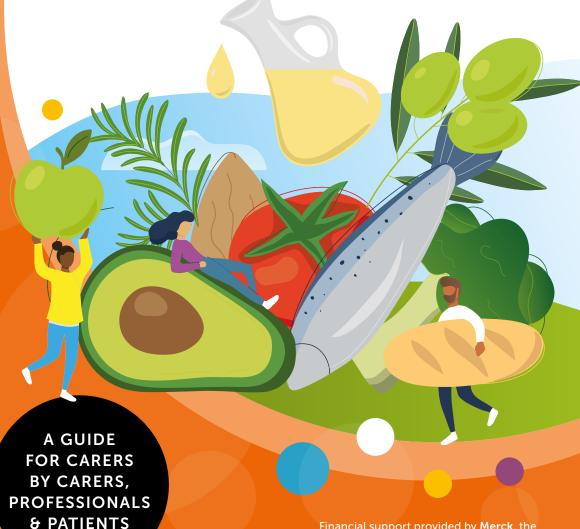


Diet & nutrition

for bladder cancer patients



Financial support provided by Merck, the Merck-Pfizer Alliance, MSD, and Roche.

All editorial control has been retained by Fight Bladder Cancer.



YOU'RE NOT ALONE

Call us
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fightbladdercancer.co.uk

EMAIL US on info@fightbladdercancer.co.uk

WE ARE
HERE
to help you in
your FIGHT

Matching you with a patient with a similar diagnosis – get one-on-one support from our

Bladder Buddies

Join our private online Facebook forum: facebook.com/groups/BladderCancerUK

ABOUT THIS DIGITAL BOOKLET

The Fight Bladder Cancer Patient Information Booklets are a range of free information materials covering the entire bladder cancer pathway and are tailored to each individual circumstance. They offer a wealth of information and real patient experience and stories.

ENDORSED BY

The British Association of Urological Surgeons

British Association of Urological Nurses

British Uro-Oncology Group

Other free support materials

In addition to our patient information booklets we offer a range of free materials to those affected by bladder cancer, including *Fight*Magazine, the only magazine of its type in the world, full of inspirational patient stories, medical research and clinical trial information. It is available in both print and digital editions.

We also have a **monthly newsletter** for patients that you can opt in to at:

fight bladder cancer. co.uk/contact-preferences

MORE MINDNESS
SUPPORTING EACH
OTHER AT WORK
WHAT YOU CAN DO
THE ONLY MARGENITY OF PEOPLE Affected by 6 workings with Based Cases

THE ONLY MARGENITY OF PEOPLE Affected by 6 workings with Based Cases.

We hope you find this booklet, and the others in the series, useful. Please get in touch with us at **info@fightbladdercancer.co.uk** for more information about how we can support you.

We're here to help!

MSD, Roche and the Merck-Pfizer Alliance have provided financial support to Fight Bladder Cancer to cover the costs associated with the production and dissemination of this information booklet. All editorial control has been retained by Fight Bladder Cancer.









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This series of booklets has been prepared by a team of patients and medical professionals working together to give the best guidance for patients.

The booklets have been produced in conjunction with the **British Association of Urological Nurses** (**BAUN**), the professional organisation for specialist urology nurses in the UK, and are endorsed by the **British Uro-Oncology Group** (**BUG**) and the **British Association of Urological Surgeons** (**BAUS**).

WITH THANKS TO ALL THE CONTRIBUTORS

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All the members of the Fight Bladder Cancer Forum for their tips, advice and photos. With special thanks to

Anita Brown | Ros Bruce | Mary Lovett | Dorothy Markham | Malcolm McNinch Paul Michaels | Susan Mullerworth | Jo Peacock | Ravi Ruparel | Michael Sloane for sharing their bladder cancer stories.

THE FIGHT BLADDER CANCER TEAM

Melanie Costin | John Hester | Valerie Hester | Emma Low | Anne MacDowell Sophie Maggs | Deborah Major | Paul Major | Dr Lydia Makaroff | Sue Williams and our late founder Andrew Winterbottom

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Second edition published 2022 by **Fight Bladder Cancer** High Street, Chinnor, Oxfordshire OX39 4DJ

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Our patient tips come from real bladder cancer patients across the world!



Fight Bladder Cancer is a patient-led charity in the UK that exists to:

- support anyone affected by bladder cancer
- raise awareness of the disease in order to improve early diagnosis
- campaign for and support research into this disease
- affect policy at the highest level to bring about change

Fight Bladder Cancer has a worldwide reputation and is supported by top international healthcare professionals.

Hello

Following a bladder cancer diagnosis, many people want to make positive changes to their lives. Taking steps to live a healthier lifestyle is often a major part of these changes.

This information has been written for people living with or after cancer, who want to know more about a healthy diet. It explains why diet is important, and has tips on how to eat well and maintain a healthy body weight. It aims to help you think about what changes you may want to make, and help you put them into practice.

Before making any changes to your diet, it is best to talk to your dietician, GP or clinical nurse specialist (CNS).

Our diet recommendation

After researching all the options, we recommend

a Mediterranean diet for people affected by bladder cancer.¹ This diet incorporates the traditional healthy living habits of people from countries bordering the Mediterranean Sea, including Italy, France, Greece and Spain.

Mediterranean cuisine varies by region and has a range of definitions, but is largely based on a healthy balance of vegetables, fruits, nuts, beans, cereal grains, olive oil and fish.

PATIENT TIP:

'A healthy diet is certainly good for our bodies and our well-being.

'A Mediterranean diet, from what I've read and heard, is probably the best. None of these magical, super juices cures cancer. If there was one, then I'd bottle it and give it away for free to anyone who has cancer.'







Diet is very important, but it is crucial that you also think about your smoking habits. If you are a smoker, do please STOP. There will be a best way for you, so talk to your CNS or your GP and ask for support and advice.

The NHS has a dedicated online stop smoking service which offers all kinds of help and advice at

- nhs.uk/live-well/quit-smoking/
- wales.nhs.uk/healthtopics/lifestyles/smoking
- nhsinform.scot/healthy-living/stopping-smoking
- stopsmokingni.info

The personal quit plan is specifically targeted to give you the combination of ideas that is most likely to be successful for you.

It includes the reasons why you should give up – especially the risks of developing cancer, heart and lung disease and the fact that smoking increases the risk of the cancer returning.² Most importantly, it also tells you about all the different methods you can use to help you stop; the support on offer; your local stop

smoking services; Facebook, Twitter and YouTube support; FAQs; and stop smoking aids, including patches.

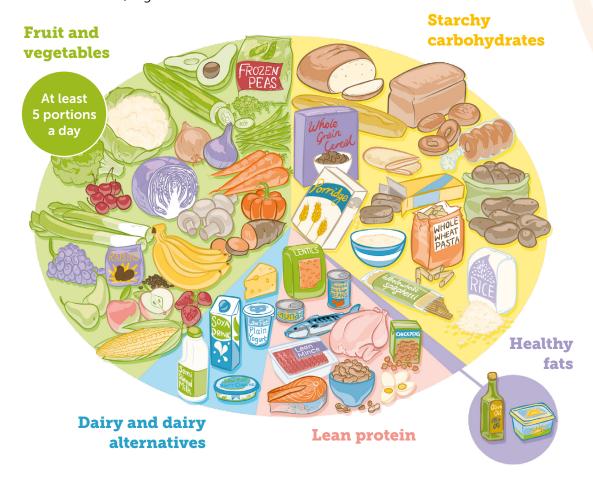
If you are not a smoker, or when you have given up, do try and keep away from smokers and smoky atmospheres.

Hatch a plan, get everyone on your side and STOP.

Introducing the Mediterranean diet

The diet we recommend is similar to the UK government's healthy eating advice,³ which shows the foods needed for a balanced, healthy diet, with everything you eat during the day, including snacks.

A balanced diet contains a variety of foods. Try to eat lots of fruits and vegetables, and include plenty of starchy foods (such as cereals, bread and pasta) in your diet. Your body also needs protein, found in foods such as fish, legumes and meat.



The healthy eating plate above shows the recommended proportions of each food type. It's a good idea to try to get this balance roughly right every day, but you don't need to do it at every meal. You might find it easier to get the balance right over a longer period, such as over the course of a week.

Helpful guidelines

- base your meals on starchy carbohydrates such as bread, pasta, rice or potatoes, choosing wholegrain varieties wherever you can; eat potatoes and other vegetables with their skins on for more fibre
- eat at least five portions of a variety of fruit and vegetables every day
- choose some lean protein, which can be meat, fish, eggs, beans or pulses, and other non-dairy sources, such as tofu
- include some dairy (or alternatives), such as cheese and yogurt, which are great sources of protein and calcium; non-dairy sources include almonds and seeds
- have only a small amount of foods high in fat and/or sugar, or eat them less often



PATIENT TIP:

'We always used full cream milk to make rice puddings, bread and butter pudding, egg custard. Try scrambled eggs and a little salmon – full of protein.'

Food labelling

Food labels can guide you and help you choose healthier options, but use them wisely. The traffic light system of labelling will flag up foods that are high in salt, fat and sugar, which is a useful guide when you are out shopping. But remember that a can of diet cola will get green lights on that basis when a glass of milk will flash red and clearly there is more goodness in the latter. One tip is that the ingredients are listed in order of how much is used in the product, so if 'sugar' appears first or second on the list - be warned!

Slow and steady

Making changes to eat healthier food can seem difficult, so try to improve your diet progressively. You can use the opportunity to discover and try new foods and get used to thinking about more healthy options. Take any advice and support that is offered, and aim for a gradual change in your eating habits towards a healthier balance. Be realistic in what you can achieve and set yourself small, regular goals.

What we eat influences our health

Up to 30% of cancers may be linked to diet.⁴ Although a lot of research still needs to be done to understand which substances increase our risk of developing cancer, we know what types of food can help to keep us a bit healthier. Increasing the average intake of fruit and vegetables to 400g a day could reduce overall cancer incidence in the general population by 19% per year.⁵

Combining a balanced diet with regular physical activity also brings many health benefits. Good habits in diet and exercise can help reduce the risk of heart disease, strokes and diabetes. They can also help us maintain a healthy weight, which can reduce the risk of developing certain types of cancer.⁶

Can your diet influence recurrence?

People often ask if what they eat can reduce their risk of the cancer returning. This is the subject of a lot of current research. There is some early evidence from breast and bowel cancer studies that diet may make a difference to the chances of the cancer coming back.⁷ However, there still isn't enough clear information to make precise recommendations about what someone with a particular type of cancer should eat.

For the majority of people, the factors that are most likely to have the greatest impact on health include not smoking, a balanced diet, weight control and regular physical activity. The biggest difference will probably

be from a combination of factors, rather than from making any one particular change.

Your healthcare team (this includes your GP, doctors and nurses) are the best people to advise you what, if any, lifestyle changes you can make that may help reduce your risk of cancer coming back.

What about alcohol?

Alcohol can increase the risk of developing certain cancers.

The current UK guidelines 8 advise limiting alcohol intake to 14 units a week for women and men. This is equivalent to drinking no more

than six pints of averagestrength beer (4% ABV) or seven medium-sized glasses of wine (175ml, 12% ABV) a week.

Most
cancer experts
recommend a
healthy diet, plenty
of exercise and
no smoking.

Restoring your appetite

After treatment, many patients find that they lose their appetite and aren't interested in food, which is difficult at a time when you need to be rebuilding your strength after surgery or treatment. Some people also find that their sense of taste is affected and food tastes bland or unpleasant.

The best way to solve the problem seems to be to eat little and often, focusing on high-protein foods and presenting the dishes attractively.

Our private online forum members came up with their best tips on how to make food more appealing.

'After my surgery I found that everything tasted like soil and I couldn't eat. I found that really strong-flavoured foods got my taste buds working again. Time will sort it out.'

'I ate the little pots of jelly, custards and the mini pots of ambrosia rice till I fancied food again.'

> 'Yogurts, smoothies and soups are all easy to digest but full of goodness and calories.'

TOP TIP:

'Food on a small plate can help the appetite after surgery. Little bits of stuff like apple sauce, cheese, nuts, carrots. Things may not taste good if you're on chemical treatment.

Use plastic utensils.'

'Lots of little snacks high in protein. Shakes and smoothies you can add protein powders to. Full meals are often off-putting.'

'Rice pudding made with full cream milk is always a winner after surgery and keeps the calories up.'

'I had no appetite for at least five weeks, but did manage yogurt, custard, jellies, creamy soups, smoothies and scrambled eggs, just little and often.'

'Make little ramekins filled with macaroni cheese for when not over-hungry.'

Losing weight

Here are a few simple tips if you are trying to lose weight:

- a balanced diet is still the best way to get all the nutrients, while also establishing good, long-term eating habits 9
- your diet should include plenty of fruits and vegetables
- try to limit salt, fat and sugar
- try to avoid snacking but, when you do, snack wisely an apple rather than a biscuit, for example
- it's not all about calories although they are important. For example, an apple contains around 100 calories, but it also has carbs, protein, fibre and vitamins, is low in fat and will help to fill you up. Compare that with four squares of milk chocolate with 134 calories, high in fat and sugar and with little nutritional value
- it's easier to serve a smaller quantity if you use smaller plates
- try to plan your breakfast, lunch, dinner and snacks for the week, making sure you stick to your calorie allowance
- keep up your activity levels
- identify your weaknesses if you reach for a bag of crisps when you watch TV, try a healthier snack or a drink of water
- serve your food attractively and make your meals colourful

 they not only look better, but different colours of fruit and vegetables will give you a range of nutrients
- investigate the NHS website, uk/live-well/healthy-weight/ which is full of useful advice 10

If you need encouragement, try a phone app in which you can log your meals and track your weight, or join a local group. Your GP should also be able to give you advice, or may be able to refer you to a dietician.

Alcohol

As well as potentially influencing the development of some cancers, alcohol is high in calories so you should keep that in mind if you are trying to control your weight.

PATIENT TIP:

'Cut down on red meat and swap with chicken, pulses or vegetables.'

What foods should I avoid?

Make sure that eggs are well cooked, and use shop-bought, not homemade, mayonnaise. If your immunity is low, avoid pâté, raw eggs, live bacterial yogurt and cheeses made from unpasteurised milk, such as Brie and blue-veined cheeses. These may contain bacteria that could be harmful to you.

If you're on high-dose chemotherapy, your healthcare team may suggest that you also avoid some other foods – ask them for advice.

Most patients experience some form of urinary problem as a side-effect of the cancer and its treatment, usually frequency, urgency and discomfort when weeing. Cutting out citrus, alcohol and foods and drinks containing alkaloids can help to relieve symptoms. In discussion with your clinical nurse specialist (CNS), you may want to avoid caffeine, tomatoes, white potatoes, aubergine, sweet and chilli peppers.¹¹

Should I eat red meat?

The current UK government advice says adults should eat no more than 70g (3oz) of red and processed meat a day. This is because there is probably a link between eating a lot of red and processed meat and bowel (colorectal) cancer.¹²

Should I go dairy-free?

Many research studies have looked for a link between cancer (in particular breast cancer) and diets that are high in dairy but no clear link has been established, therefore, cancer experts do not recommend following a dairy-free diet to try to reduce the risk of cancer.¹³

Dairy products are an important source of protein, calcium and some vitamins, but can be high in fat.

PATIENT TIP:

'Avoiding caffeine and carbonated drinks certainly makes my bladder happier.'

Choose low-fat products to avoid putting on weight.

Calcium is needed for strong bones and may help reduce the risk of bowel cancer, so if you do go dairy-free, make sure you get enough calcium from other food sources, such as tinned sardines and salmon (with bones); dark green leafy vegetables, such as spinach; or fortified foods, such as some types of soya milk.

Does sugar feed cancer?

Sugar contains no useful nutrients, apart from energy, and we can get all the energy we need from healthier sources. Along with gluten and too much dairy, it can also contribute to bloating, weight gain and constipation.

Sugar in your diet doesn't directly increase the risk of cancer or encourage it to grow. 14

What foods should I eat?

You will soon get used to making the healthier choices in your diet if you keep these guidelines in mind:

- maintain a variety of foods with a balance of carbohydrates and protein
- eat several portions of fruit and plenty of vegetables of different colours
- keep sugar and fat to a minimum

A healthy gut

The gut naturally contains trillions of microbes, mainly bacteria, that play an essential role in your health, not only helping digestion but also benefitting your immune system, protecting against germs and influencing many other areas of health. Maintaining a healthy gut is therefore crucially important to everyone, especially cancer patients.

A diet high in processed foods and added sugar can decrease the beneficial bacteria in your gut, causing an imbalance in the good and bad bacteria that can result in further damage. A healthy balanced diet, low in processed foods and refined sugars, is the best way to keep your gut healthy, although you may like to talk to your doctor or CNS about whether a probiotic supplement would be useful.



What about 'superfoods'?

There is no scientific evidence for any one particular food being a 'superfood'.

The greatest benefit to your health is likely to come from eating a balanced diet that includes a wide and varied combination of foods. There are many substances in fruits and vegetables that may potentially have anti-cancer properties. However, at the moment we don't know this for certain, and we don't understand which ones are most likely to help or how they work.

PATIENT TIP:

'I know there are no cancer-busting superfoods, but it gives me a sense of purpose and well-being to think about what I'm eating and plan healthy meals.'

So instead of looking for a 'superfood', it's better to aim for a 'superdiet' as recommended in the healthy eating guidelines. This will help you make sure you're getting the widest possible variety of nutrients. It will also make your diet more enjoyable and interesting, and will probably be cheaper too!

Should I only eat organic food?

Many people wonder if they should follow an organic diet to maintain health and prevent their cancer from coming back. Studies that examined the nutritional benefits of organic fruit and vegetables had mixed outcomes. Some claim that organic fruit and vegetables have better flavour and stay fresh for longer. So far, no evidence has been found to show that an organic diet is more effective at stopping the occurrence or recurrence of cancer, compared to a non-organic diet.¹⁵

Some people may worry that pesticides used in non-organic farming may cause cancer. In the UK, a pesticide can only be used once its safety has been tested. Laws ensure that all agricultural pesticides are used at a safe level.

Genetically modified crops have proved to be safe in the years they have been grown, but some people might feel that the long-term effects are unproven.

Buying organic or non-organic food is ultimately a personal choice. The current advice is to wash all fruit and vegetables – non-organic as well as organic – thoroughly before use.







Should I take dietary supplements?

For most people, a balanced diet provides all the nutrients they need, and taking large doses of vitamins, minerals and other dietary supplements is not recommended. However, people who find it difficult to eat a balanced diet may benefit from taking a multivitamin or mineral supplement containing up to 100% of the recommended daily allowance.

Supplements may be beneficial in some situations, such as for people who aren't able to absorb all

the nutrients they need because of surgery for stomach cancer. People at increased risk of bone thinning (osteoporosis) may benefit from taking calcium and vitamin D supplements to help strengthen their bones and should discuss the need for supplementation with their doctor.¹⁷

Several studies have looked at whether taking

If you are currently having treatment for cancer, it's important to get advice from your cancer specialist BEFORE taking any supplements.

supplements can reduce the risk of developing certain cancers. However, the results have been disappointing. In general, the evidence is that taking supplements does not reduce the risk of cancer. There is even evidence that taking high doses of some supplements can increase the risk of cancer developing in some people. One study found that people who smoke were more likely to develop lung cancer if they took supplements of beta-carotene (a substance the body uses to make vitamin A).¹⁸

It's possible that some supplements may interfere with how cancer treatments work, and make the treatments less effective.

So if you are currently having cancer treatment, talk to your cancer specialist and get their advice. They can advise you about which, if any, you should take, and which doses might be suitable for you. They can also tell you about any possible side-effects and interactions with other medication.

Do anti-cancer diets work?

There has been a lot of publicity about alternative diets for treating cancer over the past few years. Many dramatic claims for cures have been made. It's understandable that people may be attracted to diets that seem to offer the hope of a cure. However, there is no good evidence that these diets can make a cancer shrink, increase a person's chance of survival or cure the disease.

Some people get satisfaction from following these special diets, but others find them quite boring and even unpleasant to eat as well as time-consuming to prepare. Some diets may lack important nutrients or be unbalanced in other ways, and may even be harmful.

It can be confusing to be faced with conflicting advice about what to eat, but most doctors and specialist nurses recommend a well-balanced and enjoyable diet.

PATIENT TIP:

'A healthy diet is always good for you in general. Broccoli is a wonderful vegetable; it certainly won't rid the body of cancers, sadly, but I eat lots of it.'

Remember ...

do your best to keep to a normal, well-balanced diet, keep an eye on your weight (up or down) and give up smoking!

What do patients say?

We chatted with cancer patient **Ravi Ruparel** about how he takes care of his diet now he is living with bladder cancer.





I have been living with recurring, non-invasive, multi-focal bladder cancer for over a year and have had regular TURBTs [Transurethral Resection of Bladder Tumour] and six instillations of intravesical chemotherapy. Prior to my diagnosis I had always been a healthy eater, a life-long vegetarian and kept myself as healthy as I could.

The biggest change I have made since being diagnosed is to significantly increase my intake of water, normally with a squeeze of lemon, and to decrease bladder irritants like alcohol and coffee to almost zero. I feel these simple measures have really helped me to visit the loo less and feel better in myself. I sleep much better than ever before and I am sure this helps me to keep a positive mind through the rollercoaster of bladder cancer life.

I went to see a registered dietician who checked and advised me. I have increased the amount of home-cooked food and have some great recipe plans that make meals tasty and interesting.

My wife is super-supportive and as a family we all eat a more healthy diet these days.

I keep my urologist informed of my diet and nutrition and have his full support for these changes, but I never forget that his advice and treatment plan is my first priority.

I feel these simple measures have really helped me to visit the loo less and feel better in myself.



How Fight Bladder Cancer can support YOU

Fight Bladder Cancer is a UK-based charity that was founded and is led by bladder cancer patients and their families, so we know exactly what you are going through. Depending on whether you are a carer or a patient and where you are on the cancer journey, you are likely to experience a range of emotions from panic and fear to confusion and anger – this is completely normal. The most important thing that you should know is you are not alone. We're here to support you and guide you to the people and resources you need.

Our four main principles are: offer support, raise awareness, campaign for research and affect policy. So as well as being involved internationally in the development of knowledge about bladder cancer and its treatment, we have a strong support network that includes:

- a dedicated website at fightbladdercancer.co.uk with a wealth of information about bladder cancer, its treatment and how people cope
- our private online Facebook forum at facebook.com/groups/BladderCancerUK
- our Fight magazine sign up for your free digital or print copies at fightbladdercancer.co.uk/contact-preferences
- download back issues of Fight from fightbladdercancer.co.uk/downloads
- Support groups in many locations throughout the UK and online



 a LinkedIn company page linkedin.com/company/ fight-bladder-cancer

Fight Bladder Cancer Support – our private forum

On our private online members-only forum, patients, carers, families and professionals can discuss any worries or issues 24/7, find out about treatment options, or raise any other questions. Everyone is welcome.



PATIENT TIP:

'The great thing about the private forum is being able to post questions, no matter how silly or trivial they may seem, and get immediate answers from others in the same position.'

Join our private online forum at: facebook.com/groups/BladderCancerUK

Can **you** help us in the fight against bladder cancer?

Supporting bladder cancer patients and their families is our primary objective. We are facing a growing demand for our services and urgently need more funds, so we rely on the generosity of friends like Ravi to support our work.

Listen to what Ravi said about FBC:

region of the fact that unfortunately, so many more people will be needing this friend whether they or a loved one is diagnosed.

Your donations matter

A donation from you would ensure that we can be here when it matters most, to help improve the lives of people affected by bladder cancer.

Ways that your donations can help:

- providing support and information to everyone who calls and emails
- setting up and running patient support groups (Fight Clubs) around the UK
- connecting patients through our Bladder Buddy scheme
- spreading awareness of bladder cancer and campaigning to improve early diagnosis

We rely on voluntary donations and with your support can make a difference to the lives of thousands of people every year. Whatever you choose to do – whether you want to make a one-off donation or set up a monthly gift, do some fundraising, volunteer or raise awareness – we **thank you** – from the bottom of our hearts.

Fundraising with transparency & credibility

- we are open, honest and transparent
- we will always comply with the law as it applies to charities and fundraising – we will be respectful of your rights and your privacy
- we will be fair and reasonable

 treating all supporters and the public fairly showing sensitivity and being adaptable
- we will be accountable and responsible – managing our resources wisely

We are committed to ensuring that we meet the requirements of the Fundraising Regulator and follow the Code of Fundraising Practice to ensure we meet the highest standards, so you can donate and fundraise for us with confidence and trust. You can read our fundraising promise at fightbladdercancer.co.uk

This is how you can make a donation to Fight Bladder Cancer ...

Online: The easiest way to donate is via the donation button on our website fightbladdercancer.co.uk/make-a-donation where we offer a secure platform to make donations.

By post: If you prefer, you can send a cheque (payable to Fight Bladder Cancer) to our office at **Fight Bladder Cancer**, **51 High Street**, **Chinnor**, **Oxon OX39 4DJ**.

Call the office: If you'd rather speak to someone in the team about donating, fundraising or volunteering – then call us on **01844 351621**. We would really love to chat with you.



Finally ...

The aim of these patient information booklets is to provide comprehensive but straightforward information to support you in your fight against bladder cancer.

We understand what you are going through and we know you will have other questions.

We are here to help.

REMEMBER, YOU CAN CONTACT US AT ANY TIME FOR SUPPORT

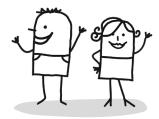
or to engage with us in fighting bladder cancer

via our website at **fightbladdercancer.co.uk**

via our online forum at facebook.com/groups/BladderCancerUK

by email at info@fightbladdercancer.co.uk

by phone on **01844 351621**



References:

- Vecchia, C.L. (2004). Mediterranean diet and cancer. *Public health* nutrition. 7 7, 965–8
- ² Lammers, R. J. et al (2011). Smoking status is a risk factor for recurrence after transurethral resection of non– muscle-invasive bladder cancer. European urology, 60(4), 713-720
- 3 nhs.uk/live-well/eat-well/theeatwell-guide
- ⁴ Key, T. J., Allen, N. E., Spencer, E. A., & Travis, R. C. (2002). The effect of diet on risk of cancer. *The Lancet*, 360 (9336), 861–868
- van't Veer, P., Jansen, M. C., Klerk, M., & Kok, F. J. (2000). Fruits and vegetables in the prevention of cancer and cardiovascular disease. *Public health nutrition*, 3(1), 103–107)
- Vuori, I. M. (2001). Health benefits of physical activity with special reference to interaction with diet. Public health nutrition, 4(2b), 517–528
- ⁷ Saxe, G. A., Rock, C. L., Wicha, M. S., & Schottenfeld, D. (1999). Diet and risk for breast cancer recurrence and survival. *Breast cancer research and treatment*, 53(3), 241–253
- ⁸ drinkaware.co.uk
- 9 nhs.uk/live-well/healthy-weight/ height-weight-chart/
- nhs.uk/live-well/healthy-weight/ start-the-nhs-weight-loss-plan/
- ¹¹ nhs.uk/conditions/interstitial-cystitis
- nhs.uk/live-well/eat-well/red-meatand-the-risk-of-bowel-cancer
- Moorman, P. G., & Terry, P. D. (2004). Consumption of dairy products and the risk of breast cancer: a review of the literature. The American journal of clinical nutrition, 80(1), 5–14

- Tasevska, N., Jiao, L., Cross, A. J., Kipnis, V., Subar, A. F., Hollenbeck, A., ... & Potischman, N. (2012). Sugars in diet and risk of cancer in the NIH-AARP Diet and Health Study. *International journal of cancer*, 130(1), 159–169
- Bradbury, K. E., Balkwill, A., Spencer, E. A., Roddam, A. W., Reeves, G. K., Green, J., ... & Beral, V. (2014). Organic food consumption and the incidence of cancer in a large prospective study of women in the United Kingdom. *British journal of cancer*, 110(9), 2321
- Huang HY, Caballero B, Chang S, Alberg AJ, Semba RD, Schneyer CR et al. (2006). The efficacy and safety of multivitamin and mineral supplement use to prevent cancer and chronic disease in adults: a systematic review for a National Institutes of Health state-of-the-science conference. Ann Intern Med 145, 372–385
- Larsen, E. R., Mosekilde, L., & Foldspang, A. (2004). Vitamin D and calcium supplementation prevents osteoporotic fractures in elderly community dwelling residents: a pragmatic population-based 3-year intervention study. *Journal of Bone and Mineral Research*, 19(3), 370–378)
- Tanvetyanon, T., & Bepler, G. (2008). Beta-carotene in multivitamins and the possible risk of lung cancer among smokers versus former smokers: a meta-analysis and evaluation of national brands. *Cancer*, 113(1), 150–157

My patient tips

Jot down anything you have found particularly useful and send us your ideas by email, post or on the forum	

My useful information

Hospital number
NHS number
GP
Consultant
CNS
Other MDT members



If you come across terms you don't understand, you will find a comprehensive glossary in our *FIGHT* magazines or online at

fightbladdercancer.co.uk/get-help/glossary

Everyone associated with the preparation and production of these booklets has made every effort to ensure that the information was correct at the time of going to press. However, the booklets are not intended as a substitute for professional medical advice. Anyone affected by bladder cancer, or any other medical problem, must seek the care and guidance of a suitably qualified doctor or medical team. Neither the publisher, nor contributors, nor anyone associated with them will take responsibility for any actions, medical or otherwise, taken as a result of information in this book, or for any errors or omissions.

This booklet is part of a series that covers all aspects of bladder cancer. The booklets are available free in print or digital format. You can order them via your clinical nurse specialist or download direct from Fight Bladder Cancer at **fightbladdercancer.co.uk/downloads**

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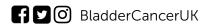
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ENDORSED BY

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British Uro-Oncology Group

The Urology Foundation











MSD, Roche and the Merck-Pfizer Alliance have provided financial support to Fight Bladder Cancer to cover the costs associated with the production and dissemination of this information booklet. All editorial control has been retained by Fight Bladder Cancer.

Fight Bladder Cancer is a registered Charitable Incorporated Organisation in Scotland (SC051881), England and Wales (1198773), and was initially established as an unincorporated charity in England and Wales (1157763). It also operates in Northern Ireland.