A Grateful Grandfather Shares His Story p.12

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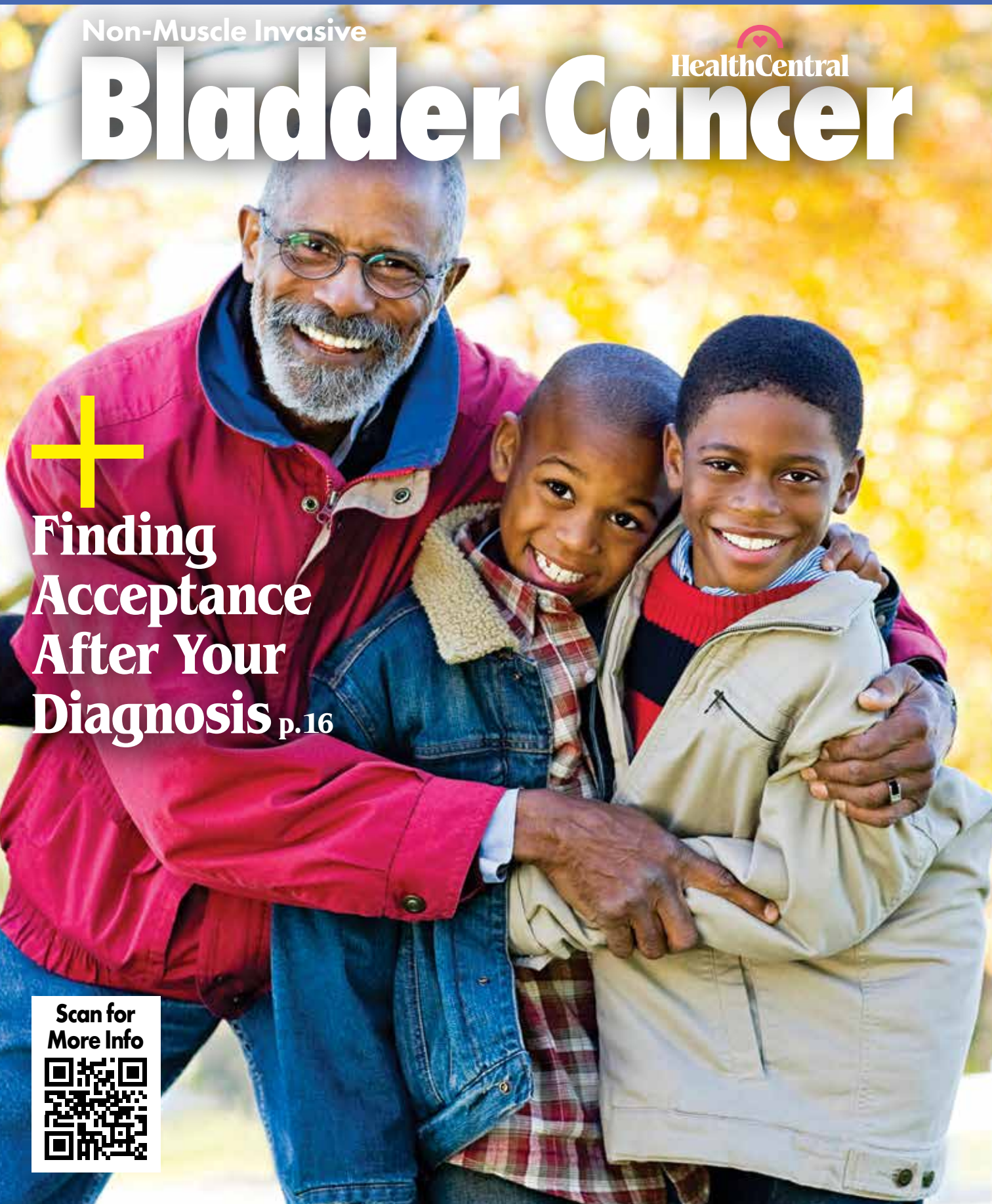
Non-Muscle Invasive

Bladder Cancer

HealthCentral



+ Finding Acceptance After Your Diagnosis p.16

Scan for More Info

WELCOME to HealthCentral's guide to **Non-Muscle Invasive Bladder Cancer**. In these pages, you'll learn about current research, how to make the most of each and every doctor visit, the latest treatments, the inspiring story of someone like you, and more. **To get a downloadable doctor discussion guide that will help you prep for your next appointment, go to HealthCentral.com/BladderCancerGuide.**

WEIGHTY MATTERS

BEING OVERWEIGHT or obese could mean a higher rate of recurrence for people being treated for an aggressive form of non-muscle invasive bladder cancer (NMIBC), according to a study published in the *World Journal of Urology*.

Researchers examined the outcomes for 1,155 patients with high-risk NMIBC. They found that being overweight or obese was associated with—but not necessarily the cause of—an increased risk of recurrence and progression. The study adds to conflicting evidence about the impact of excess weight on treatment outcomes for NMIBC.

"There is not a lot of data on this issue," says Manish A. Vira, M.D., system chief of urology at Northwell Health Cancer Institute in Lake Success, New York. "The study was a retrospective study, which means they went back and looked at the records of people who had already been treated. But the research does not prove that elevated BMI [body mass index, the standard method for evaluating body weight according to height] affects the treatment outcome of non-muscle invasive bladder cancer at this point."

Still, the study merits attention, Dr. Vira says, and patients should talk with their doctors about strategies for healthy eating and healthy living. "If patients are in better health and do things that combat their obesity, they will generally do better overall," he says. "If you are healthier and not obese, your body is better able to fight off disease and tolerate treatment."

96% Estimated five-year survival rate for early NMIBC

MYTHS & FACTS

Myth: Eating sugar will make my cancer worse.
Fact: No research has shown that satisfying your sweet tooth will worsen your cancer, says the National Cancer Institute. Nor are there studies suggesting that if you stop eating sugar, your cancer will shrink or disappear.

Myth: Bladder cancer is usually advanced by the time it's diagnosed.
Fact: Not always true. About half of all bladder cancers are found before they grow beyond the inner layer of the bladder wall, reports the American Cancer Society. About a third have spread into deeper layers of the bladder. In most of the remaining cases, the cancer has spread to nearby tissues or lymph nodes. Rarely has it spread to other parts of the body. However, when compared with white patients, black patients are slightly more likely to have advanced disease when diagnosed.

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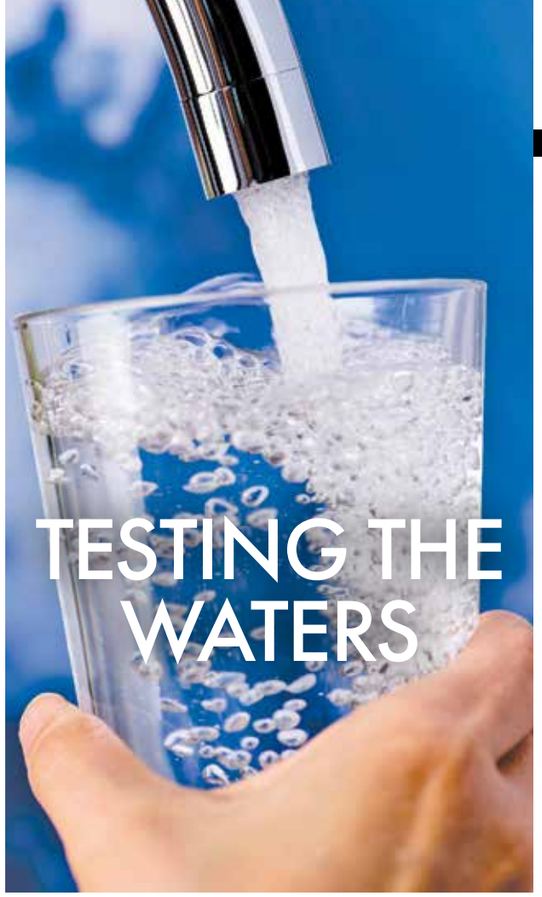

TESTING THE WATERS

IF YOU LIVE in a rural area and get water from a private well, you may want to have a reputable laboratory test it for arsenic—a tasteless, odorless element occurring naturally in rocks, soil, water, and air. Exposure to high levels of arsenic has been linked to bladder cancer, as well as other cancers.

Even low to moderate levels of arsenic in drinking water may be problematic, as reported in a study in the *Journal of the National Cancer Institute*, which examined bladder cancer risk in northern New England, where many people get their water from private wells. Some wells were dug at a time when pesticides containing arsenic were widely used.

Public drinking water systems are required to test for arsenic and keep it below a certain level (10 parts per billion). You can find out about the levels of arsenic and other substances in your drinking water by contacting your local water supplier. For information about drinking water safety, call the Environmental Protection Agency's Safe Drinking Water Hotline (800-426-4791). If you have a high level of arsenic in your water, switch to bottled water. Common household water filters do not effectively remove arsenic.

WHAT TO KNOW IF YOU SMOKE

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Most smokers who receive a bladder cancer diagnosis know that they should quit, and there are many smoking cessation resources available. The following facts from the Bladder Cancer Advocacy Network (BCAN) on smoking and bladder cancer might provide extra motivation to put an end to this habit.

1. **Half of bladder tumors are tied to smoking.** That's right: Smoking is estimated to contribute to 50% of bladder tumors. PS: E-cigarettes can also contribute to bladder cancer.

2. **If you don't quit, the cancer may come back.** Studies show an increased risk of recurrence and progression when people continue smoking after a bladder cancer diagnosis.

3. **Small steps may make a difference.** Hear this: Just giving up a few cigarettes per day may extend a person's life span after a bladder cancer diagnosis.

4. **Stopping now can save your future.** Five years after quitting smoking, an individual's risk for bladder cancer decreases significantly.

For help quitting, go to **smokefree.gov**. Prescription and over-the-counter medications designed to help kick the habit may benefit some smokers. Ask your doctor or pharmacist about the options.

73 Average age of people when diagnosed with bladder cancer

NMIBC is very treatable, meaning you can keep doing what you love with the people who matter most to you.

The Bottom Line on NMIBC

Close monitoring after treatment makes non-muscle invasive bladder cancer a manageable condition.

Non-muscle invasive bladder cancer (NMIBC) is cancer that's found in the tissue along the inner surface of the bladder. Like the name suggests, it's cancer that has not gone beyond this tissue to invade the muscle layer of the bladder. NMIBC is responsible for about 75% of all newly diagnosed cases of bladder cancer.

For 2021, the American Cancer Society estimates that approximately 64,000 men and 19,000 women in the United States will develop some form of bladder cancer. For reasons that aren't understood, men are about three times more likely than women to get it. The risk for bladder cancer increases with age, peaking among people in their 70s.

The most common type of bladder cancer in the U.S. is urothelial carcinoma, which accounts for most cases of NMIBC. "Type" refers to the kind of cells that make up the cancer. With urothelial carcinoma, the cancer begins when certain cells in the urothelium—the inside lining of the bladder—become abnormal and grow in an out-of-control fashion, leading to one or more tumors or lesions. Because the cancer has not progressed into the muscle layer, it's superficial and easier to treat.

"The goal is to catch these early, treat them, then monitor them closely," says Alan Wan, D.O., a medical oncologist specializing in genitourinary cancers at Northwestern Medicine in Chicago. "Once cancer invades the muscle, it's much more serious and the prognosis is poorer because there's a higher chance of it spreading."

Risk Factors

So what causes NMIBC? Far and away, cigarette smoking is the biggest risk factor for all types of bladder cancer. In addition, routine exposure to certain substances—dyes, lead paint, benzene, petrochemicals, arsenic (found in well water, for example), and pesticides—is associated with the development of bladder cancer. Other risk factors include chronic inflammation of the bladder, genetics, and pelvic radiation to treat prostate cancer or cervical cancer, notes Byron Lee, M.D., Ph.D., a surgeon/scientist at the Glickman Urological and Kidney Institute at the Cleveland Clinic in Ohio.

Signs of Trouble

Sometimes there aren't any symptoms with NMIBC; however, the most common symptom is blood in the urine. "There could be visible blood in the urine or microscopic red blood cells in a urine sample," says Dr. Lee. NMIBC is often caught by accident with a urine screening that's part of a routine medical exam.

That said, if you are having recurrent urinary tract infections or visible blood in the urine, even if it's intermittent, schedule an appointment with your doctor. "We see bladder cancer patients coming in at later stages because men in particular tend to brush off symptoms such as blood in the urine," notes Dr. Wan. Other symptoms that should be evaluated by a doctor include increased urinary frequency or urgency, or pain or burning while urinating that isn't caused by a urinary tract infection.

NMIBC can be treated with a type of surgery called transurethral resection of bladder tumor (TURBT). The procedure relies on a cystoscope—a long, thin tube that contains a light and a camera—to provide a view into the bladder so that the doctor can see abnormal tissue. Surgical instruments are used to remove any visible tumors. Then, "we determine what kind of cancer it is and how deeply it has gone into the bladder wall," explains Dr. Lee. This is conveyed with staging (see sidebar) and grading, which indicates how likely the cancer is to grow or come back. Your doctor can then determine the best ways to treat the cancer further, if needed.

After TURBT, you may be treated with chemotherapy or with a type of immunotherapy called bacillus Calmette-Guérin (BCG), which is a live but weakened form of bacteria. If BCG doesn't work, an immunotherapy drug called pembrolizumab (Keytruda) is a newer option for certain people whose NMIBC has a high risk of spreading. (For more information on treatments, see pages 10–11.)

Looking Ahead

The prognosis for NMIBC is generally good. "It's very treatable and controllable," says Dr. Wan. But because NMIBC has a high recurrence rate, close surveillance is essential.

With treatment, low-grade (slow-growing) NMIBC rarely progresses to advanced bladder cancer—in which the cancer has invaded the muscle or spread to other organs or lymph nodes—but it can recur. With high-grade NMIBC, however, there is a greater chance of progression to advanced bladder cancer. "This can happen if the patient skips surveillance cystoscopy [done with a cystoscope] because they think everything is OK," says Dr. Lee, or if treatment doesn't work.

It's not well understood why NMIBC progresses to advanced bladder cancer in only some people. "But if you continue to smoke or have chemical exposures [after being diagnosed with NMIBC], it could increase the risk of progression to advanced bladder cancer," says Dr. Wan.

The good news is, many new treatment protocols are being investigated, along with better ways to predict a given patient's prognosis. In the meantime, the treatments that are currently available help many people recover from NMIBC and get back to their regularly scheduled lives. ■

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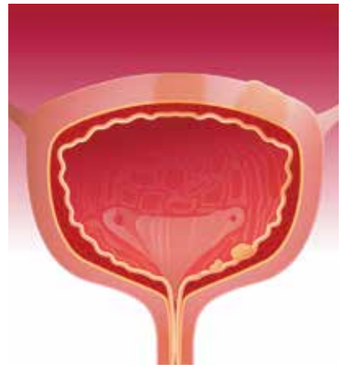
For more info, go to **HealthCentral.com/BladderCancerGuide**.



STAGING THE DISEASE

JUST LIKE OTHER forms of cancer, bladder cancer is classified by stage, based on the tumor's size, its location, and whether it has spread. Below are general descriptions; the first three listed pertain to NMIBC.

- **STAGE 0a:** The tumor is only on the inner lining of the bladder; it hasn't entered any deeper layers.
- **STAGE 0is:** This is carcinoma in situ, a high-grade but non-invasive lesion that often resembles a flat, reddish, velvety patch on the lining of the bladder.
- **STAGE I:** The cancer has grown into the connective tissue beneath the inside lining of the bladder but not into the bladder wall muscle.

After the stages above, the cancer becomes muscle invasive.

- **STAGE II:** The cancer has invaded the bladder wall muscle but has not grown beyond it.
- **STAGE III:** The cancer extends through the bladder muscle and into the fatty tissue surrounding the bladder, nearby lymph nodes, or nearby organs.
- **STAGE IV:** The cancer has spread beyond the bladder and invaded the wall of the abdomen or pelvis, has spread to nearby lymph nodes or nearby organs, or has progressed to distant lymph nodes or other parts of the body, such as the lungs, liver, or bones. This is considered to be metastatic bladder cancer.

NMIBC: What Happens Next?

A team of specialists will guide you through your diagnosis and treatment.

If your primary care doctor suspects that you have non-muscle invasive bladder cancer (NMIBC), you'll be referred to a urologist, who will do some tests to confirm the diagnosis. If it turns out you do have NMIBC, you'll probably see an oncologist, a surgeon, and oncology nurses to start treatment.

Diagnostic Tests

At your first appointment, it's likely you'll have a rectal exam. Women may undergo a pelvic exam as well. During these exams, the doctor can sometimes feel a bladder tumor and determine its size. Also, urine and blood samples will be taken to be checked for cancer cells, among other things. "Most of the time, patients have blood in their urine," says Janet Baack Kukreja, M.D., a urologic oncologist and assistant professor of surgery-urology at the University of Colorado in Aurora.

A procedure called cystoscopy will be performed in-office to provide a close look at the inside of your bladder. Your urologist will insert a thin, flexible tube (cystoscope) through your urethra (where urine exits) and into your bladder. The tube has a light and a small camera to help your doctor look for any unusual growths. It's uncomfortable, so you may be given a local anesthetic.

During cystoscopy, small tissue samples will be taken (biopsies) to be examined by a pathologist. If abnormal tissue is revealed, it's likely you'll undergo transurethral resection of bladder tumor (TURBT), an incisionless surgery used to diagnose, as well as treat, NMIBC. For this outpatient procedure, you'll be given anesthesia—either general or regional (the lower part of your body). Doctors will then insert a different type of cystoscope—one that allows surgical instruments to pass through it to remove any tumors. To enhance TURBT, blue light cystoscopy may also be used. With this type of cystoscopy, a solution is inserted into the bladder via a catheter and left there for about an hour. Cancer cells absorb this solution more easily than normal cells do. When blue light from the cystoscope shines on cancer cells, they glow, making them easier for doctors to spot and remove.

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After cancerous tissue is removed, it's sent to a pathologist to determine the type, stage, and grade of the tumors (see sidebar). This is essential for figuring out what further treatment, if any, you may need. You may have more than one TURBT to be sure that all of the cancer has been removed, reducing the likelihood that cancer will invade the muscle wall.

Your doctor will also want you to have a CT (computerized tomography) scan of the entire urinary tract. The images taken will show cancer that may have spread to other areas of your urinary tract or to nearby lymph nodes. "Any time we see a bladder tumor, we're going to want to get a CT that includes the upper [urinary] tract," says Dr. Kukreja. This means getting a CT scan of not just the bladder, but also the kidneys and ureters—tubes through which urine passes from the kidneys to the bladder. "We want to rule out any cancer up there," she says.

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Treatment Options

While NMIBC is treated with TURBT first, further treatment may be needed. There are several options, depending on your circumstances. Side effects are possible, so be sure to ask your doctor about those.

IMMUNOTHERAPY: Intravesical BCG (bacillus Calmette-Guérin) is a type of immunotherapy that may be used after TURBT to treat NMIBC. "BCG is essentially a type of tuberculosis vaccine instilled into the bladder. It triggers the bladder's immune response to fight the cancer," explains Amy N. Luckenbaugh, M.D., assistant professor of urology at Vanderbilt University Medical Center in Nashville.

"Intravesical" means that the drug is put directly into your bladder by way of a catheter. The aim is to destroy any tumor cells that may remain after TURBT and prevent a recurrence. You'll be asked to hold in the liquid BCG for one to two hours and then empty your bladder. You will probably receive treatments once a week for six weeks. Depending on how your cancer responds, you may get BCG treatments again in six months. "For high-risk cancer, we would do that every six months for three years," says Dr. Luckenbaugh.

Unfortunately, there have been some shortages of BCG recently. When the medicine is difficult to find, treatments are given for a shorter time. However, Dr. Luckenbaugh says that most academic medical centers now have BCG.

But BCG doesn't work for everyone. When that is the case, certain patients whose NMIBC has a high risk of spreading, and who can't or choose not to have a cystectomy (see below), may be given pembrolizumab (Keytruda). This drug, which is another type of immunotherapy, is given intravenously every three or six weeks, depending on the dose. Your doctor will decide how many treatments are necessary.

CHEMOTHERAPY: In some cases, intravesical chemotherapy may be given to slow or stop the growth of cancer cells by interfering with their ability to divide and reproduce. The two chemotherapy drugs used to treat NMIBC are gemcitabine and mitomycin, which can be used if BCG is not available.

CYSTECTOMY: In some NMIBC cases, surgical removal of the entire bladder—a procedure called radical cystectomy—may be recommended. This is often the case when you have a high volume of high-grade cancer cells, says Dr. Luckenbaugh, because there is a greater risk that the cancer will spread to other parts of the body. If cystectomy is required, several types of reconstructive surgery are available. For less-aggressive cancer, only the diseased part of the bladder is removed (partial cystectomy). After surgery, the bladder will still function.

AFTER TREATMENT, your doctor will want to keep an eye on your progress. In most cases, if you have high-grade disease, you'll need to have follow-up appointments every three months for two years, then every six months for a year, and annually after that. If you have low-grade disease, you may not need to see your doctor as often after the first three months. Make sure to ask about the best follow-up schedule for you. ■

DECIPHERING CANCER TERMS

YOU'LL HEAR YOUR doctors refer to the type, stage, and grade of your cancer. Here's what these terms mean:

- **Type** refers to the kind of cells the cancer is made of. NMIBC is typically a carcinoma, which is a cancer that starts in epithelial cells—the cells of tissue lining an organ.
- **Stage** is based on the tumor's size, its location, and the extent to which it has spread.
- **Grade** indicates how abnormal a tumor looks and how likely it is to grow, spread, or return. Tumors can be low- or high-grade. Low-grade cancer can recur but rarely invades the muscle. High-grade cancer is more likely to recur and become invasive.

For more info, go to **HealthCentral.com/BladderCancerGuide.**

Following bladder surgery, Bob Schreiber and his wife, Jan, now volunteer their time to to help others diagnosed with bladder cancer.

Grateful Survivor

NMIBC gave this grandfather a deeper appreciation for his life and the people in it.

Bob Schreiber calls himself one of the lucky ones. If he hadn't been treated for a benign prostate condition, his bladder cancer might not have been caught until it was at a later stage.

After a follow-up appointment with his urologist in 2015, suspicious cells were spotted in Schreiber's urine sample. That launched a period of struggle and growth for the then 64-year-old civil engineer from Newton, Massachusetts.

Schreiber was at a conference when he got the call that every patient dreads. His urologist told him that he had cancer and wanted to schedule other tests.

At first, Schreiber thought these tests were needed to confirm the diagnosis. Shocked and in denial, he postponed the testing to go on a long-anticipated cruise around the tip of South America with his wife, Jan, and their friends. He was concerned but hopeful.

When Schreiber got home and spoke further with his doctor, reality set in. "At that point, I realized it was a lot more serious," he says. He definitely had bladder cancer, his doctor said, but tests were needed to determine the type and stage.

Schreiber was scared. "I certainly didn't want to die," he says. "At that time, it was close to when one of my sons and his wife got pregnant for the first time. I wanted to be around."

But Schreiber resolved to stay positive. "My main thinking was that I wanted to try to keep as good and optimistic an attitude as possible," he says. "I especially didn't want people around me to feel sorry for me or sense that I was getting depressed."

COURTESY OF BOB SCHREIBER

Treatment Challenges

In early 2016, Schreiber underwent transurethral resection of bladder tumor (TURBT), a procedure used to diagnose and stage bladder cancer as well as treat it (for details see pages 10-11). He was diagnosed with high-grade non-muscle invasive bladder cancer (NMIBC)—cancer that had not invaded the bladder muscle.

Soon after the procedure, he developed an uncommon complication: intense pain and urine draining into his abdomen. To block the leakage, surgeons had to insert a stent through his bladder to the ureter, the tube connecting the bladder to the kidneys.

Schreiber was then started on bacillus Calmette-Guérin (BCG), a type of immunotherapy delivered directly into the bladder via a catheter. BCG attaches to the inside lining of the bladder and stimulates the immune system to kill the tumor cells. Halfway into his treatment, however, he developed a kidney infection that landed him in the hospital for several days. After the infection cleared up—and after allowing time for antibiotics to leave his system—he completed the BCG regimen.

Unfortunately BCG did not work for him. Despite the setbacks, he tried to stay upbeat and to gather as much information as he could. He was open about his diagnosis and let friends and coworkers know what he was going through.

Difficult Decisions

Schreiber now faced some tough choices. He looked for help from the Bladder Cancer Advocacy Network (BCAN), an education and advocacy group. Through his contacts there and with leads from friends, colleagues, and neighbors, he set about getting second and even third opinions.

Schreiber ended up at Massachusetts General Hospital in Boston, which has pioneered innovative treatments for bladder cancer. His doctors leaned toward bladder removal, but one other option was offered first: a second course of BCG, because of the possibility that the antibiotics for his kidney infection had affected the first round of BCG.

COURTESY OF JAN SCHREIBER

Schreiber with his grandsons Milo, 2, at left, and Oliver, 4.

After the six-week treatment, however, there was still evidence of cancer in Schreiber's bladder, meaning surgery was necessary. He then had to decide among the different ways to replace the bladder's function. He turned to BCAN's Survivor to Survivor (S2S) program, a peer support network, to learn more from people who had been in his shoes.

Schreiber ultimately opted for a neobladder, an internal pouch constructed from part of his intestine. With this replacement bladder, he urinates normally at scheduled times throughout the day and night.

He also had a radical cystectomy, which involves not only removal of the bladder but also the prostate, as a precaution.

A Positive Approach

Schreiber admits that getting through surgery and the post-op period was the toughest part of his treatment. But with the support and advice of others, he knew what to expect and found ways to make the best of his situation. "I walked a total of 1 ½ miles in the four days I was in the hospital because everybody told me you have to get up and walk," he says. "I got out of there in record time." Patients typically spend a week in the hospital after this type of surgery.

His neobladder posed its own challenges. "After bladder surgery, you don't have anywhere near the same feeling of fullness that you have with your original bladder," he says. "You just don't know when you have to go to the bathroom." More recently, he's been able to last four hours between bathroom visits. He wears protection at night when accidents are likely.

Schreiber was prepared in other ways. He asked for pelvic floor physical therapy after his prostate was surgically removed, which helped improve his urinary control. The prostate surgery itself was nerve-sparing, meaning the nerves that control erection were preserved. As a result, his erectile dysfunction is resolved by taking a small daily dose of sildenafil (Viagra). In addition, a nutritionist helped him gain back the weight he lost after surgery.

Schreiber's attitude through it all: "Life deals you what it deals you, so you've got to deal with it."

Survival Strategies

Schreiber believes connecting with and leaning on others has been key to getting through treatment and coming to terms with his illness. Now he does the same for others by participating in BCAN's S2S program himself. "I have a really strong desire to give back all the goodwill and great advice and guidance I got," he says. "Being able to help others who are facing this diagnosis means everything to me."

The Schreibers now spend much of their free time volunteering for BCAN in other capacities as well. And the couple loves to get together with their friends and family members—including weekly babysitting for their two grandsons.

"The main thing cancer has done is to make me realize just how fortunate I am," Schreiber says. "I want to keep living as long as possible, enjoying my family and friends, and helping fellow patients in as many ways as possible." ■

Q&A

Since being treated for NMIBC, I'm constantly worried about the cancer coming back. What can I do?

A healthy diet and exercise will help with cancer outcomes because they have positive effects on the immune system and can improve mind-body health. It's also good to understand the risks of recurrence and progression based on the stage and grade of your cancer, the size of the tumor, and whether there is lymphatic invasion. With close monitoring, the odds are that if you do have a recurrence, it will be caught early. Compliance with monitoring and treatment recommendations is really important.

Why does NMIBC have a higher rate of recurrence than most cancers?

In most cases, the bladder is not removed, so other parts of it may develop cancer. Also, the entire lining of the bladder may have been exposed to carcinogens, so other locations [in the bladder] may develop cancer. It's similar with skin cancer. When cancer develops on your skin, we're not surprised when another location on your skin develops it since many parts of the skin have been exposed to the sun.

What are the differences between *recurrence, progression,* and *spread* of NMIBC?

Recurrence means another cancer of the same or lower grade has developed in the lining of the bladder [after treatment]. *Progression* means the cancer invaded more deeply into the submucosa of the lining or into the muscle—or that a recurrence progressed from a low-grade cancer to a high-grade cancer. When we talk about *spread,* also known as metastasis, it usually means the cancer has spread outside the bladder to the lymph nodes or another organ. The risk of recurrence is higher than the risk of progression, which is higher than the risk of metastasis.

When should I ask for a second opinion about my NMIBC treatment?

There isn't a perfect rule: It's very much a personal decision about when to seek a second opinion. With some situations where aggressive treatment is being talked about—such as possibly removing your bladder—it makes sense to get a second opinion.

Smoking is the number one cause of bladder cancer, and even though I have never smoked, I was recently diagnosed with NMIBC. What could have caused my cancer?

About 25% of patients who develop bladder cancer have never smoked, and we don't know why they developed it. Some people were exposed to secondhand smoke for many years. We all breathe in pollution sometimes. And people who work with paints and solvents are at higher risk, as are firefighters and hairdressers because of the chemicals they're exposed to. Prior [pelvic] radiation therapy also places someone at increased risk.

What else are you often asked by patients?

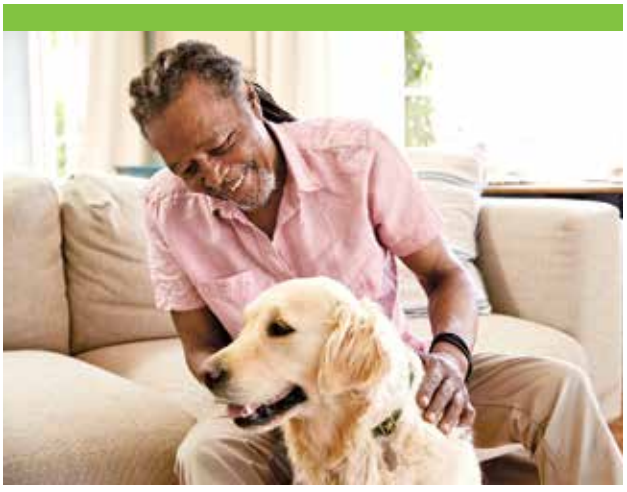
Patients want to know their prognosis and their chance for a cure. Answering that is difficult because the chance for a cure depends on their response to therapy. A lot of my research looks at markers to predict a patient's response to treatment. We need sophisticated tools to answer those questions. There have been a lot of advancements but we're not quite there yet. I'm hoping we'll have those tools available in the next five to 10 years. ■

YAIR LOTAN, M.D., is a professor of urology and chief of urologic oncology at the University of Texas Southwestern Medical Center at Dallas.

FROM TOP: ISTOCK; UT SOUTHWESTERN MEDICAL CENTER

Experts offer ways to handle your emotions after an NMIBC diagnosis.

Ease Your Mind



BEING TOLD THAT YOU have non-muscle invasive bladder cancer (NMIBC)—or any kind of cancer—is unsettling. Here is some advice for regaining your emotional equilibrium:

Talk about your feelings. Ignore them and they can become overwhelming, so share your feelings with a trusted friend, supportive family member, or mental health professional (see below), says Daniela Wittmann, Ph.D., M.S.W., a clinical associate professor of urology at the University of Michigan in Ann Arbor.

Consider counseling. This step is particularly important if you can't seem to shake anxiety, fear, or depression, says Alan D. Valentine, M.D., professor and chair of the department of psychiatry at the University of Texas MD Anderson Cancer Center in Houston. "The goal is to get to the point where you are managing the symptoms rather than having the symptoms manage you."

Be well-informed. Select a doctor who welcomes your questions and invites you to be a partner in your treatment. Learn as much as you can about your diagnosis, proposed treatment plan, possible side effects, what to expect after treatment, and the likelihood of a recurrence. "Asking questions and getting answers can put some guardrails on the fears you have," says Dr. Valentine.

Learn mindfulness meditation techniques. Or try guided imagery, tai chi, yoga, or other mind-body interventions that can increase your feelings of well-being, Dr. Wittmann advises. Check with your cancer treatment center to find out whether it offers these programs.

Keep a journal. Sometimes, you need a way to express yourself without holding back. Writing about your experiences can help you process your cancer journey, making it feel more manageable.

Do what you enjoy. It might lower your overall anxiety. Perhaps take a hot bath, read a funny book, watch a comedy. Focus on a hobby or some other activity that gives you pleasure.

Build movement into your day. "Exercise can be an 'anxiety sink' in that the anxiety just flows out of you when you exercise," says Dr. Valentine. "Plus, the better your body feels, the more easily you will be able to handle the side effects of treatment."

Consider joining a support group. "Talking with others who are in the same situation makes you realize that you are not alone," says Dr. Valentine. The Bladder Cancer Advocacy Network hosts an online community (**inspire.com/groups/bladder-cancer-advocacy-network**) where patients can give and receive support, as well as share information with one another. The American Bladder Cancer Society also hosts an online forum for patients and caregivers (**bladdercancersupport.org/forum**). ■

For more info, go to **HealthCentral.com/BladderCancerGuide.**

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