



**Dr. Richard Matulewicz:** So some additional info about why quitting is so important. As I've hopefully driven home at this point, quitting smoking helps. It helps in your general health, it helps your quality of life, it helps you feel better and then most certainly helps after diagnosis of bladder cancer. And the good thing is we have ways to help patients quit and we have ways to help you help yourself quit as well. So these two things put in together make it seem like a no brainer. This is certainly something that we should all be doing as bladder cancer doctors and bladder cancer survivors. And this is something that we really hope to work towards to really make this all happen and kind of bridge this gap here.

There's good evidence, there's good support for several different smoking cessation strategies and the real two pillars of helping patients quit smoking, especially after a diagnosis of cancer are highlighted in several different guideline statements and different practice management recommendations. And really those two pillars are behavioral counseling and support as well as pharmacotherapy.

### Why is this important?

**Quitting helps!**

**We have ways to help patients quit!**

27

### Evidence-based smoking cessation treatment

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

**Smoking Cessation**

Version 1.2020 — May 13, 2020

**Step 1:** Assess current cigarette smoking status of all patients with cancer:<sup>c,d,e</sup>

- Have you ever smoked cigarettes?
- Do you currently smoke cigarettes or have you smoked in the last 30 days?

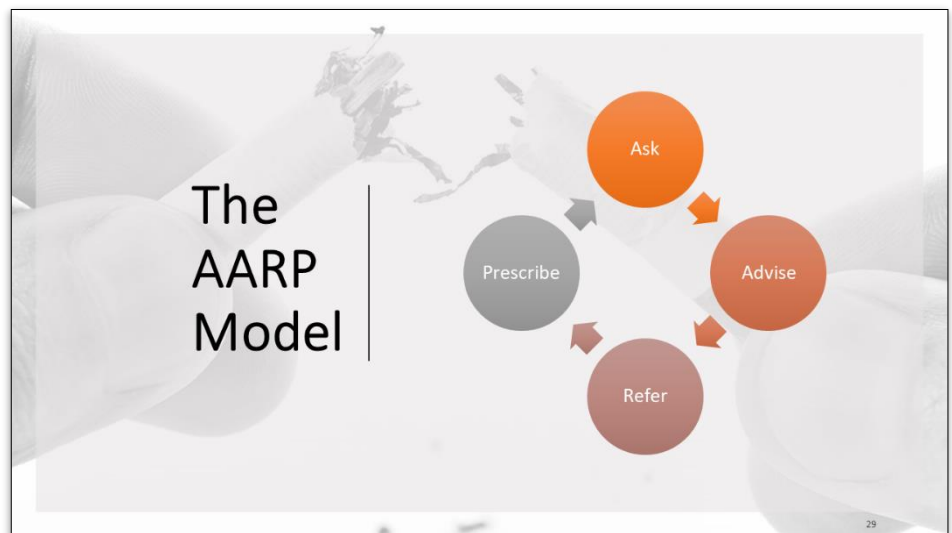
28 NCCN Guidelines

**Dr. Richard Matulewicz:** And when I say pharmacotherapy, I mean medications. And really, again, there's two real pillars of medications, one of which is nicotine replacement therapy, and that's whether that's a patch, gum, nasal spray, among the other nicotine products. And then there are some prescription medications that are FDA approved and really do help patients quit smoking.

And really, the thing that I like to make a point of each and every time I talk about this is the importance of having this discussion. I tell all of our urology colleagues the most important thing is to ask someone first and foremost, if they are a smoker, where they're at as far as their quit attempt and have patients and really implore patients to discuss this with their physician, whether it's their primary care doctor, their urologist, their oncologist, really any doctor, and this should hopefully open up a dialogue as the first step towards quitting. Now, one of the models that we like to use, and that we advertise a bit here as an effective way of starting this, because as I'll show you later on, urologists are not the best with this, but we are hopefully getting better, is what we call the AARP model.

And that's the Ask, Advise, Refer, Prescribe. And this really starts, as I mentioned, with asking and really opening that dialogue with patients, between patients and the physician, advising them and helping them understand the importance of quitting, providing them with the information that will hopefully empower them to quit, referring them for behavioral therapy and behavioral support. And there's a number of different resources that are both public and also specialty physicians and psychologists to help do this and

prescribe that medication, really those two real pillars of getting people to quit, the refer and prescribe. Those are really helpful in having people quit smoking. Some other models that we like to talk about are the five As or the five Rs. And these really just leverage some of the similar techniques and similar ways to touch all the bases and really make sure patients are supported as possible and really optimize this quit attempt to hopefully be the one that really sticks.



## Dr. Richard Matulewicz:

So just to touch base on, and really mentioned in a little bit more detail, what those two pillars are in counseling and behavioral therapy, and I know that anytime we talk to patients, there is some stigma to behavioral therapy

as if it's going to be like a psychiatry appointment or something along those lines. And it's really much more and sort of much different than what that is. And the folks who are really good at counseling patients and helping them with behavioral therapy provide the patient with the tools to help themselves stay away from cigarettes and quit smoking entirely. And really what the counselors and behavioral therapists do is they help you motivate the quit. They help you understand where you're at in your mind about how you want to quit when you want to quit, how you want to go about quitting.

They help develop coping strategies that help you talk through things that are triggers for smoking, whether it's

alcohol, whether it's certain social events and ways to not necessarily avoid those situations, but ways to prevent those triggers from triggering a craving for cigarettes. It helps patients avoid high risk situations and kind of navigate some of these things that make it difficult to quit. And then really, the most important thing is really understanding the patient's specific barriers to smoking. And this is where having a behavioral counselor and having this type of support really is helpful for each individual person because everyone is different and everyone needs different support.

## Alternative models

### The **5A's** to Quit Tobacco

- A**sk \_\_\_\_\_  
to quit at every visit.
- A**dvice \_\_\_\_\_  
to quit tobacco at every visit.
- A**ssess \_\_\_\_\_  
willingness to quit at every visit.
- A**ssist \_\_\_\_\_  
quitting within 2 weeks with  
pharmacotherapy or counseling.
- A**rrange \_\_\_\_\_  
follow-up contact in 1st week  
after quitting.

### The **5R's** to the Patient Unwilling to Quit Tobacco

- R**elevance \_\_\_\_\_  
why quitting is important to them.  
(General health, exposure, overall health, etc.)
- R**isks \_\_\_\_\_  
negative consequences of  
ongoing habit.
- R**ewards \_\_\_\_\_  
benefits of tobacco cessation.
- R**oadblocks \_\_\_\_\_  
Identify impediments to quitting.  
(Withdrawal symptoms, fear, weight gain)
- R**epetition \_\_\_\_\_  
repeat every time the patient  
comes to the clinic.

James H Black Evidence base and strategies for successful smoking cessation. J Vas  
Surg. 2010 Jun;51(6):1529-37

## Counseling / Behavioral therapy

### Usually personally tailored to the smokers' dependency and previous quit attempts / goals:

- Motivates
- Helps understand and ease short-term withdrawal symptoms
- Can teach coping strategies
- Identify smoking triggers
- Learn to avoid high-risk situations
- Addresses patient specific barriers to and facilitators of smoking behavior

## Dr. Richard

**Matulewicz:** As I mentioned, the other thing that's really essential to helping people quit is medication. And by no means do we like to prescribe medications for reasons that are not going to be helpful, but these have really been well demonstrated to help patients quit. And it's not a situation any more than really replacing some of the cravings and helping the body

taper from what is a true physical addiction to nicotine. And these are nicotine replacement therapies in the many different formulations, nasal spray, patches, inhalers, gum, as I mentioned, as well as some of the FDA approved medications like VernaClean and bupropion which help people quit in the short term, but don't necessarily need a really longterm use past a few months. So I think the other very important thing is to understand really what to expect and where to help to find help with quitting, because a lot of this can seem like a very insurmountable boundary or barrier, but it's not.

And we're really as urologists really aiming to kind of help patients understand what there is, what it is they may go through and help ease that burden as much as possible. And the reality is that most people who do smoke want to quit, and a lot of that does relate to the timing of a cancer diagnosis, where that's really a moment of reflection and a moment of that will motivate behavior change. So most people

do want to quit, and a lot of people try to quit. And as I mentioned quit attempts sometimes need to be frequent in order to stick. And that's okay because of how difficult this is. And your first few attempts may not actually succeed in having you quit, but you really are not able to quit unless you try to quit, and I think that's really the most important thing.

And the news is more than three to five smokers who have ever smoked have actually quit. So more people have been able to quit than not. And that's really, really the important thing to remember, that

## Pharmacotherapy (Rx medications and OTC)



32



## What to expect when trying to quit?

Most adult cigarette smokers want to quit.

More than half of adult cigarette smokers report having made a quit attempt in the past year.

Fewer than one in ten adult cigarette smokers succeed in quitting each year.

More than three out of five adults who have ever smoked cigarettes have quit.

Smokers can and do quit smoking for good. In fact, since 2002 there have been more former smokers than current smokers.

You have to try to quit in order to quit. The more tries, the more likely you are to have success.

this is certainly something that's possible and certainly something that both your doctor, your family, your support network really want to help you to be successful in.


**Dr. Richard Matulewicz:** And I think the two best resources that I certainly refer patients to because of how good they are, are the 1-800-QUIT-NOW line and the smokefree.gov website. And the way these two resources work is they will get you in touch no matter where you are in the United States, they will get you in touch with your state's quit resources and most States offer free behavioral therapy and

counseling, they will send you medications by mail to help you get started with all these things and they will actually help support you throughout these quit attempts, either with text messages or frequent phone calls or really whatever it is.

They have a number of different resources that they can offer,

and it's really up to you to try to figure out what you think will be most helpful. And the other thing that I like to refer people to is the CDC's website, How to Quit Smoking. This provides some really excellent information that we, some of which we've touched on that can help motivate for a quit attempt and hopefully a sustained quit. And as I mentioned, what really to expect from these resources are you're going to get advice about quitting, you'll be given support in the form of counseling, free medications, or discounted medications, as well as a number of different self help materials and referrals to other resources.

And the great thing about some of these resources is really how modern they become. There are apps, there are text messaging supports, there are AI interfaces that will help patients and smokers get over some of the issues that are facing them and overcome some of those barriers. So there's really a number of different resources that are really helpful in these situations. And I do want to highlight something that Marc




## Patient Resources

1-800-QUIT-NOW

[www.SmokeFree.gov](http://www.SmokeFree.gov)

CDC's Website: "How to quit smoking" →  
<https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/index.html>



## What to expect from these resources?

Services include:

- brief advice about quitting
- individual counseling
- information on cessation medications
- free or discounted medications
- self-help materials
- referrals to other cessation resources.

and I both worked on that will be coming out in one of the more widely read medical journals in the world, the Journal of the American Medical Association, JAMA. We have a publication forthcoming, really highlighting the importance of smoking cessation as part of cancer survivorship. And this is something that is usually provided to patients in offices that helps patients get plugged into these resources and really highlights the importance of some of the stuff that I've mentioned throughout the talk so far.

**Dr. Marc Bjurlin:** With that lead in, that begs the question. Should electronic cigarettes be one of these resources that smokers use to attempt to quit smoking? And the answer to that is a bit unclear, and the reason being is that to date, we don't really know all the health implications of using e-cigarettes. What we do generally think is that e-cigarettes are probably less toxic than conventional combustible cigarettes, but they're not without their own risks. And as a result of this kind of gray area of confusion, a number of different societies have put out statements on their thoughts on whether electronic cigarettes should be used as an Avenue to start quitting smoking or is the risks of e-cigarettes themselves unknown, and they shouldn't be used at all.

So to highlight a few of these, you can see the American Cancer Society here says that e-cigarettes should be not used to quit smoking. And they even go out of their way and state that no youth or young adults should begin using any tobacco products, including electronic cigarettes. So they're strongly against using e-cigarettes as kind of that stepping stone to either reduce your cigarette use or stop smoking altogether.

The Centers for Disease Control also put out a statement and they kind of follow suit saying that really there's not enough evidence on the health risks or the safety of e-cigarettes in general. And as a result, there is no documentation that it will increase smoking cessation. So they don't say what something to use or something not to use, there's just lack of evidence and as a result, you should probably not use it as a tool, as a resource to help stop smoking.

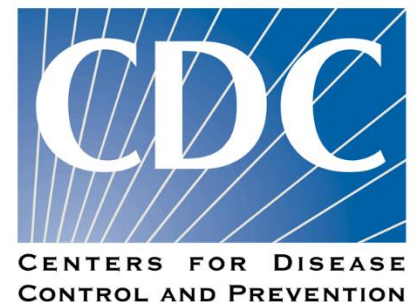
### American Cancer Society Position Statement on Electronic Cigarettes

- No youth or young adult should begin using any tobacco product, including e-cigarettes
- E-cigarettes should not be used to quit smoking



### CDC: Adult Smoking Cessation—The Use of E-Cigarettes

- Presently inadequate evidence to conclude that e-cigarettes, in general, increase smoking cessation



**Dr. Marc Bjurlin:** The FDA also has a pretty hard line stance on electronic cigarettes. As you can see here, they do state that they have not found any e-cigarette to be safe and effective in helping smokers quit.

They do often refer smokers to their 1-800-QUIT-NOW, a telephone line as Dr. Matulewicz mentioned, or at least reach out to your doctor to get started on how to quit smoking, but they do not advocate to use electronic cigarettes.

The American Heart Association has a similar stance on electronic cigarette use. They do highlight that people trying to quit smoking or using tobacco products should try the proven therapies that Dr. Matulewicz has mentioned, behavioral therapies, nicotine replacement therapies, pharmacotherapies, before considering e-cigarettes. And they do highlight that there has been not been any proven evidence that e-cigarettes prove effective in having a smoker's quit combustion cigarette tobacco use.

However, not all the world is agreement with the United States. The National Health Service in the UK has been more progressive on a number of things than the US government, but one thing that they highlight, and this is taken verbatim from their e-cigarettes statement is that e-cigarettes are one of the more recent stop smoking aids to become available and they can help you quit smoking for good. So the UK makes a very different statement to their population than they do endorse using e-cigarettes as a quit aid to stop smoking conventional cigarettes.

They do highlight again that e-cigarettes are not entirely risk free, but in their terms, experts estimate that vaping is at least 95% less harmful than smoking cigarettes. I would probably agree that there's less toxic carcinogens in e-cigarettes than conventional cigarettes, but we did show previously there still is exposure to carcinogens and patients or people that vape.

## FDA

- The Food and Drug Administration has not found any e-cigarette to be safe and effective in helping smokers quit.
- If smokers are ready to quit smoking for good, they should call 1-800-QUITNOW or talk with their doctor about finding the best way to quit using proven methods and FDA-approved treatments and counseling.



## American Heart Association

- People trying to quit smoking or using tobacco products should try proven tobacco cessation therapies before considering using e-cigarettes, which have not been proven effective.



**American  
Heart  
Association®**

## National Health Service - UK

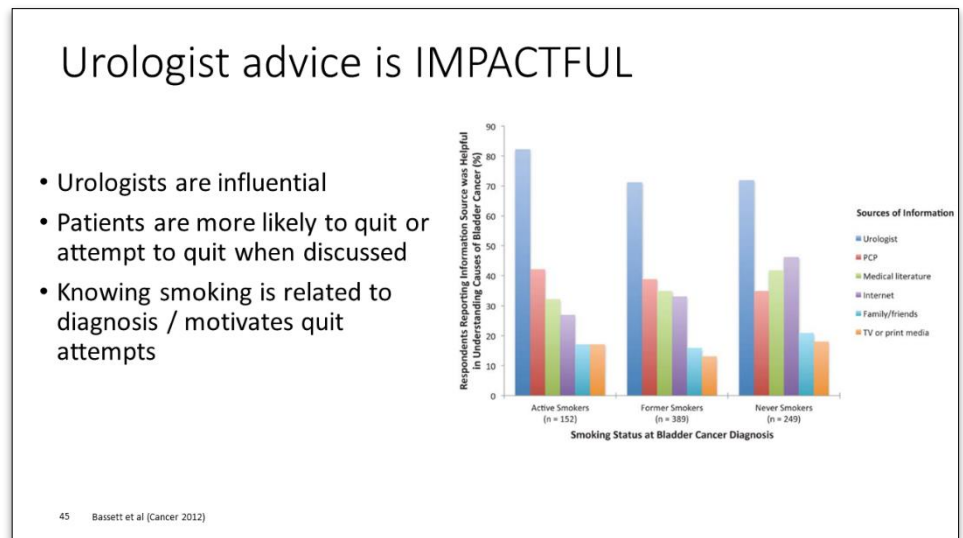
- E-cigarettes, also known as vapes, are one of the more recent stop smoking aids to become available and they can help you quit smoking for good.
- E-cigarettes are not completely risk-free, but experts estimate that vaping is at least 95% less harmful than smoking cigarettes.
- E-cigarette vapour contains some potentially harmful chemicals also found in tobacco smoke, but at much lower levels.

**NHS**  
nhs.uk

And lastly, they highlight here that e-cigarette vapor does contain potentially harmful chemicals and these are the ones that we've previously found in tobacco smoke, but I do agree that they are at much lower levels. I'll turn it back over to you.

**Dr. Richard Matulewicz:** So this is a great start to hopefully address some of the questions that I see popping up here. Where do urologists fit into helping you quit? And I know that urologists have not necessarily been considered to be on the front lines of managing smoking related disease. And I think a lot of this relates to maybe the under appreciation of bladder cancer as a smoking related disease, especially when considering where primary care doctors fit in. But the reality is this has actually been studied, and a lot of good data supports just how impactful and how influential urologists are in helping patients quit smoking. And this was a study done out in California a few years ago that basically showed that urologists are able to help patients quit when they help bridge that gap and understanding the association of bladder cancer with smoking and also help patients want to quit by advising them to do so, and then providing them with the resources to do so.

And really, the biggest takeaway from the study is actually that knowing that smoking is related to the diagnosis does help motivate people to quit smoking. And something that we're working on right now is just general awareness, and I think that this is something, as I mentioned, is a bit lacking in the public about just how much smoking does relate to bladder cancer. And what you can see here is the agreement among people who are smokers, a sample of the American population who are smokers, and just how much that they agree that tobacco is related and smoking is related several different common disease processes. It looks like over here on the left, that everyone agrees that smoking is harmful, pretty much everyone agrees that smoking causes lung cancer, but when you get over to bladder cancer, only about 50% of the population that smokes does consider smoking a risk factor for bladder cancer, despite that it is actually the strongest risk factor.





## Dr. Richard

**Matulewicz:** And even among patients who are seen for any urologic cancer diagnosis, that only goes up to about 60%. However, you do see this increase in patients who have a history of bladder cancer, but this is still not a universally recognized sign that smoking causes bladder cancer, even among patients that have bladder cancer. So it really just shows the gap and that we as urologists really need to

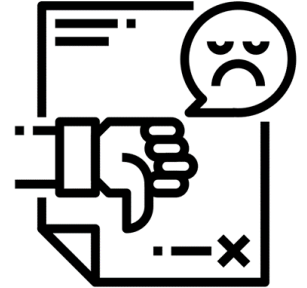
do a better job helping folks understand. Now, in general, it is definitely correct to say that urologists are not doing this enough. Urologists manage several smoking related diseases but do not provide enough support, do not provide enough education to help patients quit smoking. And this is some nice work that Marc had done years ago, really looking at a survey of about 600 urologists throughout the country, and only 20% of those urologists even responded or responded that they even discussed smoking cessation always whereas 60% responded that they never do and less than 10% actually felt comfortable enough and provided any of those medications that I talked about. So there's most certainly a gap here.

However, what we do know is that there is ample opportunity because of how often urologists help manage smoking related diseases, including bladder cancer, other urologic cancers, and even other tobacco related urologic diagnoses, like erectile dysfunction. And all in all, this amounts to about 1.3 million visits per year that urologists have with people who are actively smoking. And this is really a huge untapped opportunity to

have urologists join those front lines to help the primary care doctors, help the lung cancer and pulmonology doctors to really do our absolute best to offer all of the resources and all of the opportunities possible to patients who are smokers. And really the one thing that I do want to echo is that primary care docs are most certainly essential in this fight against smoking and smoking related diseases.

## Urologists do not do this enough

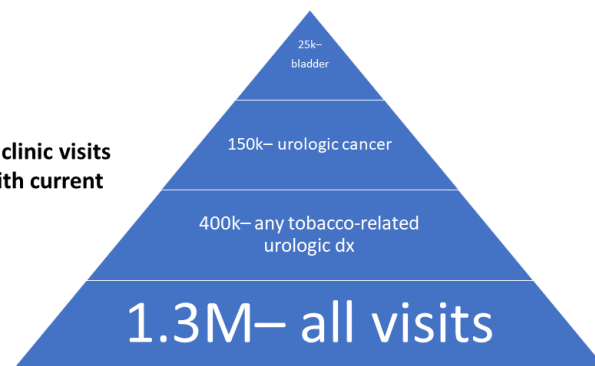
- Only ~20% of urologists always discuss smoking cessation
  - ~60% never do
- Roughly ~7% provide pharmacotherapy



47 Bjurlin et al (JU 2010); Stark / Shoag (Uro Practice 2019)

## Ample opportunity!

**# of urology clinic visits  
each year with current  
smokers**



48 Matulewicz et al (Under Review), data source: NAMCS 2014-2016

**Dr. Richard Matulewicz:** But what we do know also is that the more often patients are discussed, this discussion happens with their doctors about smoking, the more often they will then attempt to quit. And the more often people attempt to quit, the more often they will be successful to quit. So this is kind of a all hands on deck, we're all a big team type approach and that's really what we're trying to drive home. So how do we improve this? How do we get urologists to do better? How do we get a urologist to really join this fight and become good partners with our colleagues and with our patients? And that is something that we're actively working on. We can definitely highlight some of the active research that both Marc and I are working on, and some of the ways we're tackling this.



But we are doing so on many different fronts to try to figure out from both the patient and physician perspective, how this all fits into the visit, how this all fits into the routine care for folks with bladder cancer and how we can really help people quit as effectively and efficiently as possible and how this fits into just bladder cancer in general. So with that, I want to thank BCAN, again for the real opportunity to engage in this conversation and to have this discussion and very fortunate to be able to work with Dr. Bjurlin on a lot of these things and learn from him as well, and especially learn from you all as well. So we're hoping to get some feedback about what you all think, what your thoughts on smoking and bladder cancer are. We can definitely address some of these great questions that have come in. But thank you very much.

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