99)	0.23 (0.03,0.99)	-12.02 (-24.37,-0.08)
NICOTINE GUM 4 MG		0.75 (0.27,2.11)	0.78 (0.32,1.88)	-3.55 (-16.65,9.80)
NICOTINE LOZENGE 4 MG		0.91 (0.37,2.29)	0.92 (0.43,2.01)	-1.28 (-14.08,10.87)
16 HR NICOTINE PATCH >15 MG		0.85 (0.37,1.86)	0.87 (0.44,1.71)	-2.11 (-14.50,7.17)
24 HR NICOTINE PATCH >21 MG		0.66 (0.15,2.94)	0.70 (0.18,2.37)	-4.71 (-18.92,17.20)
NICOTINE SPRAY+16 HR NICOTINE PATCH 15 MG	NICOTINE SPRAY	2.38 (0.66,8.68)	1.88 (0.74,4.82)	16.03 (-7.90,42.00)
NICOTINE SUBLINGUAL 2 MG		0.69 (0.23,2.08)	0.74 (0.31,1.88)	-4.86 (-23.53,8.65)
VARENICLINE 1 MG BID		1.29 (0.47,3.65)	1.22 (0.57,2.94)	4.07 (-14.56,18.15)
16 HR NICOTINE PATCH <15 MG		0.16 (0.02,0.99)	0.20 (0.03,0.99)	-14.35 (-32.46,-0.10)
NICOTINE GUM 4 MG		0.63 (0.19,2.13)	0.68 (0.26,1.89)	-5.78 (-24.81,9.58)
NICOTINE LOZENGE 4 MG		0.77 (0.25,2.30)	0.81 (0.34,2.04)	-3.57 (-22.27,10.37)
16 HR NICOTINE PATCH >15 MG		0.72 (0.25,1.97)	0.76 (0.34,1.81)	-4.45 (-23.05,7.45)
24 HR NICOTINE PATCH >21 MG		0.56 (0.11,2.73)	0.61 (0.15,2.25)	-6.87 (-26.84,15.30)
NICOTINE SUBLINGUAL 2 MG	NICOTINE SPRAY+16 HR NICOTINE PATCH 15 MG	0.29 (0.09,0.83)	0.39 (0.18,0.86)	-21.10 (-45.38,-2.80)
VARENICLINE 1 MG BID		0.55 (0.19,1.44)	0.65 (0.35,1.33)	-12.03 (-36.23,6.49)
16 HR NICOTINE PATCH <15 MG		0.07 (0.01,0.40)	0.11 (0.02,0.48)	-30.56 (-54.66,-11.63)
NICOTINE GUM 4 MG		0.27 (0.08,0.88)	0.36 (0.15,0.90)	-21.87 (-46.93,-2.12)
NICOTINE LOZENGE 4 MG		0.33 (0.10,0.93)	0.43 (0.20,0.95)	-19.67 (-44.21,-1.09)

16 HR NICOTINE PATCH >15 MG		0.31 (0.11,0.75)	0.41 (0.21,0.79)	-20.72 (-44.54,-4.06)
24 HR NICOTINE PATCH >21 MG		0.24 (0.04,1.17)	0.33 (0.08,1.12)	-22.72 (-49.21,2.77)
VARENICLINE 1 MG BID	NICOTINE SUBLINGUAL 2 MG	1.87 (0.89,4.00)	1.67 (0.91,3.14)	8.98 (-1.87,20.14)
16 HR NICOTINE PATCH <15 MG		0.24 (0.03,1.24)	0.27 (0.04,1.20)	-9.63 (-19.09,2.22)
NICOTINE GUM 4 MG		0.92 (0.34,2.48)	0.93 (0.39,2.16)	-0.96 (-12.08,11.61)
NICOTINE LOZENGE 4 MG		1.11 (0.48,2.64)	1.10 (0.53,2.28)	1.26 (-9.32,12.49)
16 HR NICOTINE PATCH >15 MG		1.04 (0.48,2.15)	1.04 (0.53,1.95)	0.49 (-9.63,8.63)
24 HR NICOTINE PATCH >21 MG		0.81 (0.18,3.50)	0.84 (0.21,2.76)	-2.19 (-14.84,19.21)
16 HR NICOTINE PATCH <15 MG	VARENICLINE 1 MG BID	0.13 (0.02,0.62)	0.16 (0.02,0.67)	-18.55 (-28.69,-6.48)
NICOTINE GUM 4 MG		0.49 (0.20,1.22)	0.55 (0.25,1.17)	-9.98 (-21.50,3.28)
NICOTINE LOZENGE 4 MG		0.60 (0.27,1.26)	0.66 (0.34,1.20)	-7.65 (-18.97,3.76)
16 HR NICOTINE PATCH >15 MG		0.56 (0.28,0.99)	0.63 (0.36,0.99)	-8.46 (-19.19,-0.17)
24 HR NICOTINE PATCH >21 MG		0.43 (0.11,1.73)	0.50 (0.14,1.51)	-11.19 (-24.07,10.17)
NICOTINE GUM 4 MG	16 HR NICOTINE PATCH <15 MG	3.86 (0.67,29.65)	3.48 (0.70,24.85)	8.59 (-3.97,20.40)
NICOTINE LOZENGE 4 MG		4.69 (0.88,34.16)	4.12 (0.90,28.29)	11.02 (-1.32,21.17)
16 HR NICOTINE PATCH >15 MG		4.32 (0.87,30.03)	3.85 (0.89,25.64)	10.14 (-1.60,16.96)
24 HR NICOTINE PATCH >21 MG		3.39 (0.45,35.23)	3.08 (0.48,27.65)	7.17 (-5.96,28.24)
NICOTINE LOZENGE 4 MG	NICOTINE GUM 4 MG	1.21 (0.45,3.29)	1.18 (0.51,2.82)	2.25 (-10.40,13.90)
16 HR NICOTINE PATCH >15 MG		1.13 (0.45,2.74)	1.11 (0.51,2.44)	1.43 (-10.82,10.39)
24 HR NICOTINE PATCH >21 MG		0.88 (0.19,4.20)	0.89 (0.23,3.24)	-1.34 (-15.21,20.35)
16 HR NICOTINE PATCH >15 MG	NICOTINE LOZENGE 4 MG	0.93 (0.42,1.93)	0.94 (0.48,1.77)	-0.84 (-11.67,7.48)
24 HR NICOTINE PATCH >21 MG		0.72 (0.17,3.13)	0.75 (0.20,2.49)	-3.58 (-16.20,17.81)
24 HR NICOTINE PATCH >21 MG	16 HR NICOTINE PATCH >15 MG	0.78 (0.19,3.26)	0.80 (0.22,2.56)	-2.73 (-13.03,18.77)
RANDOM-EFFECT MODEL	RESIDUAL DEVIANCE	71.7 VS. 72 DATA POINTS		
	DEVIANCE INFORMATION CRITERIA	459.226		
FIXED-EFFECT MODEL	RESIDUAL DEVIANCE	81.08 VS. 72 DATA POINTS		
	DEVIANCE INFORMATION CRITERIA	462.74		

Table 9: Continuous Abstinence Rate at 12 Months: Odds Ratios, Relative Risks and Risk Difference for All Treatment Comparisons – Network Meat-Analysis, Random Effects Model, Active Behaviour Index Node

TREATMENT	REFERENCE	OR (95% CRI)	RR (95% CRI)	RD% (95% CRI)
BUPROPION 150 MG BID	PLACEBO	1.72 (1.35,2.21)	1.60 (1.30,1.97)	6.22 (3.22,9.84)
BUPROPION 150 MG BID+24 HR NICOTINE PATCH 21 MG		2.53 (1.53,4.19)	2.18 (1.45,3.16)	12.33 (4.74,22.20)
BUPROPION 150 MG BID+NRT		1.85 (0.25,18.61)	1.70 (0.27,6.74)	7.30 (-7.84,57.38)
NICOTINE GUM 2 MG		1.62 (1.20,2.18)	1.52 (1.18,1.95)	5.46 (1.87,9.53)
NICOTINE INHALER SD		2.05 (1.02,4.19)	1.85 (1.02,3.16)	8.84 (0.16,22.12)
24 HR NICOTINE PATCH 21 MG+COUNSELING		1.80 (1.25,2.65)	1.66 (1.22,2.27)	6.92 (2.28,12.95)
NRT		1.66 (1.03,2.48)	1.55 (1.03,2.15)	5.73 (0.28,11.90)
NICOTINE SPRAY		2.29 (1.41,3.72)	2.02 (1.36,2.91)	10.61 (3.72,19.68)

NICOTINE SUBLINGUAL 2 MG		2.88 (1.23,7.05)	2.41 (1.20,4.35)	14.67 (2.09,34.44)
VARENICLINE 1 MG BID		2.99 (2.33,3.91)	2.48 (2.04,3.02)	15.36 (10.96,20.53)
VARENICLINE <2 MG/D		1.98 (1.36,2.94)	1.79 (1.31,2.45)	8.26 (3.25,14.85)
NICOTINE GUM 4 MG		2.48 (1.59,3.88)	2.15 (1.50,3.00)	11.98 (5.23,20.50)
BUPROPION 150 MG BID+24 HR NICOTINE PATCH 21 MG	BUPROPION 150 MG BID	1.48 (0.89,2.43)	1.37 (0.90,1.98)	6.10 (-1.68,15.69)
BUPROPION 150 MG BID+NRT		1.08 (0.14,10.89)	1.06 (0.17,4.25)	1.07 (-14.68,51.34)
NICOTINE GUM 2 MG		0.95 (0.64,1.37)	0.95 (0.68,1.30)	-0.76 (-6.07,4.36)
NICOTINE INHALER SD		1.19 (0.56,2.55)	1.16 (0.61,2.06)	2.57 (-6.99,16.36)
24 HR NICOTINE PATCH 21 MG+COUNSELING		1.05 (0.71,1.57)	1.04 (0.75,1.44)	0.71 (-4.63,6.77)
NRT		0.96 (0.56,1.53)	0.97 (0.61,1.41)	-0.51 (-7.17,6.33)
NICOTINE SPRAY		1.33 (0.78,2.28)	1.26 (0.81,1.91)	4.36 (-3.48,13.88)
NICOTINE SUBLINGUAL 2 MG		1.68 (0.69,4.21)	1.51 (0.73,2.79)	8.44 (-4.72,28.37)
VARENICLINE 1 MG BID		1.74 (1.28,2.39)	1.55 (1.21,1.98)	9.13 (3.98,14.65)
VARENICLINE <2 MG/D		1.15 (0.75,1.77)	1.12 (0.79,1.58)	2.05 (-3.83,8.89)
NICOTINE GUM 4 MG		1.45 (0.86,2.40)	1.35 (0.88,1.98)	5.75 (-2.16,14.83)
BUPROPION 150 MG BID+NRT	BUPROPION 150 MG BID+24 HR NICOTINE PATCH 21 MG	0.73 (0.09,7.71)	0.78 (0.12,3.25)	-4.97 (-23.80,45.57)
NICOTINE GUM 2 MG		0.64 (0.36,1.15)	0.70 (0.44,1.12)	-6.85 (-17.56,1.89)
NICOTINE INHALER SD		0.81 (0.34,1.96)	0.85 (0.42,1.67)	-3.43 (-16.83,12.11)
24 HR NICOTINE PATCH 21 MG+COUNSELING		0.71 (0.45,1.14)	0.76 (0.54,1.11)	-5.36 (-13.92,1.94)
NRT		0.65 (0.33,1.24)	0.71 (0.41,1.19)	-6.61 (-17.97,3.17)
NICOTINE SPRAY		0.90 (0.45,1.82)	0.92 (0.54,1.60)	-1.70 (-13.78,10.20)
NICOTINE SUBLINGUAL 2 MG		1.14 (0.42,3.18)	1.10 (0.50,2.26)	2.31 (-13.87,23.65)
VARENICLINE 1 MG BID		1.18 (0.70,2.03)	1.13 (0.78,1.74)	3.02 (-7.06,11.90)
VARENICLINE <2 MG/D		0.78 (0.43,1.45)	0.82 (0.52,1.35)	-4.02 (-14.81,5.82)
NICOTINE GUM 4 MG		0.98 (0.49,1.93)	0.99 (0.58,1.67)	-0.30 (-12.73,11.24)
NICOTINE GUM 2 MG	BUPROPION 150 MG BID+NRT	0.88 (0.09,6.75)	0.90 (0.22,5.81)	-1.81 (-52.30,14.10)
NICOTINE INHALER SD		1.11 (0.10,9.37)	1.09 (0.24,7.34)	1.54 (-49.07,22.67)
24 HR NICOTINE PATCH 21 MG+COUNSELING		0.98 (0.10,7.50)	0.98 (0.24,6.29)	-0.28 (-50.70,16.23)
NRT		0.89 (0.08,6.92)	0.91 (0.21,5.86)	-1.61 (-52.03,15.07)
NICOTINE SPRAY		1.24 (0.12,9.97)	1.19 (0.28,7.82)	3.24 (-47.16,21.89)
NICOTINE SUBLINGUAL 2 MG		1.57 (0.13,13.84)	1.42 (0.30,9.68)	7.06 (-44.40,32.91)
VARENICLINE 1 MG BID		1.61 (0.16,12.40)	1.46 (0.37,9.33)	8.02 (-42.26,24.62)
VARENICLINE <2 MG/D		1.07 (0.10,8.43)	1.05 (0.26,6.90)	0.95 (-49.23,18.07)
NICOTINE GUM 4 MG		1.34 (0.13,10.74)	1.26 (0.31,8.38)	4.52 (-46.11,23.11)
NICOTINE INHALER SD	NICOTINE GUM 2 MG	1.26 (0.59,2.73)	1.21 (0.64,2.19)	3.35 (-6.30,17.19)
24 HR NICOTINE PATCH 21 MG		1.11 (0.70,1.82)	1.09 (0.74,1.64)	1.47 (-4.81,8.66)
NRT		1.02 (0.59,1.69)	1.01 (0.63,1.54)	0.21 (-6.60,7.57)
NICOTINE SPRAY		1.41 (0.80,2.51)	1.33 (0.83,2.08)	5.17 (-3.18,14.96)
NICOTINE SUBLINGUAL 2 MG		1.78 (0.72,4.58)	1.58 (0.76,3.01)	9.17 (-4.12,29.42)
VARENICLINE 1 MG BID		1.84 (1.26,2.78)	1.62 (1.20,2.25)	9.89 (3.74,16.51)
VARENICLINE <2 MG/D		1.22 (0.76,2.01)	1.18 (0.80,1.77)	2.78 (-3.75,10.48)

NICOTINE GUM 4 MG		1.53 (0.97,2.43)	1.41 (0.97,2.02)	6.52 (-0.45,14.89)
24 HR NICOTINE PATCH 21 MG+COUNSELING	NICOTINE INHALER SD	0.88 (0.39,1.96)	0.90 (0.48,1.77)	-1.84 (-16.13,8.81)
NRT		0.80 (0.34,1.80)	0.83 (0.42,1.65)	-3.17 (-17.69,7.63)
NICOTINE SPRAY		1.12 (0.47,2.64)	1.09 (0.56,2.21)	1.81 (-13.37,14.53)
NICOTINE SUBLINGUAL 2 MG		1.41 (0.46,4.37)	1.31 (0.54,3.02)	5.77 (-12.83,27.40)
VARENICLINE 1 MG BID		1.46 (0.68,3.12)	1.34 (0.76,2.53)	6.52 (-7.65,17.10)
VARENICLINE <2 MG/D		0.96 (0.43,2.17)	0.97 (0.52,1.92)	-0.59 (-14.81,10.64)
NICOTINE GUM 4 MG		1.21 (0.52,2.80)	1.16 (0.61,2.32)	3.12 (-11.93,15.57)
NRT	24 HR NICOTINE PATCH 21 MG+COUNSELING	0.92 (0.49,1.58)	0.93 (0.55,1.46)	-1.23 (-9.51,6.55)
NICOTINE SPRAY		1.27 (0.69,2.35)	1.21 (0.74,1.97)	3.64 (-5.53,13.95)
NICOTINE SUBLINGUAL 2 MG		1.59 (0.62,4.19)	1.44 (0.67,2.81)	7.67 (-6.46,28.08)
VARENICLINE 1 MG BID		1.65 (1.13,2.45)	1.49 (1.10,2.05)	8.37 (2.09,14.52)
VARENICLINE <2 MG/D		1.10 (0.67,1.80)	1.08 (0.72,1.62)	1.34 (-6.01,8.87)
NICOTINE GUM 4 MG		1.38 (0.76,2.45)	1.29 (0.80,2.04)	5.04 (-4.31,14.83)
NICOTINE SPRAY	NRT	1.39 (0.74,2.78)	1.31 (0.78,2.29)	4.90 (-4.36,15.68)
NICOTINE SUBLINGUAL 2 MG		1.76 (0.68,4.77)	1.56 (0.73,3.18)	9.01 (-5.08,29.42)
VARENICLINE 1 MG BID		1.81 (1.13,3.16)	1.60 (1.10,2.55)	9.62 (2.09,17.43)
VARENICLINE <2 MG/D		1.20 (0.69,2.23)	1.16 (0.74,1.95)	2.55 (-5.43,11.26)
NICOTINE GUM 4 MG		1.50 (0.83,2.87)	1.39 (0.86,2.35)	6.26 (-2.85,16.44)
NICOTINE SUBLINGUAL 2 MG	NICOTINE SPRAY	1.26 (0.48,3.45)	1.20 (0.55,2.42)	4.08 (-11.46,24.83)
VARENICLINE 1 MG BID		1.31 (0.75,2.26)	1.23 (0.81,1.91)	4.76 (-5.40,13.56)
VARENICLINE <2 MG/D		0.86 (0.47,1.61)	0.89 (0.55,1.47)	-2.30 (-12.83,7.28)
NICOTINE GUM 4 MG		1.08 (0.56,2.09)	1.06 (0.64,1.78)	1.35 (-10.09,12.42)
VARENICLINE 1 MG BID	NICOTINE SUBLINGUAL 2 MG	1.04 (0.41,2.55)	1.03 (0.55,2.13)	0.68 (-19.57,14.61)
VARENICLINE <2 MG/D		0.69 (0.26,1.75)	0.75 (0.38,1.60)	-6.37 (-26.82,7.92)
NICOTINE GUM 4 MG		0.86 (0.32,2.27)	0.89 (0.45,1.93)	-2.68 (-23.76,12.73)
VARENICLINE <2 MG/D	VARENICLINE 1 MG BID	0.66 (0.46,0.95)	0.73 (0.54,0.96)	-7.05 (-12.83,-0.98)
NICOTINE GUM 4 MG		0.83 (0.49,1.37)	0.87 (0.57,1.26)	-3.34 (-12.20,6.13)
NICOTINE GUM 4 MG	VARENICLINE <2 MG/D	1.26 (0.69,2.23)	1.20 (0.74,1.88)	3.69 (-5.91,13.61)
RANDOM-EFFECT MODEL	RESIDUAL DEVIANCE	84.35 VS. 83 DATA POINTS		
	DEVIANCE INFORMATION CRITERIA	532.348		
FIXED-EFFECT MODEL	RESIDUAL DEVIANCE	99.67 VS. 83 DATA POINTS		
	DEVIANCE INFORMATION CRITERIA	537.31		

APPENDIX F: CONSISTENCY PLOTS FOR CONTINUOUS ABSTINENCE RATES

Figure 8: Continuous abstinence rate at 12 Months: Plot of Posterior Mean Deviance of the Individual Data Points in the Inconsistency Model against Their Posterior Mean Deviance in the Consistency Model – Placebo Index Node

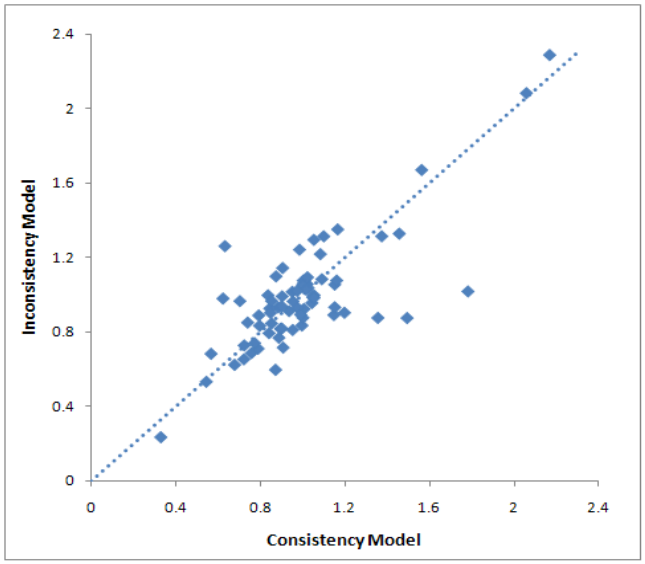


Figure 9: Continuous abstinence rate at 12 Months: Plot of Posterior Mean Deviance of the Individual Data Points in the Inconsistency Model against Their Posterior Mean Deviance in the Consistency Model – Active Behaviour Index Node

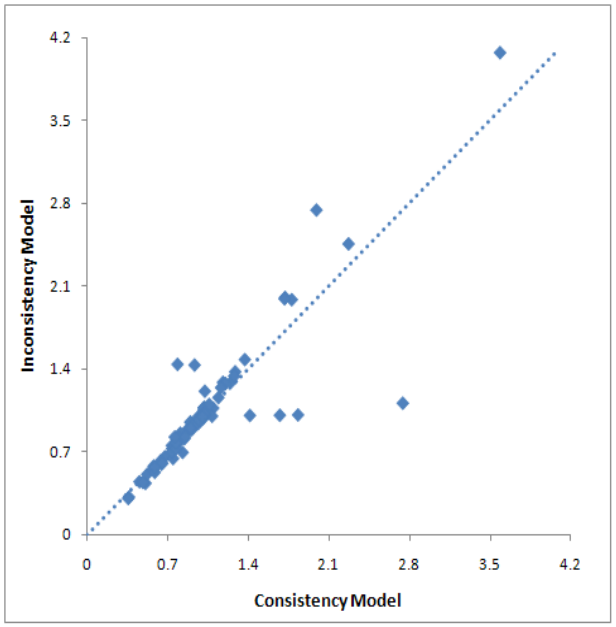
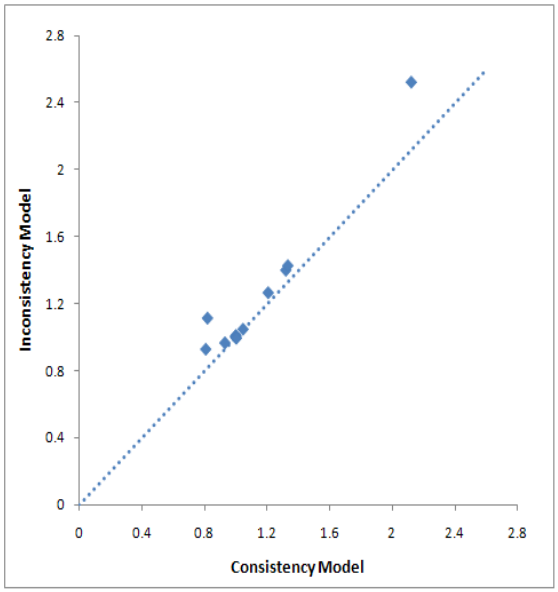


Figure 10: Continuous abstinence rate > 12 Months: Plot of Posterior Mean Deviance of the Individual Data Points in the Inconsistency Model against Their Posterior Mean Deviance in the Consistency Model – Active Behaviour I Index Node



APPENDIX G: DETAILED STUDY CHARACTERISTICS

Reference	Study Details	Patients	Intervention	Outcomes
Aubin 2004-1206	Study Design: Parallel Group 1 (N): 341 Group 2 (N): 165 Follow-up lengths: 6 Months Sponsor: GlaxoSmithKline (GSK) France Protocol availability: NR	Bupropion 300 mg/d Age: 41 Female: 56% FTND Score: 5.8 Years Smoked: NR Cigarettes per day: NR Placebo Age: 41 Female: 55% FTND Score: 5.4 Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion 300 mg/d, started at 150 mg once daily and then increased to 150 mg twice daily from day 7 to the end of 7 weeks Group 2: Placebo, same regimen as above Mutual interventions: - Brief individual counseling*4 sessions - Four telephone contacts	Efficacy: ○ CAR 6 Months ○ PPA 6 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0
Abelin 1991 - 35	Study Design: Parallel NP24 14 mg-21mg (N): 156 Placebo (N): 155 Follow-up lengths: 12 Months Sponsor: NR Protocol availability: NR	NP24 14 mg-21 mg Age: 35.3 Female: 54 FTND Score: 6.2 Years Smoked: 16.3 Cigarettes per day: 25.6 Placebo Age: 36.7 Female: 56 FTND Score: 6.1 Years Smoked: 17.9 Cigarettes per day: 26.1 Are patients willing to quit or have they set a quit date: Y	Group 1: NP24 14 mg-21 mg NP24 14 mg-21 mg: The 24hr nicotine patch was given for 4 weeks at 21mg/d for those smoking >20 cigarettes/d and 14 mg/d for those smoking <20 cigarettes/d. Next, they were reduced to the next step down at 7mg/d. Tx duration was 3 months. Group 2: Placebo Placebo: The placebo patch was given at the same dosage and duration as those in the NP24 14 MG-HD group. Mutual interventions: None	Efficacy: ○ PPA 6 months ○ PPA 12 M - BV: NR Safety: ○ NR
Ahluwalia 1998 - 1	Study Design: Parallel NP24 21 mg (N): 205 Placebo (N): 205 Follow-up lengths: 6 Months Sponsor: American Cancer Society Career Development Award Protocol availability: NR	NP24 21 mg: Age: 48.7 Female: 70 FTND Score: 5.87 Years Smoked: 31 Cigarettes per day: 20.4 Placebo: Age: 46.4 Female: 73 FTND Score: 5.68 Years Smoked: 28.9 Cigarettes per day: 19.8 Are patients willing to quit or have they set a quit date: Y	Group 1: NP24 21 mg NP24 21 mg: Participants were placed on a 10 week Tx of nicotine patch starting at 21 mg/d for 6 weeks, then 14 mg/d for 2 weeks and 7 mg/d for 2 weeks. Group 2: Placebo Placebo: Participants received a placebo patch that gave <1 mg/d to mimic the odor of the active patch. Tx duration was also 10 weeks. Mutual interventions: During treatment period - Smoking cessation guide - 34 mins video on smoking cessation - $5	Efficacy: ○ CAR 6 M - not BV Safety: ○ DEATH – inferred 0 ○ SAE – inferred 0 ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
Ahluwalia 2002-468	Study Design: Parallel Bupropion SR 300 mg/d (N): 300 Placebo (N): 300 Follow-up lengths: 6 Months Sponsor: The National Cancer Institute (grant R01CA77856) Protocol availability: NR	Bupropion SR 300 mg/d: Age: 44.0 Female: 70.7% FTND Score: 4.6 Years Smoked: NR Cigarettes per day: 16.1 Placebo: Age: 44.4 Female: 69.3% FTND Score: 4.7 Years Smoked: NR Cigarettes per day:17.1 Are patients willing to quit or have they set a quit date: Y	Group 1: Sustained release bupropion 150mg once a day for 3 days, then 150mg twice a day for a total of 7 weeks Group 2: Placebo, with same regimen as Group 1 drug. Mutual interventions: During treatment period - Smoking cessation guide - 45-min counseling for 8 sessions Post-treatment - A brief relapse prevention telephone call - Postcard appointment reminders - Token gifts - $100	Efficacy: ○ CAR 6 M ○ PPA 6 M - expired carbon monoxide ≤ 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0
Ahluwalia 2006-883	Study Design: 2*2 Parallel Nicotine gum + HE (N): 189 Placebo + HE (N): 189 Nicotine gum + MI (N): 205 Placebo + MI (N): 189 Follow-up lengths: 6 Months Sponsor: The National Institutes of Health (R01CA091912) Protocol availability: NR	Nicotine gum + HE: Age: 43.5 Female: 68.3% FTND Score: 4.3 Years Smoked: 22.8 Cigarettes per day: 7.5 Placebo + HE: Age: 45.2 Female: 68.1% FTND Score: 4.5 Years Smoked: 24.2 Cigarettes per day: 7.3 Nicotine gum + MI: Age: 45.2 Female: 66.1% FTND Score: 4.1 Years Smoked: 23.5 Cigarettes per day: 7.8 Placebo + MI: Age: 46.5 Female: 65.1% FTND Score: 4.2 Years Smoked: 25.1 Cigarettes per day: 7.5 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine gum + health education (HE) Group 2: Placebo + HE Group 3: Nicotine gum + motivational interviewing (MI) Group 4: Placebo + MI Nicotine gum or Placebo: For 8-10 cigarettes per day (cpd) – Ten pieces for the first 4 weeks, eight pieces for weeks 5 and 6, and six pieces during weeks 7 and 8. For 5-7 cpd – Eight pieces for the first weeks, six pieces for weeks 5 and 6, and four pieces during weeks 7 and 8. For <5 cpd – Six pieces for the first weeks, four pieces for weeks 5 and 6, and two pieces during weeks 7 and 8. Health education (HE) or motivational interviewing (MI): Three in-person visits and three telephone counseling Mutual interventions: - KIS II smoking cessation guide during treatment period	Efficacy: ○ PPA 6 M - salivary continine ≤ 20 ng/ml Safety: ○ DEATH - inferred 0 ○ SAE- inferred 0 ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0
Aubin 2008-717	Study Design: Parallel Varenicline 2 mg/d (N): 378 Nicotine patch (N): 379 Follow-up lengths: 12 Months Sponsor: Pfizer Inc. Protocol availability: Y, NCT00143325	Varenicline 2 mg/d: Age: 42.9 Female: 51.6% FTND Score: 5.62 Years Smoked: 25.9 Cigarettes per day: 23.0 Nicotine patch: Age: 42.9 Female: 50.0% FTND Score: 5.37 Years Smoked: 25.2 Cigarettes per day: 22.4	Group 1: Varenicline Varenicline were administered 0.5 mg/day for 3 days, 0.5 mg twice daily for 4 days, then 1 mg twice daily for a further 11 weeks Group 2: Transdermal nicotine patches Nicotine patch were administered for 10 weeks. Doses started from 21 mg/day for the first 6 weeks, decreased to 14 mg/day for 2 weeks and then 7 mg/day for the last 2 weeks (as per the manufacturer's recommendation)	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH ○ SAE ○ CV DEATH ○ COMPLETED SUICIDE

Reference	Study Details	Patients	Intervention	Outcomes
		Are patients willing to quit or have they set a quit date: Y	Mutual interventions: - During treatment: Education booklet + Brief individual counseling (≤10min) +1 contact telephone call + weekly clinic visit - No- treatment follow up: 7 weekly visits, interspersed with 5 telephone calls	
Blondal 1997-1585	Study Design: Parallel Nasal nicotine spray: (N): 79 Placebo spray (N): 78 Follow-up lengths: 24 Months Sponsor: the Icelandic Ministry of Health and Social Security (grant), and Pharmacia & Upjohn (equipment, drugs) Protocol availability: NR	Nasal nicotine spray: Age: 42 Female: 49.4% FTND Score: 7.1 Years Smoked: NR Cigarettes per day: 26 Placebo spray: Age: 42 Female: 61.5% FTND Score: 7.3 Years Smoked: NR Cigarettes per day: 24 Are patients willing to quit or have they set a quit date: Y	Group 1: Nasal nicotine spray Nasal nicotine spray delivered 0.5mg nicotine per 50 µL squirt for each nostril and used on an *ad libitum* basis Group 2: Placebo spray Same regimen as above Mutual interventions: - group sessions*6 - instruction booklet - telephone contacts	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ CAR 2 years - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH- inferred 0 ○ SAE ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0
Blondal 1999-285	Study Design: Parallel Nicotine nasal spray (N): 120 Placebo spray (N): 119 Follow-up lengths: 6 Years Sponsor: Pharmacia, and Upjohn provided the drugs and placebo Protocol availability: NR	Nicotine nasal spray: Age: 41 Female: 63.6% FTND Score: 5.7 Years Smoked: NR Cigarettes per day: 25.0 g/day Placebo spray: Age: 43 Female: 70.6% FTND Score: 5.7 Years Smoked: NR Cigarettes per day: 25.6 g/day Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine nasal spray, for 1 year Group 2: Placebo spray , same regimen as group 1 Mutual interventions: - Patch and 4* group meetings (1, 8, 15 and 22 days after stopping smoking)	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M ○ PPA 6 years - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH ○ SAE- inferred 0
Bohadana 2000-3128	Study Design: Parallel Group 1 (N): 200 Group 2 (N): 200 Follow-up lengths: 12 Months Sponsor: Pharmacia & Upjohn Consumer Healthcare, Helsingborg, Sweden Protocol availability: NR	Nicotine inhaler + Nicotine patch: Age: 37.1 Female: 50.5% FTND Score: 6.28 Years Smoked: 20.7 Cigarettes per day: 26.1 Nicotine inhaler + placebo patch: Age: 37.4 Female: 51.5% FTND Score: 6.14 Years Smoked: 20.4 Cigarettes per day: 23.5 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine inhaler and Nicotine patch Nicotine inhaler - 6-12 inhaler cartridges per day *ad libitum* for 6 weeks; then tapered as follows: up to 8 per day during month 4, up to 6 per day during month 5, and up to 3 per day during month 6. Nicotine patch – 15mg per 16 hours, for 6 weeks Group 2: Nicotine inhaler and Placebo patch, with the same regimen as group 1. Mutual interventions: - Nicotine inhaler and placebo patch from weeks 7 to 12; then Nicotine inhaler alone from weeks 13 to 26. - Brief counseling and support at	Efficacy: ○ CAR 6 Months ○ CAR 12 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
			every visit	
Bolliger 2000 - 329	Study Design: Parallel Nicotine inhaler (N): 200 Placebo inhaler (N): 200 Follow-up lengths:24 Months Sponsor: Pharmacia and Upjohn Consumer Healthcare, Sweden Protocol availability: NR	Nicotine inhaler: Age: 46.4 Female: 57% FTND Score: 5.5 Years Smoked: NR Cigarettes per day: 28.2 Placebo inhaler: Age: 45.8 Female: 48% FTND Score: 5.6 Years Smoked: NR Cigarettes per day: 30.3 Are patients willing to quit or have they set a quit date: N	Group 1: Nicotine inhaler Used as needed, with the recommendation to use 6-12 cartridges (nicotine 4-5 mg per cartridge) over 24 hours. Participants were encouraged to decrease use of inhaler after four months but were permitted to continue treatment for 18 months. Group 2: Placebo inhaler, same regimen as group 1 Mutual interventions: - Counseling on smoking reduction at baseline, months 4, 12, and 24 visits.	Efficacy: ○ CAR 12 M ○ CAR 2 years ○ PPA 12 M ○ PPA 2 years - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Bolliger 2007 - 196	Study Design: Parallel Nicotine mouth spray (N): 50 Nicotine gum (N): 25 Nicotine inhaler (N): 25 Follow-up lengths: 12 Months Sponsor: NicoNovum AB Protocol availability: NR	Nicotine mouth spray: Age: 42.5 Female: 48% FTND Score: 5.3 Years Smoked: NR Cigarettes per day: 23.0 Nicotine gum: Age: 43.0 Female: 28% FTND Score: 6.0 Years Smoked: NR Cigarettes per day: 23.7 Nicotine inhaler: Age: 44.3 Female: 36% FTND Score: 5.8 Years Smoked: NR Cigarettes per day:23.9 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine mouth spray One spray at a time (1 mg/spray), used ad libitum, recommended 6-12 actuation/day, for 3 months Group 2: Nicotine gum 2-mg nicotine gum, used ad libitum, recommended 6-12 gums/day, for 3 months Group 3: Nicotine inhaler 10 mg/blister, used ad libitum, recommended 6-12 cartridges/day, for 3 months Mutual interventions: - 1-week try-out according to individual's preference of nicotine products - 8 counseling sessions at the subsequent visits (coping strategies, correct use of NRT, analysis of side effects and withdrawal symptoms), 15-20minutes/session, by a certified smoking cessation therapist.	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Bolliger 2011-465	Study Design: Parallel Varenicline (N): 394 Placebo (N): 199 Follow-up lengths: 6 Months Sponsor: Pfizer Inc Protocol availability: Y, NCT00594204	Varenicline: Age: 43.1 Female: 42.3% FTND Score: 6.0 Years Smoked: 25.0 Cigarettes per day: 23.8 Nicotine gum: Age: 43.9 Female: 34.3% FTND Score: 6.1 Years Smoked: 26.8 Cigarettes per day: 23.7 Are patients willing to quit or have they set a quit date: Y	Group 1: Varenicline 1 week of dose titration (0.5 mg once daily for 3 days followed by 0.5 mg BID for 4 days) followed by 11 weeks of varenicline 1 mg BID Group 2: Placebo, same regimen as group 1 Mutual interventions: - Educational booklet on smoking cessation - Brief 1-on-1 smoking cessation counseling (<10 minutes) at each subsequent visit (14 visits in total)	Efficacy: ○ CAR 6 Months ○ PPA 6 M ○ PPA 12 M - exhaled carbon monoxide ≤ 10 ppm Safety: ○ DEATH ○ SAE ○ CV DEATH ○ SUICIDAL IDEATION ○ COMPLETED SUICIDE ○ AGGRESSION

Reference	Study Details	Patients	Intervention	Outcomes
British Thoracic Society 1983-595	Study Design: Parallel VA (N): 395 VA + Booklet (N): 401 VA + Booklet + Placebo gum (N): 412 VA + Booklet+ Nicotine gum (N): 410 Follow-up lengths: 12 Months Sponsor: British Thoracic Society Protocol availability: NR	Overall: Age: 49 Female: 27% FTND Score: NR Years Smoked: NR Cigarettes per day: 24 Data by groups was not available. Are patients willing to quit or have they set a quit date: N	Group 1: VA Group 2: VA + Booklet Group 3: VA + Booklet + Placebo gum Group 4: VA + Booklet+ Nicotine gum Mutual interventions: None Nicotine or placebo gum: 2 mg, taken when participants had an urge to smoke in 3 months. From months 3 to 6, further nicotine or placebo gum were given only if participants required. No further supplies were issued after month 6. Booklet: Information about the dangers of smoking and advice on how to stop VA: usual advice from the physician about smoking and verbal instructions to stop	Efficacy: ○ PPA 6 M ○ PPA 12 M - the levels of carboxyhaemoglobin (<1.6%) and thiocyanate (< 73 µmol/l or 424 µg/100 ml) in venous blood Safety: ○ DEATH ○ SAE - inferred
Bullen 2010-1474	Study Design: Parallel Pre-cessation NRT (N): 549 No treatment (N): 551 Follow-up lengths: 6 Months Sponsor: Health Research Council and the Heart Foundation of New Zealand Protocol availability: Y, ACTRN12605000373673	Pre-cessation NRT: Age: 39.6 Female: 60% FTND Score: 6.1 Years Smoked: NR Cigarettes per day: 19.0 No treatment: Age: 39.6 Female: 60% FTND Score: 6.0 Years Smoked: NR Cigarettes per day: 19.0 Are patients willing to quit or have they set a quit date: Y/N	Group 1: Pre-cessation NRT Study-specific voucher for 2 weeks' supply of nicotine patches and/or gum, Group 2: Control, no treatment Mutual interventions: - 8-week usual, including patches and/or gum plus support calls from a Quitline adviser Nicotine patches and/or gum (pre- or post-quit date): The product and strength were determined after discussion with the Quitline	Efficacy: ○ PPA 6 M - salivary cotinine, with cut-off point not being specified Safety: ○ DEATH ○ SAE ○ CV EVENTS
Campbell 1991- 155	Study Design: Parallel Nicotine gum + Repeated advice: 107 Placebo gum + Repeated advice (N): 105 Follow-up lengths: 12 Months Sponsor: Pharmacia LEO Protocol availability: NR	Nicotine gum + Repeated advice: Age: NR Female: 49% FTND Score: NR Years Smoked: NR Cigarettes per day: NR Placebo gum + Repeated advice: Age: NR Female: 39% FTND Score: NR Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: N	Group 1: Nicotine gum + Repeated advice Group 2: Placebo gum + Repeated advice Nicotine or placebo gum: Nicotine or placebo gum 2 mg were provided to the participants before they left the hospital. Stronger gum (4 mg N or P) was offered up to 3 months to those still smoking in the follow-up visits. Repeated advice: The patients were asked to attend outpatients to see research assistant at 2, 3 and 5 weeks, and 3 and 6 months, who would further give advice and encouragement of smoking cessation.	Efficacy: ○ PAR 12 M - verified by exhaled carbon monoxide, with cut-off point not being specified Safety: ○ SAE – inferred 0
Campbell 1996 - 47	Study Design: Parallel	Overall: Age: 49	Group 1: Nicotine patch Group 2: Placebo patch	Efficacy: ○ PAR 12 M (from months 3 to 12)

Reference	Study Details	Patients	Intervention	Outcomes
	Nicotine patch (N): 115 Placebo patch (N): 119 Follow-up lengths: 12 Months Sponsor: Ciba-Geigy Ltd Protocol availability: NR	Nicotine patch: Female: 58% Years Smoked: 31 FTND Score: NR Cigarettes per day: NR Placebo patch: Female: 50% Years Smoked: 31 FTND Score: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Nicotine or placebo patch: Outpatients with a high Fagerstrom Score (≥7) were randomized to 40 cm^2 nicotine (TNS) or placebo (P) patches and those who scored < 6 were prescribed a 20 cm^2 TNS or P patch. Inpatients were randomized to 20 cm^2 TNS or P patches regardless of their Fagerstrom score. The treatment lasted 12 weeks, within which the dosage was adjusted accordingly in these patients. Mutual interventions: - Repeated advice and encouragement from the smoking cessation counselor at baseline and weeks 2, 4, 8 and 12	- exhaled carbon monoxide ≤ 7 ppm Safety: ○ DEATH ○ SAE ○ CV DEATH ○ COMPLETED SUICIDE - 12-week treatment
CF				
Cinciripini 1996 - 314	Study Design: Parallel/Crossover Nicotine patch + CBT (N): 32 CBT (N): 32 Follow-up lengths: 12 Months Sponsor: Supported by Grant DHHS DA-04520 and by grants from the Ciba Geigy Corporation and Marion Merrell Dow. Protocol availability: NR	Nicotine patch + CBT: Age: 43.9 Female: 78.1% FTND Score: 6.09 Years Smoked: 23.8 Cigarettes per day: NR CBT: Age: 49.9 Female: 62.5% FTND Score: 5.88 Years Smoked: 26.9 Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine patch + Cognitive-behavioral training (CBT) Group 2: CBT Nicotine patch: Recommended for relapse prevention from Weeks 5. A dose titration schedule using 21-, 14-, and 7-mg patches (Habitrol) was implemented, with participants receiving each dose for approximately 4 weeks (i.e., switching to 14 mg at Week 9 and to 7 mg at Week 13). Participants who reduced the dosage early or started on the 14 mg/day patch (e.g., because of side effects of the 21-mg patch) remained at that dose until the next scheduled reduction but were asked to continue using the patch for the full 12 weeks. Patches were dispensed in session, a month's supply at a time, and participants were instructed to use one per morning, applied on alternating sites, for a 24-hr period. CBT: Weekly, 2-hour group (7-11 participants) meeting for 9 weeks. In weeks 1-5, CBT covered physiological and psychological effects of nicotine, deep breathing, use of behaviors incompatible with smoking, or changing the environment in response to a smoking urge. In weeks 5-9, CBT emphasized maintenance for those who quit and cessation for those who did not. Participants would learn to anticipate and cope with high-risk situations for smoking and develop new skills to manipulate affect, reduce tension, increase energy and pleasure and avoid contact with aversive stimuli. Mutual interventions: - Deposit contract system: Smokers	Efficacy: ○ PPA 6 M - exhaled carbon monoxide < 6 ppm Safety: ○ NR

Reference	Study Details	Patients	Intervention	Outcomes
			provided a $ 120 deposit, which was returned weekly in $ 10 increments contingent on attendance, compliance with instructions, completion of homework, and meeting of abstinence criteria.	
Cooney 2009 - 1588	Study Design: Parallel Nicotine patch + Nicotine gum (N): 45 Nicotine patch + Placebo gum (N): 51 Follow-up lengths: 12 Months Sponsor: National Institute on Alcohol Abuse and Alcoholism (R01 AA011197 and P50 AA1563) and by a MIRECC award from the Department of Veterans Affairs Protocol availability: Y, NCT00064844	Nicotine patch + Nicotine gum: Age: 45.1 Female: 28.9 FTND Score: 6.47 Years Smoked: NR Cigarettes per day: 26.0 Nicotine patch + Placebo gum: Age: 44.8 Female: 29.4 FTND Score: 5.45 Years Smoked: NR Cigarettes per day: 25.0 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine patch + Nicotine gum Group 2: Nicotine patch + Placebo gum Nicotine patch: one 21 mg (Nicoderm CQ ®) nicotine patch daily for 8 weeks, followed by one 14 mg patch daily for 2 weeks, then followed by one 7 mg patch daily for 2 weeks, for a total of 12 weeks. Nicotine or placebo gum: Nicotine gum (2 mg uncoated mint Nicorette ®) or placebo gum (manufactured by Fertin Pharma A/S, Vejle, Denmark, which contained 2.6% cayenne pepper to simulate the taste of Nicotine) was given for ad libitum use, with encouragement to use at least six pieces per day, up to a maximum of twenty pieces per day. Use of the gum was encouraged for 24 weeks. Mutual interventions: - Behavioral alcohol and smoking treatment: 60-min cognitive behavioral addition therapy * 16 sessions (weekly session from months 1 to 3; then monthly session from months 4 to 6). Each session includes approximately 40-45 minutes for alcohol treatment and 15-20 minutes for smoking treatment. - $75 for each of the four follow-up meetings	Efficacy: ○ PAR 6 M ○ PAR 12 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Cooper 2005 - 61	Study Design: Parallel Nicotine gum (N): 146 Placebo gum (N): 148 Follow-up lengths: 12 Months Sponsor: NR Protocol availability: NR	Nicotine gum: Age: 38.4 Female: 100% FTND Score: 5.5 Years Smoked: 19.4 Cigarettes per day: NR Placebo gum: Age: 39.0 Female: 100% FTND Score: 5.8 Years Smoked: 19.5 Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine gum + cognitive-behavioral smoking cessation program (CBSC) Group 2: Placebo gum + CBSC program Nicotine or placebo gum: Each participant was given a weekly supply of chewing gum. Each piece of nicotine gum was 2 mg. The participants were instructed on a gum chewing protocol, which suggested that the participants chew their gum on an as needed basis, with the caveat that they chew 10 to 12 pieces per day and no more than one piece of gum per hour. ‘‘Weaning’’ of gum chewing took place on Weeks 11 through 13 by reducing the amount of gum chewed by 33% each week.	Efficacy: ○ PPA 6 M ○ PPA 12 M - exhaled carbon monoxide < 10 ppm Safety: ○ NR

Reference	Study Details	Patients	Intervention	Outcomes
			Cognitive-behavioral smoking cessation program: Thirteen weekly 1-hour group intervention, including self-monitoring, reduction strategies, problem-solving training, social support identification, tips on how to avoid weight gain, relapse prevention, and development of cohesion among group members). Mutual interventions: - Gradual reduction from weeks 1-4 (25% decrease a week), and required to quit at week 5	
Cox 2012-290	Study Design: Parallel Bupropion SR (N): 270 Placebo (N): 270 Follow-up lengths: 6 Months Sponsor: National Cancer Institute (CA 091912), and in part by the National Institute for Minority Health and Disparities (1P60MD003422). Protocol availability: Y, NCT00666978	Bupropion SR: Age: 46.8 Female: 64.4% FTND Score: 3.1 Years Smoked: 8.0 Cigarettes per day: NR Placebo: Age: 46.2 Female: 67.8% FTND Score: 3.3 Years Smoked: 7.9 Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion SR Group 2: Placebo Bupropion SR or Placebo: 150 mg daily for 3 days and then 150 mg twice daily for the remaining 46 days Mutual interventions: - 36-page culturally sensitive smoking cessation guide - Health Education Counseling*6 sessions (4 in-person counseling at weeks 0, 1, 3 and 7; 2 via telephone at weeks 5 and 16)	Efficacy: ○ PPA 6 M - Salivary ≤15 ng/mL Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Croghan 2003-181	Study Design: Parallel Nicotine patch (N): 459 Nicotine nasal spray (N): 463 Nicotine patch + Nicotine nasal spray (N): 462 Follow-up lengths: 6 Months Sponsor: In part by Public Health Service from the National Cancer Institute, Department of Health and Human Services (Grants CA-25224, CA-37404, CA-63849, CA-35269, CA-52352, CA-37417, CA-63848, CA-35195, and CA-35103) Protocol availability: NR	Overall: Age: 42.0 Female: 58% FTND Score: NR Years Smoked: 23.3 Cigarettes per day: 26.2 Data by groups was not available. Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine patch Group 2: Nicotine nasal spray Group 3: Nicotine patch + Nicotine nasal spray Nicotine patch: 15-mg transdermal nicotine patch for 16 hours a day. Participants are required to put on a new patch each morning. Nicotine nasal spray: 0.5 mg of nicotine per spray. The recommended dose was one puff per nostril as needed to a maximum of five doses per hour or 40 doses per day. The above treatments were all initiated within 7 days of randomization and was to be continued for 6 weeks. Mutual interventions: No	Efficacy: ○ PPA 6 M - exhaled carbon monoxide < 8 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Dalsgarð 2004 - 55	Study Design: Parallel Bupropion SR (N): 222 Placebo (N): 114 Follow-up lengths: 6 Months	Bupropion SR: Age: 42.5 Female: 75% FTND Score: NR Years Smoked: NR Cigarettes per day: 18.9	Group 1: Bupropion SR Group 2: Placebo Bupropion SR or placebo: All participants were instructed to take start taking one tablet daily, containing either bupropion 150mg or	Efficacy: ○ CAR 6 Months ○ PPA 6 M - exhaled carbon monoxide < 10 ppm Safety:

Reference	Study Details	Patients	Intervention	Outcomes
		Placebo: Age: 44.3 Female: 75% FTND Score: NR Years Smoked: NR Cigarettes per day: 19.3 Are patients willing to quit or have they set a quit date: Y	placebo, for the first 3 days and then twice daily for a total of 7 weeks. Mutual interventions: - Smoking-related information - Behavioral counseling, based on materials from the Danish Council Against Tobacco	○ DEATH ○ SAE - inferred 0
Daughton 1991 - 749	Study Design: Parallel 24-hour Nicotine patch (N): 51 16-hour Nicotine patch (N): 55 Placebo (N): 52 Follow-up lengths: 6 Months Sponsor ALZA Corp, Palo Alto, Calif. Protocol availability: NR	Overall: Age: 41.8 Female: 53% FTND Score: 7.0 Years Smoked: 23.9 Cigarettes per day: 32.9 Data by groups was not available. Are patients willing to quit or have they set a quit date: Y	Group 1: 24-hour Nicotine patch Group 2: 16-hour Nicotine patch Group 3: Placebo 24-hour or 16-hour Nicotine or Placebo patch: All participants were instructed to apply two 15-cm^2 transdermal therapeutic systems (TTS) daily for four weeks, as following regimen: ○ For 24-hour Nicotine patch group: Participants would apply one TTS (nicotine) and one TTS (placebo) system each morning and remove the TTS (placebo) patch at bedtime. ○ For 16-hour Nicotine patch group: Participants would apply one TTS (nicotine) and one TTS (placebo) system each morning, and remove the TTS (nicotine) at bedtime. ○ Placebo treatment: Participants would apply two TTS (placebo) systems in the morning and removed one patch at bedtime. Mutual interventions: - Brief smoking cessation counseling, either by individual counseling or two group lectures during the first 2 weeks of the trial.	Efficacy: ○ PPA 6 Months - exhaled carbon monoxide≤ 8 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 COMPLETED SUICIDE - inferred 0
Daughton 1998 - 425	Study Design: Parallel Nicotine patch (N): 184 Placebo (N): 185 Follow-up lengths: 12 Months Sponsor: Marion Merrell Dow Inc, Kansas City, Mo. Protocol availability: NR	Nicotine patch: Age: 37.9 Female: 61.4% FTND Score: 6.9 Years Smoked: 19.3 Cigarettes per day: 27.2 Placebo: Age: 36.7 Female: 58.4% FTND Score: 7.2 Years Smoked: 19.8 Cigarettes per day: 29.8 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine patch Group 2: Placebo Nicotine or Placebo patch: 6 weeks of 21-mg, 2 weeks of 14-mg, and, finally, 2 weeks of 7-mg patches. Mutual interventions: - $75 honorarium	Efficacy: ○ CAR 6 Months ○ CAR 12 M - exhaled carbon monoxide≤ 8 ppm at months 6 and 12 - salivary cotinine level < 20 mg/mL at month 12 Safety: ○ NR
Davidson 1998 - 569	Study Design: Parallel	Nicotine patch: Age: 39.3	Group 1: Nicotine patch	Efficacy: ○ NR

Reference	Study Details	Patients	Intervention	Outcomes
		Female: 53% FTND Score: NR Years Smoked: 21.5 Cigarettes per day: 29.8 Placebo patch: Age: 39.6 Female: 54% FTND Score: NR Years Smoked: 21.4 Cigarettes per day: 29.1 Are patients willing to quit or have they set a quit date: Y	Group 2: Placebo patch Nicotine or Placebo patch: 6 weeks treatment. Each nicotine patch contained 30 mg of nicotine to release 22 mg every 24 hours. Mutual interventions: - Smoking cessation self-help booklet	Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
de Dios 2012-322	Study Design: Parallel Varenicline (N): 10 Varenicline-placebo (N): 11 Nicotine patch (N): 11 Follow-up lengths: 6 Months Sponsor: National Cancer Institute (Supplement grant: R01CA0129226-S1 and K07-CA95623) and National Institute of Drug Abuse (Mid-Career Award K24-DA000512 and R01-DA12344). Protocol availability: NR	Varenicline: Age: 45.7 Female: 60% FTND Score: 2.7 Years Smoked: NR Cigarettes per day: 7.4 Varenicline-placebo: Age: 44.2 Female: 54.5% FTND Score: 2.3 Years Smoked: NR Cigarettes per day: 6.9 Nicotine patch: Age: 39.1 Female: 45.5% FTND Score: 3.6 Years Smoked: NR Cigarettes per day: 8.6 Are patients willing to quit or have they set a quit date: Y	Group 1: Varenicline Group 2: Varenicline-placebo Varenicline or placebo: starting with 0.5 mg (orally) once daily for Days 1 through 3, 0.5 mg twice daily for Days 4 through 7, then 1 mg twice daily thereafter. The total treatment period was 12 weeks. Group 3: Nicotine patch: starting at moderate strength (14 mg) for 4 weeks, followed by tapering to the 7-mg patch for 8 weeks. Mutual interventions: - Gift cards + $120+ transportation voucher	Efficacy: ○ PPA 6 M - exhaled carbon monoxide < 5 ppm Safety: ○ NR
Eisenberg 2013 - 524	Study Design: Parallel Bupropion (N): 192 Placebo (N): 200 Follow-up lengths: 12 Months Sponsor: Canadian Institutes of Health Research (Grant NCT64989) and Heart and Stroke Foundation of Quebec. Protocol availability: Y, NCT00689611	Bupropion: Age: 54.5 Female: 16.2% FTND Score: Years Smoked: 33.2 Cigarettes per day: 23.2 Placebo: Age: 53.4 Female: 16.8% FTND Score: Years Smoked: 32.6 Cigarettes per day:23.2 Are patients willing to quit or have they set a quit date: N	Group 1: Bupropion SR Group 2: Placebo Bupropion or placebo: bupropion was recommended as 150 mg daily for 3 days, followed by 150 mg twice daily for the remainder of the 9-week treatment period. Patients in the placebo group received a matching placebo administered with the same schedule. Mutual interventions: - Behavioral counseling*7 sessions provided by nurse at baseline and each follow-up visits. Every session includes brief advice based on 5-A models (Ask, Advise, Address, Assist and Arrange) for < 20-minutes (averagely 5 minutes), and discussions.	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - exhaled carbon monoxide ≤ 10 ppm Safety: ○ DEATH ○ SAE ○ CV EVENTS
Etter 2002-487	Study Design: Parallel	Nicotine: Age: 43.2 Female: 46%	Group 1: Nicotine Group 2: Placebo	Efficacy: ○ NR

Reference	Study Details	Patients	Intervention	Outcomes
	Nicotine (N): 265 Placebo (N): 269 No treatment (N): 389 Follow-up lengths: 6 Months Sponsor: Swiss National Science Foundation (grant 3233-054994.98 and 3200-055141.98) and Swiss Federal Office of Public Health. Protocol availability: NR	FTND Score: 6.0 Years Smoked: NR Cigarettes per day: 29.8 Placebo: Age: 41.7 Female: 51% FTND Score: 5.9 Years Smoked: NR Cigarettes per day: 29.4 No treatment: Age: 42.9 Female: 56% FTND Score: 6.2 Years Smoked: NR Cigarettes per day: 30.2 Are patients willing to quit or have they set a quit date: Y/N Group 1 or 2: changed to the net comparison	Nicotine or placebo group: Participants can choose among a nicotine transdermal patch (contains 25 mg and delivers 15 mg nicotine over 16 hours), a nicotine gum (contains 4 mg and delivers 2 mg nicotine), and a nicotine inhaler (a plug contains 10 mg and delivers 5 mg nicotine, or a combination of these. Participants in the placebo group could choose among matching placebo patches, gums, and inhalers. Participants in the nicotine and placebo groups could switch between products or use several products at the same time. Group 3: No treatment Mutual interventions: - Information booklet	Safety: ○ DEATH ○ CV DEATH ○ COMPLETED SUICIDE
Etter 2009-1028	Study Design: Parallel Pre-cessation nicotine gum (N): 154 Precession-no treatment (N): 160 Follow-up lengths:12 Months Sponsor: Swiss National Science Foundation (grant 3200-067835) Protocol availability: Y, ISRCTN60585119	Pre-cessation nicotine gum: Age: 42.0 Female: 35.1% FTND Score: 5.5 Years Smoked: NR Cigarettes per day: 24.0 Precession-no treatment: Age: 44.1 Female: 47.5% FTND Score: 5.4 Years Smoked: NR Cigarettes per day: 23.4 Are patients willing to quit or have they set a quit date: Y	Group 1: Pre-cessation nicotine gum + Smoking reduction Participants received nicotine polacrilex gum (Nicorette [4 mg, unflavored]) by mail for 4 weeks before their quit date. They were also recommended to decrease their cigarette consumption by half before quitting. No particular reduction schedule was specified. Group 2: Precession-no treatment Mutual interventions: - Nicotine gum treatment for 8 weeks after the quit date. All participants were instructed to use at least 10 pieces of gum per day before and after cessation. - Booklet (by mail and assess to smoking cessation web site)	Efficacy: ○ PPA 12 M - salivary cotinine levels ≤ 10 ng/mL or exhaled carbon monoxide ≤ 10 ppm Safety: ○ DEATH
Evins 2001-397 and Evins 2004-307	Study Design: Parallel Bupropion SR + CBT (N): 9 Placebo + CBT (N): 9 Follow-up lengths: 2 Years Sponsor: National Association for Research on Schizophrenia and Affective Disorders (NARSAD) Young Investigator Award and by NIDA R03 DA12542-01 Protocol availability: Y/NR	Bupropion SR + CBT: Age: 45.5 Female: 33.3% FTND Score: NR Years Smoked: NR Cigarettes per day: 38 Placebo + CBT: Age: 42.7 Female: 44.4% FTND Score: NR Years Smoked: NR Cigarettes per day: 30 Are patients willing to quit or have they set a	Group 1: Bupropion SR + CBT Group 2: Placebo + CBT Bupropion SR or placebo: 150 mg/day for 12 weeks CBT: A "Cognitive Behavioral Quit Smoking" group program designed for patients with schizophrenia that consisted of nine weekly 1-hour group sessions co-led by a nurse a cognitive behavioral psychologist. Mutual interventions: - Brief advice	Efficacy: ○ PPA 6 M ○ PPA 2 Y ○ PAR 6 M (from weeks 4 through 24) - exhaled carbon monoxide < 9 ppm or serum cotinine <14 ng/ml Safety: ○ NR

Reference	Study Details	Patients	Intervention	Outcomes
		quit date: Y		
Evins 2005-218	Study Design: Parallel Bupropion SR + CBT (N)*: 25 Placebo + CBT (N)*: 28 *: No. of treated participants Follow-up lengths: 6 Months Sponsor: NARSAD Young Investigator Award, NIDA (grants RO3 DA12542, K23 DA00510, K24 MH02025 and K24 HL04440). Protocol availability: NR	Bupropion SR + CBT: Age: 46.0 Female: 24.0% FTND Score: NR Years Smoked: NR Cigarettes per day: 34.2 Placebo + CBT: Age: 45.5 Female: 28.6% FTND Score: NR Years Smoked: NR Cigarettes per day: 25.4 Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion SR + CBT Group 2: Placebo + CBT Bupropion SR or placebo: Subjects initially took 1 tablet (150 mg) daily for 7 days beginning the day of the first group meeting. Subjects were evaluated for change in psychiatric symptoms at the second group meeting, and if they had tolerated study medication for the first week, their dose was increased to 1 tablet twice daily for the remaining 11 weeks of the trial. CBT: A 12-week, 12-session group meeting (≤ 6 subjects per a group) based on a written manual adapted for patients with schizophrenia from American Heart Association and American Lung Association materials and delivered by 1 of 2 psychologists who had completed Tobacco Treatment Specialist certification training. Mutual interventions: None	Efficacy: ○ PPA 6 M - exhaled carbon monoxide < 9 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH- inferred 0 ○ SUICIDAL IDEATION ○ COMPLETED SUICIDE- inferred 0
Evins 2007-380	Study Design: Parallel Bupropion SR + Nicotine patch + Nicotine gum + CBT (N): 25 Placebo + Nicotine patch + Nicotine gum + NRT + CBT (N): 26 Follow-up lengths: 12 Months Sponsor: K23 DA00510 and DHHS SAMHSA 05B1MACMHS-04 Massachusetts Department of Mental Health Federal Block Grant. Protocol availability: NR	Bupropion SR + Nicotine patch + Nicotine gum + CBT: Age: 44.8 Female: NR FTND Score: 7.2 Years Smoked: NR Cigarettes per day: 28.1 Placebo + Nicotine patch + Nicotine gum + NRT + CBT: Age: 43.6 Female: NR FTND Score: 7.1 Years Smoked: NR Cigarettes per day: 24.7 Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion SR + Nicotine patch + Nicotine gum + CBT Group 2: Placebo + Nicotine patch + Nicotine gum + NRT + CBT Bupropion SR or placebo: Participants started receiving bupropion SR 150 mg or placebo, once daily for 7 days, then twice daily for 11 weeks. Nicotine patch: In the fourth week, participants received Nicotine patches (Habitrol) and nicotine polacrilex gum (Nicorette). Nicotine patch was dosed at 21 mg/d for 4 weeks, 14 mg/d for 2 weeks, and 7 mg/d for 2 weeks, then discontinued. Nicotine gum: In the fourth week, nicotine gum (2 mg) was distributed for use as needed for craving up to 18 mg/d, and for 8 weeks. CBT: A 12-session, 1-hour, weekly smoking cessation group program with 3 to 7 participants led by a psychologist with tobacco treatment specialist training. Mutual interventions: None	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - exhaled carbon monoxide < 8 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ CV EVENTS ○ COMPLETED SUICIDE - inferred 0
Fagerstrom 1982 - 343	Study Design: Parallel Group 1 (N): 50 Group 2 (N): 50	Overall: Age: NR Female: FTND Score: NR Years Smoked: NR Cigarettes per day: NR	Group 1: Nicotine gum + Psychological treatment (PT) Group 2: Placebo + PT Nicotine or placebo gum: Nicotine	Efficacy: ○ PPA 6 M - exhaled carbon monoxide ≤ 4 ppm Safety:

Reference	Study Details	Patients	Intervention	Outcomes
	Follow-up lengths: Months Sponsor: NR Protocol availability: Y/NR	Data by groups was not available. Are patients willing to quit or have they set a quit date: Y	gum 2 mg or placebo was administered *ad libitum* for about 4 weeks, whereafter the patients were encouraged to reduce and, finally, eliminate use. Psychological treatment: individualized, comprehensive smoking cessation program consists of assessment, treatment related components (occasionally and rarely used) and fundamental premises. Participants averagely received 7.7 sessions. Mutual interventions: None	○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Fiore 1994 – 524-S1	Study Design: Parallel Nicotine patch + Group counseling (N): 44 Placebo + Group counseling (N): 44 Follow-up lengths: 6 Months Sponsor: Elan Pharmaceutical Research Corporation, Gainesville, Ga, and Athlone, Ireland Protocol availability: NR	Nicotine patch + Group counseling: Age: 43.3 Female: 56.8% FTQ Score: 7.3 Years Smoked: 25.2 Cigarettes per day: 28.3 Placebo + Group counseling: Age: 42.6 Female: 55.8% FTQ Score: 6.9 Years Smoked: 24.3 Cigarettes per day: 30.3 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine patch + Group counseling Group 2: Placebo + Group counseling Nicotine or placebo patch: For 8 weeks, subjects were instructed to apply a new patch each morning to a nonirritated portion of the arms or torso above the waist and below the neck. Subjects were provided with a "body map" indicating how to roate patch placement sites. Patches were worn for 24 h, and delivered a steady rate total absorbed dose 22 mg of nicotine. Placebo patches did not contain any nicotine. Group counseling: 8 to 10 subjects were assigned per group and groups met for met for approximately 60 minutes once a week for 8 weeks. In each session, group counselors (clinical psychologists or advanced psychology graduate students), working from a standardized treatment manual, introduced topics appropriate to particular phases of the smoking cessation process. Selected group sessions were videotaped for review, and meetings were held with group counselors to ensure that treatment was delivered in a uniform manner. Mutual interventions: None	Efficacy: ○ PPA 6 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Fiore 1994 – 524-S2	Study Design: Parallel Nicotine patch + Individual counseling (N): 57 Placebo + Individual counseling (N): 55 Follow-up lengths: 6 Months Sponsor: Elan Pharmaceutical Research Corporation, Gainesville, Ga, and Athlone,	Nicotine patch + Individual counseling: Age: 43.1 Female: 68.4% FTQ Score: 7.2 Years Smoked: 24.3 Cigarettes per day: 29.8 Placebo + Individual counseling: Age: 44.2 Female: 67.3% FTQ Score: 7.7	Group 1: Nicotine patch + Individual counseling Group 2: Placebo + Individual counseling Nicotine or placebo patch: Subjects were instructed to apply a new patch each morning to a nonirritated portion of the arms or torso above the waist and below the neck. They were recommended to start with 22-mg nicotine patch for 4 weeks, then 11-mg patch for the following 2 weeks.	Efficacy: ○ PPA 6 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
	Ireland Protocol availability: NR	Years Smoked: 25.9 Cigarettes per day: 30.8 Are patients willing to quit or have they set a quit date: Y	Subjects were provided with a "body map" indicating how to rotate patch placement sites. Patches were worn for 24 h, and delivered a steady rate total absorbed dose either 22 or 11 mg of nicotine. Placebo patches did not contain any nicotine. Individual counseling: Clinical psychologists or advanced psychology graduate students would meet with individual subjects for 10 to 20 minutes per week for a total of 8 weeks. Topics for each session were referenced to the stage of the quitting process (specified in a standardized treatment manual), and meetings among counselors were held as in study 1. The individual counseling intervention in this study was intended to approximate the type of adjuvant treatment a smoker could receive a physician's office by a clinician (physician, nurse, etc). Mutual interventions: None	
Fortmann 1995 - 460	Study Design: Parallel NG 2 mg + Materials (N): 260 NG 2 mg (N): 262 Materials (N): 261 No Tx (N): 261 Follow-up lengths: 12 Months Sponsor: Public Health Service from the National Heart, Lung, and Blood Institute Protocol availability: NR	NG 2 mg + Materials: Age: 39.3 Female: 109 FTND Score: NR Years Smoked: NR Cigarettes per day: 20.1 NG 2 mg: Age: 40.6 Female: 110 FTND Score: NR Years Smoked: NR Cigarettes per day: 20.1 Materials: Age: 39.9 Female: 110 FTND Score: NR Years Smoked: NR Cigarettes per day: 20.1 No Tx: Age: 39.8 Female: 109 FTND Score: NR Years Smoked: NR Cigarettes per day: 20.1 Are patients willing to quit or have they set a quit date: Y	Group 1: NG 2 mg + Materials NG 2 mg: Participants were given 2 mg nicotine gum to take a minimum of 10 pieces/day and a maximum of 30/day. No duration was reported. Materials: Participants were provided with written material on smoking cessation. Group 2: NG 2 mg Group 3: Materials Group 4: No Tx Mutual interventions: - Participants were enrolled In a self-help relapse prevention program to help them create new behaviors to replace their smoking habits and to follow up with 12 mail in progress reports.	Efficacy: ○ PPA 6 M ○ PPA 12 M - exhaled carbon monoxide < 9 ppm and salivary cotinine <20 ng/ml Safety: ○ NR
Fossati 2007-1791	Study Design: Parallel Bupropion SR (N): 400	Bupropion SR: Age: 49.4 (median) Female: 38.0% FTND Score: 5.0 Years Smoked: NR	Group 1: Bupropion SR Group 2: Placebo Bupropion SR or placebo: Participants	Efficacy: ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - exhaled carbon monoxide

Reference	Study Details	Patients	Intervention	Outcomes
	Placebo (N): 193 Follow-up lengths: 12 Months Sponsor: Mario Negri Institute, Milan, Italy and partly by GlaxoSmithKline's unconditional grant Protocol availability: NR	Cigarettes per day: 21.1 Placebo: Age: 48.5 (median) Female: 44.6% FTND Score: 5.2 Years Smoked: NR Cigarettes per day: 21.6 Are patients willing to quit or have they set a quit date: Y	started receiving bupropion SR 150 mg or placebo, once daily for 7 days, then twice daily for 7 weeks. Mutual interventions: - Counseling telephone call*3	< 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ CV EVENTS ○ COMPLETED SUICIDE
Gallagher 2007-487	Study Design: Parallel CR (N): 60 CR + Nicotine patch (N): 60 Minimal intervention self-quit (N): 60 Follow-up lengths: Months Sponsor: Arizona Biomedical Research Commission (formerly the Arizona Disease Control Research Commission, Grant # 7014) Protocol availability: NR	CR: Age: 42.6 Female: 60% FTQ Score: 5.76 Years Smoked: NR Cigarettes per day: 21.8 CR + Nicotine patch: Age: 43.6 Female: 40% FTQ Score: 6.15 Years Smoked: NR Cigarettes per day: 27.0 Minimal intervention self-quit: Age: 42.5 Female: 43% FTQ Score: 6.43 Years Smoked: NR Cigarettes per day: 25.5 Are patients willing to quit or have they set a quit date: N	Group 1: Contingent reinforcement (CR) Group 2: CR + Nicotine patch Contingent reinforcement (CR): Participants would earn progressively more money for each visit where they demonstrated abstinence. Based on the CR schedule, participants would earn $20, $40, $60 and $80 per visit if they demonstrated abstinence at the visit of 2 to 4 weeks, 6 to 12 weeks, 16 to 24 weeks and 36 weeks, respectively. The protocol allowed for participants to earn up to a maximum of $580 ($480 contingently and $ 1 00 for participation and completion of measures) over the course of the study, assuming abstinence by the second visit and no relapses. Nicotine patch: 21 mg nicotine patches were provided at each visit for the first 16 weeks. Group 3: Minimal intervention self-quit. Participants were required to make 3 visits to complete the assessments at baseline, week 20 and 36. They were encouraged to use available community resources and received smoking cessation literature. Mutual interventions: None	Efficacy: ○ PPA 6 M - exhaled carbon monoxide < 10 ppm Safety: ○ NR
Garvey 2000-53 + Kinnunen 2008-373	Study Design: Parallel Nicotine gum 2 gm (N): 202 Nicotine gum 4 gm (N): 203 Placebo (N): 203 Follow-up lengths: 12 Months Sponsor: National Institute on Drug Abuse and Department of Veterans Affairs (Grants DA06183 and DA10073) Protocol availability: NR	Nicotine gum 2 gm: Age: 41.0 Female: 54.0% FTND Score: 5.7 Years Smoked: NR Cigarettes per day: 23.3 Nicotine gum 4 gm: Age: 41.4 Female: 48.3% FTND Score: 5.5 Years Smoked: NR Cigarettes per day: 23.9 Placebo:	Group 1: Nicotine gum 2 gm Group 2: Nicotine gum 4 gm Group 3: Placebo Nicotine gum 2 or 4 gm or placebo: Participants were recommended to use 9–15 pieces of gum each day. They were told not to use less than six pieces per day, nor to exceed 20 pieces per day. They were instructed to use the gum at the recommended level of 9–15 pieces per day for 2 months, after which they would begin weaning themselves from the gum. The weaning procedure involved	Efficacy: ○ CAR 12 M ○ PPA 12 M - exhaled carbon monoxide < 8 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
		Age: 40.1 Female: 51.7% FTND Score: 5.4 Years Smoked: NR Cigarettes per day: 23.3 Are patients willing to quit or have they set a quit date: Y	reducing gum consumption by one piece per day each week after the 2-month treatment period. Mutual interventions: - Brief behavior counseling: 5-10 minutes commonsense counseling provided by staff members with PhD or MA degrees in psychology or education at every visit (10 visits in total).	
George 2002 - 53	Study Design: Parallel Bupropion SR + schizophrenia smoking cessation group therapy (N): 16 Placebo + schizophrenia smoking cessation group therapy (N): 16 Follow-up lengths: 6 Months Sponsor: National Institute on Drug Abuse (Grant Nos. R01-DA-13672 and R01-DA-14039, P50-DA-12762, P50-DA-13334, and K12-DA-00167), VISN 1 Mental Illness Research, Education and Clinical Center of the U.S. Department of Veterans Affairs, and National Alliance for Research on Schizophrenia and Depression (Wodecroft Foundation Young Investigator Award) Protocol availability: Y/NR	Bupropion SR + schizophrenia smoking cessation group therapy: Age: 45.4 Female: 37.5% FTND Score: 7.1 Years Smoked: NR Cigarettes per day: 25.0 Placebo + schizophrenia smoking cessation group therapy: Age: 40.9 Female: 50% FTND Score: 7.3 Years Smoked: NR Cigarettes per day: 23.3 Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion SR + schizophrenia smoking cessation group therapy Group 2: Placebo + schizophrenia smoking cessation group therapy Bupropion SR or placebo: Participants were instructed to begin during the medication at 150 mg p.o. daily for the first 3 days, then the dose was increased to 150 mg p.o. twice daily on the fourth day to the rest of 9 weeks. Schizophrenia smoking cessation group therapy: It included motivational enhancement therapy (weeks 1–3) and psychoeducation, social skills training, and relapse prevention strategies (weeks 4–10) for a total of 10 weeks. Sessions were of 60-min duration. Mutual interventions: None	Efficacy: ○ PPA 6 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
George 2008 - 1092	Study Design: Parallel/Crossover Bupropion SR + Nicotine patch + Behavioral group therapy (N): 29 Placebo + Nicotine patch + Behavioral group therapy (N)*:29 * The total randomized participants are 59 Follow-up lengths: 6 Months Sponsor: National Institute on Drug Abuse (NIDA, Grant Nos.R01-DA-13672, R01-DA-14039, K02-DA-16611, and K12-DA-00167), Young Investigator Awards, and National Alliance for Research in Schizophrenia and Depression (NARSAD, an Independent Investigator Award) Protocol availability: Y, NCT00124683	Bupropion SR + Nicotine patch + Behavioral group therapy: Age: 41.2 Female: 41.4% FTND Score: 6.8 Years Smoked: 22.9 Cigarettes per day: 24.3 Placebo + Nicotine patch + Behavioral group therapy: Age: 39.3 Female: 37.9% FTND Score: 6.8 Years Smoked: 22.2 Cigarettes per day: 22.4 Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion SR + Nicotine patch + Behavioral group therapy Group 2: Placebo + Nicotine patch + Behavioral group therapy Bupropion SR or placebo: Participants were instructed to begin during the medication at 150 mg p.o. daily for the first 3 days, then the dose was increased to 150 mg p.o. twice daily on the fourth day and continued to the end of 10 weeks. Nicotine patch: Participants were instructed to apply Nicoderm CQ TNP (21 mg/24 hours applied at Day 15 concurrent with the target quit date (TQD) and continued until Day 70. Behavioral group therapy: 10 weekly sessions of manualized group behavioral therapy lasting approximately 50 minutes, conducted by a trained master's or doctoral level clinician Mutual interventions: None	Efficacy: ○ PPA 6 M - exhaled carbon monoxide < 8 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Gifford 2004-	Study Design:	Overall*	Group 1: 22 mg patches used for 4	Efficacy:

Reference	Study Details	Patients	Intervention	Outcomes
689	Parallel Nicotine Patch 22mg (N): 43 Acceptance and Commitment Therapy (ACT) (N): 33 Follow-up lengths: 12 months Sponsor: The National Institutes of Health, National Cancer Institute (CA84813), National Institute on Drug Abuse (DA08634 and DA13106) and by the Department of Veterans Affairs. Protocol availability: NR	Age: 43 Female: 59% FTND Score: NR Years Smoked: NR Cigarettes per day: 21.4 *Data by group allocation is not available. Are patients willing to quit or have they set a quit date: Y	weeks followed by 11 mg patches for 3 weeks. The patients were instructed to wear a new patch each day for the entire 24 hours. Treatment description: describe the administration of the intervention in each group Group 2: seven 50-minute individual sessions and seven 90-minute group sessions. Participants attended one group and one individual session per week for 7 weeks. The protocol focused on helping people notice their internal triggers as they occurred, change what they could and accept what they could not change, make public commitments to behaving in alignment with their values, and practice a variety of constructive actions in response to these triggers.	○ PPA 6 M ○ PPA 12 M - Carbon monoxide (ppm threshold is not reported)
Gilbert 1989-49	Study Design: Parallel Support plus Gum 2mg(N): 112 Support alone (N): 111 Follow-up lengths: 12 Months Sponsor: Study funded by the US National Institutes of Health, grant No. RO1CA38334. Protocol availability: NR	Support plus Gum: Age: NR Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: NR Support alone: Age: NR Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: Support plus 2 mg gum Treatment description: The support-plus-gum group received ten quit-tips sheets including two covering the use of gum Group 2: received only the eight sheets that did not pertain to gum use. The prescription was for 2-mg gum and patients were required to pay for it personally. Mutual interventions: Patients in both groups were to receive self-help literature in the form of quit tips at the initial visit.	Efficacy: ○ CAR 12 M ○ PPA 12 M ○ PAR 12 M - cotinine value of ≤ 10ng/mL
Glavas 2003 - 219	Study Design: Parallel Nicotine patch (N): 56 Placebo (N): 56 Follow-up lengths: 5 years Sponsor: Novartis donated nicotine patches Protocol availability: NR	Nicotine patch: Age: 34.4 Female: 66.1 FTND Score: NR Years Smoked: 16.4 Cigarettes per day: 24.1 Placebo: Age: 33.8 Female: 66.1 FTND Score: NR Years Smoked: 16.5 Cigarettes per day: 22.5 Are patients willing to quit or have they set a quit date: N	Group 1: 8 transdermal nic otine patches of 3 different sizes (30, 20, and 10 cm^2) according to the presumed level of dependence, “heavy” smokers (≥ 20 cigarettes per day) received 30 cm^2, “medium” smokers (10-19 cigarettes per day) received 20 cm^2 and the “light” smokers (≤ 10 cigarettes per day) received small 10 cm^2 patches. The patients were instructed to apply a single patch each morning to non-hairy, clean, and dry skin on the trunk or up per arm; re move it the next morning; and apply a new one. To avoid skin irritation, it was recommended that the same skin site should not be used for at least 7 days. Group 2: 8 matching placebos	Efficacy: ○ CAR 12 M ○ CAR > 12 M - quitters <11ppm CO
Glover 2002 - 441	Study Design: Parallel	Sublingual tablet: Age: 43.9 Female: 52.5	Group 1: Sublingual nicotine tablet 2 mg	Efficacy: ○ CAR 6 Months ○ CAR 12 M

Reference	Study Details	Patients	Intervention	Outcomes
	Nicotine sublingual tablet 2 mg (N): 120 Placebo (N): 121 Follow-up lengths: 12 months Sponsor: Funded by Pharmacia and Upjohn Protocol availability: NR	FTND Score: NR Years Smoked: 25.8 Cigarettes per day: 28.5 Placebo: Age: 41.8 Female: 55.4 FTND Score: NR Years Smoked: 24.2 Cigarettes per day: 29.4 Are patients willing to quit or have they set a quit date: Y	Group 2: Placebo All tablets were identical in appearance (round, flat, bevel-edged, 6 mm in diameter). All tablets were packed in press-through packages that contained 15 tablets. Minimal psychological support was provided by research personnel at every follow-up visit after the quit date. This support or behavioral treatment was low intensity (5-10 min for each session) and consisted of handing out the brochure and answering any questions the subject might present. All counseling was conducted on an individual basis.	- CO level < 10ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH- inferred 0 ○ CV EVENTS
Goldstein 1989-56	Study Design: Parallel Behavioral treatment + fixed nicotine gum (N): 25 Behavioral treatment + ad lib nicotine gum (N): 24 Education plus fixed schedule (N): 22 Education plus ad lib schedule (N): 18 Follow-up lengths: 6 Months Sponsor: Supported by grant IN-45Z from the American Cancer Society and by grant HL-32318 from the National Heart, Lung, and Blood Institute. Protocol availability: NR	Behavioral treatment + fixed nicotine gum: Age: 43 Female: 56 FTND Score: NR Years Smoked: 24 Cigarettes per day:30 Behavioral treatment + ad lib nicotine gum: Age: 44 Female: 50 FTND Score: NR Years Smoked: 25 Cigarettes per day:27 Education plus fixed schedule: Age: 43 Female: 50 FTND Score: NR Years Smoked: 25 Cigarettes per day:25 Education plus ad lib schedule: Age: 39 Female: 56 FTND Score: NR Years Smoked: 20 Cigarettes per day:26 Are patients willing to quit or have they set a quit date: Y	Group 1: Behavioral treatment + fixed nicotine gum Group 2: Behavioral treatment + ad lib nicotine gum Mutual interventions: Behavioral treatment Treatment description: The behavioral treatment groups received intensive cognitive and behavioral skills training that included stimulus control, cognitive restructuring, relapse prevention, relaxation training, problem solving, and time management. Group 3: Education plus fixed schedule Group 4: Education plus ad lib schedule Mutual interventions: Education Treatment description: Over an equal amount of contact time the education groups received educational materials about smoking and health, didactic presentations about cognitive and behavioral smoking cessation strategies, and nonspecific group support. The education groups did not receive specific behavioral skills training. Description of Fixed: The subjects in the groups on the fixed nicotine gum schedule were instructed to chew one piece of gum every hour while awake, whether or not they experienced withdrawal symptoms or an urge to smoke. Gum use was gradually tapered by instructing the subjects to increase the interval between doses to 1.5 hours during the second week, 2 hours during weeks 3 and 4, 3 hours	Efficacy: ○ PPA 6 M - CO of less than 8 ppm

Reference	Study Details	Patients	Intervention	Outcomes
			in weeks S and 6, 4 hours in weeks 7 and 8, and 6 hours in weeks 9 and 10. The subjects were told to stop chewing the gum after 10 weeks of use. Description of Ad Lib: The subjects in the groups on the ad lib nicotine gum schedule were told to chew gum whenever they felt an urge to smoke. They were advised to taper their use of gum during the last few weeks of treatment. They were also told to limit their gum intake to a maximum of 30 pieces per day. Gum was not available from the investigators after 10 weeks of use.	
Gonzales 2001 - 438	Study Design: Parallel Bupropion (N): 226 Placebo (N): 224 Follow-up lengths: 6 Months Sponsor: Funded by GlaxoWellcome (ZYB40003) Protocol availability: NR	Bupropion: Age: 92 Female: 48 Fagerstrom score: 7.0 Years Smoked: NR Cigarettes per day: NR Placebo: Age: 94 Female: 55 Fagerstrom score: 7.2 Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion SR Treatment description: 150 mg daily on days 1 through 3 and then 150 mg twice daily for the remainder of the 12-week treatment period Group 2: Matching placebo Mutual interventions: Participants at each site received brief individual counseling from trained research counselors based on a standard intervention (ZybanAdvantage Plan) to encourage smoking cessation and to prevent relapse.	Efficacy: ○ CAR 6 Months ○ PPA 6 M - CO ≤ 10ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH- inferred 0 ○ CV EVENTS
Gonzales 2006 - 47	Study Design: Parallel Varenicline (N): 352 Bupropion (N): 329 Placebo (N): 344 Follow-up lengths: 12 Months Sponsor: Supported by Pfizer Protocol availability: Y (NCT00141206)	Varenicline: Age: 42.5 Female: 50 Fagerstrom Score: 5.18 Years Smoked: 24.3 Cigarettes per day:21.1 Bupropion: Age: 42.0 Female: 41.6 Fagerstrom Score: 5.19 Years Smoked: 24.1 Cigarettes per day:21.0 Placebo: Age: 42.6 Female: 45.9 Fagerstrom Score: 5.38 Years Smoked: 24.7 Cigarettes per day:21.5 Are patients willing to quit or have they set a quit date: Y	Group 1: Varenicline 0.5-2mg Treatment description: varenicline 0.5 mg/d for days 1 to 3, 0.5 mg twice per day for days 4 to 7, then 1mg twice per day through week 12 Group 2: Bupropion 150-30mg Treatment description: bupropion SR 150 mg/d for days 1 to 3, then 150 mg twice per day through week 12. Mutual interventions: All participants were dispensed study drug at the baseline visit (randomization); given Clearing the Air: Quit Smoking Today, a smoking cessation self help booklet as a guide to the quitting process; and instructed to take their first dose the next day. The target quit date was scheduled for day 8 (week 1 visit). A telephone visit was conducted 3 days following the date. During the 12-week drug treatment phase, participants attended weekly clinic visits to assess smoking status, compliance with medications, and	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - Exhaled CO of less than 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ CV EVENTS

Reference	Study Details	Patients	Intervention	Outcomes
			safety. Brief (≤ 10 minute), standardized, individual counseling was provided to assist in problem solving and skills training for relapse prevention following recommendations in the Public Health Service Clinical Practice Guideline	
Gourlay 1995 - 363	Study Design: Parallel Nicotine Patch (N): 315 Placebo (N): 314 Follow-up lengths: 6 Months Sponsor: Funding received from Ciba-Geigy Protocol availability: NR	Nicotine patch: Age: 41.1 Female: 57.8 Fagerstrom Score: 6.4 Years Smoked: 23.1 Cigarettes per day: 27.7 Placebo: Age: 41.7 Female: 57.3 Fagerstrom Score: 6.4 Years Smoked: 24.3 Cigarettes per day: 26.7 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine patch Group 2: Placebo Treatment description: Treatment consisted of four weeks each of a 30 cm' patch (active 21 mg/24 hours or placebo 2-7 mg/24 hours), a 20 cm' patch (active 14 mg/24 hours or placebo 1.8 mg/24 hours), and a 10 cm' patch (active 7 mg/24 hours or placebo 0.9 mg/24 hours). Each patch was to be used for 24 hours but could be removed before bedtime if persistent insomnia occurred. Mutual interventions: The figure shows the design of the study. The behavioural component of the intervention consisted of five to 10 minutes of counselling at each visit4 and a booklet containing advice on smoking cessation and instructions for use of the patches.	Efficacy: ○ CAR 6 Months ○ PPA 6 M - Exhaled CO of less than 8 ppm Safety: ○ DEATH - inferred 0 ○ SAE- inferred 0 ○ CV DEATH- inferred 0
Grant 2007 - 381	Study Design: Parallel Bupropion SR + NP24 21 mg + Counseling (N): 30 Placebo + NP24 21 mg + Counseling (N)*:28 Follow-up lengths: 6 Months Sponsor: National Institute on Alcohol Abuse and Alcoholism Protocol availability: NR	Bup 300 mg + NP24 21 mg + Counseling: Age: 38.5 Female: 5 FTND Score: 6.1 Years Smoked: NR Cigarettes per day: 23.2 Placebo + NP24 21 mg + Counseling: Age: 40.8 Female: 4 FTND Score: 6.0 Years Smoked: NR Cigarettes per day: 27.0 Are patients willing to quit or have they set a quit date: Y	Group 1: Bup 300 mg + NP24 21 mg + Counseling Group 2: Placebo + NP24 21 mg + Counseling Bupropion SR or placebo: Participants received 150 mg/day of Bupropion SR for 3 days and then 150 mg bid for 60 days. Placebo followed the same frequency and duration. NP24 21 mg: All participants received a 24 hr nicotine patch at 21 mg/day for 4 weeks, then 14 mg/day for 2 weeks and 7 mg/day for the final 2 weeks. Counseling: All participants attended a 1 hour counseling session on smoking cessation with facilitators and a video. Mutual interventions: None	Efficacy: ○ PPA 6 M - biochemically verified: NR Safety: ○ DEATH - inferred 0 ○ SAE - inferred ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Haggstram 2006 -205	Study Design: Parallel Bupropion (N): 53 Placebo (N): 51 Follow-up lengths: 6 Months Sponsor: NR	Bupropion: Age: 41.5 Female: 58.5 Fagerstrom Score: 6.2 Pack years: 37.0 Cigarettes per day: NR Placebo: Age: 45.5 Female: 70.6 Fagerstrom Score: 5.9	Group 1: Bupropion Treatment description: In the bupropion group, smokers received an initial dose of 150 mg each morning for 5 days followed by one 150 mg bupropion tablet in the morning and another in the evening on days 6–60. Group 2: Placebo	Efficacy: ○ CAR 6 Months - Exhaled CO of less than 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE- inferred 0 ○ CV DEATH- inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
	Protocol availability: NR	Pack years: 29.1 Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Treatment description: In the placebo group, patients received one placebo capsule and one placebo tablet in the morning and evening on days 1–60. Mutual interventions: Follow-up assessments and relapse prevention counseling were conducted during clinic visits at 10, 13 and 26 weeks. In addition, subjects received phone calls during this period in months 4 and 5. All follow-up counseling sessions lasted at least 15-min.	
Hall 2002 -930	Study Design: Parallel Bupropion + Medical Management (N): 36 Placebo + Medical Management (N): 37 Bupropion + Psychological intervention (N): 37 Placebo + Psychological intervention (N): 36 Follow-up lengths: 12 Months Sponsor: National Institute on Drug Abuse (R01 DA02538) and National Cancer Institute (R01 CA71378) Protocol availability: N	Bupropion + Medical Management: Age: 37.1 Female: 41.7 Fagerstrom Scale Score: 4.1 Years Smoked: 19.7 Cigarettes per day: 19.8 Placebo + Medical Management: Age: 43 Female: 40.5 Fagerstrom Scale Score: 5.4 Years Smoked: 24.7 Cigarettes per day: 23.0 Bupropion + Psychological intervention: Age: 37.9 Female: 46.0 Fagerstrom Scale Score: 5.1 Years Smoked: 21.2 Cigarettes per day: 22.5 Placebo + Psychological intervention: Age: 39.3 Female: 47.2 Fagerstrom Scale Score: 4.7 Years Smoked: 21.2 Cigarettes per day: 22.2 Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion + Medical Management Treatment description: Bupropion hydrochloride dosage began at 150 mg/day for the first 3 days. The dosage was increased to 300mg/d where it remained until week 12 when the dose was decreased to 150 mg for 3 days then discontinued. Dose reductions occurred if participant reported unpleasant adverse effects. Group 2: Placebo + Medical Management Mutual interventions: Medical management included advice to stop smoking, antidepressant medication adverse effects monitoring and educational materials. Physicians were 5 licensed psychiatric and internal medicine residents. Participants were provided written information about smoking cessation. (Freedom From Smoking). During week 1, the physician reviewed the treatment rationale and prescription instruction, discussed behavioral factors important to smoking cessation and established a quit date during week 5. This session lasted 10 to 20 minutes. Five-minute visits were scheduled during weeks 2, 6, and 11 during which participants were queried about cessation progress. The physicians responded briefly to questions and provided encouragement. Advice about specific quitting strategies was not offered. Group 3: Bupropion + Psychological Intervention Group 4: Placebo + Psychological Intervention Mutual interventions: All participants participated in the MM sessions previously described. In	Efficacy: ○ PPA 6 M ○ PPA 12 M - Carbon monoxide levels of 10 ppm or less and urinary cotinine levels of 60 ng/ml or less Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
			addition they participated in 5 group sessions. Providers were 3 master's-level counselors, the most common smoking treatment provider in the health care organizations were consulted. The intervention provided health-related information for mood management and smoking cessation and discussion of cessation. A core element was the development of a quit-smoking plan and weekly modification of it. Methods used included monitoring of cigarette use and affective states; paper-and-pencil exercises focusing on health-related information, motivation to quit, and decreasing relapse-related thoughts; informational handouts; and brief didactic presentations.	
Hand 2002 - 715	Study Design: Parallel NRT + Advice and Support (N): 136 Advice and Support (N): 109 Follow-up lengths: 12 Months Sponsor: NR Protocol availability: N	NRT + Advice and Support: Age≥ 60: 46 Female: 79 FTND Score: NR Years Smoked: NR Cigarettes per day >25: 47 Advice and Support: Age≥ 60: 47 Female: 54 FTND Score: NR Years Smoked: NR Cigarettes per day >25: 31 Are patients willing to quit or have they set a quit date: Y	Group 1: NRT Treatment description: The dose of the nicotine patch was determined by the number of cigarettes smoked. Those who smoked more than 20 cigarettes per day were given a 30 mg patch for the first week, 20 mg for week 2, and 10 mg for week 3. Those who smoked less than 20 cigarettes per day were given 20 mg patches for the first 2 weeks and a 10 mg patch for week 3. In addition to the patches, all those in the NRT group were given a nicotine inhalator starter pack containing six cartridges and a refill pack containing a further 42 cartridges. The inhalator has a replaceable nicotine cartridge and a mouth piece. Each cartridge provides 10 mg nicotine which the manufacturer advises is appropriate for 20 minutes of heavy use. One cartridge can be used several times. The inhalator therefore provided a total of 480 mg nicotine replacement for each patient for the 3 weeks or a further 20 mg nicotine per day if required. Group 2: Advice and Support Treatment description: The programme started with four weekly sessions during which time the patient was encouraged to set a "quit date" within 7 days of the first visit. The initial session of 45–60 minutes involved a detailed smoking history, as outlined previously, and support literature was given to the patient. This session was followed by three further weekly sessions, each lasting 15–30 minutes. Mutual interventions: Advice and support	Efficacy: ○ CAR 6 Months ○ CAR 12 M - Carbon monoxide levels of less than10 ppm.

Reference	Study Details	Patients	Intervention	Outcomes
Hanioka 2010 - 66	Study Design: Parallel NP + Counseling (N): 47 Non-intervention (N): 44 Follow-up lengths: 12 Months Sponsor: Fukuoka Dental College and Grant-in-Aids for Cancer Research from Japanese Ministry of Health Protocol availability: NR	NP + Counseling: Age: 48.0 Female: 7 FTND Score: NR Years Smoked: 26.7 Cigarettes per day: 24.3 Non-intervention: Age: 46.7 Female: 9 FTND Score: NR Years Smoked: 24.1 Cigarettes per day: 20.6 Are patients willing to quit or have they set a quit date: Y	Group 1: NP + Counseling NP: Participants received 6 weeks of nicotine patch therapy but dose and type of patch (16hr or 24 hr) is not reported. Counseling: Participants in this intervention arm received 5 visits starting with baseline then at weeks 2, 4, 8 and 3 months. Visits focused on smoking cessation and behavioral changes with not set duration per visit recorded.(Total Contact Time – 116.2 mins) Group 2: Non-intervention Non-intervention: Participants received initial visit and follow up measurements but were not offered nicotine replacement therapy and has no form of counseling. Mutual interventions: None	Efficacy: ○ CAR 6 months ○ CAR 12 M - salivary cotinine level <20 ng/ml Safety: ○ DEATH - inferred ○ SAE - inferred ○ CV DEATH – inferred ○ COMPLETED SUICIDE - inferred
Hanson 2001 – thesis	Study Design: Parallel NP24 14 mg-21 mg + Counseling (N): 50 Placebo + Counseling (N): 50 Follow-up lengths: 6 months Sponsor: NR Protocol availability: NR	NP24 14 mg-21 mg + Counseling Age: 17 Female: 24 FTND Score: NR Years Smoked: NR Cigarettes per day: 16.6 Placebo + Counseling Age: 16.6 Female: 33 FTND Score: NR Years Smoked: NR Cigarettes per day: 16.0 Are patients willing to quit or have they set a quit date: Y	Group 1: NP24 14 mg-21 mg + Counseling NP24 14 mg-21 mg: Participants who smoked ≥ 15 cogarettes/day given nicotine patch for 10 weeks with the first 6 at 21 mg/d, followed by 14 mg/d for 2 weeks and 7 mg/d for 2 weeks. Those who smoked 10-14 cigarettes/day given 14 mg/d for 6 weeks and then 7 mg/day for 4 weeks. Counseling: All participants received 11 sessions meeting once the first week, twice the second week, once a week for the next six weeks and then bi-weekly the final four weeks. The sessions were individualized and lasted 10-15 mins. (Total Contact Time = 110-165 mins). Group 2: Placebo + Counseling Placebo: Placebo patch identical to NP24 21 MG was given with same duration. Mutual interventions: A manual to help quit was given as well as a contingency-management procedure where participants were given points each visit that their CO was ≤8 ppm. At the end, given gift card based on points.	Efficacy: ○ NR - BV: NR Safety: ○ DEATH - inferred ○ SAE - inferred ○ CV DEATH - inferred ○ COMPLETED SUICIDE - inferred
Harackiewicz	Study Design:	Overall:	Group 1: NG + intrinsic self-help	Efficacy:

Reference	Study Details	Patients	Intervention	Outcomes
1987 - 372	Parallel NG + intrinsic self-help manual (N): 45 NG + extrinsic self-help manual (N): 45 Intrinsic self-help manual (N): 47 Extrinsic self-help manual (N): 38 Follow-up lengths: 12 Months Sponsor: Merrell Dow Pharmaceuticals Inc. Protocol availability: NR	Age: 34.5 Female: 107 FTND Score: NR Years Smoked: 17.4 Cigarettes per day: 26.6 Are patients willing to quit or have they set a quit date: Y	manual NG: A supply of nicotine gum was given to participants and they were encouraged to use it as needed but for a recommended duration of 3 months. Dosage and daily use was not reported. Intrinsic self-help manual: Participants received the self-help manual and participated in therapy that focused on using their own methods and ability to quit smoking. (Total Contact Time = NR) Group 2: NG + extrinsic self-help manual Extrinsic self-help manual: Participants received a similar self-help manual to the others but this manual focused on doctor recommended smoking cessation methods and programs. (Total Contact Time = NR) Group 3: Intrinsic self-help manual Group 4: Short self-help manual Short self-help manual: Participants received a short manual similar to the other manual on quitting but with only brief tips and no sessions or NRT was given. Mutual interventions: None	○ CAR 6 months ○ CAR 12 M - expired air carbon monoxide <8 ppm and salivary thiocyanate <10 mg/dl Safety: ○ NR
Harackiewicz 1988 - 319	Study Design: Parallel Nicotine gum + Self-help (N): 99 Self-help (N): 52 Control (booklet) (N): 46 Follow-up lengths: 12 Months Sponsor: Supported by a grant from Merrell Dow Pharmaceuticals Protocol availability: NR	Overall sample Age: 36 Female: 63 FTND Score: NR Years Smoked: 17 Cigarettes per day:26.5 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine gum Treatment description: Gum patients were instructed to chew a piece of gum when they felt an urge to smoke. The guidelines encouraged patients to anticipate smoking situations (e.g., work breaks) and begin chewing before smoking urges developed. Charts were provided for monitoring the conditions under which the gum was chewed. Patients were instructed to gradually eliminate the use of the gum approximately three months after their quit date. While they were tapering off the gum, they were to continue using behavioral and cognitive coping strategies to resist the urge to smoke. These directions were integrated into the self-help program. In the Gum condition, the manual outlined another coping strategy: chewing nicotine gum. After quitting, all patients were to record instances	Efficacy: ○ CAR 6 Months ○ CAR 12 M - Biochemical-verified method

Reference	Study Details	Patients	Intervention	Outcomes
			when they conquered an urge to smoke (on charts provided with the manual) in order to learn which coping strategies were most effective for them. A section on "slips" emphasized that if they smoked, they should identify the causes of their relapse, and use the appropriate coping strategies when similar situations arose. Group 2: Self-help The manuals in the Self-Help and Gum conditions were identical except for directions pertaining to nicotine gum. Group 2: Control (booklet) In the control condition, guidelines for quitting were minimal; the booklet contained only general information about smoking and brief tips. Patients first were urged to spend a few days clarifying their smoking patterns and considering their reasons for quitting. To facilitate this process, charts were provided for recording when and why cigarettes were smoked during this preparation period. Patients were then advised to set and prepare for a "quit date", on which they would stop smoking completely. The manuals outlined various coping strategies for controlling smoking urges (e.g., thinking about the benefits of not smoking, finding substitute activities). Mutual interventions: All booklets outlined a three-month program in which smokers would quit "cold-turkey" after a few days of preparation.	
Hatsukami 2004 - 151	Study Design: Parallel Bupropion (N): 295 Placebo (N): 299 Follow-up lengths: 12 Months Sponsor: supported by GlaxoSmithKline Protocol availability: NR	Bupropion: Age: 42.5 Female: 43 FTND Score: 6.4 Years Smoked: NR Cigarettes per day: 29.0 Placebo: Age: 42.0 Female: 47 FTND Score: 6.4 Years Smoked: NR Cigarettes per day: 28.5 Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion Treatment description: 26 weeks of sustained-release bupropion (150 mg for days 1 to 3 of therapy, followed by 150 mg twice daily) Group 2: matching placebo Mutual interventions: Written materials suggesting smoking reduction techniques were provided; these materials were discussed with trained or experienced smoking intervention counselors at each monthly visit during brief individual sessions using standardized counseling guidelines.	Efficacy: ○ CAR 6 Months - Exhaled carbon monoxide ≤ 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0
Hays 1999-1701	Study Design: Parallel Nicotine patch (N): 321	Nicotine patch: Age: 43.5 Female: 51.4 Fagerstrom Score: 6.1	Group 1: Nicotine 24 hour patch 22mg Group 2: identical Placebo patch	Efficacy: ○ PPA 6 M - Expired CO levels of 8ppm or lower were considered

Reference	Study Details	Patients	Intervention	Outcomes
		Years Smoked: 25.2 Cigarettes per day > 40: 10.3		to be confirmatory of self-reported abstinence
	Placebo (N): 322 Follow-up lengths: 6 Months Sponsor: Supported by Elan Pharmaceutical Research Corp Protocol availability: NR	Placebo: Age: Female: FTND Score: Years Smoked: Cigarettes per day > 40: 9.6 Are patients willing to quit or have they set a quit date: NR		Safety: ○ DEATH ○ CV DEATH ○ CV EVENTS
Hays 2001 - 423	Study Design: Parallel Bupropion SR (N): 214 Placebo (N): 215 Follow-up lengths: 24 Months Sponsor: Supported by Glaxo Wellcome Protocol availability: NR	Bupropion: Age: 47.0 Female: 54.7 Fagerstrom Tolerance Questionnaire: 7.3 Years Smoked: NR Cigarettes per day: 27.4 Placebo: Age: 45.4 Female: 47.9 Fagerstrom Tolerance Questionnaire:7.1 Years Smoked: NR Cigarettes per day: 26.2 Are patients willing to quit or have they set a quit date: Y	Group 1: Drug or behavioral Treatment description: describe the administration of the intervention in each group Group 2: Same as listed under group 1 Mutual interventions: The mutual intervention(s) across arms that can be deleted <u>If drug list the following:</u> - Mode (gum, patch, tablet, etc.); - dose - duration - frequency - Others? <u>If behavioral list the following:</u> - type (self-help, educational, psychological, etc.) - duration - frequency - Others?	Efficacy: ○ PPA 6 M ○ PPA 12 M ○ PPA > 12 M - Biochemically confirmed by an expired CO level of 10 ppm or less Safety: ○ DEATH ○ CV DEATH ○ COMPLETED SUICIDE- inferred 0
Herrera 1995-447	Study Design: Parallel Nicotine gum 2mg (N): 157 Nicotine gum 4mg (N): 87 Placebo (N): 78 Follow-up lengths: 24 Months Sponsor: NR Protocol availability: NR	Nicotine gum 2mg (low/medium): Age: 38.1 Female: NR FTQ Score: 5.3 Years Smoked: NR Cigarettes per day: 15.7 Nicotine gum 2mg (high dependence): Age: 38.6 Female: NR FTQ Score: 7.9 Years Smoked: NR Cigarettes per day: 32.5 Nicotine gum 4mg: Age: 40.7 Female: NR FTQ Score: 7.9 Years Smoked: NR Cigarettes per day:	Group 1: Nicotine gum 2mg Treatment description: describe the administration of the intervention in each group Group 2: Nicotine gum 4mg Group 3: Placebo Mutual interventions: Behavioral Supportive Treatment: This treatment consisted of 12 group sessions over approximately 6 weeks, two sessions per week, each lasting 60 to 80 min. The group sessions (10 to 15 participants) were divided into four phases. The first phase (2 weeks) included increased awareness of the habit by record keeping of each cigarette smoked to learn about external stimuli connected with smoking. The subjects were further to increase the interval between	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ CAR > 12 M - Used cotinine and Carbon Monoxide but did not detail the thresholds. Safety: ○ DEATH - inferred 0 ○ SAE- inferred 0 ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
		34.2 Placebo: Age: 36.8 Female: NR FTQ Score: 5.3 Years Smoked: NR Cigarettes per day: 15.6 Are patients willing to quit or have they set a quit date: Y	cigarettes so as to decrease total intake of nicotine. This was aided by a wrist alarm watch that signaled smoking at longer and longer intervals. Phase 2 (2 to 4 weeks) included continued record keeping and reduction of smoking by the wrist alarm and stimulus control. Familiarization with gum started and reinforced reduced smoking. Relaxation techniques, covert conditioning (associating smoking with negative consequences), and alternative reinforcing behavior to smoking was learned. Thereafter, the quit phase began. During this period (4 to 6 weeks), most of the information and discussions were centered on the nicotine replacement treatment. Use of the behavioral methods was also encouraged and relapse prevention training began with instructions in stress management and cognitive restructuring. A maintenance phase (7 to 12 weeks) offered additional support with one session per week. Eventually individual follow-up sessions at 6, 12, and 24 months were made. In addition to this, participants could come and see the therapist at a set time each week for up to 24 months if they so wished.	
Hertzberg 2001 - 94	Study Design: Parallel Bupropion (N): 10 Plcebo (N): 5 Follow-up lengths: 6 Months Sponsor: Study was supported in part by Glaxo Wellcome and the National Cancer Institute Protocol availability: NR	Overall: Age: 50 Female: NR FTND Score: NR Years Smoked: 57 Cigarettes per day: 33 Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion Treatment description: Bupropion SR was begun at 150 mg every morning for 3 or 4 days and then increased to 150 mg twice daily (300 mg/day). Group 2: Placebo	Efficacy: ○ PPA 6 M - Expired Carbon Monoxide measurements with a level of > 10 ppm were considered positive for cigarette smoking Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Heydari 2012-268	Study Design: Parallel Counseling (N): 91 Nicotine patch (N): 92 Varenicline (N): 89 Follow-up lengths: 12 Months Sponsor: Funding was provided by the Masih Daneshvari Hospital Research Institute, Tehran. Protocol availability: national study	Counseling: Age: 42.2 Female: 42.9 Fagerstrom test Score: 5.1 Years Smoked: NR Cigarettes per day ≥ 31: 15 Nicotine patch: Age: 41.8 Female: 47.8 Fagerstrom test Score: 5.6 Years Smoked: NR Cigarettes per day ≥	Group 1: Counseling Mutual interventions: All three groups received brief (5 minutes) education and counseling on behaviour therapy and cessation in four weekly sessions Group 2: 15 mg/daily nicotine patches for 8 weeks Group 3: varenicline Treatment description: 0.5 mg daily	Efficacy: ○ CAR 6 Months ○ CAR 12 M - biologically verifi ed by exhaled carbon monoxide measurement Safety: ○ DEATH - inferred 0 ○ SAE- inferred 0 ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
	code IRCT138901111878N2)	31: 11 Varenicline: Age: 43.5 Female: 32.6 Fagerstrom test Score: 5.7 Years Smoked: NR Cigarettes per day ≥ 31: 16 Are patients willing to quit or have they set a quit date: Y	for the fi rst 3 days, followed by 0.5 mg twice a day for 4 days and subsequently 1 mg twice daily for 8 weeks	
Hilberink 2011 - 120	Study Design: Parallel Usual care (N): 154 Counseling + NRT (N): 252 Counseling + NRT + Bupropion (N): 291 Follow-up lengths: 12 Months Sponsor: NR Protocol availability: ID NCT00628225.	Usual care: Age: 60.1 Female: 44.6 FTND Score: 4.3 Years Smoked: NR Cigarettes per day:16.8 Counseling + NRT: Age: 58.0 Female: 53.5 FTND Score: 4.4 Years Smoked: NR Cigarettes per day:16.9 Counseling + NRT + Bupropion: Age: 60.7 Female: 52.2 FTND Score: 4.6 Years Smoked: NR Cigarettes per day:16.9 Are patients willing to quit or have they set a quit date: NR	Group 1: Counseling + NRT + Bupropion SR Group 2: Counseling + NRT Mutual interventions: Counseling and NRT Both strategies used the same counseling protocol. Group 3: Usual care	Efficacy: ○ PPA 12 M - Biochemical-verified by cotinine levels Safety: ○ DEATH
Hill 1993 - 321	Study Design: Parallel Behavioral training (N): 22 Behavioral training + Nicotine gum (N): 22 Behavioral training + Exercise (N): 18 Exercise (N): 20 Follow-up lengths: 12 Months Sponsor: Supported by a grant from the Andrus Foundation. Nicotine gum was provided through a grant from Merrell Dow Pharamceutical Protocol availability: NR	Behavioral training: Age: NR Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: NR Behavioral training + Nicotine gum: Age: NR Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: NR Behavioral training + Exercise: Age: NR Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: NR Exercise:	Group 1: Behavioral training Behavioral training materials were adapted from the smoking cessation program used by the Lung Health Study, Components of behavioral training were as follows: (1) tailored information highlighting the health consequences of smoking in advanced age, (2) specific documentation that older smokers can quit and improve their quality of life, (3) environmental planning that involved removing smoking-related cues (e.g., matches, ashtrays), (4) setting a quit date that involved a contract with fellow group members, (5) relapse prevention training that included identifying high-risk situations, role-playing coping responses to those situations, and problem-solving individual slips between treatment sessions. Participants met for a total of twelve 90-minute sessions across the 3-	Efficacy: ○ PPA 6 M ○ PPA 12 M - verified CO less than 10 ppm indicated not smoking

Reference	Study Details	Patients	Intervention	Outcomes
		Age: NR Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	month treatment program. During the first month participants met eight times (once during week 1, four times during quit week, twice during week 3, and once during week 4). In months 2 and 3 participants met once every two weeks. Between sessions, group leaders contacted individuals by phone to check on their progress and to provide assistance as needed. The total number of group sessions plus phone contacts was equal to the number of formal exercise sessions for the exercise groups. The stated goal of behavioral training was smoking cessation on quit day and maintenance of nonsmoking for the remainder of the treatment program and through each follow-up. Group 2: Behavioral training + Nicotine gum Treatment description: Participants received identical behavioral training to those in group 1. In addition, during the first treatment meeting a project physician evaluated each participant and prescribed nicotine gum. Nicotine gum was provided at no cost to each subject during the 3-month treatment program and was available to participants as needed up to the 4-month follow-up interval. Participants were required to attend group meetings and/or participate in scheduled follow-ups to renew their supply of nicotine gum. Participants were encouraged to use nicotine gum and were given detailed instruction about its use in conjunction with behavioral training as a way to resist the urge to smoke. Although individuals regulated their own gum use (e.g., the number of pieces chewed per day), group leaders encouraged participants to use the gum daily as a way to deal with physical urges to smoke. Mutual interventions: Behavioral training Group 3: Behavioral training + Exercise Treatment description: Participants received behavioral training as described for group 1. The behavioral training schedule was modified to incorporate a regular program of physical exercise. Physical exercise consisted of graduated walking following a standard protocol administered by the exercise leader through the Department of Exercise	

Reference	Study Details	Patients	Intervention	Outcomes
			and Sports Science, College of Health. Specifically, individuals met and walked as a group over a 3-month time period. Both indoor and outdoor walking facilities were available to facilitate regular walking irrespective of weather conditions. The first 60 minutes of each session were devoted to behavioral training, followed by exercise (45 minutes). Because behavioral training required fewer formal group meetings than the exercise program, a percentage of the treatment sessions for group 3 involved only exercise. The exercise component involved three formal group meetings each week during the first month. This was decreased to twice a week during month 2, and once a week during month 3. During months 2 and 3, participants were encouraged to walk at least three times per week. This involved walking with the group at the designated times, as well as walking on their own between group meetings. When a group member failed to attend a formal walking session, a leader contacted that individual by phone to encourage continued walking outside of group meetings and/or to problem-solve group attendance issues when necessary. At each formal group walking session, subjects spent 10 minutes warming up, followed by a period of steady walking which varied from 15 to 35 minutes depending on the individual's baseline level of fitness as determined from an estimated training heart rate from the 1-mile standardized walk at the group orientation meeting. The goal of the walking program was to increase training heart rate to 60-70070 of heart-rate reserve and to maintain this target rate for longer periods of time as conditioning improved. Participants were trained to monitor their own heart rate as they walked in order to sustain their target heart rate. At each exercise session, group leaders followed up on the smoking cessation goals that were made during the previous behavioral training session. Group 4: Exercise Group 4 was a placebo control. The exercise protocol was a method of controlling for contact time, given that participants in this condition met as a group with an exercise leader on the same schedule as described for group 3. At the initial session, participants received 1 to 3 minutes of general	

Reference	Study Details	Patients	Intervention	Outcomes
			encouragement to quit and were given a self-help stop-smoking pamphlet published by the American Cancer Society. The stated purpose of this intervention was to promote smoking cessation through improved fitness. The group leaders were not aware that this was a placebo control condition. At each meeting leaders recorded self-reported smoking status, conducted the prescribed exercise-training protocol, and encouraged group members to quit. Mutual interventions: Exercise	
Hilleman 1994-222	Study Design: Parallel Fixed dose Transdermal Nicotine (N): 69 Tapered dose Transdermal Nicotine (N): 71 Follow-up lengths: 6 Months Sponsor: NR Protocol availability: NR	Fixed dose Transdermal Nicotine: Age: 45 Female: 52.2 Fagerstrom Score: 9.8 Years Smoked: 20.3 Cigarettes per day:27.5 Tapered dose Transdermal Nicotine: Age: 47 Female:57.7 Fagerstrom Score:9.5 Years Smoked: 19.3 Cigarettes per day:25.2 Are patients willing to quit or have they set a quit date: Y	Fixed dose Transdermal Nicotine: Drug or behavioral Treatment description: Fixed-dose transdermal nicotine treatment consisted of the use of transdermal nicotine patch designed to deliver 21 mg or 22 mg per day for 6 weeks with no dosage adjustments. Tapered dose Transdermal Nicotine: Same as listed under group 1 Treatment description: Tapered-dose transdermal nicotine treatment consisted of a 21-mg or 22-mg patch daily for 4 weeks, a 14-mg patch for 4 weeks, and a 7-mg patch daily for 4 weeks.	Safety: ○ DEATH - inferred 0 ○ SAE- inferred 0 ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0
Hjalmarson 1984 - 2835	Study Design: Parallel Nicotine gum (N): 106 Placebo (N): 100 Follow-up lengths: 12 Months Sponsor: NR Protocol availability: NR	Nicotine gum: Age: 42.8 Female: 53.8 FTND Score: NR Years Smoked: NR Cigarettes per day: 23.9 Placebo: Age: 41.3 Female: 59 FTND Score: NR Years Smoked: NR Cigarettes per day: 24.2 Are patients willing to quit or have they set a quit date: NR	Group 1: Nicotine gum 2mg Group 2: Placebo Mutual interventions: The groups each contained five to ten subjects and met six times in six weeks. Group sessions were led by a psychologist who gave simple advice based on behavior modification principles.	Efficacy: ○ CAR 6 Months ○ CAR 12 M - Biochemical-verified method Safety: ○ DEATH ○ SAE
Hjalmarson 1994 - 2567	Study Design: Parallel Nicotine spray (N): ITT Placebo (N): ITT Follow-up lengths: 12 Months Sponsor: NR	Nicotine spray: Age: 44.9 Female: 57.6 FTQ Score: 7.2 Years Smoked: 26.9 Cigarettes per day: 21.2 Placebo: Age: 44.9 Female: 56.9	Group 1: The nicotine nasal spray delivered 0.5 mg of nicotine per 50-u.L spray. One dose was defined as two sprays, thus delivering 1.0 mg of nicotine. Treatment description: Subjects were encouraged to use the spray frequently, up to a maximum of five doses per hour and 40 doses per day. The recommended duration of spray	Efficacy: ○ CAR 6 Months ○ CAR 12 M - CO monoxide < 10 ppm in nonsmokers. Safety: ○ DEATH - inferred 0 ○ SAE- inferred 0 ○ CV DEATH- inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
	Protocol availability: NR	FTQ Score: 7.3 Years Smoked: 26.6 Cigarettes per day: 21.6 Are patients willing to quit or have they set a quit date: NR	use was 3 months, but spray use could be continued for up to 1 year. describe the administration of the intervention in each group Group 2: Matching placebo	○ COMPLETED SUICIDE- inferred 0
Hjalmarson 1997 -1721	Study Design: Parallel Nicotine inhaler (N): 123 Placebo (N): 124 Follow-up lengths: 12 Months Sponsor: This study was supported by a grant from Pharmacia & Upjohn Protocol availability: NR	Nicotine inhaler: Age: 48.0 Female: 61.8 FTQ Score: 7.3 Years Smoked: 30 Cigarettes per day:21.7 Placebo: Age: 47.0 Female: 66.1 FTQ Score: 7.0 Years Smoked: 28.9 Cigarettes per day:21.0 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine inhaler Treatment description: The nicotine inhaler consisted of a plastic mouthpiece into which a replaceable cylinder, containing a soft plug impregnated with nicotine and menthol, was inserted. It looked like a cigarette holder. When puffed, the inhaler delivered air saturated with nicotine into the mouth. Each inhaler contained approximately 10 mg of nicotine and 1 mg of menthol. One puff of 50 mL released approximately 13 ng of nicotine at room temperature. To receive 1 mg of nicotine, the participant had to take about 80 puffs. This dosage required them to take 3 to 4 puffs per minute for 20 to 30 minutes. The average smoker receives approximately 1 mg of nicotine from smoking a cigarette, usually after 10 puffs in 10 minutes. Participants were instructed to use the inhaler for 20 to 30 minutes and to puff more frequently than when smoking. An inhaler could be used more than once and participants usually switched to a new inhaler after using the old one 3 to 4 times. The nicotine and the placebo inhaler were identical in appearance, but the placebo inhaler contained only menthol. The inhalers were used on an ad lib basis with a recommended minimum dosage of 4 inhalers per day. Participants who smoked during treatment were encouraged to continue inhaler use and to increase their dosage. After 3 months participants were advised to decrease their inhaler use, but they were allowed to use the inhalers for up to 6 months. Group 2: Placebo Mutual interventions: Participants were assigned to 1 of 24 groups. Each group consisted of 8 to 13 individuals and met 8 times in 6 weeks. Participants were expected to stop smoking by the second group meeting (quit day), and at this session theyreceived the inhalers and were instructed in their use. The inhalers were dispensed by a nurse not	Efficacy: ○ CAR 6 Months ○ CAR 12 M - Participants who reported that they were not smoking and who had an exhaled-air carbon monoxide concentration of less than 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE- inferred 0 ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
			involved in the treatment or assessment procedures. Participants who had received either nicotine or placebo inhalers were included in the same support groups. Two psychologists were involved in the study, each of them treating 12 groups. The group sessions lasted from 45 to 60 minutes, and participants were taught smoking behavior modification skills and how to use the inhalers. At one session a physician talked about the health benefits of smoking cessation. At 3, 6, and 12 months after the quit date, participants were mailed a questionnaire about their smoking behavior and, if not smoking, asked to come to the clinic to have their claim of abstinence verified and for other tests.	
Holt 2005 - 120	Study Design: Parallel Bupropion 300mg/day (N): 88 Placebo (N): 46 Follow-up lengths: 12 Months Sponsor: Supported by a research grant from GlaxoSmithKline. Protocol availability: NR	Bupropion: Age: 41.7 Female: 69.3 FTND Score: 5.8 Years Smoked: NR Cigarettes per day: NR Placebo: Age: 38.0 Female: 76.1 FTND Score: 5.3 Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion 300 mg/day Treatment description: bupropion 150 mg once daily for 3 days, then 150 mg twice daily for 7 weeks. Group 2: identical placebo Mutual interventions: Both treatment groups also received smoking cessation counselling.	Efficacy: ○ CAR 6 Months ○ CAR 12 Months - Exhaled CO Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Hughes 1989 - 1300	Study Design: Parallel Nicotine gum (N): 210 Placebo (N): 105 Follow-up lengths: 12 Months Sponsor: This study was funded by a grant (DA-04066) and a Research Scientist Development Award (DA-00109) from the National Institute on Drug Abuse, Washington DC. Merrell-Dow Research Institute, Cincinnati, provided all gum Protocol availability: NR	Nicotine gum: Age: 37.4 Female: 55 FTND Score: 5.7 Years Smoked: 19.7 Cigarettes per day: 29.8 Placebo: Age: 36.6 Female: 59 FTND Score: 5.8 Years Smoked: 18.7 Cigarettes per day: 29.2 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine gum Treatment description: The nicotine gum was the marketed 2-mg dose (Nicorette). Group 2: Placebo Mutual interventions: Nurses gave the subject a booklet of behavioral strategies to combat the habit part of smoking, a booklet on the use of nicotine gum, and a list of public and private smoking cessation clinics, including those at the health maintenance organization. The nurse was trained in smoking cessation counseling and also gave ten to 12 minutes of individual advice. Subjects then received six to ten minutes of physician advice	Efficacy: ○ CAR 12 M ○ PPA 12 M - Biochemical-verified method cotinine level <15 ng/ml Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Hughes 1990-1175	Study Design: Parallel	Nicotine gum 4 mg: Age: 40.2	Group 1: Nicotine gum 4mg	Safety: ○ DEATH - inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
	Nicotine gum 4 mg (N): 19 Nicotine gum 2 mg (N): 20 Placebo (N): 19 Follow-up lengths: 6 Months Sponsor: This work was supported by Grants DA-03728 and DA-04066 and Research Scientist Development Award DA-00109 (to J.R.H.) from the National Institute on Drug Abuse. Protocol availability: NR	Female: 74 FTND Score: 6.2 Years Smoked: 22.4 Cigarettes per day: 31.9 Nicotine gum 2 mg: Age: 43.9 Female: 50 FTND Score: 5.8 Years Smoked: 25.8 Cigarettes per day: 27.4 Placebo: Age: 34.1 Female: 47 FTND Score: 6.6 Years Smoked: 16.8 Cigarettes per day: 30.2 Are patients willing to quit or have they set a quit date: NR	Group 2: Nicotine gum 2 mg Group 3: Placebo Placebo gum contained no nicotine but did contain flavoring agents to imitate the taste of active gum.	○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Hughes 2003 - 946	Study Design: Parallel Nicotine patch (N): 61 Placebo (N): 54 Follow-up lengths: 6 Months Sponsor: Protocol availability: Y/N	Nicotine patch: Age: 43 Female: 28 FTQ Score: 7.9 Years Smoked: NR Cigarettes per day: 30 Placebo: Age: 43 Female: 37 FTQ Score: 7.6 Years Smoked: NR Cigarettes per day: 29 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine patch 21 mg worn over 24 hours Treatment description: Subjects in the NP group began the 21-mg dose on their quit date and used it for the next 6 weeks. Then they received 14 mg/day for 2 weeks, 7 mg for 2 weeks, and placebo for 2 weeks Group 2: Placebo (0 mg) Those in the placebo group received matching placebo patches for the entire 12 weeks. Mutual interventions: At the precessation visit, subjects received a stopsmoking booklet. At this visit and the first six post–quit date visits, subjects attended a 1-hr behavioral therapy group session. Groups were led by graduate students in psychology or trained tobacco cessation counselors and usually consisted of four to eight subjects. Topics included resisting urges, coping with withdrawal symptoms, handling being around other smokers, and so on. Alcohol use or alcohol cravings were not discussed as specific topics; on the few occasions that these concerns arose, prior successful strategies for handling alcohol cravings were reviewed. During the second 6 weeks, subjects were seen every 2 weeks for brief (□15 min) individual behaviorally based counseling.	Efficacy: ○ CAR 6 Months - Biochemical-verified method CO levels less than 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
Hughes 2011-955	Study Design: Parallel Varenicline (N): 107 Placebo (N): 111 Follow-up lengths: 6 Months Sponsor: Pfizer Inc. via an unrestricted grant plus provided medication and placebo; Senior Scientist Award DA-000490 to J.R.H. and grant DA011557 to J.R.H.; and the Larson Endowment at the University of Nebraska Medical Center to S.I.R. Protocol availability: NR	Varenicline: Age: 45 Female: 39 FTND Score: 4.9 Years Smoked: NR Cigarettes per day:19 Placebo: Age: 45 Female: 39 FTND Score: 4.3 Years Smoked: NR Cigarettes per day:17 Are patients willing to quit or have they set a quit date: Y	Varenicline Placebo Treatment description: Participants took one pill/day (0.5 mg/day or placebo) for the first 3 days, then two pills/day (0.5 mg each or placebo) for 4 days, and then two pills/day (1.0 mg each or placebo) for the remainder of treatment. Mutual interventions: Brief counseling about reduction occurred at baseline, 2, 4, and 8 weeks later.	Efficacy: ○ PPA 6 M - Biochemical-verified method Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Hurt 1990 - 1529	Study Design: Parallel NP24 30 mg (N): 31 Placebo (N): 31 Follow-up lengths: 56 weeks Sponsor: Elan Pharmaceutical Research Corporation Protocol availability: NR	NP24 30 mg Age: NR Female: 16 FTND Score: 6.7 Years Smoked: 20 (median) Cigarettes per day: 30 (median) Placebo Age: NR Female: 17 FTND Score: 5.9 Years Smoked: 19 (median) Cigarettes per day: 25 (median) Are patients willing to quit or have they set a quit date: Y	Group 1: NP24 30 mg NP24 30 mg: Phase 1: The 24hr nicotine patch was given for 6 weeks at 30mg/d for those smoking >20 cigarettes/d. Phase 2: Participants who were still smoking were offered either 15 mg/d or 30 mg/d dosage for weeks 6-18. Group 2: Placebo Placebo: The placebo patch was given at for the same duration as those in the NP24 30 mg/d group for the first 6 weeks. For those still smoking after 6 weeks, they continued on the placebo until week 12. At week 12, if they were still smoking they were offered either 30 mg/d or 15 mg/d active nicotine patch until week 18. Mutual interventions: None	Efficacy: ○ PPA 6 months ○ PPA 12 M ○ PAR 40 wks - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ NR
Hurt 1994-595	Study Design: Parallel Nicotine patch (N): 120 Placebo patch (N): 120 Follow-up lengths: 12 Months Sponsor: This study was supported by a grant from Lederle Laboratories, Pearl River, NY. Protocol availability: NR	Nicotine patch: Age:42.8 Female: 51.7 FTND Score: 6.3 Years Smoked: 23.7 Cigarettes per day: 28.8 Placebo: Age: 43.6 Female: 55.8 FTND Score: 6.8 Years Smoked: 25.8 Cigarettes per day:30.6 Are patients willing to quit or have they set a quit date: Y	Group 1: 8 weeks of 22mg nicotine patch Group 2: placebo patch Mutual interventions: Based on the National Cancer Institute program, subjects received smoking cessation advice from a physician. Follow-up and relapse prevention were provided by a study nurse during individual counseling sessions. Brief individualized counseling using the booklet, "Clearing the Air," was provided by the nurse.	Efficacy: ○ PPA 6 M ○ PPA 12 M - Biochemical-verified method by CO of 8ppm or less Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
Hurt 1997 - 1195	Study Design: Parallel Placebo (N): 153 Bupropion 100 mg(N): 153 Bupropion 150 mg(N): 153 Bupropion 300 mg(N): 156 Follow-up lengths: 12 Months Sponsor: Supported by a grant from Glaxo Wellcome. Protocol availability: NR	Placebo: Age: 43 Female: 59.5 Fagerstrom Score: 7.3 Years Smoked: NR Cigarettes per day: 26.5 Bupropion 100 mg: Age: 44.1 Female: 58.2 Fagerstrom Score: 7.3 Years Smoked: NR Cigarettes per day: 26.2 Bupropion 150 mg: Age: 42.3 Female: 50.3 Fagerstrom Score: 7.3 Years Smoked: NR Cigarettes per day: 27.5 Bupropion 300 mg: Age: 45 Female: 50.6 Fagerstrom Score: 7.3 Years Smoked: NR Cigarettes per day: 27.2 Are patients willing to quit or have they set a quit date: Y	Placebo: taken twice a day Sustained release Bupropion 100 mg: 50 mg twice a day Sustained release Bupropion 150 mg: 150 mg each morning and placebo each evening Sustained release Bupropion 300 mg: 150 mg per day for three days, followed by 150 mg twice a day Treatment description: all tablets were identical in appearance. Mutual interventions: Each subject received a brief, personalized message to stop smoking from the physician and self-help material based on the National Cancer Institute program. In this program, which has been validated as an effective intervention for smoking cessation, the physician asks each patient whether he or she smokes, advises all smokers to stop smoking, helps the patient set a quitting date, and arranges a follow-up visit.	Efficacy: ○ PPA 6 M ○ PPA 12 M - Biochemical-verified method Safety: ○ DEATH ○ SAE ○ CV DEATH ○ CV EVENTS ○ COMPLETED SUICIDE – inferred 0
Jamrozik 1984 - 794	Study Design: Parallel NG 2mg (N): 101 Placebo (N): 99 Follow-up lengths: 6 Months Sponsor: Oxford District Research Committee and the Nuffield Dominions Trust Protocol availability: NR	NG 2mg Age: NR Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: NR Placebo Age: NR Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: NG 2mg NG 2 mg: Nicotine gum was given for a minimum of 3 months at 2 mg dose. Group 2: Placebo Placebo: Identical to NG 2 mg in appearance and packaging, given for the same duration. Mutual interventions: None	Efficacy: ○ CAR 6 months - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ DEATH - inferred ○ SAE - inferred ○ CV DEATH - inferred
Jarvik 1984 - 790	Study Design: Parallel NG 2 mg + Counseling (N): 25 Placebo + Counseling (N): 23	NG 2 mg + Counseling: Age: NR Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: NR	Group 1: NG 2 mg + Counseling NG 2 mg: Participants given 2 mg dose of nicotine gum to use as needed and duration not reported.	Efficacy: ○ CAR 6 Months ○ CAR 12 M - expired air carbon monoxide

Reference	Study Details	Patients	Intervention	Outcomes
	Follow-up lengths: 12 Months Sponsor: National Institute on Drug Abuse and VA Medical Research Service Protocol availability: NR	Placebo + Counseling: Age: NR Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Counseling: Participants visits daily for the first week, then weekly for 4 weeks and at 3, 6 and 1 year times for 30 mins counseling sessions. (Total Contact Time = ~360 mins) Group 2: Placebo + Counseling Placebo: Placebo gum given to participants to use as needed. Mutual interventions: None	Safety: ○ NR
Jarvis 1982 - 537	Study Design: Parallel NG 2 mg + Counseling (N): 58 Placebo + Counseling (N): 58 Follow-up lengths: 12 Months Sponsor: Medical Research Council and Department of Health and Social Security Protocol availability: NR	NG 2 mg + Counseling: Age: 41.0 Female: 29 FTND Score: NR Years Smoked: NR Cigarettes per day: 30.9 Placebo + Counseling: Age: 38.4 Female: 35 FTND Score: NR Years Smoked: NR Cigarettes per day: 26.5 Are patients willing to quit or have they set a quit date: Y	Group 1: NG 2 mg + Counseling NG 2 mg: Participants were given 2 mg nicotine gum to take as needed daily and for a minimum of 3 months. Counseling: Group meetings held weekly for six weeks for one hour each. (Total Contact Time = 360) Group 2: Placebo + Counseling Placebo: Placebo contained 1 mg of nicotine with no buffer to decrease absorption but mimic taste of NG 2 mg. Duration was recommended as minimum 3 months. Mutual interventions: None	Efficacy: ○ CAR 12 M ○ PPA 12 M ○ PAR 12 M - expired air carbon monoxide Safety: ○ DEATH - inferred ○ SAE ○ CV DEATH- inferred
Jensen 1990 - 831	Study Design: Parallel Silver acetate + Counseling (N): 203 NG 2 mg + Counseling (N): 211 Placebo + Counseling (N): 82 Follow-up lengths: 12 Months Sponsor: NR Protocol availability: NR	Silver acetate + Counseling: Age: 41.8 Female: 117 FTND Score: 6.3 Years Smoked: 22.8 Cigarettes per day: 21.7 NG 2 mg + Counseling: Age: 42.7 Female: 116 FTND Score: 6.3 Years Smoked: 23.1 Cigarettes per day: 21.8 Placebo + Counseling: Age: 41.4 Female: 41 FTND Score: 6.2 Years Smoked: 21.6 Cigarettes per day: 21.0 Are patients willing to quit or have they set a quit date: Y	Group 1: Silver acetate + Counseling Silver acetate: Participants were given gum containing 6 mg of silver acetate and restricted to six pieces/day for 6 weeks. Then, advised to taper use over next six weeks. Counseling: Participants met at the initial meeting and then at weeks 1, 2, 3, 4 6, 12, 26, and 52 for group support. Lectures, materials and booklets were reviewed to help quit. (Total Contact Time = NR) Group 2: NG 2 mg + Counseling NG 2 mg: Participants were given gum containing 2 mg of nicotine and could be taken as needed for six weeks. Then, advised to taper use over next six weeks. Group 3: Placebo + Counseling Placebo: Ordinary, unflavored, sugar free gum given as placebo and could be taken as needed first six weeks. After, advised to reduce use for final six weeks.	Efficacy: ○ CAR 6 months ○ CAR 12 M - expired air carbon monoxide Safety: ○ NR

Reference	Study Details	Patients	Intervention	Outcomes
			Mutual interventions: None	
Jorenby 1999 - 685	Study Design: Parallel Bup 300 mg + NP24 21 mg (N): 245 Bup 300 mg (N): 244 NP 24 21 mg (N): 244 Placebo (N): 160 Follow-up lengths: 12 Months Sponsor: Glaxo Wellcome Protocol availability: NR	Bup 300 mg + NP24 21 mg: Age: 43.9 Female: 121 FTND Score: 7.3 Years Smoked: 26.7 Cigarettes per day: 26.8 Bup 300 mg: Age: 42.3 Female: 126 FTND Score: 7.4 Years Smoked:24.6 Cigarettes per day: 25.5 NP 24 21 mg: Age: 44.0 Female: 126 FTND Score: 7.4 Years Smoked: 26.8 Cigarettes per day: 26.5 Placebo: Age: 42.7 Female: 94 FTND Score: 7.5 Years Smoked: 25.6 Cigarettes per day: 28.1 Are patients willing to quit or have they set a quit date: Y	Group 1: Bup 300 mg + NP24 21 mg Bup 300 mg: 150 mg of Bupropion in themorning and placebo in the evening for the first 3 days and then 150 mg Bup bid for the rest of the 63 days. NP24 21 mg: Daily 24 hr patch stating on quit day (day 8) for eight weeks. Weeks 2-7 were 21 mg/d, week 8 was 14 mg/d and week 9 was 7 mg/d. Group 2: Bup 300 mg Group 3: NP 24 21 mg Group 4: Placebo Placebo: All participants in this group took placebo of Bup bid for the 63 days and a placebo patch for the weight week treatment period. Mutual interventions: None	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - expired air carbon monoxide ≤ 10 ppm Safety: ○ DEATH - inferred ○ SAE ○ CV DEATH- inferred
Jorenby 2006 - 56	Study Design: Parallel Var 2 mg + Counseling (N): 344 Bup 300 mg + Counseling (N): 342 Placebo + Counseling (N): 341 Follow-up lengths: 12 Months Sponsor: Pfizer inc. Protocol availability: Y, NCT00143364	Var 2 mg + Counseling: Age: 44.6 Female: 154 FTND Score: 5.39 Years Smoked: 27.1 Cigarettes per day: 22.5 Bup 300 mg + Counseling: Age: 42.9 Female: 136 FTND Score: 5.39 Years Smoked: 25.4 Cigarettes per day: 21.8 Placebo + Counseling: Age: 42.3 Female: 143 FTND Score: 5.16 Years Smoked: 24.4 Cigarettes per day: 21.5	Group 1: Var 2 mg + Counseling Var 2 mg: Given 1 mg of varenicline bid for twelve weeks with initial dose to full strength for first week. Also received bid dose of placebo bupropion for twelve weeks. Counseling: All participants received ≤ 10 mins of counseling at baseline visit and 11 weekly follow up visits. Also received 5 mins phone call 3 days after quit date (8 days after baseline visit). (Total Contact Time = ≤125 mins) Group 2: Bup 300 mg + Counseling Bup 300 mg: Given 150 mg of bupropion bid for twelve weeks with initial dose to full strength for first week. Also received bid dose of placebo varenicline for twelve weeks. Group 3: Placebo + Counseling	Efficacy: ○ PPA 6 months ○ PPA 12 M ○ CAR 6 months ○ CAR 12 M - expired air carbon monoxide ≤ 10 ppm Safety: ○ DEATH ○ SAE ○ CV DEATH

Reference	Study Details	Patients	Intervention	Outcomes
		Are patients willing to quit or have they set a quit date: NR	Placebo: Received bid doses of placebo varenicline and bupropion for twelve weeks of treatment. Mutual interventions: None	
Joseph 1996 - 1792	Study Design: Parallel NP24 21 mg (N): 294 Placebo (N): 290 Follow-up lengths: 6 Months Sponsor: Hoechst Marion Roussel Protocol availability: NR	NP24 21 mg: Age: 61 Female: NR FTND Score: 6.4 Years Smoked: 44 Cigarettes per day: 28 Placebo: Age: 60 Female: NR FTND Score: 6.4 Years Smoked: 44 Cigarettes per day: 28 Are patients willing to quit or have they set a quit date: NR	Group 1: NP24 21 mg NP24 21 mg: Participants were given a 21 mg nicotine patch for 6 weeks, then 14 mg for 2 weeks and 7 mg for final two weeks for a total treatment period of 10 weeks. Group 2: Placebo Placebo: Participants received daily placebo patches of the same size, appearance and odor of the active patch for a treatment period of 10 weeks. Mutual interventions: Participants received a NCI pamphlet on quitting as well as an initial 15 mins counseling and 2 10 mins counseling at weeks 1 and 6. (Total Contact Time = 35 mins)	Efficacy: ○ PPA 6 months - expired air carbon monoxide ≤ 10 ppm Safety: ○ DEATH ○ SAE
Kalman 2011 - 111	Study Design: Parallel Bup 300 mg + NP24 21 mg + Counseling (N): 73 Placebo + NP24 21 mg + Counseling (N): 70 Follow-up lengths: 12 Months Sponsor: NR Protocol availability: ?, NCT00304707	Bup 300 mg + NP24 21 mg + Counseling: Age: 47.8 Female: NR FTND Score: 5.8 Years Smoked: NR Cigarettes per day: 19.7 Placebo + NP24 21 mg + Counseling: Age: 49.2 Female: NR FTND Score: 5.9 Years Smoked: NR Cigarettes per day: 19.2 Are patients willing to quit or have they set a quit date: NR	Group 1: Bup 300 mg + NP24 21 mg + Counseling Bup 300 mg: Participants were given 150 mg of bupropion once daily for the first 3 days and then 150 mg bid for the remainder of the 8 week Tx. NP24 21 mg: All participants received an active nicotine patch for 7 weeks starting on quit day. Dosage was 21 mg for 4 weeks, then 14 mg for 2 weeks and 7 mg for final week. Counseling: Participants received 8 weekly counseling sessions beginning 1 week prior to quit day. Also received a manual on quitting for the sessions. (Total Contact Time = NR) Group 2: Placebo + NP24 21 mg + Counseling Placebo: Participants received a placebo identical to Bup 300 mg with the same frequency and duration of Tx. Mutual interventions: None	Efficacy: ○ PPA 6 months ○ PAR 6 months - salivary continine levels ≤15 ng.ml Safety: ○ DEATH - inferred ○ SAE - inferred ○ CV DEATH - inferred

Reference	Study Details	Patients	Intervention	Outcomes
Killen 1997 - 663	Study Design: Parallel NP24 21 mg + Video (N): 109 NP24 21 mg (N): 103 Placebo + Video (N): 108 Placebo (N): 104 Follow-up lengths: 12 Months Sponsor: Public Health Service and National Heart, Lung and Blood Institute Protocol availability: NR	NP24 21 mg + Video: Age: 47.47 Female: 52 FTND Score: 16.7 (modified) Years Smoked: NR Cigarettes per day: 24.84 NP24 21 mg: Age: 44.84 Female: 52 FTND Score: 16.63 (modified) Years Smoked: NR Cigarettes per day: 23.05 Placebo + Video: Age: 46.89 Female: 53 FTND Score: 16.68 (modified) Years Smoked: NR Cigarettes per day: 23.69 Placebo: Age: 42.21 Female: 54 FTND Score: 17.14 (modified) Years Smoked: NR Cigarettes per day: 22.52 Are patients willing to quit or have they set a quit date: Y	Group 1: NP24 21 mg + Video NP24 21 mg: Participants were given 21 mg nicotine patches for 8 weeks and then 14 mg weeks 9-12 and 7 mg weeks 13-16. Video: Participants watched a 20 mins video on smoking cessation during their first session and were given a copy of the video to watch as needed. (Total Contact Time = ~ 20 mins) Group 2: NP24 21 mg Group 3: Placebo + Video Placebo: Participants were given placebo patches identical to the active patch for the entire 16 week Tx. Group 4: Placebo Mutual interventions: All participants received a self-help treatment manual to aid in quitting.	Efficacy: ○ PPA 6 months ○ PPA 12 M ○ PAR 6 months - saliva continine <20 ng/ml or expired air carbon monoxide <9 ppm Safety: ○ NR
Killen 1999 - 226	Study Design: Parallel NP16 15 mg (N): 202 NP16 25 mg (N): 206 Follow-up lengths: 12 Months Sponsor: US Public Health Service Grant from National Cancer Institute Protocol availability: NR	NP16 15 mg: Age: 46.55 Female: 85 FTND Score: 18.9 (modified) Years Smoked: NR Cigarettes per day: 36.64 NP16 25 mg: Age: 47.86 Female: 85 FTND Score: 18.42 (modified) Years Smoked: NR Cigarettes per day: 35.17 Are patients willing to quit or have they set a quit date: Y	Group 1: NP16 15 mg NP16 15 mg: Participants were given 2 patches daily to use over 16 hours. One patch delivered 15 mg of nicotine and the second was a placebo. Treatment was over 6 weeks with no tapering. Group 2: NP16 25 mg NP16 25 mg: Participants were given 2 patches daily to use over a 16 hour period. One patch delivered 15 mg and the other 10 mg of nicotine. Treatment was over 6 weeks with no tapering. Mutual interventions: Participants received a self-help treatment booklet to help manage cravings.(Total Contact Time = NR)	Efficacy: ○ PPA 6 months ○ PPA 12 M - expired air carbon monoxide <9 ppm Safety: ○ DEATH - inferred ○ SAE ○ CV DEATH - inferred
Killen 2004 - 729	Study Design: Parallel	NP24 21 mg-14 mg + Placebo + Skills:	Group 1: NP24 21 mg-14 mg + Placebo + Skills	Efficacy: ○ PPA 6 months

Reference	Study Details	Patients	Intervention	Outcomes
		Age: 17.32 Female: 34 FTND Score: 16.63 (modified) Years Smoked: NR Cigarettes per day: 15.65 NP24 21 mg-14 mg + Bup 150 mg + Skills: Age: 17.32 Female: 32 FTND Score: 16.80 (modified) Years Smoked: NR Cigarettes per day: 15.12 Are patients willing to quit or have they set a quit date: NR	NP24 21 mg-14 mg: All participants received a nicotine patch for 8 weeks. If they smoked >15 cigarettes/day they received 21 mg weeks 1-4, 14 mg weeks 5-6, and 7 mg weeks 7-8. If they smoked 10-15 cigarettes/day the received 14 mg weeks 1-6 and 7 mg weeks 7-8. Skills: All participants met weekly during the 8 week Tx in groups for 45 mins each session. These sessions helped all participants change behaviors to aid in quitting. (Total Contact Time = 360 mins) Placebo: Participants were given a placebo identical to Bup 150 mg that they took once daily for 9 weeks. Group 2: NP24 21 mg-14 mg + Bup 150 mg + Skills Bup 150 mg: Participants were given 150 mg of bupropion SR to be taken once daily for 9 weeks. It was taken after the initial skills training and 1 week prior to quite date. Mutual interventions: None	- expired air carbon monoxide <9 ppm Safety: ○ DEATH - inferred ○ SAE - inferred ○ CV DEATH - inferred
Kornitzer 1995 - 41	Study Design: Parallel NP16 15 mg + NG 2 mg (N): 149 NP16 15 mg + Placebo gum (N): 150 Placebo patch + Placebo gum (N): 75 Follow-up lengths: 12 Months Sponsor: Pharmacia Consumer Pharma Protocol availability: NR	NP16 15 mg + NG 2 mg: Age: 38 Female: 61 FTND Score: 5.9 Years Smoked: 21.6 Cigarettes per day: 23.9 NP16 15 mg + Placebo gum: Age: 38.8 Female: 57 FTND Score: 6.0 Years Smoked: 22.1 Cigarettes per day: 26.3 Placebo patch + Placebo gum: Age: 41.1 Female: 28 FTND Score: 6.3 Years Smoked: 23.5 Cigarettes per day: 25.4 Are patients willing to quit or have they set a quit date: Y	Group 1: NP16 15 mg + NG 2 mg NP16 15 mg: Participants received 15 mg nicotine patches daily for 12 weeks (16 hr use,day), followed by 6 weeks of 10 mg and 6 weeks of 5 mg patches/day. NG 2 mg: Nicotine gum containing 2 mg per piece to be used as needed for 6 months with a minimum daily recommended intake of 4 pieces/day. Group 2: NP16 15 mg + Placebo gum Placebo gum: Contained capsaicin to simulate the taste of nicotine and was recommended to be taken as needed for 6 months, minimum of 4/day. Group 3: Placebo patch + Placebo gum Placebo patch: Participants were given daily use patch that was identical in appearance and packaging as active patch. Taken for 24 week Tx period. Mutual interventions: None	Efficacy: ○ CAR 6 months ○ CAR 12 M - expired air carbon monoxide ≤ 10 ppm Safety: ○ DEATH - inferred ○ SAE - inferred ○ CV DEATH - inferred
Kralikova 2009 – 433	Study Design: Parallel	NInh 10 mg or NG 4 mg: Age: 46.1	Group 1: NInh 10 mg or NG 4 mg NInh 10 mg or NG 4 mg: Participants	Efficacy: ○ CAR 12 M ○ PPA 12 M

Reference	Study Details	Patients	Intervention	Outcomes
	NInh 10 mg or NG 4 mg (N): 209 Placebo (N): 105 Follow-up lengths: 12 Months Sponsor: McNeil AB, Helsingborg, Sweden Protocol availability: NR	Female: 120 FTND Score: 5.8 Years Smoked: NR Cigarettes per day: 25.7 Placebo: Age: 46.6 Female: 63 FTND Score: 6.2 Years Smoked: NR Cigarettes per day: 25.2 Are patients willing to quit or have they set a quit date: Y	were offered their choice of nicotine inhalers (10 mg) or nicotine gum (4 mg) for a treatment schedule of 6 months, followed by 3 months of voluntary tapering. Recommended dosage was 6-12 inhaler cartridges/day but maximum 12/day and as needed for gum with a maximum of 24 pieces/day. Group 2: Placebo Placebo: Participants were given the choice of inhaler or gum but were given a placebo version that matched the active nicotine versions. They followed the same Tx and dosage as the active group. Mutual interventions: None	- expired air carbon monoxide <10 ppm Safety: ○ DEATH - inferred ○ SAE - inferred
Lacasse 2008 - 1215	Study Design: Parallel NP24 + Counseling (N): 99 Usual care (N): 97 Follow-up lengths: 12 Months Sponsor: NR Protocol availability: NR	NP24 + Counseling: Age: 52 Female: 36 FTND Score: 5.1 Years Smoked: NR Cigarettes per day: 20.4 Usual care: Age: 52 Female: 31 FTND Score: 5.5 Years Smoked: NR Cigarettes per day: 22.8 Are patients willing to quit or have they set a quit date: Y	Group 1: NP24 + Counseling NP24 + Counseling: Participants were given a supply of nicotine patches based on their dependence (21 mg, 14 mg or 7 mg). The duration was during their hospital stay and then 8 weeks after discharge. Participants also received minimum of 1 initial session and 1 counseling session lasting 15 mins. (Total Contact Time = NR) Group 2: Usual care Usual care: Participants were not given any smoking cessation aids or any instruction on how to quit smoking. They received standard care and were discharged with follow up. Mutual interventions: None	Efficacy: ○ PPA 12 M - urinary continine assay Safety: ○ DEATH ○ CV DEATH
Leischow 1996 – 364	Study Design: Parallel NInh 10 mg (N): 111 Placebo Inh (N): 111 Follow-up lengths: 12 Months Sponsor: Pharmacia Upjohn, Helsingborg, Sweden Protocol availability: NR	NInh 10 mg: Age: 43.8 Female: 60 FTND Score: 6.0 Years Smoked: 25.8 Cigarettes per day: 26.3 Placebo Inh: Age: 44.4 Female: 64 FTND Score: 6.9 Years Smoked: 26.0 Cigarettes per day: 25.8 Are patients willing to quit or have they set a quit date: Y	Group 1: NInh 10 mg NInh 10 mg: Participants were given a supply of 10 mg nicotine inhalers to use as needed for the first 3 months staying within a range of 4-20 per day (minimum 6/day encouraged). After, their use was calculated and tapered by 75% use in month 4, 50% in month 5, 25% in month 6 and cessation after 6 months. Group 2: Placebo Inh Placebo Inh: Participants were given placebo inhalers to use as needed within the range of 4-20/day for the first 3 months and then tapered by % usage for the next 3 months.	Efficacy: ○ CAR 6 months ○ CAR 12 M - expired air carbon monoxide <10 ppm Safety: ○ DEATH - inferred ○ SAE - inferred ○ CV DEATH - inferred

Reference	Study Details	Patients	Intervention	Outcomes
			Mutual interventions: Participants received brief advise on smoking cessation and watched a short 10 mins video.(Total Contact Time = NR)	
Lerman 2004 - 426	Study Design: Parallel NP24 21 mg + Counseling (N): 175 NInh 1 mg + Counseling (N): 175 Follow-up lengths: 6 Months Sponsor: National Cancer Institute and National Institute on Drug Abuse and Public Health Services Protocol availability: NR	NP24 21 mg + Counseling: Age: NR Female: 51 FTND Score: NR Years Smoked: NR Cigarettes per day: NR NInh 1 mg + Counseling: Age: NR Female: 41 FTND Score: NR Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: NP24 21 mg + Counseling NP24 21 mg: Participants were given 24 hr nicotine patches at 21 mg for 4 weeks, then 14 mg for 2 weeks, and 7 mg for the final two weeks. Total Tx period was 8 weeks, starting on quit day. Counseling: All participants received 7 sessions of behavioral counseling to aid in smoking cessation. Each session lasted roughly 1.5 hours and included 10-14 members. (Total Contact Time = 630 mins) Group 2: NInh 1 mg + Counseling NInh 1 mg: Participants were given nicotine inhalers for an 8 week Tx period, beginning on quit day. The inhalers were 1 mg dose (0.5 mg per nostril) and it was recommended to use 8-40 times/day with a maximum of 5 doses/hr. After the first 4 weeks, participants were told to taper by one third for the next two weeks and then another third the final two weeks. Mutual interventions: None	Efficacy: o PPA 6 months o CAR 6 months - expired air carbon monoxide <10 ppm Safety: o NR
Levine 2010 - 543	Study Design: Parallel Bup 300 mg + Counseling (N): 195 Placebo + Counseling (N): 154 Follow-up lengths: 6 Months Sponsor: National Institute on Drug Abuse Protocol availability: Y, NCT00006170	Bup 300 mg + Counseling: Age: 41.6 Female: NR FTND Score: 5.1 Years Smoked: NR Cigarettes per day: 20.5 Placebo + Counseling: Age: 42.5 Female: NR FTND Score: 5.3 Years Smoked: NR Cigarettes per day: 20.9 Are patients willing to quit or have they set a quit date: Y	Group 1: Bup 300 mg + Counseling Bup 300 mg: Participants were given 150 mg of bupropion sustained release once/day for the first 2 days and then bid for the rest of the 26 week Tx. Counseling: All participants received 12, 90 minute group sessions over 3 months by clinicians. (Total Contact Time = 1080 mins) Group 2: Placebo + Counseling Placebo: Participants were given a placebo identical to the Bup 300 mg once daily for the first two days and then bid for the rest of the 26 week Tx.. Mutual interventions: None	Efficacy: o PPA 6 months o PPA 12 M o PAR 6 months o PAR 12 M - expired air carbon monoxide <8 ppm and salivary cotinine levels <15µg/L Safety: o NR

Reference	Study Details	Patients	Intervention	Outcomes
Lewis 1998 - 296	Study Design: Parallel MC (N): 61 CAP (N): 62 CPP (N): 62 Follow-up lengths: 6 Months Sponsor: Elan Pharmaceutical Research Corporation Protocol availability: NR	MC: Age: 43.0 Female: 26 FTND Score: 6.6 Years Smoked: 25.4 Cigarettes per day: 22.5 CAP: Age: 43.4 Female: 27 FTND Score: 6.6 Years Smoked: 26.3 Cigarettes per day: 24.0 CPP: Age: 44.7 Female: 32 FTND Score: 6.9 Years Smoked: 27.5 Cigarettes per day: 24.9 Are patients willing to quit or have they set a quit date: Y	Group 1: Minimal Care (MC) MC: Participants received a brief 2-3 mins motivational message and a copy of the National Cancer Institute self-help smoking cessation pamphlet. Group 2: Counseling + Active Nicotine Patch (CAP) CAP: Participants received initial counseling of the 2-3 mins message and a Q and A with the physician, followed by 4 follow up phone calls lasting 10-15 mins at weeks 1, 3, 6, and 24. This group also received the active nicotine patch with a dosage of 22 mg for the first 3 weeks and 11 mg for the last 3 weeks. (Total Contact Time = 45-65 mins) Group 3: Counseling + Placebo Patch (CPP) CPP: Participants received initial counseling of the 2-3 mins message and a Q and A with the physician, followed by 4 follow up phone calls lasting 10-15 mins at weeks 1, 3, 6, and 24. This group also received the placebo patch that was identical to the active patch for 6 weeks. (Total Contact Time = 45-65 mins) Mutual interventions: None	Efficacy: ○ PPA 6 months - expired air carbon monoxide <10 ppm Safety: ○ DEATH - inferred ○ SAE - inferred ○ CV DEATH - inferred
Malcolm 1980 - 295	Study Design: Parallel NG 2 mg + Counseling (N): 73 Placebo + Counseling (N): 63 Control + Counseling (N): 58 Follow-up lengths: 6 Months Sponsor: McNeil AB, Helsingborg, Sweden Protocol availability: NR	NG 2 mg + Counseling: Age: 44 Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: 25.6 Placebo + Counseling: Age: 45 Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: 26.3 Control + Counseling: Age: 44 Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: 25.4 Are patients willing to quit or have they set a quit date: Y	Group 1: NG 2 mg + Counseling NG 2 mg: Participants were given 2 mg nicotine gum and advised to chew at least 10 pieces/day for 30 mins. Tx duration was encouraged for at least the first 3 months. Counseling: Each participant participated in an initial visit and then 4 more visits throughout the first month. Each visit provided 20 mins of encouragement and counseling on smoking cessation. (Total Contact Time = 80 mins) Group 2: Placebo + Counseling Placebo: Participants were given a placebo gum that contained capsicum to mimic the active gum. They were encourage to take a minimum of 10 pieces/day for at least 3 months. Group 3: Control + Counseling Control: The control group didn't receive an intervention but	Efficacy: ○ CAR 6 months - carboxyhaemoglobin estimation in venous blood <1.6% Safety: ○ NR

Reference	Study Details	Patients	Intervention	Outcomes
			participated in measurements and meetings throughout the study. Mutual interventions: None	
Marshall 1985 - 1397	Study Design: Parallel Low Contact NG (N): 100 High Contact NG (N): 100 Follow-up lengths: 12 Months Sponsor: NR Protocol availability: NR	Overall: Age: 41 Female: 132 FTND Score: NR Years Smoked: NR Cigarettes per day: 22.1 Are patients willing to quit or have they set a quit date: Y	Group 1: Low Contact NG Low Contact NG: Participants received a pamphlet and a supply of nicotine gum but were not counseled beyond that. Duration and dosage not reported. Group 2: High Contact NG High Contact NG: Participants received a supply of nicotine gum and a pamphlet but dosage and duration was not reported. Some counseling at initial visit as well as 1, 2, 4, and 12 weeks later. (Total Contact Time = NR) Mutual interventions: None	Efficacy: ○ CAR 12 M - expired air carbon monoxide <10 ppm Safety: ○ NR
McCarthy 2008 - 717	Study Design: Parallel Bup 300 mg + Counseling (N): 113 Bup 300 mg (N): 116 Placebo + Counseling (N): 121 Placebo (N): 113 Follow-up lengths: 12 Months Sponsor: National Cancer Institute and National Institute on Drug Abuse Protocol availability: NR	Bup 300 mg + Counseling: Age: 36.76 Female: 52 FTND Score: 5.10 Years Smoked: NR Cigarettes per day: 21.87 Bup 300 mg: Age: 41.03 Female: 57 FTND Score: 5.12 Years Smoked: NR Cigarettes per day: 22.47 Placebo + Counseling: Age: 37.82 Female: 63 FTND Score: 4.95 Years Smoked: NR Cigarettes per day: 21.98 Placebo: Age: 39.42 Female: 61 FTND Score: 5.27 Years Smoked: NR Cigarettes per day: 21.37 Are patients willing to quit or have they set a quit date: Y	Group 1: Bup 300 mg + Counseling Bup 300 mg: Participants began taking Bupropion 150 mg SR once a day a week prior to quit date and then after 4 days increased to 150 mg bid for the rest of the 9 week Tx. Counseling: Participants received two initial visits (one on quite day) and five follow up sessions over the first 4 weeks of Tx. Each of these sessions focused on smoking cessation and lasted 10 mins each. (Total Contact Time = 60 mins) Group 2: Bup 300 mg Group 3: Placebo + Counseling Placebo: Participants received a Bup 150 mg placebo that was identical in pill and packaging to the active pill. They took the pill once a day for the first 4 days of the week before quite day and then increased to bid for the rest of the 9 week Tx. Group 4: Placebo Mutual interventions: None	Efficacy: ○ PPA 6 months ○ PPA 12 M ○ PAR 12 M - expired air carbon monoxide <10 ppm Safety: ○ DEATH - inferred ○ CV DEATH - inferred
Molyneux	Study Design:	Usual Care:	Group 1: Usual Care	Efficacy:

Reference	Study Details	Patients	Intervention	Outcomes
2003 - 484	Parallel Usual Care (N): 92 Counseling (N): 91 NRT + Counseling (N): 91 Follow-up lengths: 12 Months Sponsor: Pharmacia Consumer Healthcare Protocol availability: NR	Age: 51.0 Female: 54 FTND Score: 5 Years Smoked: 35.4 Cigarettes per day: 15 Counseling: Age: 47.8 Female: 51 FTND Score: 4 Years Smoked: 32.1 Cigarettes per day: 20 NRT + Counseling: Age: 49.3 Female: 58 FTND Score: 5 Years Smoked: 33.1 Cigarettes per day: 20 Are patients willing to quit or have they set a quit date: Y	Usual Care: Patients who had their smoking status reported but did not participate in an additional formal interventions. Group 2: Counseling Counseling: Participants received a 20 mins counseling sessionon smoking cessation as well as an advice leaflet and were made aware of the availability of NRT. (Total Contact Time = 20 mins) Group 3: NRT + Counseling NRT + Counseling: Participants received the 20 mins counseling session and all 5 types of nicotine replacement therapy was made available as follows: NP (15 mg, 16 hr), NG (2 or 4 mg), NInh (10 mg), nicotine sublingual (2 mg) of NS (0.5 mg/spray). Tx was offered for a period of 6 weeks.(Total Contact Time = 20 mins) Mutual interventions: None	○ PPA 12 M ○ CAR 12 M - expired air carbon monoxide Safety: ○ NR
Moolchan 2005 – e407	Study Design: Parallel NP24 21 mg + Counseling (N): 34 NG 2 mg-4 mg + Counseling (N): 46 Placebo + Counseling (N): 40 Follow-up lengths: 6 Months Sponsor: National Institute on Drug Abuse, Intramural Research Program Protocol availability: NR	NP24 21 mg + Counseling: Age: 15.4 Female: 21 FTND Score: 7.0 Years Smoked: NR Cigarettes per day: 17.7 NG 2 mg-4 mg + Counseling: Age: 15.0 Female: 32 FTND Score: 7.09 Years Smoked: NR Cigarettes per day: 18.9 Placebo: Age: 15.2 Female: 31 FTND Score: 7.0 Years Smoked: NR Cigarettes per day: 19.6 Are patients willing to quit or have they set a quit date: Y	Group 1: NP24 21 mg + Counseling NP24 21 mg: Participants were given 24hr nicotine patches for 12 weeks at 21 mg/d unless they were <100 lbs and smoked <20 cigarettes/d (in that case, they were given 14 mg/d). Participants were also given placebo gum to use as needed. Counseling: Every participant also attended a weekly counseling session for 11 weeks, each session lasting 45 mins. (Total Contact Time = 495 mins) Group 2: NG 2 mg-4 mg + Counseling NG 2 mg-4 mg: Participants were given nicotine gum with a dosage of 2 mg if smoked <24 cigarettes/day and 4 mg if >24 cigarettes/day. They were told to use the gum as needed with a goal of daily use half of what they smoked in cigarettes/day (ex. 10 pieces = 1 pack). Participants were also given daily 24 use placebo patches for the 12 week Tx. Group 3: Placebo + Counseling Placebo: Participants were given both a daily use placebo patch as well as placebo gum that they were to take as needed. Placebo was identical to	Efficacy: ○ PPA 6 months - expired air carbon monoxide Safety: ○ DEATH - inferred ○ SAE - inferred ○ CV DEATH - inferred

Reference	Study Details	Patients	Intervention	Outcomes
			active Tx. Mutual interventions: None	
Muramoto 2007-1068	Study Design: Parallel Bupropion SR 150 mg/d (N): 105 Bupropion SR 300 mg/d (N): 104 Placebo (N): 103 Follow-up lengths: 6 Months (26 wks) Sponsor: The National Cancer Institute (grant R01 CA77081) Protocol availability: Y (NCT00344695)	Bupropion SR 150 mg/d: Age: 16 (median) Female: 53.3% FTND Score: NR Years Smoked: 4.0 (median) Cigarettes per day: 10 (median, IQR 8) Bupropion SR 300 mg/d: Age: 16 (median) Female: 42.3% FTND Score: NR Years Smoked: 4.0 (median) Cigarettes per day: 12 (median, IQR 9) Placebo: Age: 16 (median) Female: 41.7% FTND Score: NR Years Smoked: 4.0 (median) Cigarettes per day: 11 (median, IQR 11) Are patients willing to quit or have they set a quit date: Y	Group 1: Sustained release bupropion tablet once a day for the first 3 days, then 1 study medication tablet taken twice daily (morning and evening) for 6 weeks Group 2: Sustained release bupropion tablet once a day for the first 3 days, then 1 study medication tablet taken twice daily (morning and evening) for 6 weeks Group 3: Placebo, with same regimen as Group 1 and 2 drugs. Mutual interventions: - During treatment period – brief individual cessation counseling (10-20mins) standardized to address a series of topics addressing teaching skills related to changing smoking behaviors eg. Identifying social support, identifying motivations and barriers to quitting, recognition of triggers for smoking, management of nicotine craving and withdrawal symptoms, and stress management. Patients were also given the state quit line telephone number.	Efficacy: ○ PPA 6 M (26wk) - expired carbon monoxide ≤10 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH- inferred 0 ○ SUICIDAL IDEATION ○ COMPLETED SUICIDE- inferred 0
Myung 2007-1065	Study Design: Parallel Nicotine patch + Behaviour counseling (N): 59 Placebo patch + Behaviour counseling (N): 59 Follow-up lengths: 12 Months Sponsor: This study was supported in part by patches from an anonymous pharmaceutical company. Protocol availability: NR	Nicotine patch + Behaviour counseling: Age: 36.6 Female: 0% FTND Score: 2.8 Years Smoked: 17.1 Cigarettes per day: 15.0 Placebo patch + Behaviour counseling: Age: 36.7 Female: 0% FTND Score: 3.0 Years Smoked: 16.5 Cigarettes per day: 15.3 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine patch + Behaviour counseling Group 2: Placebo patch + Behaviour counseling Nicotine or placebo patch: Participants were recommended to apply 30 cm^2 transdermal nicotine patches (with 57 mg of nicotine in each patch, delivering 21 mg/day) or placebo for 14 days; then 20 cm^2 transdermal nicotine patches (with 38 mg of nicotine in each patch, delivering 14 mg/day) or placebo from 15 to 28 days; and 10 cm^2 transdermal nicotine patches with 19 mg of nicotine in each patch, delivering 7 mg/day) or placebo from 29 to 42 days. Behaviour counseling: The subjects were given seven one-on-one behavioral counseling by three doctors trained in smoking cessation therapy at visits scheduled at 1, 2, 4, and 7 weeks and 3 , 6 and 12 months. Each session lasted for about 10	Efficacy: ○ NR Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
			minutes, making the total counseling time for about 70 minutes. Mutual interventions: None	
Nakamura 2007-1040	Study Design: Parallel Varenicline 0.25 mg BID (N): 153 Varenicline 0.5 mg BID (N): 156 Varenicline 1 mg BID (N): 156 Placebo (N): 154 Follow-up lengths: 12 months (52 weeks) Sponsor: Pfizer Inc. Protocol availability: Y , NCT00139750	Varenicline 0.25 mg BID: Age: 40.2 Female: 27.3% FTND Score: 5.6 Years Smoked: 20.9 Cigarettes per day: 24.9 Varenicline 0.5 mg BID: Age: 39.0 Female: 28.9% FTND Score: 5.5 Years Smoked: 20.1 Cigarettes per day: 23.8 Varenicline 1 mg BID: Age: 40.1 Female: 20.8% FTND Score: 5.4 Years Smoked: 21.5 Cigarettes per day: 24.0 Placebo: Age: 39.9 Female: 24.0% FTND Score: 5.7 Years Smoked: 20.9 Cigarettes per day: 23.1 (* Baseline characteristics and smoking status only for nicotine-dependent participants) Are patients willing to quit or have they set a quit date: Y	Group 1: Varenicline 0.25 mg BID + Brief smoking-cessation counseling Group 2: Varenicline 0. 5 mg BID + Brief smoking-cessation counseling Group 3: Varenicline 1 mg BID + Brief smoking-cessation counseling Group 4: Matching placebo + Brief smoking-cessation counseling Varenicline or placebo group: Participants were instructed to implement dose titration to full dose during week 1 of treatment: 0.25 mg QD for 7 days in the 0.25 mg BID group, 0.5 mg QD for 7 days in the 0.5 mg BID group, and 0.5 mg QD for 3 days followed by 0.5 mg BID for 4 days in the 1 mg BID group. Brief smoking-cessation counseling: Based on US Agency for Health Care Policy and Research guidelines, each counseling session lasted up to 10 minutes at each clinic visit, beginning at baseline and continuing weekly during the 12-week treatment and at 13, 16, 24, 36, 44 and 52 weeks. The 13 counseling session lasted no more than 130 minutes. Mutual interventions: - An educational booklet on smoking cessation - Six smoking cessation counseling by telephone contact at TQD (target quite date) + 3 days, and weeks 20, 28, 32, 40, and 48. Each telephone contact lasted up to 5 minutes. Total contact time was no more than 30 minutes.	Efficacy*: ○ CAR 6 M ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - expired carbon monoxide ≤10 ppm (* Efficacy outcomes were only reported for nicotine-dependent participants) Safety: ○ DEATH ○ SAE ○ CV DEATH ○ COMPLETED SUICIDE
Niaura 1994-70	Study Design: Parallel Nicotine gum (N): 84 No treatment (N): 89 Follow-up lengths: 12 months (52 weeks) Sponsor: The National Cancer Institute (grant CA50087 & CA44022) & the National Heart, Lung and Blood Institute (grant HL32318) Protocol availability: NR	Nicotine gum: Age: 41.2 Female: 47.8% FTQ Score: 6.6 Years Smoked: 22.4 Cigarettes per day: 30.4 No treatment: Age: 43.4 Female: 52.7% FTQ Score: 6.5 Years Smoked: 24.9 Cigarettes per day: 29.1 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine gum Participants were instructed to chew nicotine gum (2 mg) *ad libitum*. Group 2: No treatment Mutual interventions: - 5-week treatment program (brief counseling + self help materials): During treatment phase, all participants were given four 15-min individual sessions with a psychiatrist (MGG) or licensed clinical psychologist (RN). Initial session reviewed subjects' smoking history, introduced them to self-help materials, oriented them to the protocol and set a quit date. Subsequent sessions	Efficacy: ○ CAR 6 M ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - expired carbon monoxide ≤8 ppm (if using gum) -saliva cotinine <20ng/ml (7d measure) Safety: ○ NR

Reference	Study Details	Patients	Intervention	Outcomes
			reviewed self-help materials, reviewed progress toward preparing for smoking cessation and helped solve any problems	
Niaura 1999-685	Study Design: Parallel Brief CBT: 32 Intensive CBT + Nicotine gum (N): 35 Intensive CBT + Cue exposure (N): 31 Intensive CBT + Cue exposure + Nicotine gum (N): 31 Follow-up lengths: 12 months Sponsor: In part by HL32318 and by a Merit Review Grant from the Medical Research Service of the Department of Veterans Affairs Protocol availability: NR	Overall: Age: 43.5 Female: 50% Fagerstrom Tolerance Score: 6.4 Years Smoked: 26.9 Cigarettes per day: 27.8 Data by groups is not available. Are patients willing to quit or have they set a quit date: Y	Group 1: Brief cognitive-behavioral treatment (CBT) Group 2: : Intensive CBT + Nicotine gum Group 3: Intensive CBT + Cue exposure Group 4: Intensive CBT + Cue exposure + Nicotine gum The above two CBT contained 5 sessions during weeks 1 to 4, and were conducted b PhD-level therapists: Brief CBT lasted 15 minutes per session, in which therapists mainly reviewed subjects' progress and reinforced their use of the ALA manual. Intensive CBT lasted 60 minutes per session and were structured around the information and exercise presented in the ALA manual. Treatment components included: self-monitoring to identify and manage smoking triggers via smoking diary; management of nicotine withdrawal symptoms through pharmacological (nicotine gum) and non-pharmacological means; reviewing reasons for quitting smoking; developing behavioral and coping strategies to deal with high-risk situations; relapse prevention training with a focus on managing the abstinence violation effect; time and stress management; increasing social support for not smoking; and controlling weight gain. Nicotine gum (2 mg) *ad libitum*. Cue exposure: In 5 sessions (1.25 hour/session), subjects were instructed to imagine themselves in the highest-risk situations, and to describe and monitor their urge to smoke. Their spontaneously occurring coping strategies were also reinforced. Mutual interventions: - A brief cessation treatment session, to complete a baseline assessment battery, including a Smoking Triggers Interview (STI) which personalized hierarchy of high-risk-for-relapse for	Efficacy: ○ PPA 6 M ○ PPA 12 M - expired carbon monoxide < 8 ppm Safety: ○ NR

Reference	Study Details	Patients	Intervention	Outcomes
			participants - American Lung Association (ALA) self-help manual, *Freedom from Smoking for You and Your Family*. - Signed a quit smoking contract	
Niaura 2008-1931	Study Design: Parallel Varenicline 0.5-2mg/d (N): 160 Placebo (N): 160 Follow-up lengths: 12 months (52 weeks) Sponsor: Pfizer Inc. Protocol availability: Y (NCT00150228)	Varenicline : Age: 41.5 Female: 49.7% FTND Score: 5.40 Years Smoked: 24.9 Cigarettes per day: 22.2 Placebo: Age: 42.1 Female: 46.5% FTND Score: 5.35 Years Smoked: 25.7 Cigarettes per day: 22.3 Are patients willing to quit or have they set a quit date: Y	Group 1: Varenicline + Brief smoking-cessation counseling Group 2: Placebo + Brief smoking-cessation counseling Varenicline or Placebo: Participants were instructed to take 0.5mg tablets with 240mL water according to the following dosing regimen - one tablet once daily (i.e., 0.5 mg/day) for 3 days, followed by one tablet twice daily (i.e., 1.0 mg/day) for 4 days. After the seventh day, participants began a flexible dosing schedule, wherein they were allowed to modify their own dosage as often as they wished; however, they were instructed to take at least one tablet daily but not to exceed two tablets twice daily (i.e., 0.5–2.0 mg/day). Brief smoking-cessation counseling: During 12-week treatment phase, participants attended weekly clinic visits to receive brief (up to 10 min) counseling in accordance with the US Public Health Service guideline. The total counseling time was no more than 120 minutes. Mutual interventions: - Participants were given an educational booklet, *Clearing the Air: How to Quit Smoking . . . and Quit for Keeps* at the baseline visit	Efficacy: ○ CAR 6 M ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - expired carbon monoxide ≤10ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH- inferred 0 ○ CV EVENTS ○ COMPLETED SUICIDE- inferred 0
Nides 2006-1561	Study Design: Parallel Varenicline 0.3 mg/d + SC counseling (N): 128 Varenicline 1.0 mg/d + SC counseling (N): 128 Varenicline 2.0 mg/d + SC counseling (N): 127 Bupropion SR 300 mg/d + SC counseling (N): 128 Placebo + SC counseling (N): 127 Follow-up lengths: 12 months (52 weeks) Sponsor: Pfizer Inc. Protocol availability: NR	Varenicline 0.3 mg/d + SC counseling: Age: 41.9 Female: 50% FTND Score: 5.7 Years Smoked: 24.6 Cigarettes per day: 20.3 Varenicline 1.0 mg/d + SC counseling: Age: 42.9 Female: 56.3% FTND Score: 5.5 Years Smoked: 25.4 Cigarettes per day: 20.1 Varenicline 2.0 mg/d + SC counseling Age: 41.9 Female: 49.6% FTND Score: 5.6 Years Smoked: 23.4 Cigarettes per day:	Group 1: 0.3mg varenicline QD + SC counseling Group 2: 1.0mg varenicline QD + SC counseling Group 3: 1.0mg varenicline BID + SC counseling The above groups were dosed for 6 weeks, and then received 1-week blinded placebo to preserve treatment blinding. Group 4: Bupropion 300 mg/d + SC counseling Sustained-release oral bupropion dosed for 7 weeks, with titration from 150 mg once daily (days 1-3) to 150 mg twice daily through week 7 Group 5: Matching oral placebo + SC counseling Standardized, individual smoking	Efficacy: ○ CAR 6 M ○ CAR 12 M - expired carbon monoxide ≤10ppm Safety: ○ DEATH ○ SAE ○ CV DEATH ○ CV EVENTS ○ COMPLETED SUICIDE - observed from randomization to 30 days after the last dose of study medication (7-week treatment)

Reference	Study Details	Patients	Intervention	Outcomes
		18.9 Bupropion SR 300 mg/d + SC counseling: Age: 40.5 Female: 54.8% FTND Score: 5.2 Years Smoked: 23.4 Cigarettes per day: 19.5 Placebo + SC counseling: Age: 41.6 Female: 48% FTND Score: 5.5 Years Smoked: 23.9 Cigarettes per day: 21.5 Are patients willing to quit or have they set a quit date: Y	cessation counseling (SC counseling): During the 7-week treatment phase, subjects were given weekly standardized, individual smoking cessation counseling (up to 10 minutes) from trained staff. Mutual interventions: - A smoking cessation booklet, *Clearing the Air: How to Quit Smoking . . . and Quit for Keeps* at the baseline visit - Post-treatment- subjects could choose to participate in this phase where they received additional brief smoking cessation and relapse prevention counseling at subsequent clinic visits at weeks 12, 24 and 52.	
Nollen 2007 - 911	Study Design: Parallel Nicotine patch + Culturally-targeted materials (N): 250 Nicotine patch + Standard care materials (N): 250 Follow-up lengths: 6 months Sponsor: Cancer Research Foundation of America and a Robert Wood Johnson Foundation Generalist Faculty Award Protocol availability: NR	Nicotine patch + Culturally-targeted materials: Age: 42.8 Female: 55.2% FTND Score: NR Years Smoked: NR Cigarettes per day: 17.9 Nicotine patch + Standard care materials: Age: 43.1 Female: 65.2% FTND Score: NR Years Smoked: NR Cigarettes per day: 18.0 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine patch + Culturally-targeted materials Group 2: Nicotine patch + Standard care materials Transdermal nicotine patch: participants were instructed to apply 21 mg patch for Weeks 1 to 4, 14 mg patch for Weeks 5 to 6, and 7 mg patch for Weeks 7 to 8. Culturally-targeted materials: *The Harlem Health Connection's Kick-It Video* (40 minutes) and *Pathways to Freedom: Winning the Fight Against Tobacco* guide were developed with input from African Americans. Both are targeted to African Americans in that they conform to visible ethnic/ cultural characteristics as well as norms, values, beliefs, and historical, environmental, and social forces relevant to African Americans. Standard care materials: The materials were designed for a general audience, which included the American Medical Association's video *How to Quit* (48 minutes) and the American Lung Association's widely used *Freedom From Smoking* guide. Mutual interventions: - $5 for transportation costs at the 4-week and 6-month follow-up visits, and $250 lottery entry for those returning at Week 4 and Month 6	Efficacy: ○ PPA 6 M - expired carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Okuyemi 2007 - 43	Study Design: Parallel	Nicotine gum + SC MI and education materials:	Group 1: Nicotine gum + Motivation counseling and education materials on smoking cession (SC MI)	Efficacy: ○ PPA 6 M - expired carbon monoxide

Reference	Study Details	Patients	Intervention	Outcomes
	Nicotine gum + SC MI and education materials (N): 66 FV MI and education materials (N): 107 Follow-up lengths: 6 months Sponsor: NR Protocol availability: NR	Age: 43 Female: 53% FTND Score: NR Years Smoked: NR Cigarettes per day: 19 FV MI and education materials: Age: 48 Female: 68 FTND Score: NR Years Smoked: NR Cigarettes per day: 16 Are patients willing to quit or have they set a quit date: N	Nicotine gum 4 mg was supplied for 8 weeks. Group 2: FV MI and education materials FV MI and education materials: Participants received a package that included a bag of fresh fruits and vegetables, a cookbook, dietary education materials, and two videos on fruits and vegetables (FV). Both SC and FV MI counseling sessions were conducted in-person at each household at Weeks 0 and 3, and via telephone at Day 10 and Weeks 5 and 20. The five counseling sessions applied directive, egalitarian, and empathic and uses a client-centered set of techniques and strategies including reflective listening and agenda setting designed to help clients work through their ambivalence about behavior change, resolve their own barriers, and explore potential untapped sources of motivation, and conducted by a trained master's-level counselors who followed semi-structured counseling scripts. In general, participants received counseling from the same person for all five sessions. Mutual interventions: - Gifts as incentives at each visit and $120	≤ 10 ppm Safety: ○ NR
Oncken 2006-1571	Study Design: Parallel Varenicline 0.5mg BID titrated (N): 130 Varenicline 0.5mg BID non-titrated (N): 129 Varenicline 1.0 mg BID titrated (N): 130 Varenicline 1.0 mg BID non-titrated (N): 129 Placebo (N): 129 Follow-up lengths: 12 months (52 weeks) Sponsor: Pfizer Inc. Protocol availability: NR	Varenicline 0.5 mg BID titrated + Brief SC counseling: Age: 43.5 Female: 46.9% FTND Score: 5.4 Years Smoked: 25.0 Cigarettes per day: 21.3 Varenicline 0.5mg BID non-titrated + Brief SC counseling: Age: 42.9 Female: 55.0% FTND Score: 5.5 Years Smoked: 26.0 Cigarettes per day: 20.9 Varenicline 1.0 mg BID titrated + Brief SC counseling: Age: 42.2 Female: 51.5% FTND Score: 5.3 Years Smoked: 24.0 Cigarettes per day: 20.9	Group 1: Varenicline 0.5 mg BID titrated + Brief SC counseling Varenicline 0.5mg once daily for 7 days, then 0.5mg twice daily for 11 weeks (oral tablets) Group 2: Varenicline 0.5 mg twice daily for 12 weeks + Brief SC counseling Group 3: Varenicline 1.0 mg BID titrated + Brief SC counseling Varenicline 1.0 mg once daily for 3 days, then 0.5mg twice daily for 4 days, then 1.0mg twice daily for 11 weeks Group 4: 1.0mg twice daily for 12 weeks + Brief SC counseling Group 5: 2 placebo tablets twice daily for 12 weeks + Brief SC counseling Brief smoking cessation (SC) counseling: Participants were given up to 10 minutes counseling on smoking cessation at their weekly visit during the 12-week treatment. The total counseling time was up to 130 minutes.	Efficacy: ○ CAR 12 Months ○ PPA 6 M ○ PPA 12 M - expired carbon monoxide ≤10ppm Safety: ○ DEATH ○ SAE ○ CV DEATH ○ CV EVENTS ○ SUICIDAL IDEATION ○ COMPLETED SUICIDE

Reference	Study Details	Patients	Intervention	Outcomes
		Varenicline 1.0 mg BID non-titrated + Brief SC counseling: Age: 43.7 Female: 51.2% FTND Score: 5.5 Years Smoked: 25.7 Cigarettes per day: 20.8 Placebo + Brief SC counseling: Age: 43.0 Female: 48.1% FTND Score: 5.8 Years Smoked: 25.3 Cigarettes per day: 20.4 Are patients willing to quit or have they set a quit date: Y	Mutual interventions: - Subjects received a smoking cessation booklet at the baseline visit - A brief telephone counseling (up to 5mins) 3 days after the target quit date.	
Oncken 2007-296 + Oncken 2006- 1141	Study Design: Parallel Nicotine patch + Intensive group counseling (N): 57 Placebo patch + Intensive group counseling (N): 95 Follow-up lengths: 16 Months Sponsor: Jointly by The Patrick and Catherine Weldon Donaghue Foundation, The University of Connecticut Center on Aging, and NIH grants R01 DA13334, and M01 RR06192 (University of Connecticut General Clinical Research Center) and P50AA15632. Protocol availability: NR	Nicotine patch + Intensive group counseling: Age: 54.0 Female: 100% FTND Score: NR Years Smoked: 33.4 Cigarettes per day: 21.6 Placebo patch + Intensive group counseling: Age: 56.6 Female: 100% FTND Score: NR Years Smoked: 35.1 Cigarettes per day: 21.4 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine patch + Intensive group counseling Group 2: Placebo patch + Intensive group counseling Nicotine or placebo patch: Participants were instructed to use 21-mg nicotine transdermal system or placebo patch for 12 weeks, then titrate down the nicotine or placebo patch with the following schedule: 14-mg patch daily for 2 weeks, and a 7-mg patch daily for the next 2 weeks. Intensive group counseling: During the 12-week treatment phase, participants were required to attend 4 sessions of group counseling at each of visits 2 to 5. Each session lasted approximately 2.0 hours and included a range of motivational and cognitive behavioral techniques, information on tobacco effects and expected outcomes of quitting; skills training to elicit extra-treatment support for quitting; contingency contracting; relaxation training; monitoring of smoking urges and antecedents to smoking behavior; development, rehearsal and implementation of specific cognitive and behavioral problem solving plans to cope with acute nicotine withdrawal, smoking urges, and relapse risks; and supportive group discussions. Mutual interventions: None	Efficacy: ○ PPA 16 Months ○ PAR 16 M (M 4-16) - exhaled carbon monoxide ≤ 8 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV EVENT ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Ortega 2011-3	Study Design: Parallel NRT + Intensive CBT (N): 924	NRT + Intensive CBT: Age: 61.1 Female: 12% FTQ Score: 6 Years Smoked: NR	Group 1: NRT + Intensive CBT Nicotine replacement therapy (NRT): Nicotine patches or chewing gum would be dosed to the degree of physical dependence of the smoker by	Efficacy: ○ CAR 12 Months - expired carbon monoxide < 7 ppm

Reference	Study Details	Patients	Intervention	Outcomes
	Intensive CBT (N): 919 Follow-up lengths: 12 months Sponsor: NR Protocol availability: NR	Cigarettes per day: NR Intensive CBT: Age: 63.7 Female: 13% FTQ Score: 6 Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: N	following the SEPAR recommendations for the pharmacological treatment of smoking up to a maximum of 12 weeks. During the hospital stay, NRT was provided free of charge, whereas after release the patients incurred this fee. Group 2: Intensive CBT Intensive cognitive-behavioral treatment (CBT): The cognitive intervention was performed by a specially-trained nurse in 30-45 min sessions every 3 days until the patients' release. During the sessions, the patients received advice to quit smoking and the potential risks of tobacco use were commented, as were as the benefits of cessation. Knowledge, beliefs and potential barriers for smoking cessation were evaluated, and arguments were given to try to overcome these. Factors related to the ongoing tobacco habit were discussed, and strategies were provided for behavior modification. Risk factors for relapse were identified, and self-management methods and relaxation techniques to control them were discussed. After the hospital stay, the patient had two options of receiving follow-up consultation- outpatient visits or telephone contacts. Both options would have same frequency and be at one week, 15 days, one month and then at 2, 3, 6, and 12 months. Mutual interventions: None	Safety: ○ NR
Pack 2008-237	Study Design: Parallel Nicotine Lozenge (N): 205 Nicotine Gum (N): 203 Follow-up lengths: 12 months Sponsor: The National Cancer Institute Grant (P50CA084724) & the National Institute on Drug Abuse Grant (P50DA019706) Protocol availability: NR	Nicotine Lozenge: Age: 43.3 Female: 43.9% FTND Score: 6.0 Years Smoked: 26.3 Cigarettes per day: 23.6 Nicotine Gum: Age: 41.8 Female: 43.8% FTND Score: 5.9 Years Smoked: 25.3 Cigarettes per day: 22.6 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine lozenge Group 2: Nicotine gum Mutual interventions: - In addition to being randomized to the 2 drug treatment groups, patients were randomized to the Wisconsin Tobacco Quit Line group (including a baseline call to the Quit Line in which smoking cessation counseling was provided in addition to 3 follow-up calls during treatment) OR the self-help brochure group.	Efficacy: ○ PPA 6 M ○ PPA 12 M - expired carbon monoxide ≤10ppm Safety: NR
Paoletti 1996-643	Study Design: Parallel Nicotine Patch 15mg (N): 150 Nicotine Patch 25mg (N): 87	Nicotine Patch 15mg: Age: 41.6 Female: 64.6% FTQ Score: 6.3 Years Smoked: 18.7 Cigarettes per day:	Group 1: 1 active 15mg patch (30cm^2) + 1 placebo patch (20cm^2) worn for 16h (both applied in the morning and removed at bedtime) Group 2: 1 active 15mg patch (30cm^2)	Efficacy: ○ CAR 6 M ○ CAR 12 M - expired carbon monoxide ≤10ppm - blood serum sample

Reference	Study Details	Patients	Intervention	Outcomes
		27.6	+ 1 active 10mg patch (20cm^2) worn for 16h (both applied in the morning and removed at bedtime)	
	Placebo Patch (N): 60	Nicotine Patch 25mg:		Safety:
	Follow-up lengths: 12 months	Age: 42 Female: 38% FTQ Score: 7.0 Years Smoked: 18.7 Cigarettes per day: 30	Group 3: 2 placebo patches (30cm^2 and 20cm^2) worn for 16h (both applied in the morning and removed at bedtime)	○ DEATH- inferred 0 ○ SAE- inferred 0 ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0
	Sponsor: Pharmacia grant			
	Protocol availability: NR		Mutual interventions: NR	
		Placebo Patch: Age: 44 Female: 53% FTQ Score: 5.4 Years Smoked:20.9 Cigarettes per day: 23		
		Are patients willing to quit or have they set a quit date: Y		
Piper 2007-947	Study Design: Parallel	Bupropion SR + Nicotine gum: Age: 41.14 Female: 55.7% FTND Score: 5.69 Years Smoked: NR Cigarettes per day: 22.09	Group 1: Active bupropion SR (150mg pills, twice daily) plus active 4mg nicotine gum	Efficacy: ○ PPA 6 M ○ PPA 12 M - expired carbon monoxide ≤10ppm (6 & 12M) OR blood sample (12M)
	Bupropion SR + Nicotine gum (N): 228		Group 2: Active bupropion SR (150mg pills, twice daily) plus placebo nicotine gum	
	Bupropion SR + Placebo gum (N): 224			Safety: ○ DEATH- inferred 0 ○ SAE- inferred 0 ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0
	Placebo Bupropion SR + Placebo gum (N): 156	Bupropion SR + Placebo gum: Age: 42.26 Female: 60.3% FTND Score: 5.70 Years Smoked: NR Cigarettes per day: 23.39	Group 3: Placebo bupropion SR pills plus placebo nicotine gum	
	Follow-up lengths: 12 months		Participants were instructed to begin taking their study pills a week before their target quit date and continue taking the pills for 9 weeks (8 weeks postquit) and to begin chewing their study gum on their quit date and continue using the gum for 8 weeks. Staff encouraged participants to chew as many as to 12 pieces of gum per day to cope with withdrawal symptoms and aid their quit attempt.	
	Sponsor: National Institutes of Health grants CA84724-05 and DA0197-06			
	Protocol availability: NR	Placebo Bupropion SR + Placebo gum Age: 42.03 Female: 57.7% FTND Score: 5.48 Years Smoked: NR Cigarettes per day: 21.57	Mutual interventions: - All patients received brief (10min) smoking cessation counseling at the baseline session, the quit date session and the first postquit session (3x10 min sessions over 3 weeks). The counseling, provided by bachelor-degree-level staff, was designed to provide the most effective elements recommended by the Public Health Service guideline: intra-treatment social support, information and problem solving, and aid in seeking extra-treatment social support.	
		Are patients willing to quit or have they set a quit date: Y		
Piper 2009-1253	Study Design: Parallel	Bupropion SR: Age: 43.9 Female: 58.3% FTND Score: 5.4 Years Smoked: NR Cigarettes per day: 21.4	Group 1: 150 mg, bid for 9 weeks total- 1week pre-quit and 8 weeks post-quit	Efficacy: ○ PPA 6 M - expired carbon monoxide ≤10ppm
	Bupropion SR (N): 264		Group 2: 2 or 4 mg, based on appropriate dose for dependence level per package instructions, for 12 weeks post-quit	
	Nicotine lozenge (N): 260			Safety: ○ DEATH ○ SAE ○ CV DEATH ○ CV EVENTS
	Nicotine patch (N): 262	Nicotine lozenge: Age: 45.3	Group 3: 24-hour patch- 21, 14, and	
	Bupropion SR + Nicotine lozenge			

Reference	Study Details	Patients	Intervention	Outcomes
	(N): 262 Nicotine patch + Nicotine lozenge (N): 267 Placebo (N): 189 Follow-up lengths: 6 months Sponsor: NIH/NIDA (grant #P50 DA019706) and the General Clinical Research Centers Program of the National Center for Research Resources (grant #M01 RR03186) Protocol availability: NR	Female: 58.1% FTND Score: 5.2 Years Smoked: NR Cigarettes per day: 21.6 Nicotine patch: Age: 44.9 Female: 58.4% FTND Score: 5.4 Years Smoked: NR Cigarettes per day: 21.4 Bupropion SR + Nicotine lozenge: Age: 45.3 Female: 58.8% FTND Score: 5.3 Years Smoked: NR Cigarettes per day: 21.0 Nicotine patch + Nicotine lozenge: Age: 44.2 Female: 57.3% FTND Score: 5.5 Years Smoked: NR Cigarettes per day: 21.93 Placebo: Age: 43.1 Female: 58.7% FTND Score: 5.5 Years Smoked: NR Cigarettes per day: 21.0 Are patients willing to quit or have they set a quit date: Y	7mg titrated down over 8 weeks post-quit Group 4: combination therapy following the same regimen as group 1 and group 2 Group 5: combination therapy following the same regimen as group 2 and group 3 Group 6: There were five distinct placebo conditions, matched to each of the active treatment conditions (i.e., placebo bupropion, placebo lozenge, placebo patch, placebo patch + lozenge and placebo bupropion + lozenge); however, since there were no statistically significant differences amongst the placebo conditions in 7-day point-prevalence outcomes at 6-months post-quit, the placebo conditions were combined into a unified placebo condition. Participants were instructed to start medications on the designated quit date, except for bupropion SR, which they were instructed to initiate 1 week prior to the quit date as per the package insert instructions. Mutual interventions: - All participants received six one-on-one counseling sessions based upon the PHS Guideline. Study staff who provided counseling and conducted study sessions were bachelor-level trained case managers, supervised by a licensed clinical psychologist. Sessions lasted 10–20 minutes and occurred over 7 weeks with the first two counseling sessions occurring prior to quitting and the subsequent five occurring on the quit date or thereafter.	○ COMPLETED SUICIDE-inferred 0
Pirie 1992-1238	Study Design: Parallel FSS (N): 103 FSS and Nicotine (N): 108 FSS and Behavior (N): 108 FSS, Nicotine and Behavior (N): 98 Follow-up lengths: 12 Months Sponsor: National Cancer Institute Protocol availability: NR	FSS: Age: 42.3 Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: 25.6 FSS and NG: Age: 42.9 Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: 27.1 FSS and Behavior: Age: 44 Female: NR FTND Score: NR	Group 1: Freedom from smoking (FSS) FSS: 8 week program with an orientation plus 7 treatment sessions (Total contact time = 480 mins). Group 2: FSS and Nicotine gum (NG) NG: 2 mg Nicotine during Tx and for 3 months after. Group 3: FSS and Behavior Behavior: weight control program at each of 8 sessions focusing on exercise and decreased caloric intake (Total contact time = NR). Group 4: FSS, NG and Behavior	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - expired air carbon monoxide ≤ 10 ppm Safety: ○ NR

Reference	Study Details	Patients	Intervention	Outcomes
		Years Smoked: NR Cigarettes per day: 26.9 FSS, NG and Behavior: Age: 43.4 Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: 25.1 Are patients willing to quit or have they set a quit date: Y	Mutual interventions: None	
Planer 2011-1055	Study Design: Parallel Bupropion SR (N): 75 Placebo (N): 76 Follow-up lengths: 12 months Sponsor: GlaxoSmithKline (non-restricted educational grant) Protocol availability: NR	Bupropion SR: Age: 52.4 Female: 23.0% FTND Score: 7.3 Years Smoked: NR Cigarettes per day: 32.3 Placebo: Age: 51.5 Female: 17.3% FTND Score: 7.3 Years Smoked: NR Cigarettes per day: 30.1 Are patients willing to quit or have they set a quit date: Y	Group 1: 150 mg pill once a day for 3 days, and then twice a day for 2 months Group 2: Placebo pill following the same regimen as group 1 Mutual interventions: - Counseling consisting of at least 15 minutes of motivational support was given to all participants during hospitalization and continued after discharge. - Post treatment- At least 2 planned face-to-face encounters with a study physician and a research nurse were performed after hospital discharge (at 1 and 2 months) and by telephone-based follow-up thereafter. - Telephone calls included motivational support. Any patient who returned to smoking was given at least 10 minutes of motivational support to attempt quitting again; the drug regimen was not changed. The total planned time of face-to-face and telephone call interviews was at least 100 minutes during the first 2 months, and at least 100 minutes during the following 10 months.	Efficacy: NR (not biochemically verified) Safety: ○ DEATH ○ SAE- inferred 0 ○ CV DEATH- inferred 0 ○ CV EVENTS ○ SUICIDAL IDEATION ○ COMPLETED SUICIDE- inferred 0
Prapavessis 2007-1416	Study Design: Parallel CBT (N): 66 Ex (N): 76 Follow-up lengths: 12 Months Sponsor: National Heart Foundation of New Zealand Protocol availability: NR	OverallL Age: 38.1 Female: 142 FTND Score: NR Years Smoked: 20.3 Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: Cognitive Behavior Therapy (Pre CBT) + no nicotine patch CBT: three 45 min supervised group education sessions for 12 weeks Group 2: Pre CBT + Nicotine patch (NP24 21 MG) NP24 21 mg – three steps over 10 weeks: 1 – 21 mg once daily for 6 weeks; 2 – 14 mg once daily for 2 weeks; 3 – 7 mg once daily for 2 weeks Group 3: Exercise program (Ex) + no nicotine patch Ex - three 45 min supervised exercise sessions for 12 weeks.	Efficacy: ○ CAR 12 M ○ PPA 12 M - expired air carbon monoxide < 10 ppm and nicotine < 10 ng/mL Safety: ○ NR

Reference	Study Details	Patients	Intervention	Outcomes
			Group 4: Ex + NP24 21 MG Mutual interventions: None	
Puska 1979-141	Study Design: Parallel Nicotine Gum (N): 116 Placebo (N): 113 Follow-up lengths: 6 Months Sponsor: NR Protocol availability: NR	Nicotine Gum: Age: NR Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: NR Placebo: Age: NR Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine Gum – 4 mg nicotine gum taken as needed during Tx and after as long as necessary. Group 2: Placebo – chewing gum made to resemble nicotine gum in taste given during Tx and after as long as necessary Mutual interventions: None	Efficacy: ○ NR - Biochemical-verified: NR Safety: ○ DEATH - inferred 0 ○ SAE - inferred ○ CV DEATH - inferred ○ COMPLETED SUICIDE - inferred
Puska 1995-231	Study Design: Parallel Nicotine patch + Nicotine gum (N): 150 Placebo patch + Nicotine gum (N): 150 Follow-up lengths: 12 months (52 weeks) Sponsor: NR Protocol availability: NR	Nicotine patch + Nicotine gum: Age: 40.1 Female: 48% FTQ Score: 5.7 Years Smoked: 21.7 Cigarettes per day: 20.6 Placebo patch + Nicotine gum: Age: 39.3 Female: 43% FTQ Score: 5.6 Years Smoked: 20.8 Cigarettes per day: 21.9 Are patients willing to quit or have they set a quit date: Y	Group 1: One 15mg nicotine patch of 16hr administration (used daily for 12 weeks followed by one 10mg patch daily for three weeks then one 5mg patch for the final three weeks) plus 2mg nicotine gum used ad libitum. Subjects were encouraged to use at least four pieces a day and gum was allowed for the 12 month study period; however, withdrawal was encouraged after 6 months. Group 2: Placebo patches plus 2mg nicotine gum following the same regimens as group 1 Mutual interventions: - General smoking cessation advice delivered by public health nurses involving conventional instructions on study medication use and behavioural aspects of smoking cessation within the short time periods	Efficacy: ○ CAR 6 M (26 wks) ○ CAR 12 M - expired carbon monoxide ≤10ppm Safety: ○ DEATH- inferred 0 ○ SAE- inferred 0 ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0
Ray 2007-1237	Study Design: Parallel Transdermal nicotine (N): 182 Nicotine nasal spray (N): 192 Follow-up lengths: 6 months Sponsor: National Cancer Institute and National Institute on Drug Abuse (grant # P50CA/DA84718) Protocol availability: NR	All patients: Age: 46.8 Female: 47% FTND Score: 5.54 Years Smoked: NR Cigarettes per day: 24 Data by groups is not available. Are patients willing to quit or have they set a quit date: Y	Group 1: Nicoderm CQ transdermal nicotine (dosage not given) initiated on the morning of the target quite date after 2 weeks of counseling Group 2: Nicotrol nicotine spray (dosage not given) initiated on the morning of the target quite date after 2 weeks of counseling Mutual interventions: - Participants received seven sessions of standardized behavioral counseling during treatment in addition to the 2 weeks of counseling prior to treatment.	Efficacy: ○ PPA 6 M - expired carbon monoxide ≤10ppm Safety: NR
Registered	Study Design:	BUP 300 mg	Group 1: BUP 300 mg	Efficacy:

Reference	Study Details	Patients	Intervention	Outcomes
(GSK) 2001	Parallel BUP 300 mg (N): 143 Placebo (N): 143 Follow-up lengths: 12 Months Sponsor: Glaxo Smith Kline Protocol availability: NR	Age: 42.9 Female: 68 FTND Score: NR Years Smoked: NR Cigarettes per day: NR Placebo Age: 42.1 Female: 70 FTND Score: NR Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	BUP HD: bid equally divided doses of bupropion hydrochloride for seven weeks. Group 2: Placebo Placebo: bid doses of placebo for seven weeks. Mutual interventions: None	○ CAR 6 months ○ CAR 12 M ○ PPA 6 months ○ PPA 12 M - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH ○ SUICIDAL IDEATION ○ COMPLETED SUICIDE
Reid 2008 - 68	Study Design: Parallel NP24 21 mg + SC (N): 153 No Tx (N): 72 Follow-up lengths: 24 weeks Sponsor: NR Protocol availability: NR	NP24 21 mg + SC Age: 41.6 Female: 75 (49%) FTND Score: NR Years Smoked: 25.2 Cigarettes per day: 22.3 No Tx Age: 42.1 Female: 70 FTND Score: NR Years Smoked: 24.3 Cigarettes per day: 21.6 Are patients willing to quit or have they set a quit date: Y	Group 1: NP24 21 mg + SC counseling NP24 21 mg + SC: Nicotine patch started on quit date and given at 21 mg/day weeks 1-6 and 14 mg/day weeks 7 and 8. Counseling for 9 sessions over 6 week period, two a week for weeks 1-2 and one a week for weeks 3-6 (Total Contact Time = NR). Group 2: No Tx No Tx: Substance abuse, treatment as usual (TAU). Mutual interventions: None	Efficacy: ○ PPA 6 months - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ NR
Rennard 2006-555	Study Design: Parallel Nicotine inhaler (N): 215 Placebo inhaler (N): 214 Follow-up lengths: 15 months Sponsor: NR Protocol availability: NR	Nicotine inhaler: Age: 45.9 Female: 59.1% FTND Score: 6.5 Years Smoked: NR Cigarettes per day: 29.3 Placebo inhaler: Age: 44.8 Female: 51.4% FTND Score: 6.6 Years Smoked: NR Cigarettes per day: 30.4 Are patients willing to quit or have they set a quit date: No	Group 1: 10-mg nicotine inhaler (Nicotrol/Nicorette, Pfizer Consumer Healthcare) to be used ad libitum with a recommended dose of 6–12 cartridges per day, for up to 12 months. Inhaler included 1mg of menthol Group 2: Matched placebo inhaler identical to the active treatment with the nicotine excluded to be used ad libitum with a recommended dose of 6–12 cartridges per day, for up to 12 months. Inhaler included 1mg of menthol. Mutual interventions: NR	Efficacy: ○ PPA 12 M ○ PPA > 12 M (15mths) - expired carbon monoxide ≤10ppm and blood samples (12 & 15M) Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Rennard 2012-343	Study Design: Parallel Varenicline 1mg BID (N): 493 Placebo (N): 166 Follow-up lengths: 6 months (24	Varenicline 1mg BID: Age: 43.9 Female: 40.0% FTND Score: 5.6 Years Smoked: 26.0 Cigarettes per day: 21.3	Group 1: Varenicline 1 mg twice daily (b.i.d.) titrated to the full dose during the first week (0.5 mg once daily for 3 days then 0.5 mg b.i.d. for 4 days) and taken for 12 weeks. Group 2: Matched placebo dosing with identical appearance to	Efficacy: ○ CAR 6 M ○ PPA 6 M - expired carbon monoxide ≤10ppm Safety: ○ DEATH

Reference	Study Details	Patients	Intervention	Outcomes
	weeks) Sponsor: Pfizer Inc. Protocol availability: Y (NCT00691483)	Placebo: Age: 43.2 Female: 40.4% FTND Score: 5.4 Years Smoked: 24.6 Cigarettes per day: 21.5 Are patients willing to quit or have they set a quit date: Y (self-selected quit date between Days 8 and 35)	varenicline Mutual interventions: - Participants received brief (up to 10min) smoking cessation counseling consistent with Agency for Healthcare Research and Quality guidelines at each clinic visit (during treatment period and follow-up) or telephone contact (post treatment) - At baseline subjects received the *Clearing the Air: Quit Smoking Today* self-help book	○ SAE ○ CV DEATH ○ CV EVENTS ○ SUICIDAL IDEATION ○ COMPLETED SUICIDE
Richmond 1993 - 187	Study Design: Parallel SBC (N): 150 SBCN (N): 200 AN (N): 100 Follow-up lengths: 12 Months Sponsor: Department of Health, Housing and Community Services, Community Health Anti-TB assoc., Glaxo Australia, and the Drug and Alcohol Directorate, NSW Department of Health. Protocol availability: NR	Overall Age: 35 Female: 270 FTND Score: NR Years Smoked: 17 Cigarettes per day: 22 Are patients willing to quit or have they set a quit date: Y	Group 1: Structured Behavioral Change Therapy (SBC) SBC: consisted of 6 visits with two in the first two weeks, and then four at 1 wk, 3 wks, 3 months and 6 months later. Each visit roughly 25 mins long. (Total Contact Time = 150 mins) Group 2: Structured Behavioral Change + Nicotine Gum (SBCN) Nicotine Gum: Dosage not reported but daily nicotine gum patch given to patients from first week until 3 month follow up. Group 3: GP advice + Nicotine Gum (AN) AN: Consisted of an initial visit and two follow up visits at 3 and 6 months. Each visit roughly 8 mins (Total Contact Time = 24 mins) Mutual interventions: None	Efficacy: ○ CAR 6 months ○ CAR 12 M ○ PPA 6 months ○ PPA 12 M - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ NR
Richmond 1994-130,1997-27,617,2007-282	Study Design: Parallel NP 21 mg* 10 wks + CBT (N): 158 Placebo + CBT (N): 157 Follow-up lengths: 10 yrs Sponsor: Marion Merrelt Dow Protocol availability: NR	NP 21 mg*10 wks + CBT Age: 42 Female: 81 FTND Score: NR Years Smoked: 24.3 Cigarettes per day: 28.5 Placebo + CBT Age: 41 Female: 82 FTND Score: NR Years Smoked: 23.6 Cigarettes per day: 30.3 Are patients willing to quit or have they set a quit date: NR	Group 1: NP 21 mg*10 wks + CBT NP 21 mg*10 wks : Nicotine patch worn for 24hrs giving 21 mg first 6 wks, 14 mg next two wks, and 7 mg the final two wks CBT: A cognitive behavioral therapy given to all participants for five consecutive weeks with 2 hours each week (Total contact time = 600 mins) Group 2: Placebo + CBT Placebo: Nicotine patch of 1 mg per day given for the ten wks as a placebo to mimic the patch. Mutual interventions: None	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ CAR > 12 M (2,3 yrs) ○ PPA 6 months ○ PPA 12 M ○ PAR 12 M - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ DEATH - inferred ○ SAE - inferred ○ CV DEATH - inferred ○ COMPLETED SUICIDE - inferred
Rigotti 2006 - 1080	Study Design: Parallel	BUP 300 mg + CB C Age: 56.7 Female: 38	Group 1: BUP 300 mg + CB C BUP 300 mg : bid 150 mg dosage of	Efficacy: ○ CAR 12 M ○ PPA 12 M

Reference	Study Details	Patients	Intervention	Outcomes
	BUP 300 mg (N): 127 Placebo (N): 127 Follow-up lengths: 12 Months Sponsor: NHLBI, the NIH General clinical research centers program, and Glaxo Smith Kline Protocol availability: Y, NCT00181818	FTND Score: 5.3 Years Smoked: 38.8 Cigarettes per day: 23.1 Placebo + CB C Age: 54.9 Female: 38 FTND Score: 5.0 Years Smoked: 36.5 Cigarettes per day: 20.5 Are patients willing to quit or have they set a quit date: Y	bupropion hydrochloride for 300 mg daily for 12 wks. CB C: Cognitive behavioral counseling given during hospitalization and by telephone at 2 days, 1, 3, 8 and 12 weeks. (Total Contact Time = 80-95 mins) Group 2: Placebo + CB C Placebo: bid doses of placebo for twelve weeks. Mutual interventions: None	- Saliva cotinine Safety: ○ DEATH ○ SAE ○ CV DEATH ○ CV EVENTS ○ COMPLETE SUICIDE
Rigotti 2009 266	Study Design: Parallel NP24 21 mg + Rimonabant (N): 369 Placebo + Rimonabant (N): 366 Follow-up lengths: 24 weeks Sponsor: Sanofi-Aventis Protocol availability: Y, NCT00458718	NP24 21 mg + Rimonabant Age: 43.4 Female: 215 FTND Score: 5.8 Years Smoked: 25.7 Cigarettes per day: 23.3 Placebo + Rimonabant Age: 43.2 Female: 214 FTND Score: 5.8 Years Smoked: 25.2 Cigarettes per day: 23.4 Are patients willing to quit or have they set a quit date: Y	Group 1: NP24 21 mg + Rimonabant NP 24: Nicotine patch for 10 weeks given at 21 mg for 8 wks, 14 mg for 1 wk and 7 mg for 1 wk the week after baseline visit. Cognitive behavioral therapy at the 4 visits for ≤10 mins each (Total Contact Time ≤ 40 mins) Rimonabant: Given at 20 mg daily for 9 wks the day after baseline visit. Group 2: Placebo + Rimonabant Placebo: Placebo patch given for 10 wks started 1 wk after baseline visit. Cognitive behavioral therapy at the 4 visits for ≤10 mins each (Total Contact Time ≤ 40 mins) Mutual interventions: None	Efficacy: ○ NR - Biochemical-verified: NR Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH ○ SUICIDAL IDEATION ○ COMPLETED SUICIDE
Rigotti 2010-221	Study Design: Parallel Varenicline 1mg BID (N): 355 Placebo (N): 359 Follow-up lengths: 12 months (52 weeks) Sponsor: Pfizer Inc. Protocol availability: Y (NCT00282984)	Varenicline 1mg BID: Age: 57 Female: 24.8% FTND Score: 5.6 Years Smoked: 40 Cigarettes per day: 22.1 Placebo: Age: 55.9 Female: 17.8% FTND Score: 5.7 Years Smoked: 39 Cigarettes per day: 22.9 Are patients willing to quit or have they set a quit date: Y	Group 1: Varenicline 0.5 mg once daily for 3 days, 0.5 mg b.i.d. for 4 days and then 1.0 mg twice daily for a total of 12 weeks. Participants started the drug the day after randomization. Group 2: Identical placebo regimen to group 1. Mutual interventions: - During treatment- participants had weekly clinic visits that included 10 minutes of smoking counseling following clinical practice guidelines and 1 telephone call made 3 days after the quit date. - Post treatment- participants made 7 clinic visits (weeks 13, 16, 24, 32, 40, 48, and 52) and received 5 telephone calls (weeks 14, 20, 28, 36, and 44) that provided additional brief smoking counseling.	Efficacy: ○ CAR 6 M ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - expired carbon monoxide ≤10ppm Safety: ○ DEATH ○ SAE ○ CV DEATH ○ CV EVENTS ○ SUICIDAL IDEATION ○ COMPLETED SUICIDE ○ AGGRESSION
Rovina 2009-279	Study Design: Parallel Bupropion SR + brief counseling (N):	Bupropion SR + brief counseling: Age: 44.65 Female: 30.5%	Group 1: Bupropion SR given at a dose of 150mg per day for the first 6 days, 150mg b.d. for 7 weeks and 150mg once a day for the rest of the	Efficacy: ○ CAR 6 M ○ CAR 12 M - expired carbon monoxide

Reference	Study Details	Patients	Intervention	Outcomes
	94 Bupropion SR + NSGT (N): 35 Bupropion SR + CBGT (N): 40 CBGT (N): 36 Follow-up lengths: 12 months Sponsor: NR Protocol availability: NR	FTND Score: 7.2 Years Smoked: NR Cigarettes per day: 37.8 Bupropion SR + NSGT: Age: 45.3 Female: 34.3% FTND Score: 8 Years Smoked: NR Cigarettes per day: 38.1 Bupropion SR + CBGT: Age: 44.7 Female: 50% FTND Score: 7.4 Years Smoked: NR Cigarettes per day: 34.7 CBGT: Age: 44.5 Female: 52.8% FTND Score: 7 Years Smoked: NR Cigarettes per day: 34.2 Are patients willing to quit or have they set a quit date: Y (set for 2nd week of treatment; between day 10-15)	treatment period (19 weeks total). Brief counsel by the chest physician (15 minutes-1hr) included information about the effects of smoking on health, information about nicotine dependence and tobacco withdrawal symptoms, strategies for quitting (e.g. making a quitting plan, managing stress and weight gain) and avoiding relapse. Information was given about the correct use of medication and the expectations of its contribution in the smoking cessation effort. Group 2: Bupropion SR in combination with a nonspecific supportive and motivational group therapy (NSGT) conducted by a specialized psychologist. Bupropion SR given as same regimen in Group 1. Frequency of therapy was once a week for the first month and every 3 weeks thereafter for the 19-week period, and was supported by specialized psychologists. Every group consisted of at the most of 10 participants and the duration of the session was set as an hour. Therapy allowed for training of behavioral skills (based on learning theory), including learning and rehearsing new behaviors (e.g. refusing cigarettes), use response substitution, and monitoring and planning for 'high risk' situations. Group 3: Bupropion SR in combination with a specific cognitive behavioral group therapy (CBGT) conducted by a specialized psychologist. Bupropion SR given as same regimen in Group 1. Frequency of therapy was the same regimen as group 2 and sessions focused on the effort to change thoughts, beliefs and attitudes to quitting and to alter negative mood in the formal way. Group 4: Cognitive behavioral group therapy (CBGT) conducted by a specialized psychologist delivered with the same regimen as group 3. Mutual interventions: - Individual counseling (approximately 10-30 minutes) provided by the same physician at each visit in all groups.	≤10ppm Safety: ○ DEATH- inferred 0 ○ SAE- inferred 0 ○ CV DEATH- inferred 0 ○ CV EVENTS-?? ○ COMPLETED SUICIDE- inferred 0
Russell 1993-1308 & Stapleton 1995-31	Study Design: Parallel Nicotine patch (N): 800 Placebo patch (N): 400 Follow-up lengths: 12 months (52 weeks)	Nicotine patch: Age: 40.3 Female: 58.1% FTND Score: NR Years Smoked: NR Cigarettes per day: 23.6 Placebo patch:	Group 1: 30 cm^2 patch containing 0.83 mg nicotine/cm^2 incorporated into the adhesive layer to deliver an average of 15 mg nicotine into the bloodstream over 16 hours. A new patch was applied each day and removed before bed. Group 2: Placebo patches were	Efficacy: ○ CAR 6 M ○ CAR 12 M - expired carbon monoxide ≤10ppm and saliva cotinine <20ng/ml Safety: ○ DEATH- inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
	Sponsor: Pharmacia AB Protocol availability: NR	Age: 41.5 Female: 55.2% FTND Score: NR Years Smoked: NR Cigarettes per day: 24.2 Are patients willing to quit or have they set a quit date: Y	identical in size and appearance but contained no nicotine. Same regimen used as group 1. Half of those in the active patch group were randomized at entry to receive a dose increase at week 1 if necessary, while the other half remained on standard dosage. Thus all subjects who had not stopped smoking completely after 1 week of treatment or were in great difficulty were offered an extra 10 mg patch, which was a placebo in all but the dose increase group. Mutual interventions: - A six page printed booklet was given to each subject at baseline to inform of essential information about the patch and how to give up smoking.	○ SAE- inferred 0 ○ CV DEATH- inferred 0 ○ COMPLETED SUICIDE- inferred 0
Sachs 1993-1881	Study Design: Parallel Nicotine patch (N): 113 Placebo patch (N): 107 Follow-up lengths: 12 months Sponsor: US Public Health Service grant (DA-04986) from the National Institute on Drug Abuse and grants from Kabi Pharmacia AB and Parke-Davis Protocol availability: NR	Nicotine patch: Age: 47.5 Female: 59% FTQ Score: 6.7 Years Smoked: 28.7 Cigarettes per day: 27.3 Placebo patch: Age: 47.8 Female: 59% FTQ Score: 6.6 Years Smoked: 28.5 Cigarettes per day: 28.9 Are patients willing to quit or have they set a quit date: Y	Group 1: Active transdermal nicotine patch delivering 15mg of nicotine per day, worn from early morning to evening; replaced daily. The initial size dispensed to all subjects was 30-cm^2, the active patch releasing 15±3.5 mg of nicotine per 16 hours. After 12 full weeks of treatment, subjects began 6 weeks of tapering with 3-week use of 20-cm^2 patches and then 3-week use of 10-cm^2 patches. Group 2: Placebo patch identical in appearance to active patches used with same regimen as group 1. Mutual interventions: -During each visit, subjects received brief, commonsense smoking cessation advice, from a medical perspective, from one of the project nurses, on an as-needed basis.	Efficacy: ○ CAR 6 M ○ CAR 12 M - expired carbon monoxide ≤9ppm Safety: ○ DEATH- inferred 0 ○ SAE ○ CV DEATH- inferred 0 ○ CV EVENTS ○ COMPLETED SUICIDE - inferred 0
Schmitz 2007-699	Study Design: Parallel Bupropion + CBT (N): 41 Bupropion + ST (N): 37 Placebo + CBT (N): 39 Placebo + ST (N): 37 Follow-up lengths: 12 months Sponsor: National Institute on Drug Abuse (grant DA08888) Protocol availability: NR	Bupropion + CBT: Age: 46.5 Female: 100% FTND Score: 6.2 Years Smoked: 27.9 Cigarettes per day: 24.6 Bupropion + ST: Age: 47 Female: 100% FTND Score: 6.1 Years Smoked: 27.4 Cigarettes per day: 21.1 Placebo + CBT: Age: 50 Female: 100% FTND Score: 5.1 Years Smoked: 31 Cigarettes per day: 20	Group 1: Sustained-release bupropion tablets (300 mg/day; 150 mg/day for 3 days, followed by 150 mg twice daily) taking one tablet (150 mg) in the morning and one tablet (150 mg) in the evening with at least 8 hours, but not more than 12 hours, between doses. Cognitive Behaviour Therapy (CBT) was delivered weekly by a therapist and cotherapist pair for 60-min group sessions over 7 weeks. CBT was based on the relapse prevention model and adapted for use with cigarette smokers. Key topics included identification of smoking triggers, functional analysis, handling of lapses, lifestyle balancing, and problem solving. The therapy style was active and directive, with role playing used regularly as a training technique. Between-session practice assignments were reviewed at the subsequent session.	Efficacy: ○ PPA 6 M ○ PPA 12 M - expired carbon monoxide ≤10ppm and salivary cotinine <15ng/ml Safety: NR

Reference	Study Details	Patients	Intervention	Outcomes
		Placebo + ST: Age: 47.7 Female: 100% FTND Score: 5.5 Years Smoked: 27.7 Cigarettes per day: 20.2 Are patients willing to quit or have they set a quit date: Y (on day 10)	Group 2: Sustained-release bupropion tablets following the same regimen as group 1. Supportive therapy (ST) was delivered weekly by a therapist and cotherapist pair for 60-min group sessions over 7 weeks. Therapists facilitated group discussion around topics related to quitting in general. Participants were encouraged to share and discuss aspects of their smoking cessation experiences and give feedback to other group members. Therapists refrained from using skills-training techniques or giving direct advice. Home practice assignments and self-monitoring were not allowed. The therapist manual was an adaptation of a health belief intervention. Group 3: Matching unmarked placebo tablets plus cognitive behavior therapy following the same regimen as group 1. Group 4: Matching unmarked placebo tablets plus supportive therapy following the same regimen as group 2. Mutual interventions: NR	
Schneider 1983 - 253	Study Design: Parallel NG (N): 43 Placebo (N): 53 Follow-up lengths: 12 Months Sponsor: National Institute on Drug Abuse Protocol availability: NR	NG Age: 40 Female: 30 FTND Score: NR Years Smoked: 23 Cigarettes per day: 35 Placebo Age: 37 Female: 30 FTND Score: NR Years Smoked: 20 Cigarettes per day: 31 Are patients willing to quit or have they set a quit date: Y	Group 1: NG + CS NG: Nicotine gum given as frequently as required daily for as long as desired by patient. CS: Clinic support only to main clinic patients where patients met with a counselor for 45 mins each session for 9 sessions (1/day 1st wk and weekly for 4 more wks) (Total Contact Time = 405 mins) Group 2: Placebo + CS Placebo: Placebo gum given as frequently as needed for as long as patient desires. Group 3: NG Group 4: Placebo Mutual interventions: None	Efficacy: ○ PPA 6 months ○ PPA 12 M - exhaled air carbon monoxide Safety: ○ DEATH - inferred 0 ○ SAE - inf ○ CV DEATH – inf ○ COMPLETED SUICIDE - inferred 0
Schneider 1995 - 1671	Study Design: Parallel NNS (N): 128 Placebo (N): 127 Follow-up lengths: 12 Months	NNS Age: 39.9 Female: 61 FTND Score: 7.3 Years Smoked: 22.8 Cigarettes per day: 28.8	Group 1: NNS NNS: Nicotine nasal spray at 0.5 mg/spray administered 8-32 doses/day for 1st 6 wks and then ≤ 32 doses/day for maximum 6 months. Group 2: Placebo	Efficacy: ○ CAR 6 months ○ CAR 12 M ○ PPA 6 months ○ PPA 12 M - exhaled air carbon monoxide and saliva cotinine

Reference	Study Details	Patients	Intervention	Outcomes
		Placebo Age: 39.7 Female: 53 FTND Score: 7.2 Years Smoked: 28.6 Cigarettes per day: 28.6 Are patients willing to quit or have they set a quit date: Y	Placebo: Placebo nasal spray containing oleo resin piperine (mimic side effects) for maximum 32 doses over 6 month period. Mutual interventions: Written instruction on how to use the nasal spray and a book on how to use nicotine gum. (Total Contact Time = ???)	Safety: ○ DEATH - inferred 0 ○ SAE - inferred ○ CV DEATH – inferred ○ COMPLETED SUICIDE - inferred 0
Schneider 1996 - 1293	Study Design: Parallel Inhaler (N): 112 Placebo (N): 111 Follow-up lengths: 12 Months Sponsor: First author's VA Merit Review and by Pharmacia & Upjohn (Sweden) Protocol availability: NR	Inhaler Age: 43.7 Female: 40 FTND Score: 7.5 Years Smoked: 25.3 Cigarettes per day: 29.2 Placebo Age: 44.4 Female: 42 FTND Score: 7.2 Years Smoked: 26.1 Cigarettes per day: 26.2 Are patients willing to quit or have they set a quit date: Y	Group 1: Inhaler Inhaler: Active nicotine inhaler administered at minimum 4/day and maximum 20/day for up to 6 months. Dosage per inhaler is ~5 mg of nicotine and menthol to decrease irritancy. Group 2: Placebo Placebo: Placebo inhalers contained only menthol to mimic active inhaler and were administered minimum 4 and maximum 20/day for up to 6 months. Mutual interventions: None	Efficacy: ○ CAR 6 months ○ CAR 12 M - exhaled air carbon monoxide and saliva cotinine Safety: ○ DEATH - inferred 0 ○ SAE – inferred 0 ○ CV DEATH – inferred 0 ○ COMPLETED SUICIDE - inferred 0
Schnoll 2010 - 144	Study Design: Parallel NP 21 mg*8 wks (N): 287 NP 21 mg*24 wks (N): 288 Follow-up lengths: 12 Months Sponsor: National Cancer Institute and National Institute on Drug Abuse Protocol availability: Y, NCT00364156	NP 21 mg*8 wks Age: 44.9 Female: 129 FTND Score: 5.3 Years Smoked: NR Cigarettes per day: 21.3 NP 21 mg*24 wks Age: 44.8 Female: 125 FTND Score: 5.2 Years Smoked: NR Cigarettes per day: 21.1 Are patients willing to quit or have they set a quit date: Y	Group 1: NP 21 mg * 8 wks NP 21 mg*8 wks: given standard Tx of 21 mg Nicotine patch for 8 wks and then placebo patch for the other 16 weeks. Group 2: NP 21 mg * 24 wks NP 21 mg*24 wks: given 21 mg nicotine patch for 24 wks. Mutual interventions: None	Efficacy: ○ CAR 6 months ○ CAR 12 M ○ PPA 6 months ○ PPA 12 M ○ PAR 12 M - exhaled air carbon monoxide Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH ○ CV EVENTS
Schnoll 2010 - 237	Study Design: Parallel NP24 21 mg + SC Counseling (N): 321 NL 2-4 + SC Counseling (N): 321 Follow-up lengths: 6 Months Sponsor: NR	NP24 21 mg + SC Counseling Age: 44.7 Female: 195 FTND Score: NR Years Smoked: 26.7 Cigarettes per day: 20.6 NL 2-4 + SC Counseling Age: 44.8	Group 1: NP24 21 mg + SC Counseling NP24 21 mg: Nicotine patch was given for 12 weeks with the first 6 at 21 mg/d, followed by 14 mg/d for 2 weeks and 7 mg/d for 4 weeks. Sc Counseling: All participants received 5 sessions, with initial session >60 mins, the second on quit date over the phone and the following	Efficacy: ○ PPA 6 months - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ DEATH ○ SAE ○ CV DEATH ○ CV EVENTS

Reference	Study Details	Patients	Intervention	Outcomes
	Protocol availability: NR	Female: 170 FTND Score: NR Years Smoked: 26.8 Cigarettes per day: 20.1 Are patients willing to quit or have they set a quit date: Y	three as follow up over the phone. (Total Contact Time = > 60 mins). Group 2: NL 2-4 + SC Counseling NL 2-4: Nicotine lozenge was given for 12 weeks at 2 mg/d to those who don't smoke in first 30 mins of day and 4 mg/d to those who do smoke within 30 mins. Dosage was about 9 lozenges/day for 6 weeks, about 5 lozenges/day for 3 weeks and then about 3 lozenges/day for final 3 weeks. Mutual interventions: None	○ COMPLETED SUICIDE
Schnoll 2010 - 811	Study Design: Parallel Bup 300 mg + NP24 14 mg-21 mg + Counseling (N): 132 Placebo + NP 24 14 mg-21 mg + Counseling (N): 114 Follow-up lengths: 27 Weeks Sponsor: National Cancer Institute Protocol availability: NR	Bup 300 mg + NP24 14 mg-21 mg + Counseling Age: 53.4 Female: 69 FTND Score: 3.2 Years Smoked: NR Cigarettes per day: 17.4 Placebo + NP 24 14 mg-21 mg + Counseling Age: 53.7 Female: 49 FTND Score: 3.2 Years Smoked: NR Cigarettes per day: 17.2 Are patients willing to quit or have they set a quit date: NR	Group 1: Bup 300 mg + NP24 14 mg-21 mg + Counseling Bup 300 mg: given sustained release bupropion for 9 weeks beginning two weeks before quit date (on 3rd week of trial). Dosage was 150 mg (1 pill) daily for the first week and then 300 mg (bid) for the next 8 weeks. NP 24 14 mg-21 mg: All patients received transdermal nicotine patch. Patients smoking ≤10 cigarettes/day started 14mg/day for 4 wks followed by 7mg/day for 4 wks. Patients smoking ≥10 cigarettes/days started 21mg/day for 2 wks then 2 wks of 14mg/day and 4 wks of 7mg/day Counseling: 5 cessation sessions (3 in person, 2 phone) starting at wk 1. Group 2: Placebo + NP 24 14 mg-21 mg + Counseling Placebo: Placebo given 2 weeks before quit date after week 1 of trial for 9 weeks. Mutual interventions: None	Efficacy: ○ PPA 6 months - exhaled air carbon monoxide ≤10 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred ○ CV DEATH - inferred ○ COMPLETED SUICIDE - inferred
Schuurmans 2004 - 634	Study Design: Parallel Pre NP16 15 mg + Counseling + NP16 15 mg (N): 100 Pre Placebo + Counseling + NP16 15 mg (N): 100 Follow-up lengths: 6 Months Sponsor: Swiss Science Foundation and Pfizer Protocol availability: NR	Pre NP16 15 mg + Counseling + NP16 15 mg Age: 43.2 Female: 43 FTND Score: 5.8 Years Smoked: 21.7 Cigarettes per day: 23.1 Pre Placebo + Counseling + NP16 15 mg Age: 43.7 Female: 45 FTND Score: 6.3 Years Smoked: 25.4 Cigarettes per day:	Group 1: Pre NP16 15 mg + Counseling + NP16 15 mg Pre NP16 HD: Active nicotine patches 15mg/16hr for 2 weeks pre-treatment. Counseling: Counseling provided at each visit for 20 mins each visit with an extra 10-15 mins at initial visit. Total of six visits for counseling. (Total Contact Time = 135 mins) NP16 15 mg: From quite date all patients received active NP 15mg/16hr for 8 weeks followed by 10mg/16hr for 2 weeks and 5mg/16hr for 2 weeks.	Efficacy: ○ CAR 6 months - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ DEATH ○ SAE - inferred

Reference	Study Details	Patients	Intervention	Outcomes
		26.4 Are patients willing to quit or have they set a quit date: Y	Group 2: Pre Placebo + Counseling + NP16 15 mg Pre Placebo: Placebo patches given for 2 weeks pre-treatment. Mutual interventions: None	
Segnan 1991 239	Study Design: Parallel Minimal Counseling (N): 62 Repeated Counseling (N): 275 Repeated Counseling + NG (N): 294 Repeated Counseling + Spirometry (N): 292 Follow-up lengths: 12 Months Sponsor: Health education grant from Piedmont Health Authority Protocol availability: NR	Minimal Counseling Age: NR Female: 20 FTND Score: NR Years Smoked: NR Cigarettes per day: NR Repeated Counseling Age: NR Female: 109 FTND Score: NR Years Smoked: NR Cigarettes per day: NR Repeated Counseling + NG Age: NR Female: 108 FTND Score: NR Years Smoked: NR Cigarettes per day: NR Repeated Counseling + Spirometry Age: NR Female: 117 FTND Score: NR Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: Minimal Counseling Minimal counseling: one counseling session and brochure on cessation. Group 2: Repeated Counseling Repeated Counseling: had initial counseling session but also returned for sessions at 1, 3, 6 and 9 month intervals. (Total Contact Time = NR) Group 3: Repeated Counseling + NG NG: Patients given nicotine gum for 3 months and advised on dosage (NR). Group 4: Repeated Counseling + Spirometry Spirometry: Patients brought in for spirometry lung test and advised of condition of lungs on next visit. Mutual interventions: None	Efficacy: ○ PPA 6 months ○ PPA 12 M - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ NR
Shiffman 2002 - 1267	Study Design: Parallel NL 2 mg (N): 459 Placebo (N): 909 NL 4 mg (N): 450 Follow-up lengths: 12 Months Sponsor: Glaxo Smith Kline Protocol availability: NR	NL 2 mg Age: 41.1 Female: 262 FTND Score: 2.6 Years Smoked: NR Cigarettes per day: 17.7 Placebo Age: 42.3 Female: 513 FTND Score: 4.4 Years Smoked: NR Cigarettes per day: 22 NL 4 mg Age: 44.3 Female: 255 FTND Score: 6.1 Years Smoked: NR Cigarettes per day: 26.3	Group 1: NL 2 mg NL 2 mg: Selected here if they didn't smoke within 30 mins of waking. Take 2mg lozenge every 1-2 hrs first 6 weeks for minimum of 9 per day. Weeks 7-9 reduce dosage to every 2-4 hrs and weeks 10-12 reduce to every 4-8 hrs. Final 12-24 weeks use occasionally as needed for dosage. Group 2: Placebo Placebo: After first week, were randomized from both arms to receive placebo lozenges following the dosages mentioned in the treatment arms. Group 1: NL 4 mg NL 4 mg: Selected here if they smoked	Efficacy: ○ CAR 6 months ○ CAR 12 M - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ DEATH ○ SAE

Reference	Study Details	Patients	Intervention	Outcomes
		Are patients willing to quit or have they set a quit date: Y	within 30 mins of waking. Take 4mg lozenge every 1-2 hrs first 6 weeks for minimum of 9 per day. Weeks 7-9 reduce dosage to every 2-4 hrs and weeks 10-12 reduce to every 4-8 hrs. Final 12-24 weeks use occasionally as needed for dosage. Mutual interventions: Patients were provided with written user's guide and behavioral guidance at first 4 visits for 5-10 mins. (Total Contact Time = 20-40 mins)	
Shiffman 2009 - 96	Study Design: Parallel NG 2 mg (N): 819 Placebo (N): 1648 NG 4 mg (N): 830 Follow-up lengths: 6 Months Sponsor: Glaxo Smith Kline Protocol availability: NR	NG 2 mg Age: 42.1 Female: 514 FTND Score: 4.4 Years Smoked: 24.1 Cigarettes per day: 17.7 Placebo Age: 44.3 Female: 969 FTND Score: 5.7 Years Smoked: 26.9 Cigarettes per day: 25.1 NG 4 mg Age: 46.1 Female: 395 FTND Score: 6.9 Years Smoked: 29.2 Cigarettes per day: 32 Are patients willing to quit or have they set a quit date: Y	Group 1: NG 2 mg NG 2 MG: Quitting was over a period where they reduced cigarettes/day by 1 hr each day until they quit (substituting gum every hour). Patients took 2mg gum every 1-2 hrs first 6 weeks. Next 3 weeks reduce dosage to every 2-4 hrs and last 3 weeks reduce to every 4-8 hrs. Final 12-24 weeks use occasionally as needed for dosage. Group 2: Placebo Placebo: After quitting, were randomized from both arms to receive placebo gum following the dosages mentioned in the treatment arms. Group 1: NG 4 mg NG 4 mg: Quitting was over a period where they reduced cigarettes/day by 1 hr each day until they quit (substituting gum every hour). Patients took 4mg gum every 1-2 hrs first 6 weeks. Next 3 weeks reduce dosage to every 2-4 hrs and last 3 weeks reduce to every 4-8 hrs. Final 12-24 weeks use occasionally as needed for dosage. Mutual interventions: None	Efficacy: ○ CAR 6 months - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred ○ CV DEATH - inferred ○ COMPLETED SUICIDE - inferred
Simon 2004 - 1797	Study Design: Parallel BUP 300 mg + NP24 21 mg + Counseling (N): 123 Placebo + NP24 21 mg + Counseling (N): 126 Follow-up lengths: 12 Months Sponsor: Grant from California Tobacco-Related Disease Research Program Protocol availability: NR	BUP 300 mg + NP24 21 mg + Counseling Age: 50 Female: 15 FTND Score: 3.8 Years Smoked: 39 Cigarettes per day: 22 Placebo + NP24 21 mg + Counseling Age: 49 Female: 20 FTND Score: 4.0 Years Smoked: 39 Cigarettes per day: 23	Group 1: BUP 300 mg + NP24 21 mg + Counseling BUP 300 mg: 7 weeks of sustained release bupropion hydrochloride at 150 mg/day for 3 days and then 150 mg bid. NP24 21 mg: Dosage specific to individual. Average dosage of nicotine patch was 4 weeks 21 mg/day, 2 weeks 14 mg/day, and then 2 weeks 7 mg/day Counseling: Each participant received one initial in person session and then	Efficacy: ○ CAR 12 M - saliva cotinine ≥ 15 ng/ml Safety: ○ DEATH ○ SAE - inferred

Reference	Study Details	Patients	Intervention	Outcomes
		Are patients willing to quit or have they set a quit date: Y	5 telephone sessions at week 1, 3 and then monthly for the first 3 months. Each session was ≤ 30 mins. (Total Contact Time = ≤ 180 mins) Group 2: Placebo + NP24 21 mg + Counseling Placebo: 7 week placebo treatment at 1 dose/daily for 3 days and then bid dosage. Mutual interventions: Self-help literature given out on the initial visit.	
Simon 2009 - 663	Study Design: Parallel BUP 300 mg + Counseling (N): 42 Placebo + Counseling (N): 43 Follow-up lengths: 6 Months Sponsor: California Tobacco-Related Disease Research Program Protocol availability: NR	BUP 300 mg + Counseling Age: 55 Female: 3 FTND Score: 4.4 Years Smoked:43 Cigarettes per day: 16 Placebo + Counseling Age: 57 Female: 0 FTND Score: 4.4 Years Smoked: 44 Cigarettes per day: 16 Are patients willing to quit or have they set a quit date: Y	Group 1: BUP 300 mg + Counseling BUP 300 mg: 7 weeks of sustained release bupropion hydrochloride at 150 mg/day for 3 days and then 150 mg bid. Counseling: Each participant received one initial in person session and then 5 telephone sessions at week 1, 3 and then monthly for the first 3 months. Each session was ≤ 30 mins. (Total Contact Time = ≤ 180 mins) Group 2: Placebo + Counseling Placebo: 7 week placebo treatment at 1 dose/daily for 3 days and then bid dosage. Mutual interventions: None	Efficacy: ○ CAR 6 M - saliva cotinine ≥ 15 ng/ml Safety: ○ DEATH ○ SAE
Sonderskov 1997 - 309	Study Design: Parallel NP24 14 mg (N): 119 Placebo (N): 267 NP24 21 mg (N): 136 Follow-up lengths: 26 weeks Sponsor: Ciba-Geigy Protocol availability: NR	NP24 14 mg Age: 38.2 Female: 89 FTND Score: 6.1 Years Smoked: 20.2 Cigarettes per day: NR Placebo Age: 39.4 Female: 166 FTND Score: 7.2 Years Smoked: 21.2 Cigarettes per day: NR NP24 21 mg Age: 39.1 Female: 75 FTND Score: 7.0 Years Smoked: 22.2 Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: NP24 14 mg NP24 14 mg: Patients that smoke < 20 cigarettes/day given 14 mg/d nicotine patch for 8 weeks, then 7 mg/d for 4 weeks. Group 2: Placebo Placebo: Placebo with identical dosage and duration to NP24 14 MG and HD. Group 3: NP24 21 mg NP24 21 mg: Patients that smoke >20 cigarettes/day given 21 mg/d nicotine patch for 4 weeks, then 14 mg/d for 4 weeks, and then 7 mg/d for final 4 weeks. Mutual interventions: None	Efficacy: ○ NR - BV: NR Safety: ○ DEATH - inferred ○ SAE ○ CV DEATH - inferred ○ COMPLETED SUICIDE - inferred
Stein 2006 - 599	Study Design: Parallel	NP24 14 mg- 21 mg + Maximal Tx Age: 39.9	Group 1: NP24 14 mg- 21 mg + Maximal Tx	Efficacy: ○ PPA 6 months - exhaled air carbon

Reference	Study Details	Patients	Intervention	Outcomes
	NP24 14 mg- 21 mg + Maximal Tx (N): 191 NP24 14 mg- 21 mg + Minimal Tx (N): 192 Follow-up lengths: 6 Months Sponsor: National Cancer Institute Protocol availability: NR	Female: 92 FTND Score: NR Years Smoked: NR Cigarettes per day: 26.3 NP24 14 mg- 21 mg + Minimal Tx Age: 40.3 Female: 88 FTND Score: NR Years Smoked: NR Cigarettes per day: 27.2 Are patients willing to quit or have they set a quit date: NR	NP24 14 mg- 21 mg: For those smoking <2 packs/d, 8 wk nicotine patch treatment with 21mg/d first 4 wks, 14 mg/d 2 wks and 7 mg/d final 2 wks. For those smoking >2 packs/d, 12 wk nicotine patch with 42 mg/d first 4 wks, 35 mg/d next 2 wks, 28 mg/d two wks, 21 mg/d two wks, 14 mg/d for 1 wk and 7 mg/d final wk. Maximal Tx: Attended three motivational sessions. First was assessment for 30 mins, second was around quit date/follow up for 15-30 mins and final was follow up for 15 mins. (Total Contact Time = 60-75 mins) Group 2: NP24 14 mg- 21 mg + Minimal Tx Minimal Tx: Received only 2 visits, first only ≤3 mins and the second a short follow up. This method followed the National Cancer Institute's 4 As model. Mutual interventions: None	monoxide Safety: ○ NR
Steinberg 2009 - 447	Study Design: Parallel NP24 21 mg (N): 64 NP24 21 mg + Ninh + Bup 150 mg (N): 63 Follow-up lengths: 6 Months Sponsor: Cancer Institute of New Jersey and Robert Wood Johnson Foundation Protocol availability: NR	NP24 21 mg Age: NR Female: 42 FTND Score: 5.23 Years Smoked: NR Cigarettes per day: NR NP24 21 mg + Ninh + Bup 150 mg Age: NR Female: 40 FTND Score: 5.16 Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: NP24 21 mg NP24 21 mg: 10 week treatment of 21 mg/d for 6 wks, then 14 mg/d for 2 wks, then 7 mg/d for the final 2 wks. Group 2: NP24 21 mg + Ninh + Bup 150 mg NP24 21 mg + Ninh + Bup 150 mg: Began with 21 mg/d NP, a nicotine inhaler as needed, and bupropion, 150 mg/d. Duration of treatment followed symptoms, after 14 consecutive symptom free days, reduced dosage to 14 mg/d NP for 2 weeks and then 7 mg/d for two more weeks. Two weeks after discontinuing the patch, bupropion was stopped and inhaler used as needed. Mutual interventions: None	Efficacy: ○ PPA 6 months - exhaled air carbon monoxide Safety: ○ DEATH ○ SAE ○ CV DEATH ○ CV EVENTS ○ COMPLETED SUICIDE
Steinberg 2011 - 1127	Study Design: Parallel Var 2 mg (N): 40 Placebo (N): 39 Follow-up lengths: 6 Months Sponsor: Robert Wood Johnson Foundation Protocol availability: NR	Var 2 mg Age: NR Female: 16 FTND Score: NR Years Smoked: NR Cigarettes per day: NR Placebo Age: NR Female: 16 FTND Score: NR Years Smoked: NR Cigarettes per day: NR	Group 1: Var 2 mg + Hospital based behavioral Tx Var 2 mg: 12 wk treatment of varenicline at dosage of 0.5 mg/d for 3 days, then 0.5 mg/d for 4 days, then 1 mg bid till the end of 12 wks. Hospital based behavioral Tx: Series of sessions in the hospital provided by coordinator, first last 10-15 mins. (Total Contact Time = NR) Group 2: Placebo + Hospital based	Efficacy: ○ NR Safety: ○ DEATH ○ SAE ○ CV DEATH ○ CV EVENTS ○ COMPLETED SUICIDE

Reference	Study Details	Patients	Intervention	Outcomes
		Are patients willing to quit or have they set a quit date: NR	behavioral Tx Placebo: Placebo treatment given daily over the 12 week treatment period. Mutual interventions: None	
Sutherland 1992 - 324	Study Design: Parallel NS 0.5 mg + Group Tx (N): 116 Placebo + Group Tx (N): 111 Follow-up lengths: 12 Months Sponsor: Medical Research Council and the Imperial Cancer Research fund Protocol availability: NR	NS 0.5 mg + Group Tx Age: 38.9 Female: 73 FTND Score: NR Years Smoked: 21.6 Cigarettes per day: 24.9 Placebo + Group Tx Age: 40.4 Female: 73 FTND Score: NR Years Smoked: 23.5 Cigarettes per day: 26.9 Are patients willing to quit or have they set a quit date: Y	Group 1: NS 0.5 mg + Group Tx NS 0.5 mg: Nasal spray gave 0.5 mg per spray and a dose was considered 1 mg. Patients advised to use as needed but to not exceed 5 mg/h and 40 mg/d. Recommended duration of use was for 3 months. Group Tx: Group therapy of 6 sessions over a month, each lasting 60-75 mins (Total Contact Time = 360-450 mins) Group 2: Placebo + Group Tx Placebo: Dosage for the placebo was the same as the NS LD group and the placebo spray contained piperine to mimic the nasal spray. Mutual interventions: None	Efficacy: ○ CAR 6 months ○ CAR 12 M ○ PAR 12 M - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ DEATH – inferred ○ SAE - inferred ○ CV DEATH - inferred ○ CV EVENTS ○ COMPLETED SUICIDE - inferred
Sutherland 1994 - 195	Study Design: Parallel NS 1 mg + Counseling (N): 116 Placebo + Counseling (N): 111 Follow-up lengths: 12 Months Sponsor: NR Protocol availability: NR	NS 1 mg + Counseling Age: NR Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: NR Placebo + Counseling Age: NR Female: NR FTND Score: NR Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: NS 1 mg + Counseling NS HD: Nicotine spray given at 1 mg/dose (two squirts of 0.5 mg/dose) and instructed to use as needed but only for 3 months and to not exceed 5 doses/hr and 40 doses/day. Counseling: All participants received 6 sessions of supportive therapy over a one month period. (Total Contact Time = ???). Group 2: Placebo + Counseling Placebo: A placebo spray with 2 squirts/dose and used as needed over a 3 month period. Mutual interventions: None	Efficacy: ○ PAR 6 months ○ PAR 12 M - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ DEATH - inferred ○ SAE ○ CV DEATH - inferred ○ COMPLETED SUICIDE - inferred
Sutton 1987 - 1210	Study Design: Parallel NG 2 mg + Consultations (N): 270 No Tx (N): 64 Follow-up lengths: 12 Months Sponsor: Medical Research Council Protocol availability: NR	Overall Age: 34.3 Female: 234 FTND Score: NR Years Smoked: NR Cigarettes per day: 15.5 Are patients willing to quit or have they set a quit date: Y	Group 1: NG 2 mg + Consultations NG 2 mg: Participants were given 2 mg nicotine gum packages and advised on use. No dose and duration is listed. Consultations: Consultations were held twice with participants, the first assessment being ≤ 30 mins and the second being ≤ 15 mins. (Total Contact Time = ≤45 mins) Group 2: No Tx	Efficacy: ○ CAR 12 M ○ PAR 12 M - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ NR

Reference	Study Details	Patients	Intervention	Outcomes
			No Tx: Participants that did not participate in the trial and were the no-intervention control group. Mutual interventions: None	
Swan 2003 - 2337	Study Design: Parallel Bup 150 mg + FC (N): 382 Bup 150 mg + ZAP (N): 381 Bup 300 mg + FC (N): 383 Bup 300 mg + ZAP (N): 378 Follow-up lengths: 12 Months Sponsor: National Cancer Institute Protocol availability: NR	Bup 150 mg + FC Age: 46.1 Female: 228 FTND Score: 5.8 Years Smoked: 27.7 Cigarettes per day: 23.8 Bup 150 mg + ZAP Age: 45 Female: 230 FTND Score: 5.7 Years Smoked: 26.3 Cigarettes per day: 22.7 Bup 300 mg + FC Age: 44.6 Female: 216 FTND Score: 5.8 Years Smoked: 25.9 Cigarettes per day: 23.1 Bup 300 mg + ZAP Age: 44.5 Female: 201 FTND Score: 5.8 Years Smoked: 26.3 Cigarettes per day: 23.2 Are patients willing to quit or have they set a quit date: Y	Group 1: Bup 150 mg + FC Bup 150 mg: one 150 mg dose daily, 1 week before quit date until 7 weeks after quit date. FC: Mailing of self-help materials, an initial in-depth telephone counseling and 4 follow up calls. Also had access to a toll-free quite-line for a year. Group 2: Bup 150 mg + ZAP ZAP: Less intensive behavioral program called zyban advantage plan. Data from 5 pre-assessment surveys tailored material to the individual. Included a 5-10 mins call from the coordinator and access to 24 hr support line. Group 3: Bup 300 mg + FC Bup 300 mg: two 150 mg doses daily, 1 week before quit date until 7 weeks after quit date. Group 4: Bup 300 mg + ZAP Mutual interventions: None	Efficacy: ○ NR Safety: ○ DEATH ○ SAE - inferred ○ CV DEATH ○ COMPLETED SUICIDE
Tashkin 2001 - 1571	Study Design: Parallel Bup 300 mg + Counseling (N): 204 Placebo + Counseling (N): 200 Follow-up lengths: 6 Months Sponsor: Glaxo Wellcome Inc. Protocol availability: NR	Bup 300 mg + Counseling Age: 53.2 Female: 93 FTND Score: 7.1 Years Smoked: 52.6 Cigarettes per day: 28.7 Placebo + Counseling Age: 54.5 Female: 92 FTND Score: 7.0 Years Smoked: 51.4 Cigarettes per day: 27.6 Are patients willing to quit or have they set a quit date: Y	Group 1: Bup 300 mg + Counseling Bup 300 mg: Given bupropion SR 150 mg/d for 3 days and then 150 mg bid for the rest of the 12 week treatment. Counseling: 10 personalized counseling sessions beginning with initial call and then during 9 visits at weeks 1-7, 10 and 12. Duration of these visits was not reported. (Total Contact Time = NR) Group 2: Placebo + Counseling Placebo: Placebo with identical dosage and duration to Bup HD. Mutual interventions: None	Efficacy: ○ CAR 6 months ○ PPA 6 months - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ DEATH - inferred ○ SAE ○ CV DEATH - inferred ○ CV EVENTS ○ COMPLETED SUICIDE - inferred
Tashkin 2011 -	Study Design:	Var 2 mg + Counseling	Group 1: Var 2 mg + Counseling	Efficacy:

Reference	Study Details	Patients	Intervention	Outcomes
591	Parallel Var 2 mg + Counseling (N): 250 Placebo + Counseling (N): 250 Follow-up lengths: 12 Months Sponsor: Pfizer Inc. Protocol availability: Y, NCT00285012	Age: 57.2 Female: 93 FTND Score: 6.2 Years Smoked: 40.4 Cigarettes per day: 25.3 Placebo + Counseling Age: 57.1 Female: 95 FTND Score: 5.9 Years Smoked: 40.6 Cigarettes per day: 23.6 Are patients willing to quit or have they set a quit date: Y	Var 2 mg: Given varenicline 0.5 mg/d for 3 days, then 0.5 mg bid, then 1.0 mg bid for the rest of a total of 12 weeks. Counseling: Twelve sessions and a phone call during Tx each ≤ 10 mins. In 40 week follow up, seven visits and five phone calls each ≤ 10 mins. (Total Contact Time = ≤ 250 mins) Group 2: Placebo + Counseling Placebo: Placebo with identical dosage and duration to Var HD. Mutual interventions: Educational booklet on smoking cessation	○ CAR 6 months ○ CAR 12 M ○ PPA 6 months ○ PPA 12 M - exhaled air carbon monoxide ≤ 10 ppm Safety: ○ DEATH ○ SAE ○ CV DEATH ○ SUICIDAL IDEATION ○ COMPLETED SUICIDE ○ AGGRESSION
Tonnesen 1988 - 15	Study Design: Parallel Nicotine gum 4 mg + GC: 27 Nicotine gum 2 mg + GC: 93 Placebo gum + GC (N): 53 Follow-up lengths: 2 Years Sponsor: In part by Danish National Tuberculosis Foundation. Protocol availability: NR	Nicotine gum 4 mg + GC: Age: 46.6 Female: 56% FTND Score: NR Years Smoked: NR Cigarettes per day: 25.8 Nicotine gum 2 mg + GC: Age: 44.8 Female: 56% FTND Score: NR Years Smoked: NR Cigarettes per day: 23.1 Placebo gum + GC: Age: 44.9 Female: 53% FTND Score: NR Years Smoked: NR Cigarettes per day: 20.3 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine gum 4 mg + Group Counseling (GC) Group 2: Nicotine gum 2 mg + GC Group 3: Placebo gum + GC Nicotine or placebo gum: For highly dependent smokers, gum containing 4 mg of nicotine were given at first six weeks and followed by gum containing 2 mg, or gum containing 2 mg of nicotine for the entire test period. For medium or low dependent smokers, gum containing 2 mg of nicotine or placebo was given. The participants were instructed to start using at lest six pieces of gum for two to six weeks. The recommended dose was 4 to 14 pieces per day for the first two months, with a gradual reduction over the following weeks (gum was available for two years). Each subject adjusted his or her daily intake of gum depending on the symptoms produced by abstinence. Group Counseling: It included 12 to 15 members in each of 13 counseling groups, which led by a physician. There were 6 afternoon sessions (one and a half hours per session at 0, 1, 2, 6, 12 and 16 weeks) for every participant, and one additional session (at 20 weeks) for those still suing the gum at week 16. Mutual interventions: - Group discussion - Instructional video tapes	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ CAR 2 Years - exhaled carbon monoxide < 8 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Tonnesen 1988 - 17	Study Design: Parallel Nicotine gum 4 mg + GC: 54 Nicotine gum 2 mg + GC: 62	Overall: Age: 44.8 Female: 55% FTND Score: NR Years Smoked: NR Cigarettes per day:	Group 1: Nicotine gum 4 mg + GC Group 2: Nicotine gum 2 mg + GC Nicotine or placebo gum: The subjects were instructed to stop smoking	Efficacy: ○ PPA 6 M ○ PPA 12 M ○ PPA 22 M - confirmed by expired air carbon monoxide analysis,

Reference	Study Details	Patients	Intervention	Outcomes
		21.6	completely at the first meeting and use at least six pieces of Nicorette (2 or 4 mg nico-gum) daily for at least six weeks. No upper limit was given, but the subjects were informed that the usual number of pieces of gum was 6-20 pieces daily, depending on the experienced abstinence symptoms, so-called self titration of nicotine. Group Counseling: The group meetings included 10 to 12 members and were led by a physician. There were 6 afternoon meetings of 1.5-2.5 hours duration in a four month period (week 0-1-2-6-12-16). Group 2: Advice, written information on how to stop smoking on their own. Mutual interventions: - Two different slide tape programs (25 minutes plying time each) wee each shown twice, at the start and after one week and after 1.5 and 3 months.	with cut-off point not being specified Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
	Advice (N): 56 Follow-up lengths: 22 Months Sponsor: H. Lundbeck A/S, Denmark and Danish National Tuberculosis Society. Protocol availability: NR	Data by groups is not available. Are patients willing to quit or have they set a quit date: Y		
Tonnesen 1991-311 + Tonnesen 1992-241 + Mikkelsen 1994-95	Study Design: Parallel Nicotine patch (N): 145 Placebo patch (N): 144 Follow-up lengths: 3 Years Sponsor: Kabi Pharmacia Therapeutics Protocol availability: NR	Nicotine patch: Age: 45.3 Female: 69% Fagerstrom Score: 7.1 Years Smoked: 25.9 Cigarettes per day: 21 Placebo patch: Age: 45.1 Female: 71% Fagerstrom Score: 7.4 Years Smoked: 26.7 Cigarettes per day: 22 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine patch Group 2: Placebo patch Nicotine or placebo patch: Participants were instructed to daily use nicotine or placebo patch in the morning to the medial region of the arm or the upper gluteal region and remove the patch at bedtime. To reduce local skin irritation, the patch was recommended to be placed on the contralateral site the next day. The nicotine patch was 30 cm^2 in size, releasing 15 ±3.5 mg of nicotine over a period of 16 hours. The subjects were told to use the patches for 12 weeks, and they were then offered 20 patches of 20 cm^2 and 20 patches of 10 cm^2 to reduce the dosage over a 4-week period, if they wished. Mutual interventions: - Introductory presentation on smoking cessation - Brief advice at each visit, by physician	Efficacy: ○ CAR 12 M ○ PAR 6 W-12 M ○ PAR 1Y-2Y ○ PAR 1Y-3Y - exhaled carbon monoxide ≤ 10 ppm Safety: ○ DEATH ○ SAE
Tonnesen 1993-1268	Study Design: Parallel Nicotine inhaler (N): 145 Placebo inhaler (N): 141 Follow-up lengths: 12 Months Sponsor: Kabi Pharmacia Therapeutics, Helsingborg, Sweden. Protocol availability: NR	Nicotine inhaler: Age: 39 Female: 58% FTQ Score: 7.4 Years Smoked: 21 Cigarettes per day: 20 Group 2: Age: 39 Female: 63% FTQ Score: 7.3 Years Smoked: 20 Cigarettes per day: 20	Group 1: Nicotine inhaler Group 2: Placebo inhaler Nicotine or Placebo inhaler: The subjects were advised to use 2-10 nicotine inhalers per day ad libitum. One puff of 50 mL releases about 0.1 µmoL of nicotine at room temperature. They were instructed to inhale deeply and to puff about 10 times more often compared with smoking a cigarette. One inhaler	Efficacy: ○ CAR 6 Months ○ CAR 12 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
		Are patients willing to quit or have they set a quit date: Y	would be good for 300 puffs, and subjects were told to replace it with a new one when they felt the nicotine inhaler had no more effect. After 3 months, they were offered a tapering period during the next 3 months with a monthly reduction of 25% of the number of inhalers per day used in the third month. After the 6-month visit no more inhalers were available. Mutual interventions: - Introductory presentation on smoking cessation - Brief advice at each visit, by physician	
Tonnesen 1996 - 1619	Study Design: Parallel Fixed dose NS 1 mg/h + Counseling (N): 44 Ad Libitum NS 0.5 mg/spray + Counseling (N): 45 Follow-up lengths: 12 Months Sponsor: NR Protocol availability: NR	Fixed dose NS 1 mg/h + Counseling: Age: 52 Female: 31 FTND Score: 6.0 Years Smoked: NR Cigarettes per day: 22 Fixed dose NS 1 mg/h + Counseling: Age: 47 Female: 31 FTND Score: 6.2 Years Smoked: NR Cigarettes per day: 22 Are patients willing to quit or have they set a quit date: Y	Group 1: Fixed dose NS 1 mg/h + Counseling Fixed dose NS 1 mg/h: Participants received 10 ml nicotine nasal sprays and told to administer fixed dosing of 1 mg/h for 6 months, with recommended tapering after month 3 (maximum of 12 month Tx). Counseling: All participants attended visits at week 0, 1, 2, 3, 6 and month 3, 6, 9, and 12. Each visit ended with a group counseling session of 20-40 mins. (Total Contact Time = 180-360 mins) Group 2: Ad Libitum NS 0.5 mg/spray + Counseling Ad Libitum NS 0.5 mg/spray: Participants received 10 ml nicotine nasal sprays and told to administer Ad libitum dosing of up to 5 mg/h and 40 mg/day for 6 months, with recommended tapering after month 3 (maximum of 12 month Tx). Mutual interventions: None	Efficacy: ○ CAR 6 months ○ CAR 12 M - expired air carbon monoxide Safety: ○ DEATH - inferred ○ SAE - inferred ○ CV DEATH - inferred ○ COMPLETED SUICIDE - inferred
Tonnesen 1999-238	Study Design: Parallel 25 mg Nicotine patch for 22 weeks (N): 715 25 mg Nicotine patch for 8 weeks (N): 715 15 mg Nicotine patch for 22 weeks (N): 715 15 mg Nicotine patch for 8 weeks (N): 716 Placebo (N): 714	25 mg Nicotine patch for 22 weeks: Age: 40 Female: 48% FTQ Score: 5.6 Years Smoked: NR Cigarettes per day: 28 25 mg Nicotine patch for 8 weeks: Age: 41 Female: 47% FTQ Score: 5.6 Years Smoked: NR Cigarettes per day: 26 15 mg Nicotine patch	Group 1: 25 mg Nicotine patch for 22 weeks 15 mg patch plus 10mg patch for 22 weeks, followed by 15 mg patch for 2 weeks and 10 mg patch for 2 weeks Group 2: 25 mg Nicotine patch for 8 weeks 15 mg patch plus 10 mg patch for 8 weeks, followed by 15 mg patch for 2 weeks and 10 mg patch for 2 weeks Group 3: 15 mg Nicotine patch for 22 weeks 15 mg nicotine patch plus placebo patch for 22 weeks, followed by 10 mg patch for 4 weeks	Efficacy: ○ CAR 6 Months ○ CAR 12 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
	Follow-up lengths: 12 Months Sponsor: Pharmacia & Upjohn, Helsingborg, Sweden. Protocol availability: NR	for 22 weeks: Age: 40 Female: 48% FTQ Score: 5.6 Years Smoked: NR Cigarettes per day: 26 15 mg Nicotine patch for 8 weeks: Age: 41 Female: 49% FTQ Score: 5.4 Years Smoked: NR Cigarettes per day: 27 Placebo: Age: 41 Female: 48% FTQ Score: 5.6 Years Smoked: NR Cigarettes per day: 27 Are patients willing to quit or have they set a quit date: Y	Group 4: 15 mg Nicotine patch for 8 weeks 15 mg nicotine patch plus placebo patch for 8 weeks, followed by 10 mg patch for 4 weeks Group 5: Placebo Two placebo patches for a total of 26 weeks. Participants were instructed to wear the patches which contained 0.83 $mg.cm^{-2}$ nicotine and delivered 15 mg (30 cm^2) and 10 mg (20 cm^2) of nicotine during 16 h, respectively. The patches were applied in the morning on the arm or in the hip region and removed at bedtime. Mutual interventions: - Brochure containing advice on smoking cessation and nicotine patch therapy	
Tonnesen 2000-717	Study Design: Parallel Nicotine patch 5 mg (N): 109 Nicotine patch 15 mg (N): 104 Nicotine inhaler (N): 118 Nicotine patch 15 mg + Nicotine inhaler (N): 115 Follow-up lengths: 12 Months Sponsor: Pharmacia & Upjohn, Helsingborg, Sweden and Danish Lung Foundation. Protocol availability: NR	Nicotine patch 5 mg: Age: 49 Female: 50% FTND-A Score: 1.6 Years Smoked: NR Cigarettes per day: 18.8 Nicotine patch 15 mg: Age: 50 Female: 54% FTND-A Score: 1.6 Years Smoked: NR Cigarettes per day: 18.1 Nicotine inhaler: Age: 48 Female: 54% FTND-A Score: 1.5 Years Smoked: NR Cigarettes per day: 18.1 Nicotine patch 15 mg + Nicotine inhaler: Age: 50 Female: 57% FTND-A Score: 1.7 Years Smoked: NR Cigarettes per day: 19.3 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine patch 5 mg Group 2: Nicotine patch 15 mg Group 3: Nicotine inhaler Group 4: Nicotine patch 15 mg + Nicotine inhaler Nicotine patches 5 or 15 mg: The participants were instructed to apply one patch in the morning on the arm or in the hip region and removed at bedtime. The maximal plasma nicotine concentration of 13 $ng.mL^{-1}$ is attained after 8 h with the 15-mg nicotine patch. Nicotine inhaler: It consisted of a mouthpiece and a plastic nicotine container with, 10 mg of nicotine and the possibility of releasing up to 5 mg of nicotine when used. A plasma concentration of 10±20 $ng.mL^{-1}$ is attained in clinical use. The subjects were advised to use between 4 and 12 nicotine containers per day ad libitum. They were instructed to inhale deeply and to puff about 10 times more often when compared to smoking a cigarette. They were told to use the inhaler at least every hour except during sleep. The above NRT products were recommended to be used for up to 3 months with the possibility of continuing treatment for up to 9 months on an individual basis. Mutual interventions:	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ PPA 12 M - exhaled carbon monoxide < 10 ppm Safety: ○ NR

Reference	Study Details	Patients	Intervention	Outcomes
			- < 15-minuate counseling by nurse - Booklet	
Tonnesen 2003-184	Study Design: Parallel Bupropion SR (N): 530 Placebo 2 (N): 180 Follow-up lengths: 12 Months Sponsor: GlaxoSmithKline Protocol availability: NR	Bupropion SR: Age: 42.4 Female: 52% FTND Score: 5.5 Years Smoked: NR Cigarettes per day: 22.4 Placebo: Age: 41.9 Female: 50% FTND Score: 5.4 Years Smoked: NR Cigarettes per day: 23.5 Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion SR Group 2: Placebo Bupropion SR or placebo: Participants were instructed to take Bupropion SR 150 mg or placebo once daily during days 1–3 of the 7-week treatment phase and then twice daily for the remainder of the treatment phase. Mutual interventions: - Short individual counseling at each visit (10-15 minutes) and telephone contact (5-10 minutes) - Motivational support - Take-home written material with advice	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH ○ SAE
Tonnesen 2006 - 334	Study Design: Parallel Placebo + LBS (N): 88 Placebo + HBS (N): 97 Nicotine sublingual tablet + LBS (N): 95 Nicotine sublingual tablet + HBS (N): 90 Follow-up lengths: 12 Months Sponsor: Mainly by Danish Medical Research Council, and partly by Pfizer Consumer Healthcare (grant support $25,000) Protocol availability: NR	Placebo + LBS: Age: 62.5 Female: 55% FTND Score: 6.4 Years Smoked: NR Cigarettes per day: 20.2 Placebo + HBS: Age: 61.2 Female: 53% FTND Score: 6.4 Years Smoked: NR Cigarettes per day: 19.9 Nicotine sublingual tablet + LBS: Age: 59.2 Female: 53% FTND Score: 6.0 Years Smoked: NR Cigarettes per day: 20.1 Nicotine sublingual tablet + HBS: Age: 61.3 Female: 49% FTND Score: 5.9 Years Smoked: NR Cigarettes per day: 18.3 Are patients willing to quit or have they set a quit date: N	Group 1: Placebo + Low behavioral support (LBS) Group 2: Placebo + High behavioral support (HBS) Group 3: Nicotine sublingual tablet + LBS Group 4: Nicotine sublingual tablet + HBS Nicotine sublingual tablet or Placebo: Subjects were recommended to use nicotine sublingual tablet or placebo for 12 weeks. The recommended dose of study medication for subjects was dependent on their baseline cigarette consumption: - for those smoking ≥ 16 cigarettes per day, use 1 to 2 tablets per hour (minimum of 10 tablets and maximum of 40 tablets per day); - for those smoking 10-15 cigarettes per day, use 1 tablet per hour (6 to 30 tablets per day); - for those smoking 6 to 9 cigarettes per day were instructed to use 1 tablet per hour (3 to 10 tablets per day)and Low behavioral support (LBS): Four visits scheduled at study entry , after 2 weeks, and after 6 and 12 months; and six telephone calls after 1, 4, 6, 9, and 12 weeks and 9 months. High behavioral support (HBS): Seven visits scheduled at study entry , after 2, 4, 8, and 12 weeks, and after 6 and 12 months; and five telephone calls after 1, 6, 10, and 4.5 and 9 months. The above visits were on an individual basis and were conducted by trained	Efficacy: ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH ○ SAE - inferred 0 Safety data was not extractable for four groups, but available by medication groups.

Reference	Study Details	Patients	Intervention	Outcomes
			nurses. Each visit lasted 20 to 30 min, and each telephone call was 10 min. The total contact time was 2.5 and 4.5 hours for the low-support and high-support groups, respectively. Mutual interventions: - Take-home material with tips on smoking cessation.	
Tonnesen 2012 - 548	Study Design: Parallel Nicotine mouth spray (N): 318 Placebo mouth spray (N): 161 Follow-up lengths: Months Sponsor: NR Protocol availability: Y, NCT00882375	Nicotine mouth spray: Age: 47.0 Female: 43.1% FTND Score: 5.3 Years Smoked: NR Cigarettes per day: 22.7 Placebo mouth spray: Age: 46.2 Female: 45.3% FTND Score: 5.4 Years Smoked: NR Cigarettes per day: 22.7 Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine mouth spray Group 2: Placebo mouth spray Nicotine mouth spray or placebo mouth spray: During weeks 1–6, subjects were instructed to use 1-2 sprays when they normally would have smoked a cigarette or when they experienced an urge to smoke; the second spray could be used if cravings were not reduced within a few minutes of the first spray. The recommended maximum dose was four sprays per hour, and 64 sprays per day. After the 6-week full dose period, subjects were instructed to reduce spray use so that by the end of week 9 they were using half of the average number of sprays used per day during weeks 1–6, then to continue to reduce to not more than four sprays per day by week 12. Occasional use (not more than four sprays per day) was permitted during weeks 13–24. Mutual interventions: - Low-intensity counseling (< 10 minutes) at baseline visit - Brief advice (< 3 minutes) at 1, 2, 4, 6, 8, 12, 16, 20 and 24 week's visits.	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ PPA 12 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH ○ SAE ○ CV EVENTS
Tonstad 2003 - 946	Study Design: Parallel Bupropion SR (N): 315 Placebo (N): 314 Follow-up lengths: 12 Months Sponsor: GlaxoSmithKline Protocol availability: NR	Bupropion SR: Age: 55.6 Female: 26% FTQ Score: 6.5 Years Smoked: NR Cigarettes per day: 25.2 Placebo: Age: 55.1 Female: 21% FTQ Score: 6.6 Years Smoked: NR Cigarettes per day: 25.6 Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion SR Group 2: Placebo Bupropion SR or placebo: Participants were instructed to take either bupropion SR (150 mg/day on days 1–3; 150 mg twice daily on days 4–49) or placebo during the 7-week treatment phase. Mutual interventions: - Brief motivational support (10-15 min) *11 sessions. Including the baseline visit, participants received the support at weekly visit during the 7-week treatment. During the follow-up, they received the support at 12, 26 and 52 weeks.	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ PPA 6 M ○ PPA 12 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH ○ SAE ○ CV EVENTS
Transdermal Nicotine Study Group 1991 - 3133	Study Design: Parallel Nicotine patch 21 mg + BGSP (N): 262	Nicotine patch 21 mg + BGSP: Age: 43.1 Female: 60% Fagerstrom Score: 7.2	Group 1: Nicotine patch 21 mg + Behavioral Group Support Program (BGSP) Group 2: Nicotine patch 14 mg + BGSP	Efficacy: ○ CAR 6 Months - exhaled carbon monoxide ≤ 8 ppm

Reference	Study Details	Patients	Intervention	Outcomes
		Years Smoked: 24.9 Cigarettes per day: 31.1		
	Nicotine patch 14 mg + BGSP (N): 275 Placebo patch + BGSP (N): 271 Follow-up lengths: 6 Months Sponsor: Alza Corp. Protocol availability: NR	Nicotine patch 14 mg + BGSP: Age: 42.5 Female: 59% Fagerstrom Score: 7.0 Years Smoked: 24.0 Cigarettes per day: 31.0 Placebo patch 14 mg + BGSP: Age: 43.2 Female: 63% Fagerstrom Score: 7.1 Years Smoked: 24.2 Cigarettes per day: 30.5 Are patients willing to quit or have they set a quit date: Y	Group 3: Placebo patch + BGSP Nicotine or placebo patch: The transdermal nicotine system uses rate-control membrane technology to deliver 21 or 14 mg of nicotine for 24 hours. Placebo systems contained nicotine in the drug reservoir to mimic the odor of active systems but delivered less than 1 mg of nicotine in 24 hours. Participants were instructed to apply the patch daily to a clean, dry skin site on the upper torso or to the upper, outer arm on a 7-day cycle. Behavioral Group Support Program: The semi-standardized group support sessions were conducted weekly during the first six weeks, then biweekly from 7 to 12 weeks. Each group could contain a maximum of 25 patients, but most had five to 15 patients. The group sessions lasted from 45 to 60 minutes and included 1 to 2 minutes per patient for review of individual progress, followed by a discussion of applicable behavior modification techniques. Mutual interventions: None	Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Tsai 2007 - 1027	Study Design: Parallel Varenicline (N): 125 Placebo (N): 124 Follow-up lengths: 6 Months Sponsor: Pfizer Inc. Protocol availability: Y, NCT00141167	Varenicline: Age: 39.7 Female: 15.1% FTND Score: 5.2 Years Smoked: 20.2 Cigarettes per day: 23.4 Placebo: Age: 40.9 Female: 7.3% FTND Score: 5.0 Years Smoked: 22.1 Cigarettes per day:22.7 Are patients willing to quit or have they set a quit date: Y	Group 1: Varenicline Group 2: Placebo Varenicline or placebo: Participants were instructed to use a titration scheme over the course of 1 week, starting 0.5 mg QD for 3 days followed by 0.5 mg BID for 4 days, then with full dosage starting at the end of the first week of dosing. Mutual interventions: - Educational booklet on smoking cessation - 10-minuate counseling at baseline and 1, 2, 3, 4, 6, 8, 10, and 12 weeks - ≤ 5-minuate brief telephone counseling at 3 days after quit date and 5, 7, 9, and 11 weeks	Efficacy: ○ CAR 6 Months ○ PPA 6 M - exhaled carbon monoxide ≤ 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Tsukahara 2010 - 771	Study Design: Parallel Varenicline (N): 16 Nicotine patch (N): 16 Follow-up lengths: 6 Months Sponsor: Ministry of Education, Science and Culture of Japan (grants-in-aid No. 21590960), Central Research Institute of Fukuoka University (research grant	Varenicline: Age: 45.4 Female: 14.3% FTND Score: NR Years Smoked: 25.4 Cigarettes per day: 27.9 Nicotine patch: Age: 46.8 Female: 21.4% FTND Score: NR Years Smoked: 27.1 Cigarettes per	Group 1: Varenicline 0.5-2 mg daily: 0.5 mg after meals for 3 days, 0.5 mg BID for days 4-7, 1 mg BID for days 8-84 Group 2: Nicotine patch 52.5-17.5 mg nicotine daily: 52.5 mg for 4 weeks, 35 mg for 2 weeks, and 17.5 mg for 2 weeks Mutual interventions: None	Efficacy: ○ NR Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
	2005–2009) and FU-Global program (research grant 2008–2009). Protocol availability: NR	day:25.4 Are patients willing to quit or have they set a quit date: Y		
Uyar 2007 - 922	Study Design: Parallel Nicotine patch (N): 50 Bupropion SR (N): 50 Control (N): 31 Follow-up lengths: 6 Months Sponsor: NR Protocol availability: NR	Nicotine patch: Age: 36.3 Female: 20% FTND Score: 4.5 Years Smoked: NR Cigarettes per day: NR Bupropion SR: Age: 36.0 Female: 12% FTND Score: 4.8 Years Smoked: NR Cigarettes per day: NR Control: Age: 36.0 Female: 30% FTND Score: 3.9 Years Smoked: NR Cigarettes per day: NR Are patients willing to quit or have they set a quit date: Y	Group 1: Nicotine patch Nicotine transdermal patches were applied daily 21 mg for the first 2 weeks, followed by 14 mg daily for 2 weeks, and finally 7 mg daily for the next 2 weeks. Patients were advised to apply patches to the upper portion of the body, preferably on their shoulder or arms, switching after 24 hours and not to apply on the same site. Group 2: Bupropion SR Bupropion sustained release tablets were prescribed a 150 mg for the first 3 days followed by 150 mg bid for 6 weeks. Group 3: Control Mutual interventions: - Information booklet	Efficacy: ○ PPA 6 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV EVENTS ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Wagena 2005-2286	Study Design: Parallel Bupropion SR (N): 86 Placebo (N): 89 (* Data of Notriptyline arm is not extracted.) Follow-up lengths: 6 Months Sponsor: Netherlands Asthma Foundation, Leusden (grant 3.2.00.21), and Netherlands Organization for Health Research and Development (grant 2200.0111) Protocol availability: NR	Bupropion SR: Age: 51.1 Female: 60.5% FTND Score: 6.2 Years Smoked: NR Cigarettes per day: 24.2 Placebo: Age: 51.3 Female: 48.3% FTND Score: 5.9 Years Smoked: NR Cigarettes per day:23.6 Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion SR Group 2: Placebo Bupropion SR or placebo: Participants were instructed to take Bupropion SR or placebo 150 mg once daily, for days 1 through 6, followed by 150 mg twice daily for days 7 through 84. Mutual interventions: - Individual face-to face counseling (10-20 minutes) * 3 sessions from 1 of 3 master's level counselors trained in counseling smokers who want to quit, at baseline and 1 and 3 weeks after quit date - Supportive telephone call * 6 from a counselor on the quit date and 2, 4, 6, 8, and 11 weeks after quit date	Efficacy: ○ CAR 6 Months ○ PPA 6 M - Urinary cotinine ≤ 60 ng/mL Safety: ○ DEATH ○ SAE ○ CV DEATH ○ COMPLETED SUICIDE
Wallstrom 2000 - 1161	Study Design: Parallel Nicotine sublingual tablet (N): 123 Placebo (N): 124 Follow-up lengths: 12 Months Sponsor: NR Protocol availability: NR	Nicotine sublingual tablet: Age: 44.5 Female: 63% FTQ Score: 6.3 Years Smoked: 26.1 Cigarettes per day: 18.2 Placebo: Age: 44.7 Female: 3.6% FTND Score: 7.1 Years Smoked: 26.9 Cigarettes per day:20.6	Group 1: Nicotine sublingual tablet Group 2: Placebo Nicotine sublingual tablet or placebo: Participants were instructed to us the medication based on their baseline nicotine dependence. Highly dependent smokers who scored ≥ 7 on the Fagerström Tolerance Questionnaire (FTQ) were recommended to use two tablets (4 mg of nicotine) per hour, up to a maximum of 40 tablets per day, whereas low dependent smokers with an FTQ score < 7 were	Efficacy: ○ CAR 6 Months ○ CAR 12 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ CV EVENTS ○ COMPLETED SUICIDE - inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
		Are patients willing to quit or have they set a quit date: Y	recommended to use one tablet per hour, up to a maximum of 20 tablets/day. Subjects were advised to use the full treatment dose for 3 months. After this time-point, treatment could be tapered off up to the 6-month visit if necessary; at the 3-month visit subjects were instructed to reduce the dose by 25% during each of the following months (i.e. months 3–4, 4–5 and 5–6). No further medication was dispensed after the 6-month visit. Mutual interventions: - A guide to smoking cessation - 5-minuate counseling * 8 sessions (at baseline, and visits after 1, 2, 3, and 6 weeks, and after 3 and 6, and 12 months).	
Wang 2009 - 384	Study Design: Parallel Varenicline (N): 165 Placebo (N): 168 Follow-up lengths: 24 Months Sponsor: Pfizer Inc. Protocol availability: Y, NCT00371813	Varenicline: Age: 39.0 Female: 3.0% FTND Score: 5.27 Years Smoked: 20.3 Cigarettes per day: 23.4 Placebo: Age: 38.5 Female: 7.3% FTND Score: 5.51 Years Smoked: 19.6 Cigarettes per day:21.3 Are patients willing to quit or have they set a quit date: Y	Group 1: Varenicline Group 2: Placebo Varenicline or placebo: Participants were instructed to use a titration scheme over the course of 1 week, starting one 0.5 mg tablet for the first 3 days, followed by two 0.5 mg tablets for 4 days, then with two 1 mg tablets from 8 to 84 days. Mutual interventions: - Educational booklet on smoking cessation - ≤ 10-minuate counseling* 20 sessions a. During the 12-week treatment: clinical visits at baseline, and 1, 2, 3, 4, 6, 8, 9, 10, 11, and 12 weeks, and telephone contacts at 5 and 7 weeks b. During the 12-week follow-up: clinical visits at 13, 16, 20 and 24 weeks, and telephone contacts at 14, 18 and 22 weeks	Efficacy: ○ CAR 6 Months - exhaled carbon monoxide ≤ 10 ppm Safety: ○ DEATH ○ SAE ○ CV DEATH ○ COMPLETED SUICIDE
Ward 2012 - 394	Study Design: Parallel Nicotine patch + Behavioral cessation counseling (N): 134 Placebo + Behavioral cessation counseling (N): 135 Follow-up lengths: 12 Months Sponsor: PHS grant 1R01DA024876 Protocol availability: Y, NCT01085032	Nicotine patch + Behavioral cessation counseling: Age: 39.9 Female: 24.6% FTND Score: 5.9 Years Smoked: NR Cigarettes per day: 28.1 Placebo + Behavioral cessation counseling: Age: 40.0 Female: 18.5% FTND Score: 5.6 Years Smoked: NR Cigarettes per day:27.4	Group 1: Nicotine patch + Behavioral cessation counseling Group 2: Placebo + Behavioral cessation counseling Nicotine or placebo patch: Participants were instructed to use a 24-hour dosing and step-down algorithm. Patients who smoked ≥10 cigarettes/day received a 2-week supply of 21-mg patches, then a 2-week supply of 14-mg patches, then a 2-week supply of 7-mg patches. Patients who smoked 5–9 cigarettes per day received a 4-week supply of 14-mg patches, then a 2-week supply of 7-mg patches.	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ PAR 6 M ○ PAR 12 M - exhaled carbon monoxide <10 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
		Are patients willing to quit or have they set a quit date: Y	Mutual interventions: - Behavioral cessation counseling: A brief '5A'-based intervention (ask, advise, assess, assist arrange) for all smokers at each visit, including 3 individual, in-person sessions (approximately 30 minutes each) and 5 brief (approximately 10-minute) phone calls, which were delivered by the cessation coordinator. Intervention contacts began 4 days prior to, and ended 45 days after, quit day. - treatment manual, as online supporting information	
Warner 2005-1138	Study Design: Parallel Nicotine patch (N): 59 Placebo (N): 62 Follow-up lengths: 6 Months Sponsor: Minnesota Partnership for Action Against Tobacco, Minneapolis, Minnesota (grant No. RC 2002-0020), and Mayo Foundation, Rochester, Minnesota. Protocol availability: NR	Nicotine patch: Age: 52.2 Female: 50% FTND Score: NR Years Smoked: NR Cigarettes per day:22.8 Placebo: Age: 47.1 Female: 48% FTND Score: NR Years Smoked: NR Cigarettes per day: 23.5 Are patients willing to quit or have they set a quit date: N	Group 1: Nicotine patch Group 2: Placebo Nicotine or placebo patch: Participants smoking 10–20 cigarettes/day received a patch dose of 21 mg/day, those smoking 21–40 cigarettes/day received a dose of 35 mg/day (requiring two patches), and those smoking more than 40 cigarettes/day received a dose of 42 mg/day. Participants started the patch on the morning of surgery, and continued to 30 days after discharge. Mutual interventions: None	Efficacy: ○ NR Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Wennike 2003-1395	Study Design: Parallel Nicotine gum (N): 205 Placebo (N): 206 Follow-up lengths: 2 Years Sponsor: Pharmacia AB, Sweden Protocol availability: NR	Nicotine gum: Age: 45 Female: 65% FTND Score: 6.4 Years Smoked: 28.0 Cigarettes per day: 24 Placebo: Age: 44 Female: 59% FTND Score: 6.4 Years Smoked: 27.9 Cigarettes per day:24 Are patients willing to quit or have they set a quit date: N	Group 1: Nicotine gum Group 2: Placebo Nicotine or placebo gum: Subjects who scored 5 or less in the Fagerström Test for Nicotine Dependence (FTND) were instructed to use either nicotine 2 mg gum or placebo, whereas those who scored 6–10 used nicotine 4 mg gum or placebo. Treatment was free of charge and provided for *ad libitum* use for up to 12 months. Mutual interventions: - Moderate behavioural smoking reduction information - Discussion on general implications of smoking	Efficacy: ○ PPA 12 M ○ PPA 24 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Westman 1993 - 1917	Study Design: Parallel Nicotine patch (N): 79 Placebo (N): 80 Follow-up lengths: 6 Months Sponsor: TBS Laboratories, Piscataway, NJ.	Nicotine patch: Age: 41.9 Female: 57.0% FTQ Score: 6.6 Years Smoked: 22.5 Cigarettes per day: 28.9 Placebo: Age: 41.7 Female: 56.2%	Group 1: Nicotine patch Group 2: Placebo Nicotine or placebo patch: Participants were instructed to wear two patches during the first 4 weeks, which delivered approximately 25 mg of nicotine per day. For the next 2 weeks, they would wear one patch daily, which delivered 12.5 mg of	Efficacy: ○ CAR 6 Months - exhaled carbon monoxide < 8 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE -

Reference	Study Details	Patients	Intervention	Outcomes
	Protocol availability: NR	FTQ Score: 6.6 Years Smoked: 23.1 Cigarettes per day:30.8 Are patients willing to quit or have they set a quit date: Y	nicotine per day. Patches were to be worn on the hairless area of the chest and sides of the body. Mutual interventions: Self-help material concerning the benefits of smoking cessation, nicotine withdrawal symptoms, strategies for coping, and relapse prevention. Supportive telephone counseling *4 sessions, at 1, 2, 3, and 5 weeks. Each session contained supportive advice individualized to the subject's needs. Two brief (< 5 minutes) encouragement or suggestions provided by the counselors.	inferred 0
Williams 2007-793	Study Design: Parallel Varenicline (N): 251 Placebo (N): 126 Follow-up lengths: 53 Weeks Sponsor: Pfizer Inc. Protocol availability: Y, NCT00143299	Varenicline: Age: 48.2 Female: 49.4% FTND Score: 5.50 Years Smoked: 30.7 Cigarettes per day: 23.2 Placebo: Age: 46.6 Female: 51.6% FTND Score: 6.05 Years Smoked: 29.9 Cigarettes per day:23.4 Are patients willing to quit or have they set a quit date: Y	Group 1: Varenicline Group 2: Placebo Varenicline or placebo: Participants were instructed to use a titration scheme over the course of 1 week, starting 0.5 mg QD in the evening for 3 days followed by 0.5 mg BID for 4 days. From day 8, participants received 1 mg BID until the end of 52 weeks. Mutual interventions: - Educational booklet on smoking cessation - ≤ 10-minuate counseling at baseline, weekly visits from 1 to 8 weeks, every 4-week visits from 12 to 52 weeks, and 53 weeks	Efficacy: ○ PPA 24 M ○ PPA 52 M ○ PPA 53 M - exhaled carbon monoxide ≤ 10 ppm Safety: ○ DEATH ○ SAE ○ CV DEATH ○ CV EVENTS ○ COMPLETED SUICIDE
Williams 2011-654 + Pfizer 2011	Study Design: Parallel Varenicline (N): 85 Placebo (N): 43 Follow-up lengths: 6 Months Sponsor: Pfizer Inc. Protocol availability: Y, NCT00644969	Varenicline: Age: 40.2 Female: 22.6% FTND Score: 6.6 Years Smoked: 23.7 Cigarettes per day: 23.5 Placebo: Age: 43.0 Female: 23.3% FTND Score: 6.3 Years Smoked: 24.9 Cigarettes per day:22.3 Are patients willing to quit or have they set a quit date: Y	Group 1: Varenicline Group 2: Placebo Varenicline or placebo: Participants were instructed to us a titration scheme over the course of 1 week, starting 0.5 mg QD in the evening for 3 days and followed by 0.5 mg BID (1 morning, 1 evening) for 4 days. From the week 2 to the week 12 visit, patients took two 1-mg tablets BID (1 morning, 1 evening) daily. Mutual interventions: - Smoking cessation counseling a. During 12-week treatment period: ≤ 30 minutes, at weekly clinical visits b. During 12-week no treatment, follow-up period: Four brief counseling at clinic visits at 13, 16, 20 and 24 weeks, supplemented with brief telephone contacts at 14, 18, and 22 weeks. Each session lasted less than 10 minutes, was one-to-one and tailored to individual needs,	Efficacy: ○ PPA 6 M - exhaled carbon monoxide ≤ 10 ppm Safety: ○ DEATH ○ SAE ○ CV DEATH ○ CV EVENTS ○ SUICIDAL IDEATION ○ COMPLETED SUICIDE

Reference	Study Details	Patients	Intervention	Outcomes
			and was conducted by the same counselors.	
Wittchen 2011 -28	Study Design: Parallel Minimal intervention (N): 81 Cognitive-behavioral therapy (N): 175 NRT + CBT (N): 105 Bupropion + CBT (N): 108 Follow-up lengths: 6 Months Sponsor: Federal Ministry of Education and Research (Grant: 01EB 0440 - 0441, 01EB 0142) Protocol availability: Y, NCT00141167	Minimal intervention: Age: 41.5 Female: 46.2% FTND Score: 3.2 Years Smoked: NR Cigarettes per day: 18.1 Cognitive-behavioral therapy Age: 42.4 Female: 50.9% FTND Score: 4.0 Years Smoked: NR Cigarettes per day: 18.7 NRT + CBT Age: 41.9 Female: 57.8% FTND Score: 3.2 Years Smoked: NR Cigarettes per day: 20.1 Bupropion + CBT Age: 45.0 Female: 50.9% FTND Score: 3.7 Years Smoked: NR Cigarettes per day: 21.8 Placebo: Age: 40.9 Female: 7.3% FTND Score: 5.0 Years Smoked: 22.1 Cigarettes per day:22.7 Are patients willing to quit or have they set a quit date: Y	Group 1: Minimal intervention (MI) Group 2: Cognitive-behavioral therapy , CBT Group 3: NRT + CBT Group 4: Bupropion + CBT Minimal intervention: Two brief (5–10 minutes) feedback sessions (at 2 and 12 weeks), in which the non-smoking diary for the last weeks was reviewed, along with a repeat of the motivational intervention and the motivational sheet information. Subjects who had stopped were reinforced; those who had not yet stopped smoking were encouraged to do so. Cognitive-behavioral therapy: In addition to MI elements, participants also received 4-5 counseling sessions (20-30 minutes per session, at baseline, 2, 4, 6 (optional) and 12 weeks), cognitive-behavioral self-help manual and homework exercises. The counseling sessions were conducted by physicians. NRT: Physicians were allowed to prescribe a nicotine-replacement product in accordance with the subject's choice (patches: NiQuitin 21-mg, 14-mg, 7-mg; Nicotinell 52.5-mg, 35-mg, 17.5-mg; Nicorette 24.9-mg, 16.6-mg, 8.3-mg; gum: Nicotinell 2-mg, 4-mg; Nicorette: 2-mg, 4-mg; nasal spray 10-mg/10 ml). The intervention period was 9 to 12 weeks. Bupropion: The dose schedule for bupropion sustained-release was one 150 mg per day for the first six days, and two 150 mg per day thereafter, until 9 to 12 weeks. Mutual interventions: - standardized face-to-face oral brief motivational intervention to quit smoking (<3 minutes) - Motivational information sheet	Efficacy: ○ NR Safety: ○ DEATH - inferred 0 ○ SAE ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Wong 2012-755	Study Design: Parallel Varenicline (N): 151 Placebo (N): 135 Follow-up lengths: 12 Months Sponsor: Department of Anesthesia,	Varenicline: Age: 51.9 Female: 45.0% FTND Score: 4.8 Years Smoked: NR Cigarettes per day: 17.8 Placebo: Age: 53.3	Group 1: Varenicline Group 2: Placebo Varenicline or placebo: The patients were instructed to initiate the study medication (or placebo) exactly 1 week before the target quit date, 24 hours before surgery. They recieved the study medication or placebo for a total of 12 weeks, including a 1-week	Efficacy: ○ PPA 6 M ○ PPA 12 M - Biochemically confirmed self-report of no smoking or use of any nicotine containing products, but the approach and cut-off point were not provided

Reference	Study Details	Patients	Intervention	Outcomes
	Toronto Western Hospital, University Health Network, University of Toronto; University Health Network Foundation, Toronto, Ontario, Canada; and Pfizer Canada Incorporated, Kirkland, Quebec, Canada Protocol availability: Y, NCT01320462	Female: 49.6% FTND Score: 4.9 Years Smoked: NR Cigarettes per day:17.0 Are patients willing to quit or have they set a quit date: Y	titration as follows: days 1–3: 0.5 mg once daily; days 4–7: 0.5 mg twice daily; and days 8–12 weeks: 1 mg twice daily. Mutual interventions: - 15-minuate standardized counseling *2 sessions, one occurred before the operation and another one 24 hours after surgery. The counseling sessions were conducted by trained and certified research coordinators. - Follow-up telephone brief counseling (< 5 minutes)*15: weekly call for the first 4 weeks, at the end of 8 weeks, then every 4 weeks from 3 to 12 months.	Safety: ○ DEATH ○ SAE ○ CV EVENTS
Zellweger 2005 - 240	Study Design: Parallel Bupropion SR (N): 518 Placebo (N): 172 Follow-up lengths: 12 Months Sponsor: NR Protocol availability: NR	Bupropion SR: Age: 40.3 Female: 64% FTQ Score: 6.1 Years Smoked: NR Cigarettes per day: 22.3 Placebo: Age: 40.3 Female: 64% FTQ Score: 6.2 Years Smoked: NR Cigarettes per day: 23.8 Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion SR Group 2: Placebo Bupropion SR or placebo: Participants were instructed to take bupropion SR or placebo (days 1-3, 150 mg/day; days 4-49, 150 mg twice daily) or placebo (twice daily) throughout the 7-week treatment phase. Participants began taking their study medication the day following the baseline visit. Mutual interventions: - Weekly brief individualized motivational support (10-15 minutes) in 7-week treatment period	Efficacy: ○ CAR 12 Months ○ PPA 6 M ○ PPA 12 M - exhaled carbon monoxide < 10 ppm Safety: ○ DEATH - inferred 0 ○ SAE ○ CV EVENTS ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0
Zernig 2008-2024	Study Design: Parallel Bupropion SR (N): 413 Psychotherapy (N): 366 Follow-up lengths: 12 Months Sponsor: Governmental Styrian Regional Health Care System (Steiermaerkische Gebietskrankenkasse, STGKK), and partly supported by Austrian Science Fund Protocol availability: Y, EudraCT-Nr. 2005-006189-32 (European Medicines Agency)	Bupropion SR: Age: 43.6 Female: 58.1% FTQ Score: 5.5 Years Smoked: 26.1 Cigarettes per day: NR Psychotherapy: Age: 43.3 Female: 56.6% FTQ Score: 5.3 Years Smoked: 26.3 Cigarettes per day:NR Are patients willing to quit or have they set a quit date: Y	Group 1: Bupropion SR Participants were instructed to start a dose run-up period of 1 week to a final 150 mg bupropion SR twice daily on day 7, and had the treatment for 9 weeks. Group 2: Psychotherapy PDM® is a manual-based short psychotherapeutic intervention that was developed according to psychodynamic theory but is administered and monitored in a cognitive behavioural setting. It consists of very brief psychoeducation and supervised training in autosuggestion techniques (guided imageries) that are administered during a single 1.5-day programme (day 1, 0900–2000 hours; day 2, 0900–1300 hours). Groups of approximately 30 participants were introduced to five guided imagery scenarios aimed at strengthening the following psychotherapeutically defined aspects of functioning: (i) king/queen: to enhance self-management, decidedness, assertiveness, self-	Efficacy: ○ CAR 6 Months ○ CAR 12 M ○ PPA 6 M ○ PPA 6 M - exhaled carbon monoxide ≤ 9 ppm Safety: ○ DEATH - inferred 0 ○ SAE - inferred 0 ○ CV DEATH - inferred 0 ○ COMPLETED SUICIDE - inferred 0

Reference	Study Details	Patients	Intervention	Outcomes
			determination, self-assurance; (ii) the inner child: to enhance feelings of security and competence in relationships and team competence; (iii) organs: to stimulate natural functions of organs and the awareness of bodily functions; (iv) gold: to enhance self-worth and trust in one's abilities; and (v) freedom: to enhance autonomy. Guided imagery and psychoeducation were accompanied by exposure to an orange-lemon-cinnamon scent (delivered by oil burners) as a reminder cue to facilitate retrieval of the contents of the training programme and the associated bodily reactions, emotions and cognitions. Mutual interventions: None	