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Letter to the Editor

Re: Marcus G. Cumberbatch, Matteo Rota, James W.F. Catto, Carlo La Vecchia. The Role of Tobacco Smoke in Bladder and Kidney Carcinogenesis: A Comparison of Exposures and Meta-analysis of Incidence and Mortality Risks. Eur Urol 2016;70: 458–66

Smoking Cessation and Urology: A New Domain for Prevention and Treatment

Cumberbatch et al [1] describe the impact of tobacco exposure on bladder cancer and renal cell carcinoma, and review whether smoking cessation decreases the risk [1]. The authors found that tobacco smoking significantly increases the risk of bladder cancer and renal cell carcinoma incidence, with the risk greatest in current smokers and lowest in former smokers, suggesting that smoking cessation confers benefit. This letter highlights the role of the urologists in providing smoking cessation counselling.

Cigarette smoking is the single greatest preventable cause of disease and death, and is responsible for one in every five deaths annually [2]. The World Health Organization estimates that cigarette use kills 6 million people worldwide every year and is a major threat to global health. Cigarette smoking is linked to several genitourinary malignancies including kidney, bladder, and prostate cancer, as well as infertility and erectile dysfunction.

The overall contribution of smoking to disease and death warrants the use of primary prophylaxis along with continued smoking cessation counselling. As urologists, we are in a unique position to encourage our patients not to begin smoking, as this decreases tobacco-related disease morbidity, and counsel those who smoke to stop, as this improves therapeutic results for their disease.

Owing to the wide variety of genitourinary diseases affected by cigarette smoking, along with the varying degrees of tobacco dependence among patients, urologists appear to be well positioned to influence patient tobacco use (Fig. 1) [3]. Studies have shown that patients who receive smoking cessation advice from their urologist are 2.3 times more likely to attempt to quit [4]. An important fact influencing the effectiveness of smoking cessation in urologic oncology is coupling a new diagnosis of

malignancy with an explanation of the relationship between the occurrence of the disease and smoking. It has been shown that this teachable moment results in successful smoking cessation in 48% of bladder cancer patients and was the reason most often cited for quitting [5]. Smokers with a new diagnosis of bladder cancer are at least five times more likely to quit smoking than those in the general population (48% vs 10%; $p < 0.001$).

Contrary to common perceptions, active antismoking actions are not time-consuming and are easily incorporated into daily practice. It has been shown that brief interventions along with straightforward smoking cessation advice, such as “As your urologist, I must advise you that smoking is risky for your health, and it would be important for you to stop”, increase smoking cessation [5]. Optimal smoking-cessation counselling can be further individualized and in some cases relies on strict collaboration with specialized institutions [5]. Continuing to assist patients in abstaining from smoking by referral to smoking cessation clinics, telephone quit lines, psychologist support, and patient support groups is necessary to achieve permanent smoking cessation.

Health awareness of smoking and urologic diseases remains low. Therefore, it is crucial for urologists to engage in primary prevention, social campaigns, and multidisciplinary health-promoting actions. Knowledge of tobacco cessation and control actions should be considered for inclusion in the core curriculum for urology training. While such an approach will undoubtedly improve overall health, it may also improve overall outcomes for prostate cancer, bladder cancer, and erectile dysfunction.

Conflicts of interest: The authors have nothing to disclose.

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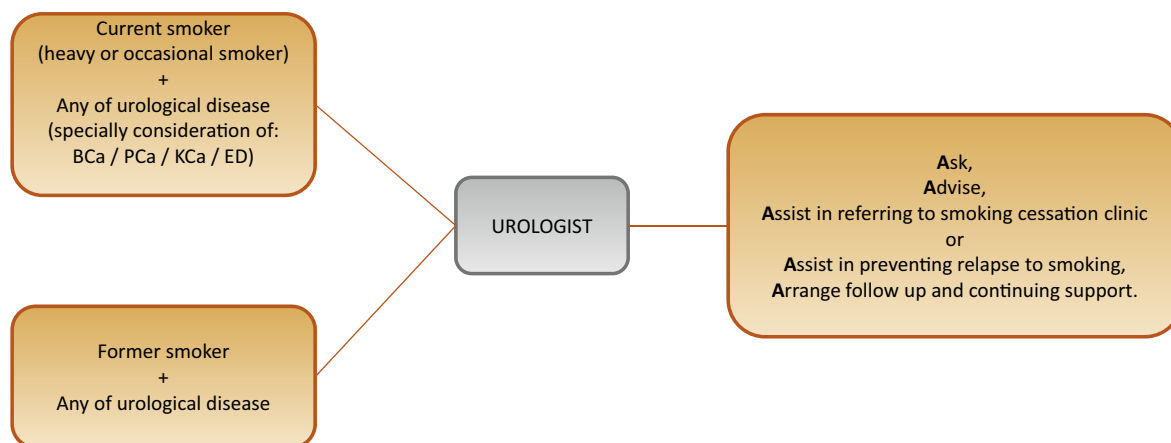


Fig. 1 – The role of urologists in smoking cessation. BCa = bladder cancer; PCa = prostate cancer; KCa = kidney cancer; ED = erectile dysfunction.

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