

Supplementary file Table 1. Baseline characteristics of study population and comparisons according to randomization arm¹. Multicenter, prospective, randomized, open-label study, conducted between November 2022 and June 2023 at pulmonary outpatient clinics in Türkiye (N=397)

	Usual care (n:199)	Immediate appointment arm (n:198)	p
Age, mean (SD)	54.4 (13.1)	52.7 (13.1)	0.251
Sex			0.144
Female	72 (36.2)	58 (29.3)	
Male	127 (63.8)	140 (70.7)	
BMI (Kg/m²), mean (SD)	27.0 (5.03)	26.7 (4.45)	0.738
Education level			0.003
Primary schooling	99 (49.7)	78 (39.4)	
Secondary schooling	34 (17.1)	29 (14.6)	
High school graduate	48 (24.1)	47 (23.7)	
University graduate	18 (9.0)	44 (22.2)	
Income level			0.185
≤ Minimum wage	122 (61.3)	124 (62.6)	
Up to 3 folds of minimum wage	62 (31.2)	50 (25.3)	
> 3 folds of minimum wage	15 (7.5)	24 (12.1)	
Diagnosis duration, mean (SD)	6.20 (7.10)	6.21 (7.11)	0.709
Smoking pack/year, mean (SD)	36.8 (24.3)	38.7 (26.7)	0.739
Smoking duration in years, mean (SD)	33.6 (15.1)	32.0 (14.8)	0.383
Previous assisted quit attempts, mean (SD)	0.6 (1.8)	0.3 (1.1)	0.139
Previous non-assisted quit attempts, mean (SD)	1.3 (2.7)	1.1 (1.7)	0.981
Fagerström score, mean (SD)	5.78 (2.74)	6.50 (2.85)	0.011
Presence of depression diagnosis	36 (18.1)	32 (16.2)	0.610
Presence of anxiety diagnosis	31 (15.6)	44 (22.2)	0.091
Presence of other comorbidities	104 (52.3)	87 (43.9)	0.097
FEV₁/FVC, mean (SD)	72.4 (12.8)	73.7 (13.6)	0.166
FEV₁ %, mean (SD)	66.2 (21.5)	72.0 (22.6)	0.039
Airway disease			0.266
COPD	106 (57.6)	114 (57.6)	
Asthma	89 (44.7)	76 (38.4)	
Bronchiectasis	4 (2.0)	8 (4.0)	
GOLD Categories of COPD patients			0.980
A	31 (29.2)	34 (29.8)	
B	43 (40.6)	47 (41.2)	
E	32 (30.2)	33 (28.9)	
Asthma severity			0.060
Mild	39 (44.3)	44 (57.9)	
Moderate	42 (47.7)	31 (40.8)	
Severe	7 (8.0)	1 (1.3)	
Unscheduled doctor visits in last year, mean (SD)	0.74 (1.29)	1.02 (1.36)	0.003

Abbreviations: COPD: Chronic Obstructive Pulmonary Disease, BMI: Body mass index, FEV₁: Forced expiratory volume in first second, FVC: Forced vital capacity. The usual care group received a brief smoking cessation intervention and was advised to secure appointments at smoking cessation outpatient clinics via quitlines. Immediate appointment group received brief intervention and immediately scheduled for an appointment at the smoking cessation outpatient clinic.

Supplementary file Table 2. Comparisons according to smoking cessation interventions of both arms. Multicenter, prospective, randomized, open-label study conducted between November 2022 and June 2023 at pulmonary outpatient clinics in Türkiye (N=397)

	Usual care (n:199)	Immediate appointment arm (n:198)	p
Quit status at 3rd month.			0.014
Quitter	32.8 (16.5%)	52.8 (26.7%)	
Non-quitter	166.2 (83.5%)	145.2 (73.3%)	
Admission to smoking cessation clinic at 3rd month			<0.001
Admitted at least once	53 (26.6%)	148 (74.7%)	
Did not admitted	137 (68.4%)	46 (23.2%)	
Evidence-based smoking cessation medication			<0.001
Accessed	43.8 (22.0%)	137.4 (69.3%)	
Not accessed	155.2 (77.9%)	60.6 (30.6%)	
Used medication			<0.001
Nicotine replacement therapy	18 (9.0%)	81 (40.9%)	
Bupropion	23 (11.5%)	54 (27.2%)	
Not used any	149 (74.8%)	59 (29.7%)	
Duration of smoking cessation medication use, mean (SD)	14.0 (18.4)	22.1 (16.6)	<0.001

1. Karadoğan D, Telatar TG, Kaya İ, et al. Effectiveness of immediate appointment scheduling in smoking cessation clinics for patients with chronic airway diseases: Preliminary results from a randomized trial. *Tob Induc Dis.* 2024;22:10.18332/tid/191782. doi:10.18332/tid/191782