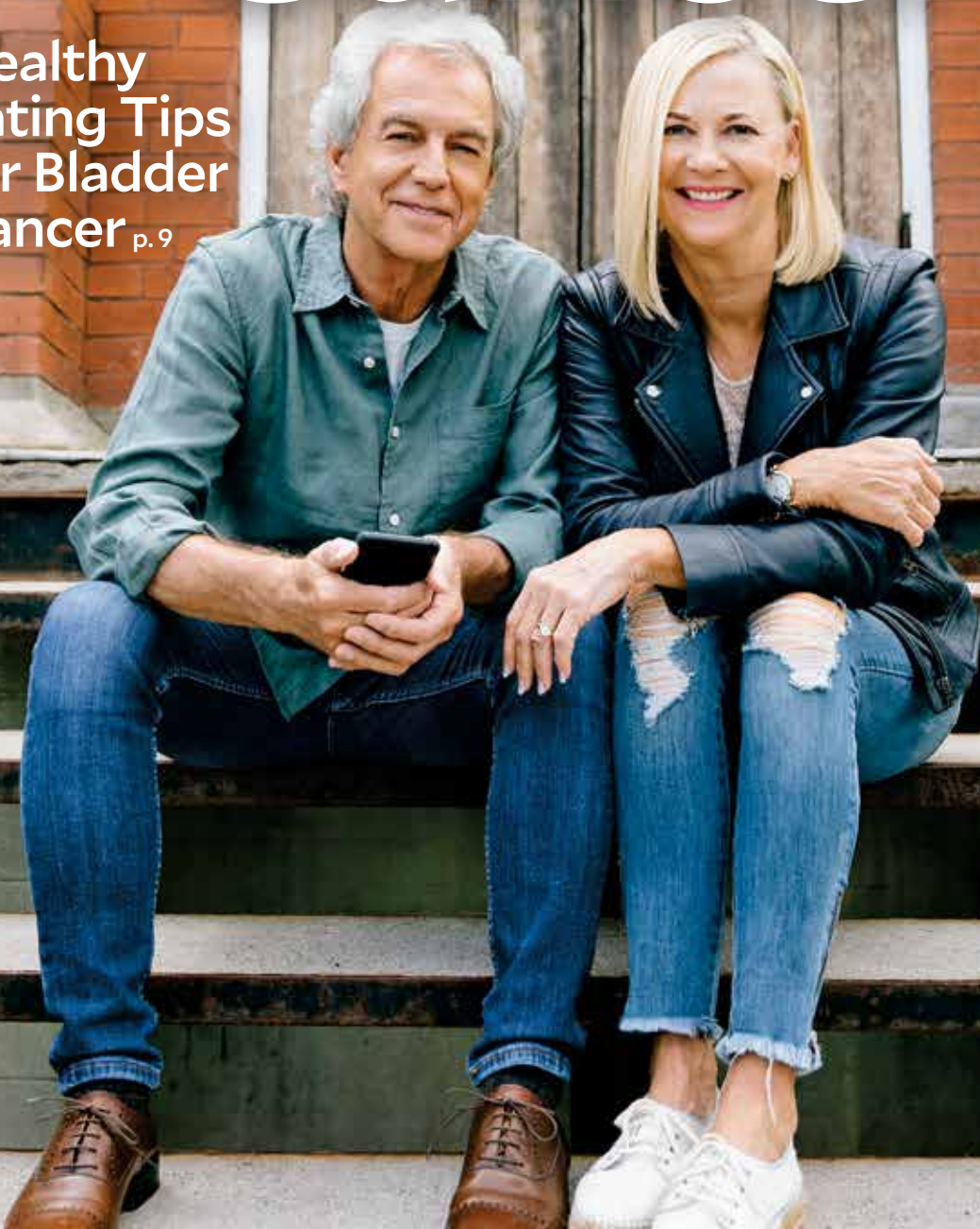


ADVANCED

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# Bladder Cancer

**7** Healthy Eating Tips for Bladder Cancer p.9





**WELCOME** to HealthCentral's guide to **Advanced 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](http://healthcentral.com/bladdercancerguide).**



## 4 Facts About Quitting Smoking

Most smokers who receive a bladder cancer diagnosis know that they should quit, and there are many smoking cessation resources available. These 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 Note the numbers.** Smoking is estimated to contribute to 50 percent of bladder tumors. Vaping and e-cigarettes, which some see as a "safer" alternative, can also contribute to bladder cancer.
- 2 Reduce the chances that the cancer will get worse or come back.** Studies show an increased risk of recurrence and progression when people continue smoking after a bladder cancer diagnosis.
- 3 Know that smaller steps may make a difference.** Just giving up a few cigarettes per day may extend a person's life span after a bladder cancer diagnosis.
- 4 Look toward your future.** Five years after quitting smoking, an individual's risk for bladder cancer decreases significantly.



## One-Minute Med School

### WHAT IS IMMUNOTHERAPY?

Immunotherapy is a type of treatment that stimulates an individual's immune system to recognize and fight disease. The immunotherapy drugs used to treat advanced bladder cancer are given intravenously and help to activate the person's immune cells to attack the cancer cells.

**Research Bulletin:** *Quitting smoking can significantly reduce the risk of bladder cancer for older women. A study published in 2019 in the journal *Cancer Prevention Research* that looked at 143,279 postmenopausal women showed that bladder cancer risk among former smokers declined by 25 percent within the first 10 years of quitting.*

**Approximate number of new bladder cancer cases diagnosed in the U.S. every year.**

## Myths & Facts

**Myth:** Dyeing your hair can increase your chances of developing bladder cancer.  
**Fact:** The research is inconclusive. Some older studies found a link between the use of permanent hair dyes specifically (as opposed to semipermanent or rinse-out versions) and an increased risk for bladder cancer. However, a 2014 analysis examining data from 17 studies determined there was no increased risk for bladder cancer among users of hair dye overall. Still other studies have shown some heightened risk for this type of cancer among professional hairdressers who regularly come into contact with hair dyes.

**Myth:** Only men get bladder cancer.  
**Fact:** While three-fourths of new cases occur in men, nearly 19,000 women are diagnosed with bladder cancer each year. It is important for women to be aware of this, so that they don't ignore potential symptoms.



## THE LATEST THERAPIES

In the last few years, the U.S. Food and Drug Administration (FDA) approved six new drugs for treating advanced bladder cancer; before that, no new therapy for the disease had been approved in 30 years.

This is significant because more advanced stages of the disease are particularly challenging to treat. "It requires chronic treatment—when one treatment stops working, we switch to another," says Elizabeth Plimack, M.D., chief of the division of genitourinary medical oncology at Fox Chase Cancer Center in Philadelphia.

Five of the recent drugs are immunotherapy drugs. Instead of attacking cancer cells directly, they help your immune system do so. Atezolizumab (Tecentriq), durvalumab (Imfinzi), and avelumab (Bavencio) target the protein PD-L1, while nivolumab (Opdivo) and pembrolizumab (Keytruda) target PD-1, another protein. These proteins are used by the cancer cells to hide

from the immune system. But by blocking these proteins, the drugs (also known as checkpoint inhibitors) enable the immune system to identify the cancer cells as alien, and take action against them.

"Fifteen to 25 percent of people with advanced bladder cancer respond to immunotherapy, depending on whether it's their first or second treatment," says Arjun V. Balar, M.D., director of the genitourinary medical oncology program at NYU Langone's Perlmutter Cancer Center in New York City. "If a patient's cancer responds, we may be able to keep it under control for many years."

"These are really exciting treatments that are changing the way we treat bladder cancer," says Arlene Siefker-Radtke, M.D., a professor of genitourinary medical oncology at the MD Anderson Cancer Center in Houston.

Other promising therapies include combining immunotherapy with other treatments; using

another class of immune checkpoint inhibitors along with a PD-1 drug; and using targeted therapies for certain genetic mutations. One such drug, erdafitinib (Balversa), was approved by the FDA this year for advanced bladder cancer in adults who have the FGFR3 or FGFR2 mutation, and for whom platinum-containing chemotherapy has not worked. Note that not everyone with bladder cancer has one of these mutations.

The potential benefits of targeted therapy—analyzing the tumor's DNA and matching a treatment accordingly—are being explored with other mutations, too. The idea is that depending on the DNA mutation in the tumor, a drug used for another type of cancer might be used to fight bladder cancer.

"There's a lot in the pipeline," Dr. Balar says. "Our hope is that some people might not need anything besides immunotherapy, and that perhaps we may be able to cure more patients."

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ISTOCK

For more info on advanced bladder cancer, go to [HealthCentral.com/bladdercancerguide](http://HealthCentral.com/bladdercancerguide).



# Bladder Cancer: The Basics

There's hope ahead for treating advanced bladder cancer.

**B**ladder cancer is the sixth most common form of cancer in the United States. In 2019, the American Cancer Society estimates, nearly 62,000 men and 19,000 women will develop the disease, and approximately 13,000 men and 4,800 women will die from it. The risk of bladder cancer rises with age.

Men are three to four times more likely to get bladder cancer than women; however, by the time most women are diagnosed, their tumors often are more advanced. Bladder cancer is more challenging to treat when it's advanced, but it's also an increasingly manageable condition.

## Types of Bladder Cancer

**Urothelial carcinoma** (aka **transitional cell carcinoma**) is by far the most common type of bladder cancer in the U.S. With this type, the cancer begins in the urothelium, the cells lining the

inside surface of the bladder, which is a hollow, balloon-shaped organ that stores urine until it's ready to pass from the body. The urothelium protects bladder tissues from toxins or infection that may be in the urine.

Other types of bladder cancer include:

- **squamous cell carcinoma**, which typically forms as a result of chronic inflammation and irritation of the bladder;
- **adenocarcinoma**, which is extremely rare and originates in cells that make up mucus-secreting glands in the bladder;
- **small cell carcinoma**, which is rare and may involve neuroendocrine cells in the bladder; and
- **sarcoma**, which arises in the bladder's connective tissue or muscle.

Most bladder cancer is superficial, meaning it is located on the bladder's surface. Often referred to as

non-muscle-invasive bladder cancer, it can be treated with a type of surgery called a transurethral resection of bladder tumor (TURBT). After surgery, the urologist may treat further with chemotherapy or BCG, a type of bacteria that stimulates the immune system and is delivered right into the bladder to prevent the cancer from recurring or invading more deeply.

By contrast, muscle-invasive bladder cancer is more serious and accounts for about 30 percent of cases. Generally, people develop advanced bladder cancer if treatment for earlier stages doesn't work or if the cancer is not caught until it's far along, says Byron Lee, M.D., Ph.D., a urologic oncologist at the Cleveland Clinic in Ohio. "The most common symptom is blood in the urine. However, not all individuals are alarmed by blood in the urine because it can come and go, it might be attributed to other causes, or it might be pale pink so they don't even notice it."

## Risk Factors

With bladder cancer, certain cells in the bladder become abnormal and start to multiply in an out-of-control fashion. Exactly why this happens is the subject of intense investigation, but certain risk factors have been identified. Far and away, the biggest risk factor is tobacco use. Cigarette smokers are at least three times more likely to develop bladder cancer than nonsmokers. "The toxins from cigarettes are filtered through the kidneys and bladder and can cause cancer in those areas," says Elizabeth Plimack, M.D., chief of the division of genitourinary medical oncology at Fox Chase Cancer Center in Philadelphia.

Exposure to certain chemicals, such as rubber, leather, textiles, and paint dyes, has been linked to the

7  
3

average age at diagnosis

development of this cancer. The combination of smoking and working with cancer-promoting chemicals can increase a person's chances of developing bladder cancer even more. Exposure to arsenic in drinking water (such as well water) also has been linked with an increased risk.

"The development of bladder cancer is often the result of many decades of exposure to cancer-causing agents," Dr. Lee points out. A history of cancer in the lining of any part of the urinary tract—such as the kidneys, ureters, or urethra—also elevates the risk, even if the first tumor was removed completely.

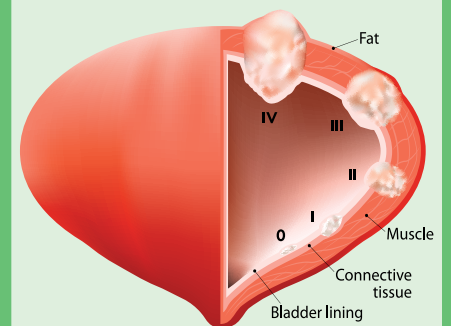
In most cases, blood in the urine is the first sign of bladder cancer, though needing to urinate more often, experiencing pain or burning during urination, or having a weak urine stream also can occur. With advanced bladder cancer, you might have trouble urinating even when you feel like your bladder is full, Dr. Lee says, and "you can develop an obstruction of the ureters where urine backs up in the kidney, which leads to pain in the flank."

Loss of appetite, unintentional weight loss, weakness, increased fatigue, shortness of breath, and bone pain also can occur with advanced bladder cancer.

## Recent Advances

While the prognosis for those with advanced bladder cancer is not as rosy as patients and doctors would like, hope is on the horizon. In the last few years, five new immunotherapy drugs and one targeted therapy drug have been approved—and many new protocols are being clinically tested. In the meantime, treatment advances currently available can slow the cancer's progression, ease symptoms, and extend survival. ■

## STAGING THE DISEASE



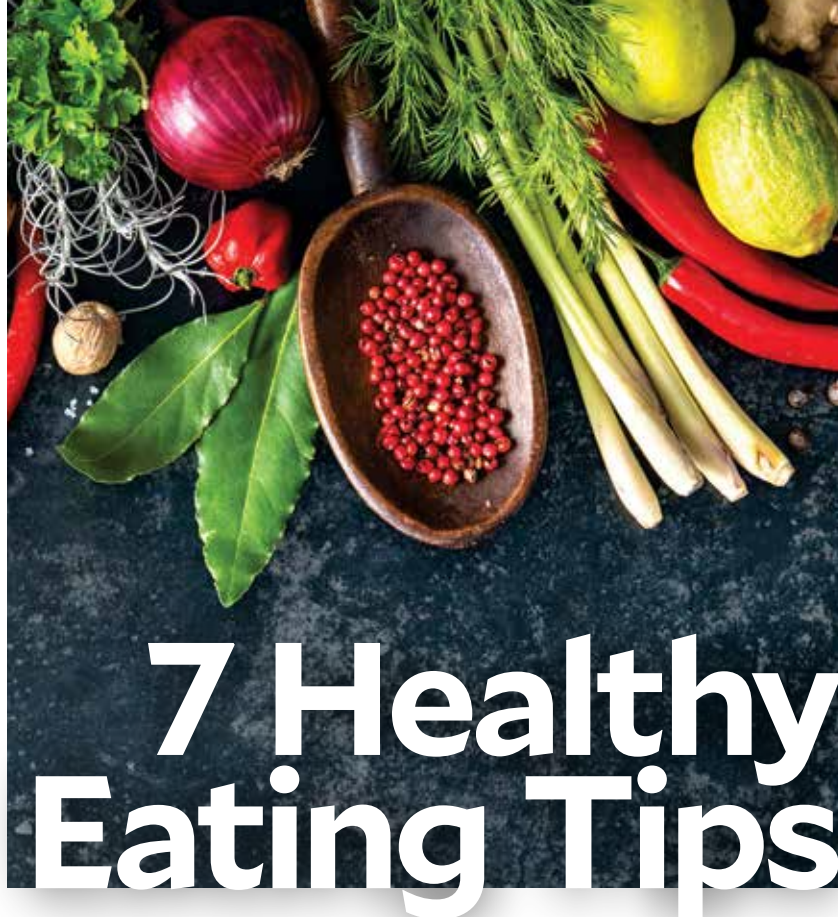
As with other types of cancer, bladder cancer is classified by stage, based on how extensive it is and how far it has spread. Below are general descriptions.

- **STAGE 0:** The cancer has not invaded the bladder wall beyond the inner lining.
- **STAGE I:** The cancer has grown into the connective tissue beneath the inside lining of the bladder but not into the bladder wall muscle. This is non-muscle-invasive cancer, and it accounts for 70 percent of all new cases.
- **STAGE II:** The cancer has invaded the bladder wall muscle but has not grown beyond it. At this point, the risk of the cancer spreading increases dramatically.
- **STAGE III:** The cancer has spread beyond the bladder muscle to 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.



Get more info on advanced bladder cancer at [HealthCentral.com/bladdercancerguide](https://www.healthcentral.com/bladdercancerguide).





## Delicious, nutritious food may make it easier to weather bladder cancer treatment.

**W**hen you're being treated for cancer, eating healthily can help you feel better and give you the extra energy boost you need to tolerate the demands of treatment. We've rounded up the scientific evidence on bladder cancer and various foods and drinks, but before you change your diet, talk to your doctor. You may want to ask for a referral to a cancer nutritionist or registered dietitian for advice specific to your situation. Meanwhile, here are some tips for eating well.

### Go Mediterranean

"High adherence to the Mediterranean diet was associated with a reduced risk of developing bladder cancer," stated researchers who analyzed 13 studies on nutrition and bladder cancer. All told, the studies included more than 600,000 people,

the researchers reported in the *European Journal of Nutrition* in early 2019. They cited no particular food for the risk reduction, instead finding "the overall effect of the combined factors of the dietary pattern to be most protective."

To follow a Mediterranean diet, eat moderate amounts of whole grains, fruits and nuts, vegetables, legumes, fish, dairy products, and healthy fats, and less meat and meat products. A plus for this diet: It's great for your heart.

### Rethink Your Dairy Habits

A research analysis published in 2019 in *Advances in Nutrition* linked medium and high consumption of milk and fermented dairy products (like yogurt) to somewhat lower risk of developing bladder cancer; however, high consumption of whole milk, compared

with low consumption of whole milk, was linked with higher risk.

### Enjoy Your Green Tea

A research review published in 2018 in *Medicines* confirmed that polyphenols in green tea appear to have bladder-cancer-fighting properties, but mainly when combined with treatments such as chemotherapy, radiotherapy, immunotherapy, and molecular targeted therapy. Green tea has other proven benefits, so drink up if it's your beverage of choice.

### Don't Skimp on Citrus

Eating antioxidant-rich citrus fruits is associated with a small decreased risk of having bladder cancer, so include oranges, grapefruit, limes, and lemons in your daily diet to get an antioxidant boost.

### Go for Veggies

Isothiocyanates, compounds created in cruciferous vegetables when they're cooked, have a small role in both bladder cancer prevention and treatment. Cauliflower, broccoli, Brussels sprouts, cabbage, and arugula are good sources of these compounds, which appear to help inhibit cancer cell growth.

### Say No to Added Sugar

Foods containing added sugar provide empty calories that can lead to weight gain, and being overweight or obese may affect cancer risk, treatment, and recovery, not to mention risk for diabetes and heart disease.

### Avoid Processed Meats

Researchers have found a positive correlation between eating processed meats and bladder cancer risk. Avoid cured, smoked, salted, or chemically preserved meats like bacon, sausage, lunch meat, and hot dogs. Uncured red meat has been linked to certain cancers, but not conclusively to bladder cancer. The American Institute for Cancer Research recommends eating no more than 12 to 18 ounces of red meat—beef, lamb, pork—per week. ■





# It Takes a Team

A variety of experts will work with you during diagnosis and treatment.

If you've been diagnosed with advanced bladder cancer, you'll probably see several doctors, such as a urologist, an oncologist, a surgeon, and a radiotherapist, to start treatment. A dietitian and others can help you with recovery.

## Diagnostic Tests

At the first appointment, a rectal exam will likely be done; for women, a pelvic exam may also be performed.

Urine and blood samples will be checked for cancer cells, among other things. "Bladder cancer can cause blood in the urine, which may lead to clots that can block your urethra and cause pain," says Soroush Rais-Bahrami, M.D., assistant professor of urology at the University of Alabama at Birmingham School of Medicine. If such a blockage is suspected, your doctor may order imaging tests to verify and locate it. In a test called a cystoscopy, your doctor inserts a thin, lighted tube with a lens through

your urethra and into your bladder to see if there are any unusual growths. You may be given local anesthesia for this procedure.

If the cystoscopy reveals abnormal tissue, there will be further testing. The first step, says Dr. Rais-Bahrami, "is often a transurethral resection of bladder tumor (TURBT)," which is used to diagnose bladder cancer, as well as to treat superficial forms of the disease.

Bladder cancer that's considered "advanced" covers a range of stages and types. If your cancer has not been staged, you will be tested to see how far along it is. If your cancer has been treated, you will be monitored for returning cancer cells, typically with a CT (computerized tomography) scan or MRI (magnetic resonance imaging). Newer and highly accurate imaging techniques include a multiparametric MRI or a specialized positron emission tomography scan.

## Treatment Options

**CHEMOTHERAPY.** Intravenous chemotherapy is the first-line treatment for muscle-invasive bladder cancer and bladder cancer that has spread to lymph nodes or other organs. It is designed to slow or stop the growth of cancer cells by interfering with their ability to divide and reproduce. Sometimes, chemotherapy is given before bladder-removal surgery.

**SURGERY.** Localized muscle-invasive bladder cancer can be treated with chemotherapy and surgery to remove the bladder, a procedure called radical cystectomy. When a person's bladder is taken out, a new way to store and remove urine from the body must be created. There are a few ways to do this. Urine can be diverted through a segment of the intestine to the skin's surface, where a bag collects the urine at the opening (called a stoma).

Alternatively, surgeons can create a pouch under the skin that drains urine out through a catheter. Another option is to create an entirely new bladder (neobladder) from a piece of intestine and connect it to the urethra to enable normal urination.

**RADIATION THERAPY.** Sometimes, high-energy radiation is used to destroy cancer cells in people who have advanced bladder cancer. It can be part of initial treatment along with chemotherapy, for example, or used to treat pain or other symptoms. The type most often used for bladder cancer is called external beam radiation.

**IMMUNOTHERAPY.** If chemotherapy stops working or can't be given safely, immunotherapy drugs may be used to help your immune system identify and attack cancer cells. Two of these

drugs—atezolizumab (Tecentriq) and pembrolizumab (Keytruda)—have become first-line treatments for people with advanced bladder cancer who can't have cisplatin-based chemotherapy because of other health problems, and whose tumors contain high levels of the protein PD-L1. These drugs are administered intravenously.

**TARGETED THERAPY.** For adults with advanced bladder cancer who have a specific genetic mutation (FGFR3 or FGFR2), a new drug, erdafitinib (Balversa), that targets these mutations may be an option.

**AFTER TREATMENT,** you may see your oncologist or urologist for ongoing care. Experts typically recommend checkups every three to six months for three years, then yearly, but ask your doc for specifics. ■



## HOW TO FIND A BLADDER CANCER CLINICAL TRIAL

**CLINICAL TRIALS** are research studies that involve actual people and, often, new treatments, treatment combos, or supportive therapies for side effects. Trials can be especially important resources if you have advanced cancer. Many groups can help you find clinical trials, including those listed here.

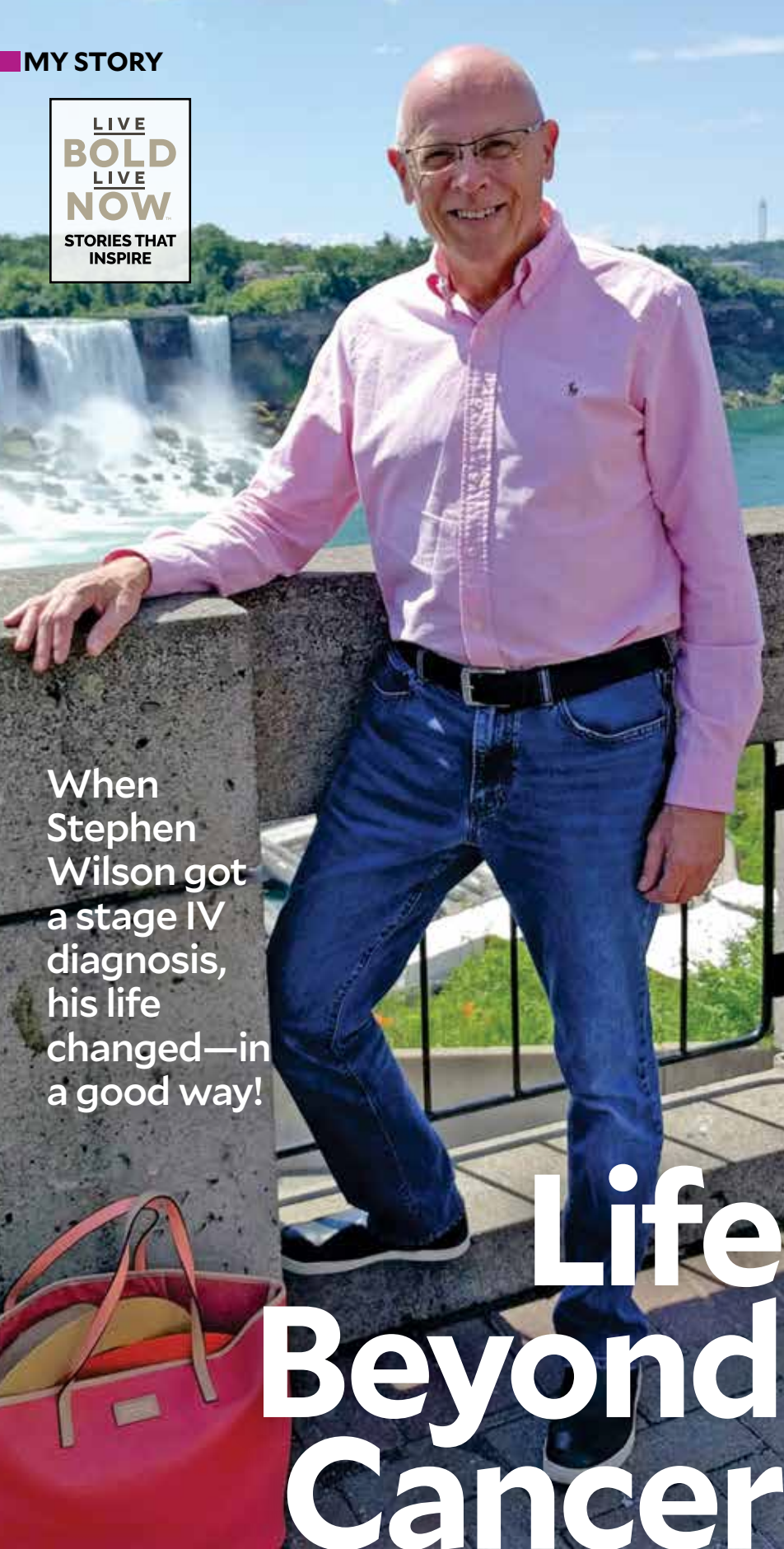
Before you start your search, check out the detailed explanations of clinical trials and protocols provided by the National Cancer Institute (NCI) at [cancer.gov/about-cancer/treatment/clinical-trials](https://www.cancer.gov/about-cancer/treatment/clinical-trials) and the American Cancer Society at [cancer.org/treatment/treatments-and-side-effects/clinical-trials](https://www.cancer.org/treatment/treatments-and-side-effects/clinical-trials). Then use the sites below to get more details about specific cancer clinical trials, some of which may be in your geographic area:

- **Bladder Cancer Advocacy Network (BCAN):** BCAN offers information specifically on bladder cancer trials at [clinicaltrials.bcan.org](https://www.clinicaltrials.bcan.org).
- **American Bladder Cancer Society:** This nonprofit offers info and links to help you find trials at [bladdercancersupport.org/information/clinical-trials-and-research-studies.html](https://www.bladdercancersupport.org/information/clinical-trials-and-research-studies.html).
- **ClinicalTrials.gov:** Operated by the National Institutes of Health/U.S. National Library of Medicine, this site covers the full range of clinical trials for all types of conditions, and its database is easily searchable.

- **NCI-Designated Cancer Centers:** These cancer hubs "meet rigorous standards for transdisciplinary, state-of-the-art research focused on developing new and better approaches to preventing, diagnosing, and treating cancer," according to the NCI. Using the map and state-by-state list at [cancer.gov/research/nci-role/cancer-centers/find](https://www.cancer.gov/research/nci-role/cancer-centers/find), you can check whether there are any trials for advanced bladder cancer near you.
- **American Association for Cancer Research (AACR):** You can call 877-769-4831 or search the AACR's database at [app.emergingmed.com/aacr/home](https://www.app.emergingmed.com/aacr/home) to look for a trial.



LIVE  
BOLD  
LIVE  
NOW  
STORIES THAT  
INSPIRE



When Stephen Wilson got a stage IV diagnosis, his life changed—in a good way!

# Life Beyond Cancer

**S**tephen Wilson is a lucky man, and he knows it. The 68-year-old retired marketing writer and radio journalist survived his advanced bladder cancer and emerged a healthier man, physically, psychologically, and spiritually. He even found romance and a wife to share his new life.

“Having cancer changed my life in a very positive way,” he says. “It allowed me to change my lifestyle in such a way that I’m actually today far healthier than I have been in probably 30 years.”

Wilson discovered he had cancer almost by accident. He had no symptoms in the years leading up to his 2013 diagnosis, except frequent urination. “I’d go to a movie, and I wouldn’t be able to make it through the whole movie without getting up to go to the washroom,” he says. “But being an older male, I chalked that up to having an enlarged prostate.”

He might never have figured it out if he hadn’t needed cataract surgery, which required him to get an OK from his family doctor. Wilson hadn’t seen a primary care doctor in years. So when he found a doctor, he agreed to have a battery of tests to assess his overall health.

## An Out-of-Body Experience

When the doctor told him there were abnormal cells positive for malignancy in his urine, Wilson was stunned. An ultrasound showed thickening on the walls of the bladder that was suspicious. “The doctor said, ‘I think you have bladder cancer,’” Wilson says. “I remember walking back to work and having this kind of out-of-body experience where I was floating above myself looking down at myself walking on the sidewalk thinking, ‘That’s not me. This really isn’t me that this happened to.’”

Wilson had a cystoscopy, which showed there were tumors all over his bladder wall, so then he had a transurethral resection of bladder tumor (TURBT) to remove them. But his doctor found there were too many

tumors to be able to remove them all. The pathology report, however, seemed relatively positive: high-grade bladder cancer, T1, stage I.

Because there were so many tumors, Wilson’s doctor thought it would be better to take his bladder out and create a neobladder using part of his intestine. “It seemed to me that it was the best option because it’s the most natural diversion for urine, and my surgeon felt that I was healthy enough to have it,” he says.

Wilson joked with the surgeons as he was wheeled toward the operating room for the eight-hour surgery. If he had to have cancer, the outcome was not too bad, he thought.

But after the surgery, he got another, more frightening pathology report. “They looked at all the stuff they took out, and it turned out that my cancer was actually stage IV,” Wilson says. “This happens sometimes because when they go in and do a TURBT, they can’t take out all of the tumors, but they take out a representative grouping of them, and probably those ones were not muscle-invasive.”

Wilson was referred to an oncologist, but for some reason, the appointment got delayed. He recalls, “When I finally got there, the oncologist said, ‘It’s actually too late. We like to do chemo immediately after surgery. Because of that, I can’t say that it would really be of any benefit.’ I went pale when I heard that.” The doctor also told Wilson he had a 15 percent chance of surviving five years.

## No Smoking or Bad Food

“Traditionally, I’ve had a somewhat pessimistic outlook on things,” Wilson says. “But when she said 15 percent survival rate, I had two thoughts. One was, ‘It’s better than zero.’ And two, ‘What can I do to be one of the 15 percent, because obviously there are people who fall in that category.’ So I dedicated myself to finding out all of the things that could potentially bring back the cancer. Things like smoking,



Stephen says his wife, Rongqing, is his “biggest cheerleader.”

eating too much bad food—foods high in fats, sugars, and salt—lack of exercise, stress, and I committed myself to eliminating all of those things from my life.”

Wilson decided to retire early to get out of his stressful workplace. He started eating better, eventually becoming a vegan, and began exercising. “Before I was diagnosed with cancer, I did no exercise whatsoever. I worked in an office and was sedentary. I ate tons of fast food—McDonald’s, Burger King, KFC, and pizza every night. I smoked. But everything needed to change or, cancer or not, I would have had tons of health problems.”

His mind-set also shifted. “Everything changed in a far more positive way for me, and it’s like a feedback cycle. The more negative you are about things, the more that feeds back into your body and has negative effects,” he says. “And the more positive you are, the more relaxed you are—the more you don’t really care about stuff anymore that used to bug you—that feeds back in a positive way. You have to let go of a lot of things that irritated you before in your life.”

## Finding Romance and Building a Garden

After the surgery and recovery, Wilson met his wife, Rongqing Wang. “The first time we met, I made it clear that I had cancer and what my limitations are,” he says. “She was very impressed with my openness and honesty. She is incredibly supportive and has become my biggest cheerleader.”

The couple joined a gym and go nearly every day. Wilson runs on a treadmill for 35 minutes, and does muscle-building exercises for his arms, legs, and abdomen. “We eat lots of beans, peas, green vegetables, and pretty much any fruit,” he says.

When Wilson and his wife moved into a bungalow, he also took up gardening. “That was another thing that I did when I was diagnosed—I started working outside in the dirt,” Wilson says. “I’d inherited from my mother this sense that there’s spirituality in nature.” He enjoys creating flower beds and vegetable gardens and just getting dirt under his fingernails. In May 2019, he got the good news that he had passed the five-year survival mark and was still cancer-free.

Wilson now enjoys talking to newly diagnosed bladder cancer patients. “I tell them my story, how I overcame the challenges, and not to be discouraged,” he says. “It’s been very satisfying for me to have people say, ‘I’m glad I talked to you because it’s made me feel so much better.’”

“Sometimes people get so tied up with the fear of dying of cancer that it immobilizes them,” Wilson adds. “It prevents you from enjoying whatever life you have left.”

He advises people not to blame themselves or dwell on what might have caused their cancer. “You have to draw a line in the sand and say, ‘Okay, that was the past; what am I going to do now?’” he says. “And then, do everything possible to live a healthy life and to retain a positive attitude.” ■

COURTESY OF STEPHEN WILSON

COURTESY OF STEPHEN WILSON



For more on advanced bladder cancer, go to [HealthCentral.com/bladdercancerguide](https://www.healthcentral.com/bladdercancerguide).



# Q&A

## What should I do if advanced bladder cancer has me feeling down or depressed?

It's important to recognize that bladder cancer is a serious medical issue, so there are going to be ups and downs. But there are reasons to stay positive. We now have more ways to manage advanced bladder cancer than ever before, and those treatments are easier to tolerate. I recommend joining a support group, especially if you're experiencing dramatic changes in your life from the cancer. Hearing about how other people manage such changes and having a personal connection to people who are going through similar experiences can be really helpful.

### ■ How is advanced bladder cancer likely to affect my personal life?

In men and women with advanced bladder cancer, there can be effects on many aspects of life. Having blood in the urine may lead to low red blood cell counts and fatigue. Pelvic pain may also reduce your desire to be active. If the cancer involves nearby structures, additional effects may come into play: For men, involvement of the prostate may cause erectile dysfunction (problems achieving or maintaining an erection) or issues with ejaculation. For women, involvement of the vagina or uterus may cause painful intercourse.

### ■ What can I do to reduce the chances that the cancer will come back?

Stop smoking if you still smoke, because smoking is the No. 1 risk factor for developing bladder cancer, and



quitting is the best way to reduce your risk of the cancer progressing. It is important to maintain a healthy diet and be physically active, but there's no clear approach that's better than others with regard to these aspects. Listen to your doctor's recommendations for your specific situation. Many people benefit from seeing a dietitian who specializes in cancer treatment or a physical therapist who can recommend exercises to keep you healthy.

### ■ What signs should I watch for that may suggest the cancer has spread further?

Keep an eye out for ongoing blood in your urine, unexplained weight loss, and excessive fatigue or pain that feels deep in the bone but can't be explained. Report any of these symptoms, or any new issues, to your doctor.

### ■ What do you wish people with advanced bladder cancer asked?

Frequently, people do not know the extent to which surgery to remove the bladder (cystectomy) can impact their quality of life. They assume they will figure it out as they go along.

But really, to handle a cystectomy well, you need to be prepared and know what you're getting yourself into. So ask questions about the surgery, the recovery from it, and what to expect with a new urinary diversion—and make sure you understand everything. Remember to discuss with your doctor the things you enjoy doing because even with aggressive treatment, it's possible to continue to do almost anything you are already doing.

### ■ Are there any promising treatments on the horizon?

The hope is that in the future we'll be able to identify the genetic fingerprint of an individual's bladder cancer. With that approach, we could better individualize and optimize treatment for a given patient. Being able to do that would help people live longer and have a better quality of life. ■



**MATTHEW TOLLEFSON, M.D.**, is an associate professor of urology and a urologic oncologist at the Mayo Clinic in Rochester, Minnesota.

■ **Finding Local Support** The Bladder Cancer Advocacy Network provides links to regional chapters of its organization throughout the U.S. (see [bcana.org/chapters](http://bcana.org/chapters)). Get answers, connect with other people who have bladder cancer, and volunteer to help empower others.

■ **Bladder Cancer Forum** The American Bladder Cancer Society hosts an online forum that allows patients and caregivers to connect with more than 8,000 users on many topics related to bladder cancer ([bladdercancersupport.org/bladder-cancer-forum](http://bladdercancersupport.org/bladder-cancer-forum)).

# On the Record

## Keeping track of your cancer care

■ Creating a survivorship care plan can be helpful after cancer treatment. This document is used to record your cancer history and recommendations for follow-up care. Keep it handy to stay on top of your health and to have a concrete record to share with family and any new doctors so that details about your care don't get forgotten or fall through the cracks. For a template and other guidance from the American Society of Clinical Oncology, go to [cancer.net/survivorship](http://cancer.net/survivorship).



Find more bladder cancer tools and tips at [HealthCentral.com/bladdercancerguide](http://HealthCentral.com/bladdercancerguide).



## 4 Tips for Life After Treatment

While every person's experience with bladder cancer is unique, there are some common emotions that affect almost everyone, including depression, fear of recurrence, and stress. The American Bladder Cancer Society offers these tips for dealing with these feelings and worries:

- 1 OWN YOUR STRESS.** Admitting that the stress exists is the first step to actually dealing with it. Once you've acknowledged it, you can help manage it through social time with friends, exercise, or meditation.
- 2 DON'T SKIP CHECKUPS.** If you're stressed out about recurrence, skipping appointments will only add to that stress in the long run. Maintain your relationship with the medical professionals in your life, and make sure that you are monitoring your health.
- 3 TAKE CARE OF YOURSELF.** Talk to your doctor about diet, exercise, and other lifestyle measures that may help to prevent recurrence.
- 4 TALK TO SOMEONE.** If you feel overwhelmed by stress or depression and you can't fix things on your own, reach out to your physician to get help and find support.

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