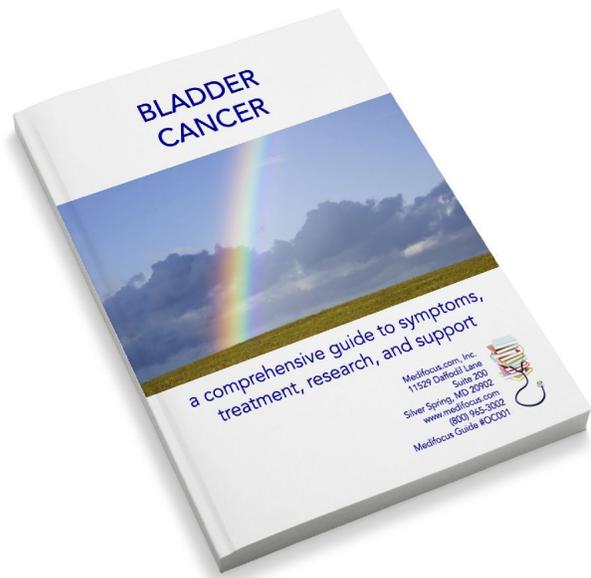


## Preview of the Medifocus Guidebook on: Bladder Cancer

Updated January 15, 2018



This document is only a SHORT PREVIEW of the **Medifocus Guidebook on Bladder Cancer**. It is intended primarily to give you a general overview of the **format and structure** of the Guidebook as well as select pages from each major Guidebook section listed in the Table of Contents.

To purchase the COMPLETE Medifocus Guidebook on Bladder Cancer (159 pages; Updated January 15, 2018), please:

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# 1 - Background Information

## Introduction

Chronic or life-threatening illnesses can have a devastating impact on both the patient and the family. In today's new world of medicine, many consumers have come to realize that they are the ones who are primarily responsible for their own health care as well as for the health care of their loved ones.

When facing a chronic or life-threatening illness, you need to become an educated consumer in order to make an informed health care decision. Essentially that means finding out everything about the illness - the treatment options, the doctors, and the hospitals - so that you can become an educated health care consumer and make the tough decisions. In the past, consumers would go to a library and read everything available about a particular illness or medical condition. In today's world, many turn to the Internet for their medical information needs.

The first sites visited are usually the well known health "portals" or disease organizations and support groups which contain a general overview of the condition for the layperson. That's a good start but soon all of the basic information is exhausted and the need for more advanced information still exists. What are the latest "cutting-edge" treatment options? What are the results of the most up-to-date clinical trials? Who are the most notable experts? Where are the top-ranked medical institutions and hospitals?

The best source for authoritative medical information in the United States is the National Library of Medicine's medical database called PubMed®, that indexes citations and abstracts (brief summaries) of over 7 million articles from more than 3,800 medical journals published worldwide. PubMed® was developed for medical professionals and is the primary source utilized by health care providers for keeping up with the latest advances in clinical medicine.

A typical PubMed® search for a specific disease or condition, however, usually retrieves hundreds or even thousands of "hits" of journal article citations. That's an avalanche of information that needs to be evaluated and transformed into truly useful knowledge. What are the most relevant journal articles? Which ones apply to your specific situation? Which articles are considered to be the most authoritative - the ones your physician would rely on in making clinical decisions? This is where *Medifocus.com* provides an effective solution.

*Medifocus.com* has developed an extensive library of *MediFocus Guidebooks* covering a wide spectrum of chronic and life threatening diseases. Each *MediFocus Guidebook* is a

high quality, up- to-date digest of "professional-level" medical information consisting of the most relevant citations and abstracts of journal articles published in authoritative, trustworthy medical journals. This information represents the latest advances known to modern medicine for the treatment and management of the condition, including published results from clinical trials. Each *Guidebook* also includes a valuable index of leading authors and medical institutions as well as a directory of disease organizations and support groups. *MediFocus Guidebooks* are reviewed, revised and updated every 4-months to ensure that you receive the latest and most up-to-date information about the specific condition.

## About Your MediFocus Guidebook

### ***Introduction***

Your *MediFocus Guidebook* is a valuable resource that represents a comprehensive synthesis of the most up-to-date, advanced medical information published about the condition in well-respected, trustworthy medical journals. It is the same type of professional-level information used by physicians and other health-care professionals to keep abreast of the latest developments in biomedical research and clinical medicine. The *Guidebook* is intended for patients who have a need for more advanced, in-depth medical information than is generally available to consumers from a variety of other resources. The primary goal of a *MediFocus Guidebook* is to educate patients and their families about their treatment options so that they can make informed health-care decisions and become active participants in the medical decision making process.

The *Guidebook* production process involves a team of experienced medical research professionals with vast experience in researching the published medical literature. This team approach to the development and production of the *MediFocus Guidebooks* is designed to ensure the accuracy, completeness, and clinical relevance of the information. The *Guidebook* is intended to serve as a basis for a more meaningful discussion between patients and their health-care providers in a joint effort to seek the most appropriate course of treatment for the disease.

### ***Guidebook Organization and Content***

#### **Section 1 - Background Information**

This section provides detailed information about the organization and content of the *Guidebook* including tips and suggestions for conducting additional research about the condition.

#### **Section 2 - The Intelligent Patient Overview**

This section of your *MediFocus Guidebook* represents a detailed overview of the disease or condition specifically written from the patient's perspective. It is designed to satisfy the basic informational needs of consumers and their families who are confronted with the illness and are facing difficult choices. Important aspects which are addressed in "The Intelligent Patient" section include:

- The etiology or cause of the disease
- Signs and symptoms
- How the condition is diagnosed
- The current standard of care for the disease
- Treatment options

- New developments
- Important questions to ask your health care provider

### **Section 3 - Guide to the Medical Literature**

This is a roadmap to important and up-to-date medical literature published about the condition from authoritative, trustworthy medical journals. This is the same information that is used by physicians and researchers to keep up with the latest developments and breakthroughs in clinical medicine and biomedical research. A broad spectrum of articles is included in each *MediFocus Guidebook* to provide information about standard treatments, treatment options, new clinical developments, and advances in research. To facilitate your review and analysis of this information, the articles are grouped by specific categories. A typical *MediFocus Guidebook* usually contains one or more of the following article groupings:

- *Review Articles*: Articles included in this category are broad in scope and are intended to provide the reader with a detailed overview of the condition including such important aspects as its cause, diagnosis, treatment, and new advances.
- *General Interest Articles*: These articles are broad in scope and contain supplementary information about the condition that may be of interest to select groups of patients.
- *Drug Therapy*: Articles that provide information about the effectiveness of specific drugs or other biological agents for the treatment of the condition.
- *Surgical Therapy*: Articles that provide information about specific surgical treatments for the condition.
- *Clinical Trials*: Articles in this category summarize studies which compare the safety and efficacy of a new, experimental treatment modality to currently available standard treatments for the condition. In many cases, clinical trials represent the latest advances in the field and may be considered as being on the "cutting edge" of medicine. Some of these experimental treatments may have already been incorporated into clinical practice.

The following information is provided for each of the articles referenced in this section of your *MediFocus Guidebook*:

- Article title
- Author Name(s)
- Institution where the study was done
- Journal reference (Volume, page numbers, year of publication)

- Link to Abstract (brief summary of the actual article)

*Linking to Abstracts:* Most of the medical journal articles referenced in this section of your *MediFocus Guidebook* include an abstract (brief summary of the actual article) that can be accessed online via the National Library of Medicine's PubMed® database. You can easily access the individual abstracts online via PubMed® from the "electronic" format of your *MediFocus Guidebook* by clicking on the corresponding URL address that is provided for each cited article. If you purchased a printed copy of a *MediFocus Guidebook*, you can still access the article abstracts online by entering the individual URL address for a particular article into your web browser.

## **Section 4 - Centers of Research**

We've compiled a unique directory of doctors, researchers, medical centers, and research institutions with specialized research interest, and in many cases, clinical expertise in the management of the specific medical condition. The "Centers of Research" directory is a valuable resource for quickly identifying and locating leading medical authorities and medical institutions within the United States and other countries that are considered to be at the forefront in clinical research and treatment of the condition.

Inclusion of the names of specific doctors, researchers, hospitals, medical centers, or research institutions in this *Guidebook* does not imply endorsement by Medifocus.com, Inc. or any of its affiliates. Consumers are encouraged to conduct additional research to identify health-care professionals, hospitals, and medical institutions with expertise in providing specific medical advice, guidance, and treatment for this condition.

## **Section 5 - Tips on Finding and Choosing a Doctor**

One of the most important decisions confronting patients who have been diagnosed with a serious medical condition is finding and choosing a qualified physician who will deliver high-level, quality medical care in accordance with currently accepted guidelines and standards of care. Finding the "best" doctor to manage your condition, however, can be a frustrating and time-consuming experience unless you know what you are looking for and how to go about finding it. This section of your *Guidebook* offers important tips for how to find physicians as well as suggestions for how to make informed choices about choosing a doctor who is right for you.

## **Section 6 - Directory of Organizations**

This section of your *Guidebook* is a directory of select disease organizations and support groups that are in the business of helping patients and their families by providing access to information, resources, and services. Many of these organizations can answer your questions, enable you to network with other patients, and help you find a doctor in your geographical area who specializes in managing your condition.

## 2 - The Intelligent Patient Overview

# BLADDER CANCER

### Introduction to Bladder Cancer

The *urinary bladder* is a hollow, balloon-like organ located in the pelvis that collects and stores urine until it is ready to be excreted from the body. Urine is produced in the kidneys and is transported to the bladder through two tube-like structures called *ureters*. Pressure from the accumulation of urine in the urinary bladder forces the wall of the bladder to contract producing the urge to urinate. The urine is then excreted from the bladder via the *urethra* (a thin tube that carries urine from the bladder to the outside of the body).

The wall of the bladder is composed of several different layers that are important in understanding the development, progression, and treatment of bladder cancer. When viewed under a microscope, a cross-section of the bladder wall reveals the following layers of cells:

- Epithelium - The epithelium is a layer of cells that lines the inside of the bladder wall and is also known as the *urothelium* or *transitional epithelium*. The vast majority of bladder cancers originate in the transitional epithelium.
- Lamina propria - This is the layer of connective tissue and blood vessels located immediately beneath the transitional epithelium.
- Muscularis propria - This is the deep layer of muscle cells that form the wall of the bladder.
- Perivesicle soft tissue - This is the outermost layer of the bladder wall that consists of fat, fibrous connective tissue, and blood vessels. Bladder cancer that has spread to the perivesicle soft tissue is considered as having spread outside of the bladder.

### ***Types of Bladder Cancer***

There are four primary types of bladder tumors that can be distinguished on the basis of the appearance (morphology) of the cells under a microscope:

- Transitional cell carcinoma - Also known as *urothelial carcinoma*, this type of bladder cancer affects the transitional epithelium that lines the wall of the bladder. In the United States, more than 90% of bladder tumors are classified as transitional cell carcinomas.
- Squamous cell carcinoma - This type of bladder cancer represents only about 4% of all bladder tumors and is most commonly associated with chronic irritation of the bladder that

can be caused by long-term indwelling bladder catheters or by bladder calculi (stones). Squamous cell carcinoma of the bladder has also been linked to *schistosomiasis* (a tropical disease spread by parasitic trematode worms) which is endemic in Africa and the Middle East.

- Adenocarcinoma - This is an extremely rare form of bladder cancer accounting for less than 1% of all bladder tumors. It tends to occur in mostly younger patients.
- Small cell carcinoma - This type of bladder cancer is also very rare and represents about 1% of all bladder tumors.

## **Bladder Cancer Subtypes**

A basic understanding of the terminology used by doctors to describe the various subtypes of bladder tumors is important in order to more fully appreciate the various approaches to treatment, the treatment options, and the prognosis (chances for recovery).

*Superficial bladder tumors* are those that are localized (confined) to the transitional epithelium (urothelium) - the layer of epithelial cells that lines the inside of the bladder wall and is in direct contact with the urine - but have not spread to the deeper layers of the bladder. Additionally, bladder tumors that have invaded the *lamina propria* but have not invaded the *muscularis propria* can be considered as superficial.

*Invasive bladder cancer* refers to a bladder tumor that is either invading the *muscularis propria* - the deeper layer of muscle cells that forms the wall of the bladder - or the *perivesical fat* located beyond the bladder muscle. This type of tumor is referred to as *muscle-invasive bladder cancer*. Muscle-invasive bladder cancer carries a higher risk of spreading beyond the bladder (metastases) and must be treated more aggressively than superficial bladder cancer. The term *metastatic bladder cancer* is used when the cancer cells have spread beyond the bladder to distant sites.

Another important characteristic of bladder tumors that is useful in classification of the various subtypes is the morphology (appearance) of the cells under a microscope. In general, the shape of individual bladder cancer cells can be either *papillary* (cells that have thin, finger-like projections) or *flat* (no projections). Papillary and flat bladder tumor cells can be further subdivided into noninvasive or invasive types depending upon their pattern of growth within the bladder. Non-invasive, flat bladder tumors invading the *lamina propria* are also referred to as *carcinoma in situ*.

## **Bladder Cancer Statistics**

- Bladder cancer is the 4th leading cause of cancer and the 9th leading cause of cancer deaths among American men.
- The following information was available regarding the incidence and prevalence of bladder cancer in the United States from 2003 to 2007 from the Surveillance and Epidemiology and

### End Results (SEER) Cancer Statistics Review:

- **Incidence:** The age-adjusted incidence rate was 21.1 per 100,000 men and women per year.
- **Prevalence:** On January 1, 2007 there were approximately 535,000 people alive in the United States who had a history of bladder cancer.
- According to the American Cancer Society, approximately 70,530 new cases of bladder cancer are expected to be diagnosed in the United States in 2010 and about 14,680 people are expected to die from their disease.
- Bladder cancer occurs about 4 times more frequently in men than in women.
- The incidence bladder cancer in white males (40.4 per 100,000 men) is about twice as high as that for African American males (20.7 per 100,000 men). The incidence of bladder cancer among Hispanic males (19.2 per 100,000 men) is slightly lower than that observed in African American men.
- The incidence of bladder cancer in white females (9.8 per 100,000 women) is about 22% higher than for African American females (7.6 per 100,000 women) and about 50% higher than for Hispanic females (5.1 per 100,000 women).
- Bladder cancer is primarily a disease of the elderly population with about 90% of cases occurring in people age 55 or older. The median age of diagnosis is 73 years.
- At the time of diagnosis, approximately 75% of bladder tumors are superficial; 20% are invasive; and up to 5% are metastatic.
- From 1999 to 2006, the overall 5-year relative survival rate of all bladder cancer cases from 17 SEER geographic areas in the United States was 79.3%. In general, the 5-year relative survival rate is significantly higher in cases where the cancer is localized to the urinary bladder (73.3%) compared to cases where the cancer has either spread to the regional lymph nodes (36.1%) or has metastasized to distant areas of the body (5.6%).

## ***Risk Factors for Bladder Cancer***

A *risk factor* is anything that increases the chances of a person developing a particular disease or condition. Risk factors that have been identified for bladder cancer include:

- **Smoking** - Cigarette smoking represents the greatest risk factor for bladder cancer and has been linked to up to 65% of bladder cancer cases occurring in men and up to 25% in women.
- **Occupational exposure** - Work-related exposure to certain chemicals known as *polycyclic aromatic hydrocarbons* such as benzene and beta-naphthylamine (among others) has been linked to bladder cancer. Individuals with heavy occupational exposure to dyes, rubbers,

textiles, paints, leathers, and certain chemicals are at higher risk for developing bladder cancer. A study published in 2001 in the *International Journal of Cancer* reported that women who used permanent hair dyes at least once a month were twice as likely to develop bladder cancer as women who did not.

- Chemotherapeutic drugs - Certain drugs that are used for the treatment of cancer, particularly cyclophosphamide (Cytosan, have been linked to the development of transitional cell carcinoma of the bladder.
- Infections - Certain types of infections have also been linked to the development of bladder cancer including:
  - chronic or recurrent urinary tract infections
  - schistosomiasis - an infection caused by a parasitic worm called *Schistosoma hematobrium* that is endemic to some parts of Africa and the Middle East
  - kidney stones, bladder stones, and long-term indwelling bladder catheters have been linked to squamous cell carcinoma of the bladder
- Radiation therapy to the pelvic area has been associated with an increased risk for bladder cancer.
- Gender - Men are about 4 times more likely to develop bladder cancer than women.
- Race - The incidence of bladder cancer is about twice as high in whites than in African Americans or Hispanics.
- Age - The risk of developing bladder cancer increases with age with about 50% of cases occurring in individuals age 72 or older.

## ***Staging of Bladder Cancer***

*Staging* is the method used by doctors to evaluate how far the cancer has spread once it has been discovered. Staging plays an important role in determining both the treatment options as well as predicting the prognosis (chances of recovery).

The *TNM classification system* is used most frequently for staging patients with bladder cancer. The TNM staging system provides vital information about the following important aspects of the disease:

- T = Tumor - The "T" designation refers to the extent of invasion of the tumor into the bladder wall and nearby tissue and organs. The extent of tumor invasion is scored on a numerical scale ranging from 1 to 4. In general, the higher the "T" score, the greater the extent of invasion of the tumor into the deeper layers of the bladder wall or nearby tissue.
  - T1 - tumor is confined to the bladder and has invaded the transitional epithelium but

has not reached the level of the bladder muscle.

- T2 - tumor is confined to the bladder but has penetrated into the muscle layer. This stage is further subdivided into two subgroups:
  - T2a - bladder tumor has penetrated the inner layer of muscle
  - T2b - bladder tumor has penetrated the outer layer of muscle
- T3 - tumor has extended beyond the bladder wall to the perivesical fatty tissue that surrounds the bladder. This stage is further subdivided into two subgroups:
  - T3a - tumor cells can be observed only under a microscope (microscopic tumor)
  - T3b - tumor is visible with the naked eye (macroscopic tumor)
- T4 - tumor has spread beyond the bladder and has invaded adjacent structures such as the prostate gland, uterus, vagina, abdominal wall, or pelvic wall. This stage is further subdivided into the following 3 subgroups:
  - T4a - bladder tumor invades the prostate gland
  - T4b - bladder tumor invades gynecological structures
  - T4c - bladder tumor invades the wall of the rectum
- N = Lymph Node Involvement - The second aspect of the TNM staging system measures whether or not the cancer has spread to the regional (nearby) lymph nodes and, if so, the size of the lymph nodes. The extent and size of lymph node involvement is scored on a numerical scale ranging from 0 to 3. In general, the higher the "N" score, the greater the extent of lymph node involvement.
  - N0 - the cancer has not spread to any of the regional lymph nodes.
  - N1 - the cancer has spread to only a single lymph node; the size of the lymph node is 2.0 cm or less.
  - N2 - the cancer has spread to either a single lymph node the size of which measures 2.0 to 5.0 cm OR the cancer has spread to more than one lymph node none of which are larger than 5.0 cm.
  - N3 - the cancer has spread to a lymph node the size of which is larger than 5.0 cm.
- M = Metastasis - The last feature that is evaluated by the TNM staging system is whether or not that cancer has metastasized (spread) to distant organs (e.g., lungs, bone, liver) or to lymph nodes that are located far away from the bladder. A score of "M0" indicates no evidence of metastasis while a score of "M1" indicates that the cancer has metastasized to distant organs or lymph nodes.

Once all of the staging information has been obtained, the TNM values are combined to determine the clinical stage of the disease. Patients with bladder cancer are assigned to one of 5 clinical stages:

- Stage 0
- Stage I
- Stage II
- Stage III
- Stage IV

In general, the five stages of bladder cancer reflect the extent of severity of the disease ranging from the earliest stage (Stage 0) to the most advanced stage (Stage IV). As mentioned previously, staging is an important feature of the disease that is used by doctors to determine the most appropriate type of treatment as well as to predict the long-term outcome (prognosis).

According to the National Cancer Institute, the relative 5-year survival rates for patients diagnosed with bladder cancer from 1988 to 2001, were as follows:

- Stage 0 = 98%
- Stage I = 88%
- Stage II = 63%
- Stage III = 46%
- Stage IV = 15%

The **Intelligent Patient Overview** in the complete **Medifocus Guidebook on Bladder Cancer** also includes the following additional sections:

- **Diagnosis of Bladder Cancer**
- **Treatment Options for Bladder Cancer**
- **The Role of Complementary and Alternative Therapies in Cancer**
- **Quality of Life Issues in Cancer**
- **New Developments in Bladder Cancer**
- **Questions to Ask Your Health Care Provider About Bladder Cancer**

To Order the Complete **Guidebook on Bladder Cancer** [Click Here](#)  
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

## 3 - Guide to the Medical Literature

### Introduction

This section of your *MediFocus Guidebook* is a comprehensive bibliography of important recent medical literature published about the condition from authoritative, trustworthy medical journals. This is the same information that is used by physicians and researchers to keep up with the latest advances in clinical medicine and biomedical research. A broad spectrum of articles is included in each *MediFocus Guidebook* to provide information about standard treatments, treatment options, new developments, and advances in research.

To facilitate your review and analysis of this information, the articles in this *MediFocus Guidebook* are grouped in the following categories:

- Review Articles - 42 Articles
- General Interest Articles - 28 Articles
- Drug Therapy Articles - 16 Articles
- Surgical Therapy Articles - 27 Articles
- Clinical Trials Articles - 27 Articles

The following information is provided for each of the articles referenced in this section of your *MediFocus Guidebook*:

- Title of the article
- Name of the authors
- Institution where the study was done
- Journal reference (Volume, page numbers, year of publication)
- Link to Abstract (brief summary of the actual article)

**Linking to Abstracts:** Most of the medical journal articles referenced in this section of your *MediFocus Guidebook* include an abstract (brief summary of the actual article) that can be accessed online via the National Library of Medicine's PubMed® database. You can easily access the individual abstracts online via PubMed® from the "electronic" format of your *MediFocus Guidebook* by clicking on the URI that is provided for each cited article. If you purchased a printed copy of the *MediFocus Guidebook*, you can still access the abstracts online by entering the individual URI for a particular abstract into your computer's web browser.

## Recent Literature: What Your Doctor Reads

Database: PubMed <January 2014 - January 2018>

### Review Articles

1.

#### **Advances in urothelial bladder cancer immunotherapy, dawn of a new age of treatment.**

**Authors:** Aoun F; Rassy EE; Assi T; Albisinni S; Katan J  
**Institution:** Department of Urology, Hotel Dieu de France, Saint Joseph University, Beirut, Lebanon. Belgium. Lebanon. Belgium. Lebanon.  
**Journal:** Immunotherapy. 2017 Mar;9(5):451-460. doi: 10.2217/imt-2017-0007.  
**Abstract Link:** <http://www.medifocus.com/abstracts.php?gid=OC001&ID=28357911>

2.

#### **Precision surgery and genitourinary cancers.**

**Authors:** Autorino R; Porpiglia F; Dasgupta P; Rassweiler J; Catto JW; Hampton LJ; Lima E; Mirone V; Derweesh IH; Debruyne FMJ  
**Institution:** Urology Institute, University Hospitals, Case Western Reserve University, Cleveland, OH, USA. Electronic address: ricautor@gmail.com. Electronic address: porpiglia@libero.it. prokarurol@gmail.com. Heidelberg, Germany. Electronic address: jens.rassweiler@slk-kliniken.de. address: j.catto@sheffield.ac.uk. Electronic address: lance.hampton@vcuhealth.org. University of Minho, and Department of CUF Urology, Braga, Portugal. Electronic address: estevaolima@ecsau.de.uminho.pt. mirone@unina.it. address: iderweesh@gmail.com. f.debruyne@uroweb.org.  
**Journal:** Eur J Surg Oncol. 2017 May;43(5):893-908. doi: 10.1016/j.ejso.2017.02.005. Epub 2017 Feb 20.  
**Abstract Link:** <http://www.medifocus.com/abstracts.php?gid=OC001&ID=28254473>

3.

#### **Bladder Cancer: Diagnosis and Treatment.**

**Authors:** DeGeorge KC; Holt HR; Hodges SC  
**Institution:** University of Virginia School of Medicine, Charlottesville, VA, USA.  
**Journal:** Am Fam Physician. 2017 Oct 15;96(8):507-514.

**Abstract Link:** <http://www.medifocus.com/abstracts.php?gid=OC001&ID=29094888>

4.

**The patients' experience of a bladder cancer diagnosis: a systematic review of the qualitative evidence.**

**Authors:** Edmondson AJ; Birtwistle JC; Catto JWF; Twiddy M  
**Institution:** Centre for Applied Research in Health, University of Huddersfield, Huddersfield, UK. a.edmondson@hud.ac.uk.  
**Journal:** J Cancer Surviv. 2017 Aug;11(4):453-461. doi: 10.1007/s11764-017-0603-6. Epub 2017 Feb 17.  
**Abstract Link:** <http://www.medifocus.com/abstracts.php?gid=OC001&ID=28213769>

5.

**Immunotherapy in Urothelial Cancer: Recent Results and Future Perspectives.**

**Authors:** Farina MS; Lundgren KT; Bellmunt J  
**Institution:** Dana-Farber Cancer Institute, 450 Brookline Ave, DANA 1230, Boston, MA, 02215, USA. USA. USA. joaquim\_bellmunt@dfci.harvard.edu. 08003, Barcelona, Spain. joaquim\_bellmunt@dfci.harvard.edu.  
**Journal:** Drugs. 2017 Jul;77(10):1077-1089. doi: 10.1007/s40265-017-0748-7.  
**Abstract Link:** <http://www.medifocus.com/abstracts.php?gid=OC001&ID=28493171>

6.

**Systemic, perioperative management of muscle-invasive bladder cancer and future horizons.**

**Authors:** Funt SA; Rosenberg JE  
**Institution:** Department of Medicine, Memorial Sloan Kettering Cancer Center, 1275 York Avenue, New York, New York 10065, USA. New York, New York 10065, USA.  
**Journal:** Nat Rev Clin Oncol. 2017 Apr;14(4):221-234. doi: 10.1038/nrclinonc.2016.188. Epub 2016 Nov 22.  
**Abstract Link:** <http://www.medifocus.com/abstracts.php?gid=OC001&ID=27874062>

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Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

## 4 - Centers of Research

This section of your *MediFocus Guidebook* is a unique directory of doctors, researchers, medical centers, and research institutions with specialized research interest, and in many cases, clinical expertise in the management of this specific medical condition. The *Centers of Research* directory is a valuable resource for quickly identifying and locating leading medical authorities and medical institutions within the United States and other countries that are considered to be at the forefront in clinical research and treatment of this disorder.

Use the *Centers of Research* directory to contact, consult, or network with leading experts in the field and to locate a hospital or medical center that can help you.

The following information is provided in the *Centers of Research* directory:

- **Geographic Location**

- United States: the information is divided by individual states listed in alphabetical order. Not all states may be included.
- Other Countries: information is presented for select countries worldwide listed in alphabetical order. Not all countries may be included.

- **Names of Authors**

- Select names of individual authors (doctors, researchers, or other health-care professionals) with specialized research interest, and in many cases, clinical expertise in the management of this specific medical condition, who have recently published articles in leading medical journals about the condition.
- E-mail addresses for individual authors, if listed on their specific publications, is also provided.

- **Institutional Affiliations**

- Next to each individual author's name is their **institutional affiliation** (hospital, medical center, or research institution) where the study was conducted as listed in their publication(s).
- In many cases, information about the specific **department** within the medical institution where the individual author was located at the time the study was conducted is also provided.

## Centers of Research

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The **Centers of Research** in the complete **Medifocus Guidebook on Bladder Cancer** includes the following sections:

- Centers of Research for relevant states in the United States
- Centers of Research listed for relevant countries outside the United States

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# 5 - Tips on Finding and Choosing a Doctor

## Introduction

One of the most important decisions confronting patients who have been diagnosed with a serious medical condition is finding and choosing a qualified physician who will deliver a high level and quality of medical care in accordance with currently accepted guidelines and standards of care. Finding the "best" doctor to manage your condition, however, can be a frustrating and time-consuming experience unless you know what you are looking for and how to go about finding it.

The process of finding and choosing a physician to manage your specific illness or condition is, in some respects, analogous to the process of making a decision about whether or not to invest in a particular stock or mutual fund. After all, you wouldn't invest your hard earned money in a stock or mutual fund without first doing exhaustive research about the stock or fund's past performance, current financial status, and projected future earnings. More than likely you would spend a considerable amount of time and energy doing your own research and consulting with your stock broker before making an informed decision about investing. The same general principle applies to the process of finding and choosing a physician. Although the process requires a considerable investment in terms of both time and energy, the potential payoff can be well worth it--after all, what can be more important than your health and well-being?

This section of your Guidebook offers important tips for how to find physicians as well as suggestions for how to make informed choices about choosing a doctor who is right for you.

## Tips for Finding Physicians

Finding a highly qualified, competent, and compassionate physician to manage your specific illness or condition takes a lot of hard work and energy but is an investment that is well-worth the effort. It is important to keep in mind that you are not looking for just any general physician but rather for a physician who has expertise in the treatment and management of your specific illness or condition. Here are some suggestions for where you can turn to identify and locate physicians who specialize in managing your disorder:

- **Your Doctor** - Your family physician (family medicine or internal medicine specialist) is a good starting point for finding a physician who specializes in your illness. Chances are that your doctor already knows several specialists in your geographic area who specialize in your illness and can recommend several names to you. Your doctor can also provide you with information about their qualifications, training, and hospital affiliations.

The **Tips on Finding and Choosing a Doctor** in the complete **Medifocus Guidebook on Bladder Cancer** includes additional information that will assist you in locating a highly qualified and competent physician to manage your specific illness.

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## 6 - Directory of Organizations

### **American Cancer Society**

1599 Clifton Road NE; Atlanta, GA 30329-4251  
800.227.2345 404.486.0100; 866.228.4327 (fax)

[www.cancer.org](http://www.cancer.org)

### **American Institute for Cancer Research; Nutrition Hotline**

1759 R St. NW; Washington, DC 20009  
800.843.8114 202.328.7744

[aicrweb@aicr.org](mailto:aicrweb@aicr.org)

[www.aicr.org](http://www.aicr.org)

### **American Urological Association Foundation/Urology Health**

1000 Corporate Boulevard; Linthicum, MD 21090  
866.746.4282 410.689.3800

[patienteducation@auafoundation.org](mailto:patienteducation@auafoundation.org)

[www.urologyhealth.org](http://www.urologyhealth.org)

### **Association of Cancer Online Resources**

[www.acor.org](http://www.acor.org)

### **Bladder Cancer Advocacy Network**

4313 St. Elmo Avenue Bethesda, MD 20814  
301.215.9099; 888.901.2226

[www.bcan.org](http://www.bcan.org)

### **Cancer Care**

275 Seventh Avenue; New York, NY 10001  
800.813.4673; 212.712.8400

[info@cancercare.org](mailto:info@cancercare.org)

[www.cancercare.org](http://www.cancercare.org)

### **Cancer Caring Center**

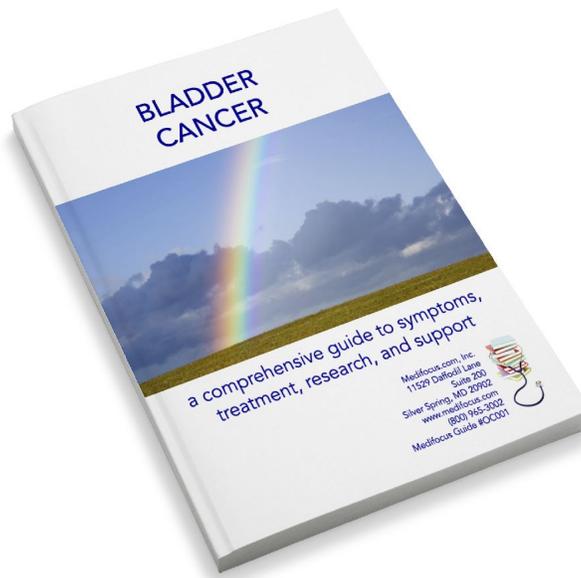
4117 Liberty Avenue; Pittsburgh, PA 15224  
412.622.1212

[info@cancercaring.org](mailto:info@cancercaring.org)

[www.cancercaring.org](http://www.cancercaring.org)

The **Directory of Organizations** in the complete **Medifocus Guidebook on Bladder Cancer** includes a list of selected disease organizations and support groups that are helping people diagnosed with Bladder Cancer.

To Order the Complete **Guidebook on Bladder Cancer** [Click Here](#)  
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)



This document is only a SHORT PREVIEW of the **Medifocus Guidebook on Bladder Cancer**. It is intended primarily to give you a general overview of the **format and structure** of the Guidebook as well as select pages from each major Guidebook section listed in the Table of Contents.

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