INPLASY PROTOCOL

To cite: Lu et al.Development and clinical studies of smoking cessation clinics in China: A scoping review. Inplasy protocol 202310039. doi: 10.37766/inplasy2023.1.0039

Received: 13 January 2023

Published: 14 January 2023

Corresponding author: Jianping Liu

liujp@bucm.edu.cn

Author Affiliation:

Centre for Evidence-based Chinese Medicine, Beijing University of Chinese Medicine.

Support: NSFC, NATCM.

Review Stage at time of this submission: Piloting of the study selection process.

Conflicts of interest: None declared.

INTRODUCTION

Review question / Objective: We aim to systematically review all the current studies on the administration of smoking cessation clinics and clinical studies based on smoking cessation clinics in China.

Development and clinical studies of smoking cessation clinics in China: A scoping review

Lu, CL¹; Li, JX²; Wang, RT³; Chen, XY⁴; Zhang, YY⁵; Jin, XY⁶; Liu XH⁷; Nicola, R⁸; Liu, JP⁹.

Review question / Objective: We aim to systematically review all the current studies on the administration of smoking cessation clinics and clinical studies based on smoking cessation clinics in China.

Background: Smoking is the leading preventable cause of death and chronic disease in China. Tobacco is a major cause of noncommunicable diseases, such as cardiovascular disease, cancer, chronic respiratory disease and diabetes. Tobacco dependence is a chronic fatal disease mainly caused by nicotine addiction.

Smoking cessation clinic is an important approach to promote quitting smoking according to the WHO Framework Convention on Tobacco Control (FCTC). In China the first smoking cessation clinic was established in 1996, when China has became a party to the FCTC. With national financial support, smoking cessation clinics have been built in succession throughout the country, thus a comprehensive smoking cessation service system was initially build up in China.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 14 January 2023 and was last updated on 14 January 2023 (registration number INPLASY202310039).

Background: Smoking is the leading preventable cause of death and chronic disease in China. Tobacco is a major cause of noncommunicable diseases, such as cardiovascular disease, cancer, chronic respiratory disease and diabetes. Tobacco dependence is a chronic fatal disease mainly caused by nicotine addiction.

Smoking cessation clinic is an important approach to promote quitting smoking according to the WHO Framework Convention on Tobacco Control (FCTC). In China the first smoking cessation clinic was established in 1996, when China has became a party to the FCTC. With national financial support, smoking cessation clinics have been built in succession throughout the country, thus a comprehensive smoking cessation service system was initially build up in China.

Rationale: Although some achievements have been made in the construction and development of smoking cessation clinics in China, there are significant differences in the development of smoking cessation clinics across the country. In order to understand the current status of smoking cessation clinic operation in China, and explore the promoting and hindering factors of the development of smoking cessation clinics, we aim to systematically review all the current investigation studies on the operation of smoking cessation clinics and clinical studies based on smoking cessation clinics in China.

METHODS

Eligibility criteria: Concept: According to the purpose of our study, there will be two categories. Case studies on operation of smoking cessation clinics and clinical studies conducted in smoking cessation clinics will be eligible. Intervention in context: All interventions conducted as smokingcessation, treatment including pharmacological interventions (such as nicotine therapy, including nicotine patch, nicotine chewing gum, bupropion, varenicline, etc.), non- pharmacological (such as behavioral therapy, psychotherapy, 5A/5R and other brief smoking cessation intervention counseling), Chinese medicine, and policies that aimed to promote smoking cessation, etc.

Outcomes in context: The outcomes will be divided into two categories according to the aims of our study. Case studies on the operation of smoking cessation clinics need to report information on the

construction, operation, and development of smoking cessation clinics in their results. Clinical studies conducted in smoking cessation clinics will be required to report information regarding patient, interventions, comparisons and outcomes (PICO).

Study design: We will include empirical studies containing case studies of smoking cessation clinics and clinical studies. Case studies involved surveys, qualitative interviews, and case studies of smoking cessation clinics. Clinical studies include prospective studies conducted in smoking cessation clinics and retrospective studies based on retrospective smoking cessation clinic medical records.

Source of evidence screening and selection: 1.Study selection - Trials retrieved using the search strategy and all the original bibliographies (including title, abstract, key words, publication source and other information) will be exported to Note Express document management software (version 3.5.0.9054). After removing duplicate articles by software. the articles will be screened independently by two review authors to identify reviews that potentially met the inclusion criteria outlined above. The full-text of these trials will be retrieved and independently assessed for eligibility by two reviewers. Any disagreement was resolved through discussion with a third reviewer.

2. Data extraction - Two authors independently extracted information according to a pre-designed form. Any disagreements were resolved through discussion with a third author. According to the aims of our study, the content of data extraction will include two aspects.

Case studies on operation of smoking cessation clinics: general information about the study (year of publication, author information, etc.), regions and hospitals where smoking cessation clinics are located, information reported based on the five dimensions of the smoking cessation clinic evaluation questionnaire, current bottlenecks and difficulties in the development of the clinics, the authors' suggestions for the development of smoking cessation clinics, and information

on the use of Traditional Chinese Medicine (TCM) for smoking cessation in the clinics. Clinical study based on smoking cessation clinics: general information about the study (year of publication, author information, etc.), type of study design, general information about the PICO in the clinical study, and information about the use of TCM for smoking cessation.

Data management: Based on the purpose of our study, the pre-determined extracted data will be analyzed separately. Quantitative data will be pooled by counting and qualitative data will be classified by content analysis. The content of the text will be analyzed using Nvivo12 Plus (12.6.0.959) for the content of the smoking cessation clinic development. The theme-frame analysis will be adopted. The smoking cessation clinic assessment questionnaire contains five dimensions: assessment of institutions, assessment of the environment, assessment of the process, assessment of results, and assessment of development indexes. These will be used as themes, while barriers, facilitors, and future suggestions will be used as sub-themes. If data are available, we will conduct subgroups analysis by scale or quality of smoking cessation clinics.

Language restriction: Limit to Chinese and English.

Country(ies) involved: China, UK.

Keywords: Smoking cessation clinics, public health, tobacco control, smoking cessation services.

Dissemination plans: We will publish the scientific journal articles and communicate the results in academic conferences.

Contributions of each author:

Author 1 - Chunli Lu.

Email: jennylu@bucm.edu.cn

Author 2 - Jiaxuan Li.

Author 3 - Ruiting Wang.

Author 4 - Xiaoying Chen.

Author 5 - Yangyang Zhang.

Author 6 - Xinyan Jin.

Author 7 - Xuehan Liu. Author 8 - Nicola Robinson. Author 9 - Jianping Liu.