

Against All Odds WP4

Overall aim of WP4: To obtain the extra health gain from reducing surgical risk and improving general health via intensive lifestyle intervention among patients scheduled for treatment of urothelial cancer – and thereby add to lowering the inequity in health in life after cancer – against all odds today.

Randomized clinical trial, cohort, qualitative interviews, and feasibility. WP4 includes sub-study I-V below.

I. Surgical risk reduction: Effect of the 6-wk STRONG-program for 5 risky SNAP-factors versus clinical routine during neoadjuvant treatment prior to surgery (RCT).

Main outcome: Risk reduction from SNAP intervention prior to surgery as measured by international standards for preoperative risk reduction.

Status primo 2026: Ongoing. We have included 21/42 patients

II. Feasibility implementation study: Implementation of the eventually positive parts related to the 6-wk intensive STRONG-program for 5 risky SNAP-factors prior to nephrectomy.

Main outcome: Feasibility of implementation

Status: Planned to start after completion of sub-study I.

III. Preoperative Smoking cessation intervention (SCI):

a) Effect of 6-week intensive SCI for patients undergoing TUR-B (trans-urethral resection of the bladder due to non-invasive bladder cancer) offered as part of the surgical pathway compared to referral and being offered the same program in the municipality (RCT).

Main outcome: Quit rate after 6 weeks and after 6 months

Results: In this study of 38 patients with non-muscle invasive bladder cancer, an intensive 6-week hospital-based smoking cessation program with weekly sessions, education, motivational support, and free nicotine replacement therapy, was compared with standard care involving brief advice and referral to a municipal clinic. The intensive intervention resulted in significantly higher continuous cessation rate after 6 weeks, 3 and 6 months. These results indicate that structured, hospital-delivered cessation support can improve quit outcomes.

Status: Published

b) The need for prehabilitation among patients undergoing transurethral resection of the bladder tumor (TURBT) – based on smoking and other risky lifestyle factors

Main outcome: Prehabilitation need and potential effect.

Results: This cross-sectional study of 100 TURBT patients with NMIBC found that risky lifestyle factors (SNAP: smoking, nutrition, alcohol, physical activity, and obesity) were highly prevalent, with 58% of patients presenting at least one factor. Smoking was most common, followed by physical inactivity and risky alcohol use, while obesity and malnutrition were less frequent. Seventeen percent had multiple SNAP factors, and no demographic characteristics predicted their presence. The findings highlight substantial potential for prehabilitation.

Status: Published

IV. Interviews: Semi-structured interviews for patients having received the STRONG program of patients, their relatives, and staff (qualitative sub-study nested to the I+II+IIIa above).

Main outcomes: Preferences.

Results: This qualitative study explored experiences with the intensive Gold Standard Programme (GSP) for smoking cessation among patients undergoing TURBT, their relatives, and clinicians. All groups viewed the programme positively. We identified five themes reflecting barriers and facilitators: perceptions of the GSP, practical issues, health-related factors, psychological factors, and communication dynamics. While facilitators were largely shared, barriers differed as clinicians especially noted communication challenges. Patients focused their recommendations on improving the GSP itself, whereas clinicians emphasized practical factors for conducting the GSP. The role of relatives appears important but requires further study.

Status: Published

V. Effect of intensive SCI among smokers with cancer compared to smokers without cancer - with a focus on disadvantaged groups (cohort study based on the Danish Smoking Cessation Database).

Main outcome: Quit rate after 6 months

Results: This cohort study of 38,345 smokers from the Danish Smoking Cessation Database evaluated the effectiveness of the 6-week intensive Gold Standard Programme (GSP) for smoking cessation among cancer survivors compared with smokers without cancer. Six percent of participants were cancer survivors. At 6-month follow-up, quit rates were similar between cancer survivors and non-cancer participants (35% vs. 37%), with no significant differences after adjustment. Socioeconomic disadvantage among cancer survivors also did not affect cessation outcomes. These findings indicate that the GSP is equally effective for cancer survivors and the general smoking population.

Status: Published