

# Smoking Cessation at Bladder Cancer Diagnosis: Many Patients Might Benefit from this Teachable Moment

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# Presenter Disclosure

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No relationship to disclose

# Overview

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- Objective
- Bladder cancer and smoking
- Pharmacotherapy and behavioral treatments
- Study design
- Results
- Discussion
- Take home message

# Objective

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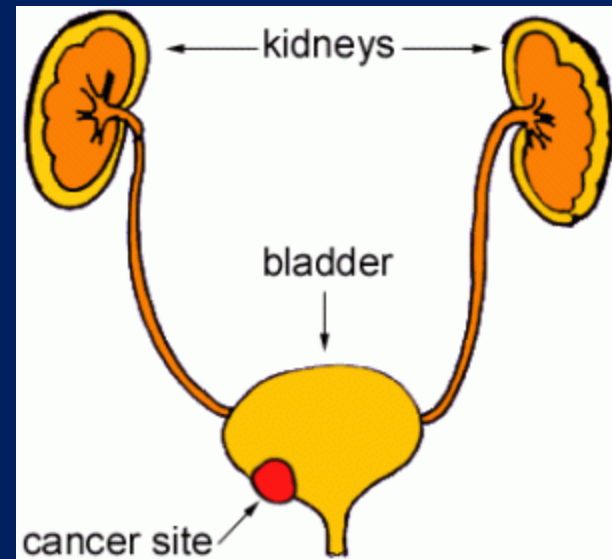
Illustrate the power of a teachable moment to change smoking behavior

1. Determine the impact of bladder cancer diagnosis on subsequent tobacco use
2. Understand the impact of pharmacotherapy and behavioral treatments on quit success among cancer survivors

# Bladder Cancer and Smoking

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- Smoking is the most important risk factor for bladder cancer
- In 2014, the American Cancer Society estimates 74,690 new cases of bladder cancer
- Smoking causes about half of the bladder cancers in both men and women



# Pharmacotherapy and Behavioral Treatments

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## Pharmacotherapy

- Nicotine products
- Prescription medications

## Behavioral Treatments

- Counseling
- Telephone help line



# Study Design

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- Population based, cross-sectional survey
- Recently diagnosed (between 2006-2009) bladder cancer patients in California
  - Data obtained from the California Cancer Registry
- Respondents were surveyed 3-4 years after diagnosis, beginning in 2009

# Respondent's Smoking Classifications

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## Never Smokers

- < 100 cigarettes in life time

## Former Smokers

- > 100 cigarettes in life time
- Quit prior to diagnosis

## Active Smokers

- **Smoking all or some days at diagnosis**





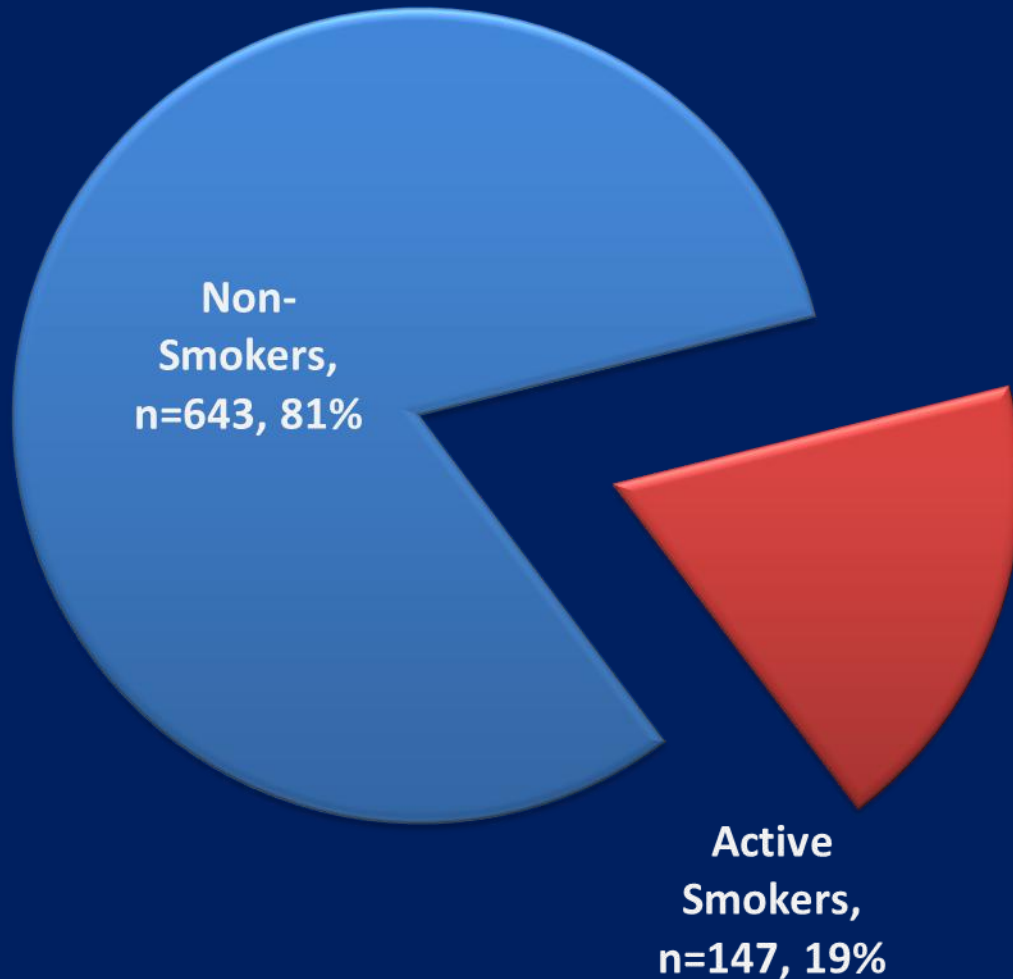
# Attempted Smoking Cessation and Reasons for Attempt

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- Only relevant in those attempting to quit
- Active smokers asked:
  - If they had made a dedicated attempt to quit smoking
- Those who attempted to quit:
  - Whether each provider “recommended any of the following to help you try to stop smoking?”

# Respondents N=790

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- Age at diagnosis between 60-69 (43%)
- Majority (76%) Male
- Majority (62%) White
- 55% no college education
- 57% income  $\leq$  50,000

# Study Sample n=147

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- 42% recent ex-smokers at time of survey
- 76% active smokers attempted to quit prior to survey
  - **21% quit attempts were at diagnosis**
  - **35% failed to quit**

# Receipt of Advice and Assistance with Cessation

## ASK

- 90 % asked about tobacco use



## ADVISE

- 82% advised to quit



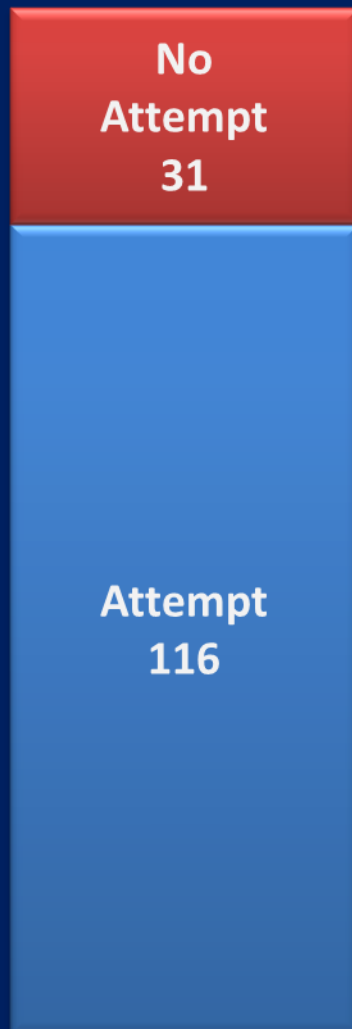
## ASSIST

- 27% were recommended both quitting methods
- 34% were recommended one or the other

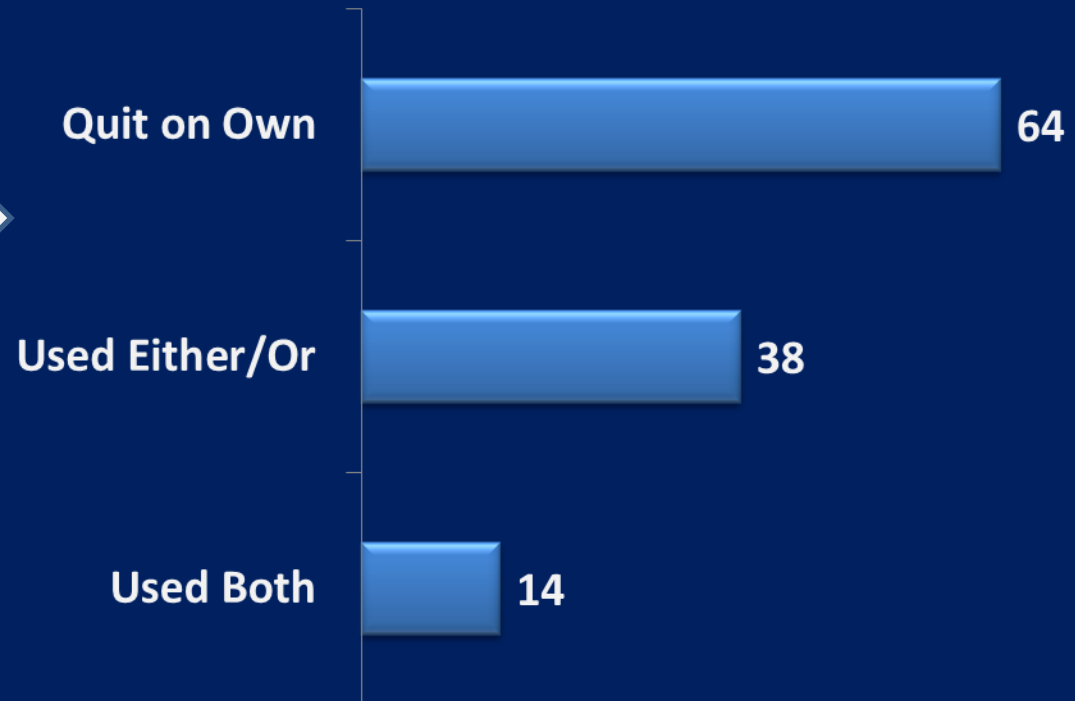


# Methods of Quitting

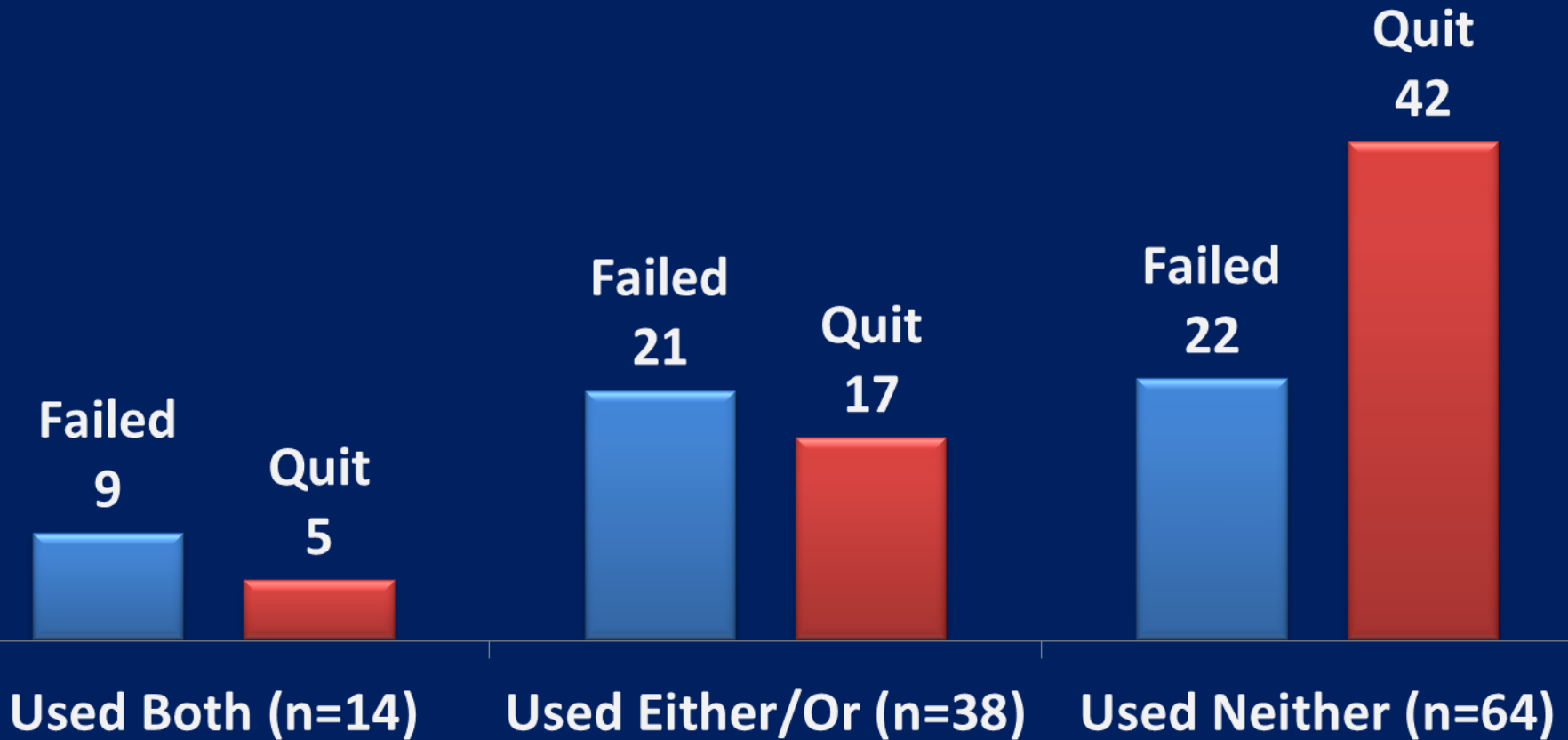
Active Smokers (n=147) with  
Dedicated Quit Attempt



Majority quit  
without assistance



# Successful Quit Attempts



**Approximately 2x more likely respondents quit smoking using neither method than quitting using both methods**

# Power of the Teachable Moment

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Majority quit without assistance (66%)

**ASSIST**

- 27% were recommended both quitting methods
- 34% were recommended one or the other



**Quit attempts were 11x more successful when motivated by BCa diagnosis vs. quit attempts with out this motivation**

# 66% missed teachable moment

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- 24% made quit attempt after diagnosis
- 42% tried quitting without motivational benefit of a new diagnosis
- Urologist play pivotal role in increasing knowledge of the relationship between tobacco use and bladder cancer



# Limitations

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- Smoking status was self-reported; under-reporting of tobacco use is possible
- Recall bias of physician recommendations
- No standardized quantification of nicotine dependence
  - Relied on intensity and duration of cigarette use

# Take Home Message

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- New bladder cancer diagnosis does not equate cessation
  - Only 21% of quit attempts were at diagnosis
  - 35% failed to quit
- Despite medical recommendation for assisted cessations, most quit without assistance
- Urologist play a critical role in encouraging a quit attempt

# Acknowledgements

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