ASSESSMENT OF TOBACCO SCREENING AND SMOKING CESSATION RECOMMENDATION AMONG UROLOGISTS IN INDONESIA : A CROSS SECTIONAL ANALYSIS USING NATIONAL SURVEY

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ABSTRACT

Objective: *This study aims to assess the urologist role on tobacco screening and smoking cessation among bladder cancer patients in Indonesia.* ***Material & Methods:*** *A questionnaire regarding tobacco uses screening and smoking cessation recommendation practice patterns was sent to urologists in Indonesia via Ikatan Ahli Urologi Indonesia (IAUI) or Indonesian Urological Association (IUA). The survey was established by Google Form and was sent by email. Responses were automatically integrated to Google spreadsheet.* ***Results:*** *Total of 111 responses from 569 urologists in Indonesia were received, and of the respondents 96% were male and 4% were female. 70% urologists always educate their patients about smoking as one of risk factor for bladder cancer and only 4% never did it. Most common answer for the reason is patients never ask their urologists about it (7%). More than half (59%) of urologists sometimes discuss smoking cessation and 78% always recommend quitting smoking. The majority of responders have never smoked cigarettes (56%), 35% were former smokers, and 9% were current smokers.* ***Conclusion:*** *This study revealed that majority of urologists always educate that smoking is one of risk factor for bladder cancer and recommend to quit smoking. However, only 37% always discuss tobacco use cessation with their patients.*

Keywords: *Tobacco use, smoking cessation, bladder cancer, urologist.*

ABSTRAK

Tujuan: *Penelitian ini bertujuan untuk menilai peran ahli urologi dalam skrining tembakau dan penghentian merokok pada pasien kanker kandung kemih di Indonesia.* ***Bahan & Cara:*** *Kuesioner mengenai skrining penggunaan tembakau dan pola praktik rekomendasi berhenti merokok dikirimkan kepada ahli urologi di Indonesia melalui Ikatan Ahli Urologi Indonesia (IAUI) atau Ikatan Urologi Indonesia (IUA). Survei dibuat oleh Google Formulir dan dikirim melalui email. Tanggapan secara otomatis terintegrasi ke spreadsheet Google.* ***Hasil:*** *Total respon yang diterima adalah 111 respon dari 569 ahli urologi di Indonesia, dimana 96% responden adalah laki-laki dan 4% adalah perempuan. 70% ahli urologi selalu mengedukasi pasiennya tentang merokok sebagai salah satu faktor risiko kanker kandung kemih dan hanya 4% yang tidak pernah melakukan hal tersebut. Jawaban paling umum untuk alasan ini adalah pasien tidak pernah menanyakan hal tersebut kepada ahli urologi (7%). Lebih dari separuh (59%) ahli urologi terkadang mendiskusikan berhenti merokok dan 78% selalu merekomendasikan berhenti merokok. Mayoritas responden tidak pernah merokok (56%), 35% merupakan mantan perokok, dan 9% merupakan perokok aktif.* ***Simpulan:*** *Penelitian ini mengungkapkan bahwa mayoritas ahli urologi selalu memberikan edukasi bahwa merokok merupakan salah satu faktor risiko kanker kandung kemih dan menganjurkan untuk berhenti merokok. Namun, hanya 37% yang selalu mendiskusikan penghentian penggunaan tembakau dengan pasiennya.*

Kata Kunci: *Penggunaan tembakau, berhenti merokok, kanker kandung kemih, ahli urologi.*

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INTRODUCTION

One of the major public health problems worldwide is tobacco epidemic as it remains the leading cause of disability, preventable disease, and death. It kills more than 8 million population per year. Deaths can cause by active tobacco and even second-hand smoke, approximately 7 million and 1.2 million people respectively. Tobaccos are harmful in all of their forms, and no evidence of the secure level tobacco use. The most common form of tobacco use around the world is cigarette smoking.[1-2]

Cigarette smoking is the major external risk factor of bladder cancer. Lowering risk of bladder cancer occurred at a rate up to 40% after 4 years of cessation. Quitting smoking also decreases the risk of recurrent bladder cancer and continued tobacco use after the diagnosis might worsening the outcomes and related to tumor recurrence, complications, other primary malignancies, morbidity, and mortality.[3] Indonesia, was mentioned by WHO as one of the highest smoking rates worldwide, has incidence of bladder cancer on the fourteen rank (2.0%) with 1.7% mortality rate amongst other types of cancer.[4]

Even though smoking cessation is not that easy, many treatments and strategies have been developed to help people quit smoking successfully. According to Center and Control Disease, the latest research on these treatments consists of counseling and medications allowed by U.S Food and Drug Administration (FDA). However, only 23 countries, which represents no more than 32% of world's population, provide comprehensive cessation services with full or partial cost-coverage to assist smoking cessation of tobacco users recently.[2,5] Based on study by Sadarang et al., smoking cessation prevalence was 12.3% from 11.115 individual data.[6]

Behavioral and pharmacotherapy have important role to achieve smoking cessation, even though abstinence can be attained without any therapy. Urologists have also significant role to assist their patients quit from their nicotine and tobacco dependence.[7] "Five A's approach" guideline recommend to ask the patients including ask about tobacco use, advise all users to quit; assess willingness to make a quit attempt; assist the patient to quit; and, arrange follow-up contact.[1,8]

OBJECTIVE

This study aims to assess the urologist role on tobacco screening and smoking cessation among bladder cancer patients in Indonesia.

MATERIAL & METHODS

A questionnaire regarding tobacco uses screening and smoking cessation recommendation practice patterns was sent to urologists in Indonesia Validated questionnaire was used from a study in America by Bjurlin et al.[3] The survey was established by Google Form and was sent by email to those urologists. Responses were automatically integrated to Google spreadsheet. The questions included number of clinical practices, years of clinical practice, smoking status, and number of bladder cancer patients treated per year. How often urologists discussed smoking and provide smoking cessation assistance also identified by the questionnaire. Respondents reply would be anonymous and sender email would not be available. Respondents reply were summarized with frequency and percent. Data then analyzed as a descriptive study.

RESULTS

A total of 111 responses from 569 urologists in Indonesia were received, and of the respondents 96% were male and 4% were female. The majority of the responders to the survey had been in practice less than 5 years (32%) and worked in private hospital (66%). Jakarta Section od IAIU had the higher response rate (23%) while NTT and South Sulawesi had the lowest response rate (1%). Of 70% urologists always educate their patients about smoking as one of risk factor for bladder cancer and only 4% never did it. Most common answer for the reason is patients never ask their urologists about it (7%). More than half (59%) of urologists sometimes discuss smoking cessation and 78% always recommend quitting smoking. The majority of responders have never smoked cigarettes (56%), 35% were former smokers, and 9% were current smokers.

Of the 5% and 65% urologists who never discuss smoking cessation, 5% answer not enough time for counselling, 5% believe that smoking cessation may not alter course or outcome of disease, and only 1% do not feel qualified giving smoking cessation counseling. Urologists who infrequently provide smoking cessation counseling always recommend support programs (9.1%) and provide written materials on smoking cessation (5.3%).

DISCUSSION

Prevalence of smoking in many countries of East Asian and Southeast Asian region significantly higher in men. In 2010-2011, smoking prevalence among men was 67% and 53% in Indonesia and China, respectively.[9] Tobacco use remains the single largest modifiable behavioral risk factor of lung, esophagus, larynx, mouth, throat, kidney, bladder, stomach, and cervical cancer.[10] Approximately 60

Table 1. Questionnaires.

Questions	Respondents (%)	95% Clopper- Pearson CI
Years in practice		
Less than 5	35 (32%)	0.23, 0.41
5–10	30 (27%)	0.19, 0.36
11–20	21 (19%)	0.12, 0.27
More than 20	20 (18%)	0.11, 0.26
Gender:		
Male	107 (96%)	0.91, 0.99
Female	4 (4%)	0.009, 0.08
Practice type		
Private	73 (66%)	0.56, 0.74
Academic institution	50 (45%)	0.35, 0.54
Public Hospital	58 (52%)	0.42, 0.61
Number of clinical practice places		
1	5 (5%)	0.01, 0.10
2	26 (23%)	0.15, 0.32
3	80 (72%)	0.62, 0.79
Number of bladder cancer patients per year		
<10	33 (30%)	0.21, 0.39
10-20	50 (45%)	0.35, 0.54
21-30	14 (13%)	0.07, 0.20
>30	14 (13%)	0.07, 0.20
Do you smoke cigarettes? (Urologists)		
Never smoked	62 (56%)	0.46, 0.65
Former smoker	39 (35%)	0.26, 0.44
Current smoker	10 (9%)	0.04, 0.15
In your estimation what % patients continue to smoke after diagnosis of bladder Ca being urged to quit?		
None	3 (3%)	0.005, 0.07
20%	25 (3%)	0.15, 0.31
40%	12 (11%)	0.05, 0.18
60%	16 (14%)	0.08, 0.22
80%	23 (21%)	0.13, 0.29
All	32 (29%)	0.20, 0.38
IAUI Area		
Aceh	3 (3%)	0.005, 0.07
Bali	4 (4%)	0.009, 0.08
Banten	8 (7%)	0.03, 0.13
Yogyakarta	2 (2%)	0.002, 0.06
Jakarta	27 (24%)	0.16, 0.33
West Java	21 (19%)	0.12, 0.27
Central Java	9 (8%)	0.03, 0.14
East Java	11 (10%)	0.05, 0.17
East Kalimantan	4 (4%)	0.009, 0.08
Malang	2 (2%)	0.002, 0.06
NTT	1 (1%)	0.00, 0.04
Riau	2 (2%)	0.002, 0.06
Surabaya	5 (5%)	0.01-0.10
South Sulawesi	1 (1%)	0.00, 0.04
West Sumatera	3 (3%)	0.005, 0.07
South Sumatera	3 (3%)	0.005, 0.07
North Sumatera	3 (3%)	0.005, 0.07
No data	2 (2%)	0.002, 0.06
How often do you educate patients about smoking as risk factor of bladder cancer?		
Never	4 (4%)	0.009, 0.08
Sometimes	29 (26%)	0.18, 0.35
Always	78 (70%)	0.60, 0.78

Table 1. Questionnaires (continued)

Questions	Respondents (%)	95% Clopper- Pearson CI
If never, why?		
Patients never ask their urologist	8 (7%)	0.03, 0.13
Not enough time	1 (1%)	0.00, 0.04
Patients were never smoking	4 (4%)	0.009, 0.08
Bladder cancer related to genetic	1 (1%)	0.00, 0.04
How often do you discuss smoking cessation?		
Never	5 (5%)	0.01 -0.10
Sometimes	65 (59%)	0.48 -0.67
Always	41 (37%)	0.27 -0.46
If never, why?		
Not enough time	6 (5%)	0.02 -0.11
Smoking cessation may not alter course or outcome of disease	5 (5%)	0.01 -0.10
I refer pts for smoking cessation counselling to primary care physician	3 (3%)	0.005, 0.07
Smoking cessation counselling is outside role of urologist	2 (2%)	0.002, 0.06
Do not feel qualified giving smoking cessation counselling	1 (1%)	0.00, 0.04
Recommend quitting smoking?		
Never	4 (4%)	0.009, 0.08
Sometimes	19 (17%)	0.10, 0.25
Always	88 (79%)	0.70, 0.86
Provide written materials on smoking cessation?		
Never	87 (78%)	0.69, 0.85
Sometimes	20 (18%)	0.11, 0.26
Always	4 (4%)	0.009, 0.08
Recommend nonprescription medications (nicotine gum)?		
Never	108 (97%)	0.92, 0.99
Sometimes	3 (3%)	0.005, 0.07
Always	0 (0%)	0
Recommend support programs to assist with smoking cessation?		
Never	51 (46%)	0.36, 0.55
Sometimes	16 (14%)	0.08, 0.22
Always	44 (40%)	0.30, 0.49

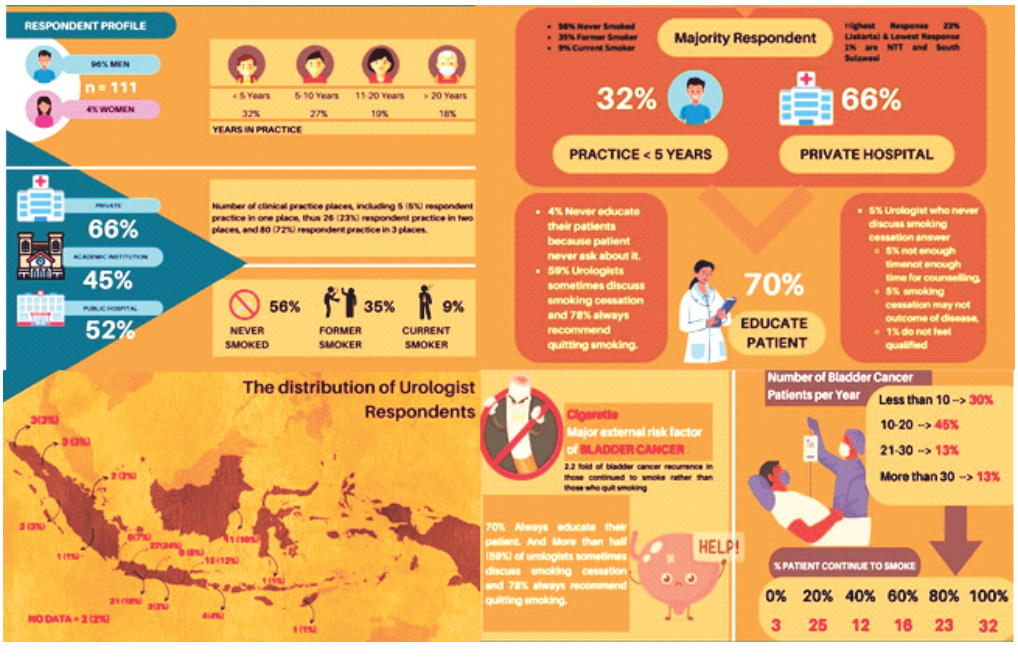

Figure 1. Result.

types of different carcinogens expose the body in each puff of smoke which can be detected in smokers' urine specimens. Smoking increase to three-fold risk of bladder cancer compared to nonsmokers' population.[7] A study by Freedman et al. stated that smoking cessation reduce rates of new bladder cancer cases of 30.000 annually in United States.[11] Risk of dying also decrease by 30-40% in cancer patients if smoking cessation conducted at the time of diagnosis. It also improve physiologic and psychological problem and have advantages that equal or exceed those best cancer treatment available.[12]

Counseling of smoking cessation by physicians and nicotine replacement therapies are effective method for cancer patients to quit smoking. Urologists, in this case, are the primary source of treatment for patients diagnosed with bladder cancer, erectile dysfunction, RCC and prostate cancer, and yet urologist directed smoking cessation intervention is rare.[3,13] In high-income countries, they implemented policies for quit tobacco use through healthcare providers and communication technologies such as text messaging, social networking, and phone applications as well as affordable access for nicotine gum.[9]

In the present study, most of urologists always educate about smoking as risk factor for bladder cancer, although they sometimes discuss smoking cessation and always recommend to quit smoking. Most common answer for the reason is patients never ask their urologists about it (7%). More than half (59%) of urologists sometimes discuss smoking cessation and 78% always recommend quitting smoking. The majority of responders have never smoked cigarettes (56%), 35% were former smokers, and 9% were current smokers. This method should be continued and combined more with smoking cessation program, as it showed higher risk as much as 2.2 fold of bladder cancer recurrence in those continued to smoke rather than those who quit smoking.[14] However, a study conducted on 354 NMIBC patients with smoking history concluded there was no association between recurrent risk of NMIBC with smoking exposure after diagnosis.[15]

According to study by Bjurlin et al., 47% urologists sometimes provide written materials on smoking cessation and 56% sometimes recommend nicotine gum.[16] In this study, only 18% urologists sometimes provide written materials on smoking cessation and 3% sometimes recommend nicotine gum. most urologists (29%) estimated that 100% still continue to smoke even after diagnosed with bladder cancer.

Of the 5% and 65% urologists who never and sometimes discuss smoking cessation, 5% answer not enough time for counselling, 5% believe that smoking cessation may not alter course or outcome of disease, and only 1% do not feel qualified giving smoking cessation counseling. Urologists who infrequently provide smoking cessation counseling always recommend support programs (9.1%) and provide written materials on smoking cessation (5.3%).

Smoking cessation notably reduces the risk of later bladder cancer. Eleven case-control studies showed 30% lowering the risk of bladder cancer in individuals who abstained of smoking from 1 to 4 years. Smokers who continue to smoke after diagnosed with bladder cancer increase risk to experience treatment related complications, second malignancies, tumor recurrence, morbidity, and mortality. American urologists revealed that majority of urologists have reservations about incorporating smoking cessation counseling into practice. Growing support should be considered for urologists to have a more proactive role in promoting smoking cessation among their patients.[3]

CONCLUSION

This study revealed that majority of urologists always educate that smoking is one of risk factor for bladder cancer and recommend to quit smoking. However, only 37% always discuss tobacco use cessation with their patients. Urologists have more proactive role in promoting smoking cessation among their patients which might be motivated and lowering risk of bladder cancer recurrence as well as complications in those patients.

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