Studies Show Quitting Smoking Improves Outcomes in Urologic Disease
Former smokers fare better than current smokers after urologic surgery

New Orleans, LA, May 17, 2015 — Quitting smoking can lead to a significant improvement in outcomes after major urologic surgery. These new data and their impact on urologic surgery will be highlighted by study authors during a special press conference at the 110th Annual Scientific Meeting of the American Urological Association (AUA). Benjamin J. Davies, MD, associate professor of urology at the University of Pittsburgh School of Medicine, Pittsburgh, PA, will moderate the session at the Ernest N. Morial Convention Center in New Orleans, LA on May 17, 2015 at 1:30 p.m. CT.

Despite having long-lasting negative health effects, the Centers for Disease Control and Prevention (CDC) reports more than 42 million American adults still smoke. The CDC also reports smokers die an average of ten years earlier than nonsmokers. To investigate the impact of smoking on perioperative outcomes in patients undergoing bladder (cystectomy), prostate (prostatectomy), and renal/kidney (nephrectomy) surgery, researchers from the Henry Ford Health System’s Vattikuti Urology Institute in Detroit, MI, analyzed data from the American College of Surgeons National Surgical Quality Improvement Program database as well as results from a patient self-reported smoking status. Study findings were based on records from 9,014 patients who underwent one of the three urologic surgeries mentioned above between the years of 2005 – 2011. Patients were categorized as nonsmokers, former smokers or current smokers and evaluated on 30-day morbidity (complications, prolonged length of stay, re-intervention and re-admission) and mortality. The analysis found:

- Current smokers had significantly higher odds of respiratory and kidney complications, and increased odds for length of stay following prostatectomy.
- Current smokers had increased odds for subsequent procedures following cystectomy, while previous smokers had increased odds of hospital re-admission.
- Former smokers, who had quit for at least a year, had similar outcomes to nonsmokers following prostatectomy.

“This research serves as a wake-up call to many smokers, and demonstrates that the sooner you quit, the sooner your risk factors for surgery complications and disease recurrence decrease,” said Dr. Davies. “In fact, this research indicates that for longer-term ex-smokers, risks may be almost the same as if they had never smoked at all.”

Additional Research Studies of Note:

Publication Number: PD17-08
RefRAINING FROM SMOKING FOR 15 YEARS OR MORE REDUCED THE RISK OF TUMOR RECURRENTCE IN NON-MUSCLE INVASIVE BLADDER CANCER PATIENTS

New data shows that refraining from smoking for 15 years or more decreases the risk of tumor recurrence in patients with non-muscle invasive bladder cancer, or NMIBC. Researchers from Tokyo, Japan, analyzed records from 408 patients who underwent treatment for NMIBC and divided them into three categories: nonsmokers, previous smokers and current smokers. Data showed 5-year recurrence-free survival (RFS) rates were significantly lower for ex-smokers and current smokers compared to the nonsmoker group. The ex-smoker group was further divided into those who had not smoked for at least 15 years (long-term abstinence) and those who quit smoking less than 15 years prior (short-term abstinence). Researchers found the 5-year RFS rate in the short term abstinence group was significantly lower than that of the long-term abstinence group.

Publication Number: MP78-12
ASSOCIATION OF CIGARETTE SMOKING AND SMOKING CESSATION WITH BIOCHEMICAL RECURRENCE IN PATIENTS TREATED WITH RADICAL PROSTATECTOMY FOR PROSTATE CANCER

Researchers in Switzerland analyzed data from 7,191 current, former and nonsmokers, who had undergone radical prostatectomy for prostate cancer between 2000 and 2011, to determine increased risk of biochemical recurrence (BCR) following prostate cancer surgery. Findings showed that those who quit at least ten years, prior to undergoing radical prostatectomy, had a similar risk of BCR compared to nonsmokers, and much lower risk of BCR compared to current smokers.
NOTE TO REPORTERS: Experts are available to discuss these studies outside normal briefing times. To arrange an interview with an expert, please contact the AUA Communications Office at 443-909-0839 or email cfrey@AUAnet.org.

About the American Urological Association: The 110th Annual Meeting of the American Urological Association takes place May 15-19 at the Ernest N. Morial Convention Center in New Orleans, LA.

Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 21,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.

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