

**Mini lecture**  
**Waterpipe tobacco smoking and gastric  
cancer risk among Vietnamese men**

**Lai Thi Minh Hang & Chihaya Koriyama**  
Dept. of Epidemiology and Preventive Medicine,  
Kagoshima University  
Graduate School of Medical and Dental Sciences

RESEARCH ARTICLE

# Waterpipe Tobacco Smoking and Gastric Cancer Risk among Vietnamese Men

Hang Thi Minh Lai<sup>1</sup>, Chihaya Koriyama<sup>1</sup>, Shinkan Tokudome<sup>2</sup>, Hoc Hieu Tran<sup>3</sup>, Long Thanh Tran<sup>1</sup>, Athira Nandakumar<sup>1</sup>, Suminori Akiba<sup>1</sup>, Ngoan Tran Le<sup>4\*</sup>

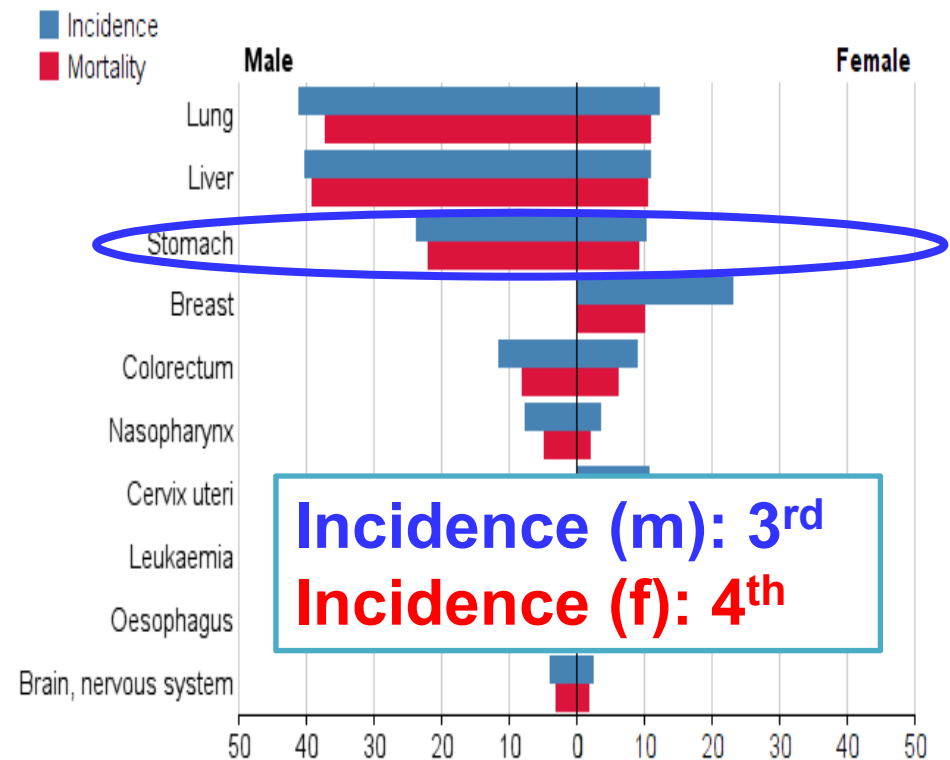
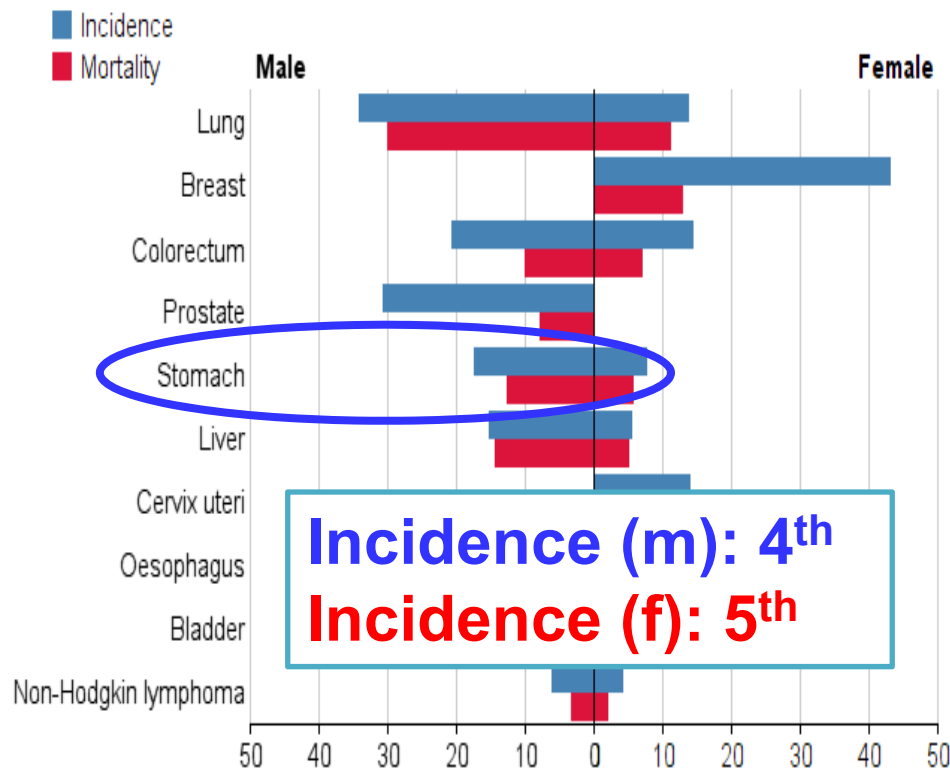
**1** Department of Epidemiology and Preventive Medicine, Kagoshima University Graduate School of Medical and Dental Sciences, Kagoshima, Japan, **2** National Institute of Health and Nutrition, Tokyo, Japan, **3** Department of Surgery, Hanoi Medical University, Hanoi, Vietnam, **4** Department of Occupational Health, Hanoi Medical University, Hanoi, Vietnam



# Epidemiology of Gastric Cancer

Age-standardized rate (incidence and mortality), **Worldwide 2012**

Age-standardized rate (incidence and mortality), **Vietnam 2012**



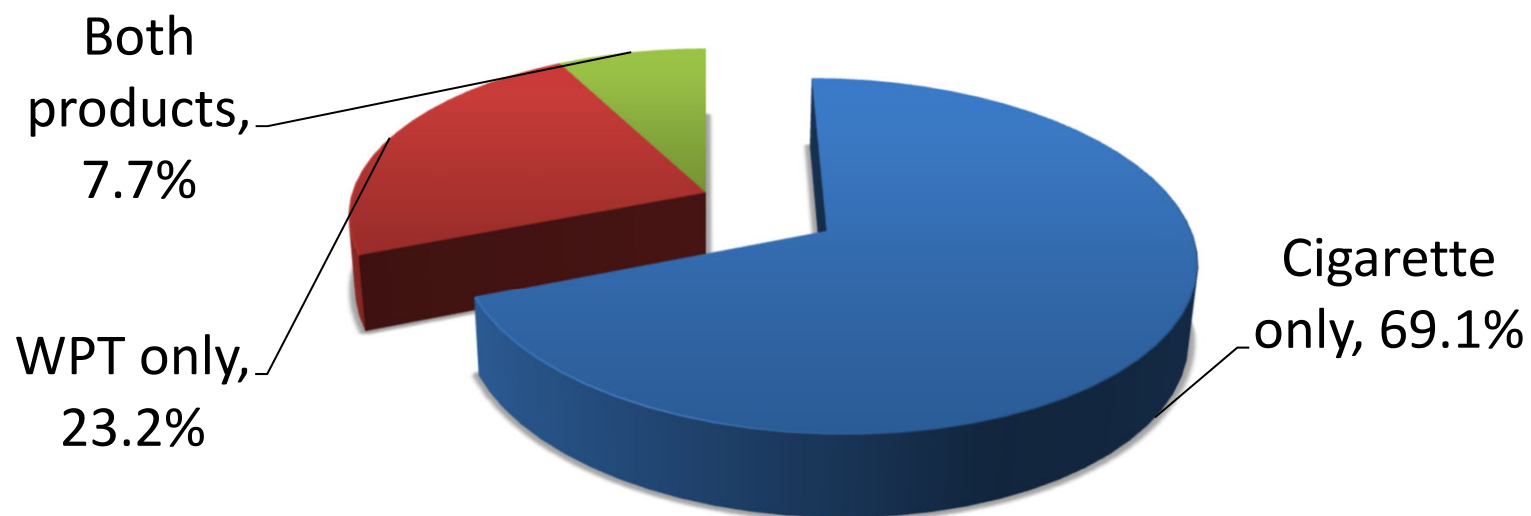
Data source: GLOBOCAN 2012

# Epidemiology of Gastric Cancer

- Environmental and lifestyle factors are major contributors to the etiology of GC.
  - ✓ Helicobacter pylori: ↑ (OR: 1.7~6.0) [HCCG, Gut 2001](#)
  - ✓ Salt and salty foods: ↑ (OR: 1.01~5.2)  
[WCRF/AICR 2007](#)
  - ✓ Fruits and vegetables: ↓ (OR: 0.58~0.69 for fruits/  
0.3~1.7 for vegetables) [IARC 2003](#)
  - ✓ Alcohol drinking: RR=1.07 (95%CI =1.01-1.13)  
[Tramacere, Annals of Oncology 2012](#)
  - ✓ Tobacco smoking: ↑ (OR: 1.4~2.6) [IARC 2004](#)

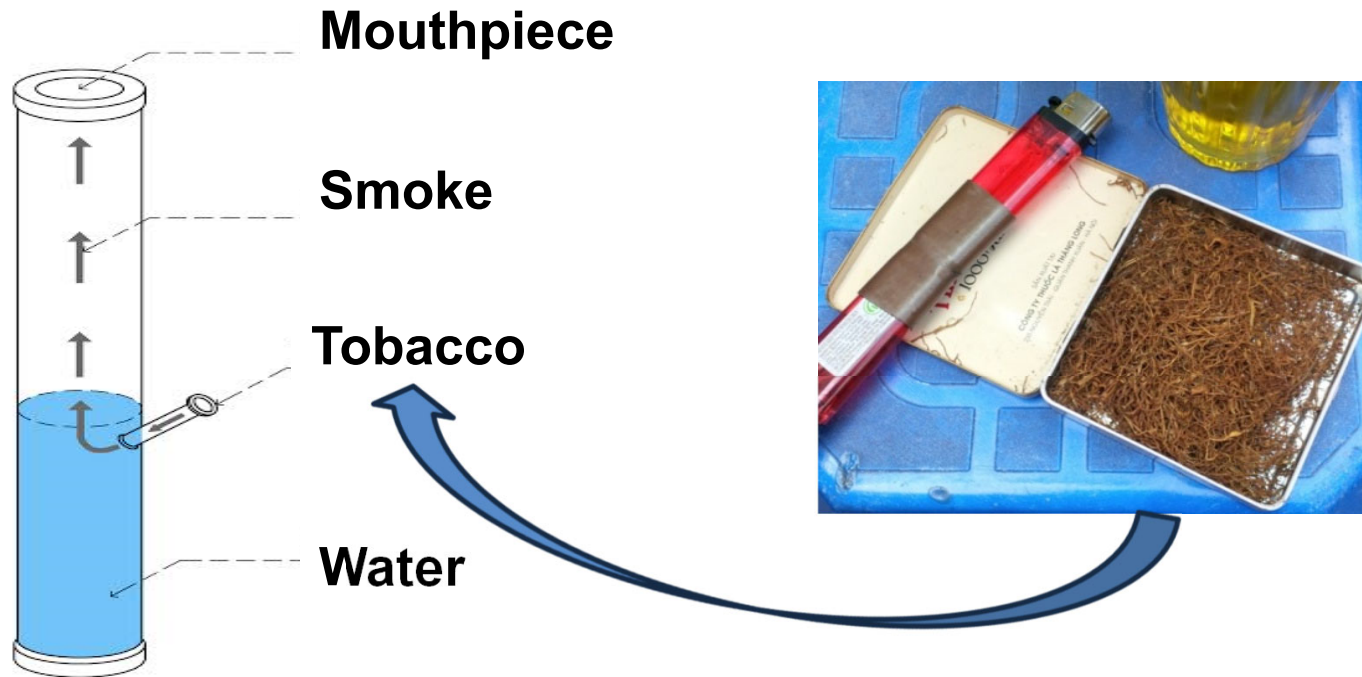
## Waterpipe tobacco (WPT) smoking is the second common form of tobacco use in Vietnam

Prevalence of male smokers: **51.2%**



***Vietnam National Health Survey in 2001-2002***  
*(Xuan et al., Pre Chronic Dis 2013)*

# Vietnamese/Chinese waterpipe



## Chinese waterpipe (WP): “BONG” WP

- Started in China during the Ming Dynasty (16<sup>th</sup> century)
- Made of bamboo, metal or glass and used in other countries as Laos, Myanmar and Vietnam

## Hookah vs Vietnamese/Chinese WPT smoking

- **Similarity:** Smoke is passed through a column of water before being inhaled.
- **Differences**

	Hookah	Vietnamese type
Tobacco	Flavored tobacco	Sundried processed tobacco
Heat source	Burning charcoal	Fire, no charcoal
Smoking duration	45-60 min	Less than 5 min

# Hookah smoke contains more toxicant and carcinogen than cigarette smoke

	Compared to cigarette	Components
Hookah smoke	<p>Higher level of carcinogen and toxicant  <i>(Maziak, Cancer Epidemiol 2013)</i></p> <ul style="list-style-type: none"> <li>• Nicotine: 1-3 times</li> <li>• CO: 6-15 times</li> <li>• PAHs: 8-15 times</li> </ul> <p>benzo(a)pyrene</p> <ul style="list-style-type: none"> <li>• Formaldehydes: 6-9 times</li> <li>• Heavy metals: As, Cr, lead...</li> </ul>	<ul style="list-style-type: none"> <li>• Burning charcoal</li> <li>✓ 90% CO</li> <li>✓ 75-92% PAHs  <i>(Monzer, Food Chem Toxicol 2008)</i></li> <li>• Flavored tobacco</li> <li>✓ ↑ 60% aldehydes</li> <li>✓ Chemical composition  <i>(Rashidi, Food Chem Toxicol 2006)</i></li> </ul>
Chinese WPT smoke	<p>Higher level of CO  <i>(She, Chest 2014)</i></p>	



# WPT smoking and health effects

- **Chinese/Vietnamese WPT smoking and lung cancer**

- ✓ OR: 1.8~3.6, no significant; 3 case-control studies in China
- ✓ Crude RR=4.39, 95%CI=3.82-5.04; a cohort study on Chinese WPT smoking with lung cancer mortality

(Elie et al., *IJE* 2010)

- ✓ Crude OR=6.21,  $p < 0.001$ ; a case-control study in Vietnam

(Anh et al., *J Med Information* 1999)

- **Hookah smoking and cancers**

- ✓ Lung cancer: OR=3.0, 95%CI=1.2-7.6; a case-control study in Tunisia

(Elie et al., *IJE* 2010)

- ✓ Oral cancer: OR=4.4, 95%CI=2.3-8.4; a cross-sectional study in India

(Dangi et al., *Tob Induc Dis* 2012)

- ✓ Oesophageal cancer: OR=1.85, 95%CI=1.41-2.44; a case-control study in Kashmir, India

(Dar et al., *BJC* 2012)

## WPT smoking and Gastric Cancer

Place, Year	Study design	Result (Non vs Hookah smokers)
Northeast Iran <i>Shakeri, IJC</i> 2013	Case-control study 309 cases and 613 controls	OR=1.1 95%CI=0.3-3.3
Northwest Iran <i>Sadjad, IJC</i> 2014	Cohort study 928 Helicobacter pylori infected but otherwise healthy subjects	RR=3.4 95%CI=1.7-7.1

**\* Regarding Vietnamese WPT, its association with gastric cancer risk has NOT been studied.**

## Objectives

- Our study aimed to clarify the association between Vietnamese WPT smoking and gastric cancer risk among men.

## Study design

- A hospital-based case-control study
- Study places: three hospitals in Hanoi city, Vietnam  
National Cancer Hospital, Viet Duc Surgery Hospital, and Bach Mai General Hospital
- Data collection period: Feb 2003 – Apr 2011
  - ✓ Period 1: February 2003 – August 2006
  - ✓ Period 2: September 2006 – November 2007
  - ✓ Period 3: November 2010 – April 2011

## Study subjects

- Patients, men who had undergone surgery
- **Cases:** diagnosed as primary gastric cancer histopathologically
- **Controls:** not have any cancer, matched with case for age +/- 5 years and the calendar year of hospitalization
- **Inclusion criteria**
  - ✓ Age: 30-84 years old
  - ✓ Residential area: The North Vietnam
  - ✓ Smoking information was available

# Process of subject selection

Number of subjects recruited  
495 cases and 692 controls

→ 83 subjects  
(21 cases and 62 controls)

- Age (26)
- Residence area (9)
- Missing information (48)

The subjects aged between 30 and 84 years old  
and living in the North of Vietnam  
474 cases and 630 controls

→ Matching by age +/-5 years  
and year of hospitalization  
(20 cases and 2 controls unmatched)

454 cases and 628 controls  
**1 case : 1 control = 311 groups,**  
**1 case : 2 controls = 112 groups,**  
**1 case : 3 controls = 31 groups.**

## Data collection

- **Structured Questionnaire**

- ✓ Socio-demographic factors
- ✓ Cancer history of subjects and their family
- ✓ Tobacco smoking, alcohol drinking and dietary habits

- **Definition of smokers**

- ✓ Never smokers were those who never smoked or smoked less than 1 year and <100 cigarettes/WPTs in their lifetime.
- ✓ Smokers who have smoked cigarette/WPT regularly for at least 1 year
  - Ex-smokers who had smoked but quit at least 1 year before the onset of disease
  - Others were current smokers

## Statistical analysis

- Odds ratios, 95% confidence intervals (CI) and p for trend were obtained using conditional logistic regression model.
- Adjusted for potential confounding factors:
  - ✓ Age (continuous variable)
  - ✓ Education (<6 / 6-9 / 10-12 / >12 / unknown)
  - ✓ Residential area (Hanoi/Red River Delta/others)
  - ✓ Frequency of salted processed meats and fish intake (never or rarely / monthly / daily or weekly / unknown)
  - ✓ Frequency of citrus fruits and raw vegetables consumption (tertiles based on their distributions in control group)
- P for homogeneity was estimated using the likelihood ratio test.



# The effects of socioeconomic status on gastric cancer risk

Variables	Controls		GC cases		OR (95%CI)	P for homogeneity
	n	%	n	%		
<b>Total</b>	<b>628</b>	<b>100</b>	<b>454</b>	<b>100</b>		
<b>Education (years)</b>					<i>P for trend = 0.003</i>	
<6	57	9.1	56	12.3	1.0	0.034
6-9	282	44.9	223	49.1	0.7 (0.5-1.1)	
10-12	180	28.7	116	25.6	0.6 (0.4-1.0)	
>12	106	16.9	57	12.6	0.5 (0.3-0.8)	
Unknown	3	0.5	2	0.4	0.5 (0.1-3.3)	
<b>Occupation</b>						
Retirant	166	26.4	83	18.3	1.0	0.006
Farmer	138	22.0	138	30.4	2.0 (1.3-2.9)	
Factory worker	31	4.9	20	4.4	1.4 (0.7-2.6)	
Office worker	33	5.3	15	3.3	0.8 (0.4-1.7)	
Free labor and others	75	11.9	43	9.5	1.1 (0.7-1.9)	
Unknown	185	29.5	155	34.1	1.8 (0.8-3.9)	
<b>Refrigerator</b>						
No	248	39.5	219	48.2	1.0	0.002
Yes	339	54.0	199	43.8	0.6 (0.5-0.8)	
Unknown	41	6.5	36	7.9	0.9 (0.5-1.4)	

\* *P for trend was estimated excluding unknown group.*

# The effects of dietary factors on gastric cancer risk

Variables	Controls		GC cases		OR (95%CI)*	P for homogeneity
	n	%	n	%		
<b>Total</b>	<b>628</b>	<b>100</b>	<b>454</b>	<b>100</b>		
<b>Frequency of salted processed meats and dried fish intake</b>					<i>P for trend = 0.105</i>	
Never or rarely use	210	33.4	143	31.5	1.0	0.070
Monthly	338	53.8	220	48.5	0.9 (0.7-1.2)	
Daily/weekly	78	12.4	90	19.8	1.5 (1.0-2.2)	
Unknown	2	0.3	1	0.2	0.8 (0.1-9.6)	
<b>Frequency of citrus fruits consumption</b>					<i>P for trend = 0.002</i>	
T1	212	33.8	187	41.2	1.0	0.007
T2	206	32.8	161	35.5	0.9 (0.7-1.3)	
T3	208	33.1	104	22.9	0.6 (0.4-0.8)	
Unknown	2	0.3	2	0.4	1.1 (0.1-7.8)	
<b>Frequency of raw vegetables consumption</b>					<i>P for trend = 0.756</i>	
T1	257	40.9	176	38.8	1.0	0.204
T2	173	27.6	151	33.3	1.2 (0.9-1.6)	
T3	198	31.5	126	27.8	0.9 (0.7-1.3)	
Unknown	0	0.0	1	0.2	-	

• T1-T3: Tertile of frequency of citrus fruits consumptions (T1 <0.17, 0.17≤T2 <0.6, T3 ≥0.6), and of raw vegetables consumptions (T1=0, 0<T2<0.08, T3≥0.08)

• P for trend was estimated excluding unknown group.

# An increased risk of GC in current WPT smokers

Variables	Controls		GC cases		OR (95%CI)*	P for homogeneity
	n	%	n	%		
<b>Total</b>	<b>628</b>	<b>100</b>	<b>454</b>	<b>100</b>		
<b>Cigarette smoking</b>						
Never	238	37.9	168	37.0	1.0	0.547
Ex-smoker	117	18.6	94	20.7	1.2 (0.9-1.7)	
Current smoker	273	43.5	192	42.3	1.1 (0.8-1.4)	
<b>Water-pipe tobacco smoking</b>						
Never	388	61.8	219	48.2	1.0	<0.001
Ex-smoker	69	11.0	56	12.3	1.5 (1.0-2.4)	
Current smoker	171	27.2	179	39.4	1.8 (1.3-2.4)	
<b>Alcohol drinking</b>						
Never	194	30.9	121	26.7	1.0	0.605
Some times	222	35.4	175	38.6	1.0 (0.7-1.4)	
Daily	210	33.4	156	34.4	1.1 (0.8-1.6)	
Unknown	2	0.3	2	0.4	1.4 (0.1-17)	

\* OR and corresponding 95%CI were adjusted for the effects of age, education, residential area, intake of salted processed meats and dried fish, citrus fruits and raw vegetables consumption.

## Characteristics of study subjects regarding smoking status

Variable	Mean (SD)	
	Controls	GC cases
<b>Current cigarette smoking only</b>		
No. cigarettes per day	10.6 (7.1)	9.1 (6.9)
<b>Current WPT smoking only</b>		
No. WPTs per day	9.2 (6.2)	11.3 (7.8)
Years of smoking	29.4 (13.3)	34.3 (12.6)
Age at starting to smoke	29.4 (14.3)	26.7 (11.0)

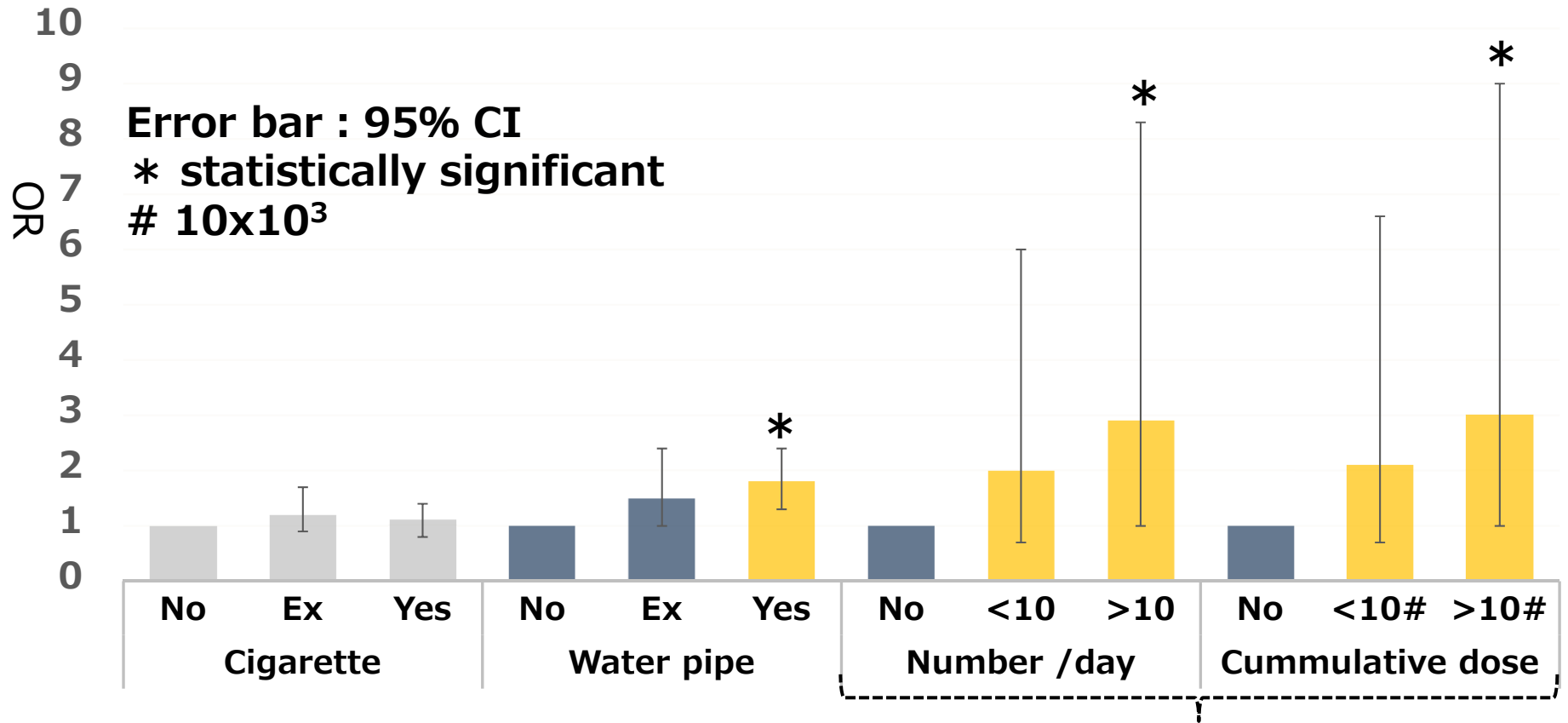
*SD, standard deviation*

## Association of WPT smoking and GC risk after excluding cigarette smokers

Variables	Controls		GC cases		OR (95%CI)*	P for homogeneity
	n	%	n	%		
<b>Total</b>	<b>105</b>	<b>100</b>	<b>88</b>	<b>100</b>		
<b>Waterpipe tobacco only</b>					<i>P for trend = 0.024</i>	
Never	71	67.6	45	51.1	1.0	0.055
Ex-smoker	9	8.6	8	9.1	1.2 (0.3-4.1)	
Current smoker	25	23.8	35	39.8	2.7 (1.2-6.5)	
<b>Daily frequency</b>					<i>P for trend = 0.144**</i>	
Never	71	67.6	45	51.1	1.0	0.317
<10	11	10.5	13	14.8	2.0 (0.7-6.0)	
≥10	13	12.4	19	21.6	2.9 (1.0-8.3)	
Unknown	1	1.0	3	3.4	7.9 (0.6-104)	
<b>Cumulative frequency</b>					<i>P for trend = 0.284**</i>	
Never	71	67.6	45	51.1	1.0	0.554
<10,000	10	9.5	11	12.5	2.1 (0.7-6.6)	
≥10,000	12	11.4	18	20.5	3.0 (1.0-9.0)	
Unknown	3	2.9	6	6.8	3.9 (0.8-20)	

- OR and corresponding 95%CI were adjusted for the effects of age, education, residential area, intake of salted processed meats and dried fish, citrus fruits and raw vegetables consumption.
- P for trend was estimated excluding unknown group.

# Gastric cancer risk by smoking



**Water pipe tobacco**

## Association of WPT smoking and GC risk after excluding cigarette smokers (cont)

Variables	Controls		GC cases		OR (95%CI)*	P for homogeneity
	n	%	n	%		
<b>Total</b>	<b>105</b>	<b>100</b>	<b>88</b>	<b>100</b>		
<b>Smoking duration (years)</b>					<i>P for trend = 0.154</i>	
Never	71	67.6	45	51.1	1.0	0.515
<20	7	6.7	7	8.0	1.3 (0.4-4.6)	
20-29	6	5.7	9	10.2	2.4 (0.6-10.2)	
30 or more	18	17.1	22	25.0	2.7 (0.9-8.0)	
Unknown	3	2.9	5	5.7	2.9 (0.5-15.8)	
<b>Starting age for WPT smoking (years)</b>					<i>P for trend = 0.249</i>	
<25	10	9.5	18	20.5	3.7 (1.2-11.3)	0.103
25 or more	18	17.1	20	22.7	1.9 (0.8-4.7)	
Never	71	67.6	45	51.1	1.0	
Unknown	6	5.7	5	5.7	1.5 (0.4-6.2)	

- OR and corresponding 95%CI were adjusted for the effects of age, education, residential area, intake of salted processed meats and dried fish, citrus fruits and raw vegetables consumption.
- P for trend was estimated excluding unknown group.

## Combined effects of WPT smoking and cigarette smoking on gastric cancer risk

Cigarette smoking	WPT smoking	Controls		GC cases		OR (95%CI)*
		n	%	n	%	
Never	Never	111	30.6	65	23.3	1.0
	Current	48	13.2	64	22.9	<b>2.7 (1.5-4.8)</b>
Current	Never	128	35.3	85	30.5	1.5 (0.9-2.4)
	Current	76	20.9	65	23.3	1.6 (0.9-2.9)

\* OR and corresponding 95%CI were adjusted for the effects of age, education, residential area, intake of salted processed meats and dried fish, citrus fruits and raw vegetables consumption.



# Discussion

- A significant increase of GC risk among current WPT smokers (OR=1.8, 95%CI=1.3-2.4), after excluding cigarette smokers (OR=2.7, 95%CI=1.2-6.5)

Our findings are consistent with the result of Hookah smoking in Iranian study (RR=3.4, 95%CI=1.7-7.1)

Sadjadi et al., *IJC* 2014

- GC risk tend to increase with the daily frequency, duration, and early start of WPT smoking, but not significant among exclusively WPT smokers.

## Vietnamese WPT smoke may have similar carcinogenic effects as well as Arabian WPT

- Vietnamese WPT smoke may contain high level of PAHs and other carcinogens

The report by She et al. (2014) showed that the water of Chinese WPT contains high level of PAHs and heavy metals.

- Smoking duration of Vietnamese WPT per day

- ✓ Duration of smoking sessions: 5 min
- ✓ Median frequency of smoking per day among exclusively WPT smokers: 10 times

Equivalent to one session of Arabian WPT (45-60 min)

# Limitations

## **(1) Insufficient information on tumor location of GC**

- Most of GC in this study might be antral GC
  - ✓ Approximately 50.2% GC cases had information on tumor site, in which 82% cases were antral GC.
  - ✓ The risk of antral GC in current WPT smokers (OR=1.7, 95%CI=1.2-2.6) was similar to that of all GC cases (OR=1.8, 95%CI=1.3-2.4)
- No differences in the effect of smoking regarding to tumor location

*Chow 1999, Sasazuki 2002, Sung 2007, Maziak 2013*

# Limitations (cont)

## (2) No data on histological type of GC

- A hospital-based case-control study in Japan showed no significant difference between intestinal and diffuse types regarding the association of cigarette smoking with GC risk.

Inoue et al., *IJC* 1999

- A cross-sectional study in Hanoi, Vietnam 2010-2012 reported most of Vietnamese GCs were intestinal type (82.7%).

Anh and Tho, *Practical Medicine* 2013

# Conclusion

- Water-pipe tobacco smoking was positively associated with gastric cancer risk among Vietnamese men
- First hospital-based case-control study on the association between water-pipe tobacco smoking and gastric cancer risk in Viet Nam