



Stephanie Chisolm:

That was really awesome. We talked about really the health benefit of rehabilitation and rehabilitation and getting your body ready for the marathon that sometimes accompanies a bladder cancer journey. And then highlighting the golden rule and those microbursts and thinking about your self-confidence change. I love the idea of changing yourself, your perception. Are you a person that is beaten down by bladder cancer? Are you living well with bladder cancer and showing people that you're doing everything you can be and really living well and rewriting that elevator pitch.

I think we've had quite a few good questions that have come in and really they're across the board in terms of who might be the one to address. Some were really focused on the medical aspect of it. So for Dr. Mossanen, are there any contraindications or concerns about doing strenuous exercise like running while in the middle of a BCG therapy in the sense of that? Or is there any warning signs that people should be looking out for if they're having intravesical therapy and they notice blood in their urine, if they go out and do something strenuous. Is there something they should be paying attention to?

Dr. Mossanen:

I think it's okay to exercise while on BCG therapy. In fact it might be helpful to cope with some of the side effects. If you're noticing that you're having bleeding though, you might want to reduce your activity, increase your hydration, see if it improves. And of course, I'm obligated to say contact your doctor if your symptoms don't improve. But I think that even moderate activity could be good to help deal with some of the side effects of therapies like the bothersome urinary issues that patients might get.

So you might not be able to do the most intense exercise, but as we kind of discussed a microburst of activity or something. Just some movement is better than no movement. So I do think it's okay to be active and to do some exercise during intravesical therapy.

Stephanie Chisolm:

Great. And we will have a question about the BCG in just a moment, but let me just ask another follow up. How soon after a TURBT do you... And in general do doctors suggest people wait before they go back to doing real physical activity or exercise?

Dr. Mossanen:

That's a great question. It depends. If it's a small little one centimeter tumor that's been plucked and cauterized, then maybe within a couple of days patients can get back on their feet and back to their regular exercise program. If it's a large tumor that required a very extensive resection and a catheter to help the bladder recover and heal, then you might have to wait. So it really depends, but I think even no matter which procedure you've had, getting up and walking immediately after surgery is very important for numerous reasons.

So I think getting active is the key theme to emphasize. The degree to which you can really push it if you really are that active and very eager to get back to your regimen, I think you just talked to your surgeon so that they can communicate how big the procedure was.

Stephanie Chisolm:

Okay. That's a good point. So Scott, when you went through your treatment, you had BCG. Correct? So were there any side effects that really impacted you in terms of things that you experienced that perhaps you found a way around them? Dr. Mossanen, you were just talking about things that you might be able to do to mitigate side effects, but what kinds of things in particular like if you had burning with urination, obviously, you would be hydrating more, but was there something exercise wise that might have helped that?

Scott Eriksson:

Yeah. So it's interesting question. One, it was exercise that made me realize I had a tumor to begin with. So a lot of things, I had blood in my urine after a really hard workout. And first I googled it and, oh, Google just said it's because of my hard workout. Well, then it came back a few more times and that led me down the path of finding it earlier than I would've otherwise because of exercise. So that was a good thing.

After the resection, I think I had a catheter for six days and that did keep me from going to the gym. I don't feel up for it. I'm sure no one else wanted to see me come to the gym with a catheter. But two weeks after my resection, the doctor gave me the okay to start working out and in the gym and I actually felt very strong.

Now, when I started those treatments and the side effects built up a little bit more over time, which I guess is fairly common, I found that I would be tired for about a day. So I wouldn't go and do... Usually, try to schedule it for Friday afternoon, then I would just take Friday afternoon and Saturday off. And then Sunday I felt pretty good again and I was able to start exercising a little bit more and all that. There was one time where I decided to push it and exercise and work out anyways the morning after my BCG treatment.

What I found was interesting is it wiped me out for a few days. So for me personally, every case is different. We're all unique just like everybody else kind of thing. But I found that if I gave myself that data rest then I was able to start exercising pretty effectively the next day after that. Other than that, it didn't slow me down. I did change my workouts. At the device of one doctor, I stopped doing really long cardio. I stopped doing endurance work and focused more on short... Even when I'd go out and run, I'd run short sprints versus trying to do long distance and that seemed to work for me.

Stephanie Chisolm:

So Mark, I have a question for you to follow that up and put that mental health piece in there. So when you're experiencing side effects that can be very uncomfortable or challenging, how do you continue to reframe your selfie, your elevator pitch to make yourself get through those? What do you suggest that

people might be able to do to help change the little script that's playing in their head when they're experiencing discomforts and pain because of the treatments that they're going through?

Mark Block:

Well, my experience is if we can start to do different things, little things like go to someplace you haven't been before and talk to someone to get your mind into that new frame, you have to really begin small steps to get away from that. Go to an art exhibit. Talk to someone who haven't talked to. Talk to them about what's going on in your life. Talk about what you'd like to be. It's really a matter of trying very hard to do something you haven't done before.

Stephanie Chisolm:

Yeah. Okay. Go ahead, Scott.

Scott Eriksson:

Yeah. Sorry, Stephanie. I just want to make this observation about participating in master sports, whether it's swimming or track and field, I noticed when I went to my first national meet after my resection, all of a sudden I was aware of all the other things that older athletes are going through. So I had the bladder cancer, but there was the guy with the new knees and the person with the shoulder surgery or the replaced hips and all that. And it made me realize as we get older, our fitness goals are really a little bit of a constant recalibration to the situations we find ourselves in life. So it was very helpful for me to see that, yeah, there's a lot of other people who are going through their trials and tribulations and things are having to overcome and staying active, and encouraged and enthusiastic about being fit.

Stephanie Chisolm:

Dr. Mossanen I have a question. A lot of patients who do end up having a radical cystectomy have ileal conduits and that of course could lead potentially to parastomal hernias. What are the things that you as a healthcare provider might suggest a patient do to reduce that risk or adapt in their desire for getting back and being active in such a way that they can do that but maybe not risk a parastomal hernia that could occur because of the conduit that they have, the type of urinary diversion?

Dr. Mossanen:

It's a really good question. I'm thinking of a couple of my patients that are very athletic, yoga instructors and heavy duty cyclists. And so I will sometimes recommend that they get a support belt and wear it. It can be customized for the stoma and they can work with an ostomy nurse to do that. I usually have them put it on when they're doing their activity. And the key thing is to really not let the body heal after the cystectomy. So I really encourage them to be patient and let their body heal for at least six to eight weeks before they really want to go after heavy activity. Even sometimes three months. So combination of the belt and letting the body heal or some of the suggestions for helping to reduce that.

Stephanie Chisolm:

Right. So now maybe you can recommend a little microburst of particular little areas that are not necessarily going to impact where the stoma is in some way. So now you've got a new way of thinking about that. So this is great. Are there any concerns about bike riding because that's certainly. With other types of cancer like prostate cancer, that certainly can have an impact when you're riding on a bicycle and everything else.

Have you seen anything or do any of you know anything about alternative, not just running or being an athlete themselves, but in the sense of using equipment like a bicycle to exercise or a treadmill for walking, those kinds of things? Any suggestions?

Dr. Mossanen:

I'll just make a quick comment. I think we're sort of like the rest of the people on this panel are highly competitive, established, accomplished athletes. But many people with bladder cancer are dealing with other health problems.

Stephanie Chisolm:

Good point.

Dr. Mossanen:

Or they were former smokers and their lung function is not great or they're in the middle of chemotherapy. So I think that... My guess is that, and I really want to hear the other guys make comments too on this, but is that most patients with bladder cancer will benefit from just 20 minutes of walking a couple days a week. If we're getting to the point where we're doing highly vigorous like bicycle riding, then I think you might want to have a one-on-one conversation with your urologist or your medical oncologist or whoever it is about the degree of activity and some of the symptoms that you may or may not be connecting with that exercise. I just wanted to put that little comment in there.

Stephanie Chisolm:

Yeah, good point.

Mark Block:

Well, I'd like to jump in here just for a minute because I have a client... As a personal trainer, my clients, my bladder cancer clients are at all stages. And I have one client who I am... And he's on the call now and I did a triathlon because I'm a triathlete. But if you manage it properly and if you can manage the stress. And Dr. Mossanen, you can correct me on this, he knows his limits. We ride 30, 40 miles at a time. We run once a week and we're running six, seven, eight miles.

We're in the pool. It's his weakest point. But you can do it. If you manage it properly, you understand your limits and you understand the implications, possible implications, there's not much you can't do. I've seen it firsthand with my clients.

Scott Eriksson:

Stephanie, I agree with what Mark is definitely saying and it sounds like certainly a lot of wisdom coming from Matt. One of the things that I've done is some people that I've worked out with is we've had ailments and we wanted to get some walking in, but maybe we didn't have that much time to go for 20 minutes or we wanted to have a little bit the feeling of support is I'll walk in the pool. It gives me some resistance, but gives me support as well. I feel like I can get some work in without actually having to go on a long walk or a long run.

So just a little tip of, it's a little bit like a microburst, right? Just walking in the pool. Not over my head. I'm tall so make sure it's on the shallow section, but I found that to be really good way to get some endurance work in without overtaxing the body and giving myself some support as well.

Stephanie Chisolm:

Right. Yeah. So I think it's important to remember that just because you're paying attention on this program or you're watching the recording, you're not suddenly going to be a competitive athlete at age 65 if you didn't start as a competitive athlete your whole life. It's not going to happen right then. But you are able to build exercise into your day, fitting into your signs and symptoms and treatment. As Dr. Mossanen is saying, always check with your provider. Make sure that they know what you're doing so that if you end up with any problems, they know how to help you, I think would be a really good point.

And that it's not just physical, but it's also very mental and those are some things that all lead ultimately to wellness and thriving and doing well. So those are some key points that I think this webinar really brought out to me. As a participant on the webinar, do you all have any other closing comments? Because this has been phenomenal and as I mentioned, I think, Scott, I'd love to get some pictures or links to any of the other exercises. And Mark too, we can put the links into the transcript as we create that and we post that on our website. I think it'll be an invaluable resource for a lot of patients.

Mark Block:

I would just like to make another comment on this pro-athlete issue. I think it's important. Most people are not the kind of athletes that we are on this call. Most people, as you said, if they can do the recommended required minimum daily requirements, they're lucky. I really believe that it's equally as important to step away from that a little bit. Yes, as Dr. Mossanen to improve exercise is critical before. You've got to be routine. The better shape you're in, the easier the procedure is going to be. The easier it is your recovery is going to be, the quicker you're going to get back on your feet.

But most people need to get through that. They're not like we are. So one step at a time. Think about yourself and think about your elevator pitch. Think out of the box and make yourself realize how important this exercise is. I think that's very important to get away from. Scott and myself who are just below pro athletes. It's not reality for most clients.

Stephanie Chisolm:

Right.

Scott Eriksson:

I'd like to piggyback on that, echo it completely. One of the things, the people that have gone through the microburst workouts, it's a flat resistance band. Any of us that had any health issues, as we've matured through life, we probably have resistance band from the PT somewhere. But if not, you can get one easily. And the people that we had go through our program were all ages. It's really interesting, the story one guy, finally got his 98-year-old father working out with him doing these because again, it's so easy. But you'll really feel, just to add a little bit of resistance with the resistance band to any movement. Even if you're walking is just a great way to get started no matter what level you're at.

Stephanie Chisolm:

Super.

Mark Block:

Well, by the way, did anyone take a selfie, I asked for? Did anyone redo their elevator pitch in the last 15 minutes? Just curious.

Stephanie Chisolm:

Raise your hand if you did. There's a little raise hand button. Let me go to the participants and see if anybody's got their hand up.

Mark Block:

Come on. Somebody raise your hand.

Scott Eriksson:

I did.

Stephanie Chisolm:

Scott did. Scott rewrote his. So Scott, what's your new elevator pitch?

Scott Eriksson:

I love me some me. No, it was really grateful to be here and living heroically.

Stephanie Chisolm:

Excellent.

Scott Eriksson:

Which I guess I didn't really rewrite it. I've been saying that for a while, but I wrote it again.

Stephanie Chisolm:

Well, this is good. So I think absolutely one of the things that I think you've done, Mark, is you've planted the seed. People are going to start doing it. They're not going to do it right away to share. Especially with the Zoom, I haven't seen anybody with their hand up. However, I hope you planted a few seeds. And we started and we should always wrap up with a medical perspective. So Dr. Mossanen, what have you got to say to wrap us up?

Dr. Mossanen:

Oh, boy. I think it's been a very nice opportunity for me to learn from these two guys and go through all the benefits. But I think just the most basic thing I can say is that some activity is better than none. And most patients are dealing with bladder cancer. It's a heavy thing to carry. So just even if you're getting out there for 10 minutes a day, it can help. So just get out there and move. That's my final comment on all of it.

Mark Block:

It's a great comment.

Stephanie Chisolm:

Awesome. I think that actually wraps it up. I don't see any more real questions. There was just one question. "Have the speakers ever seen lesions on cystoscopy caused by exercised induced hematuria? I've seen a case report describing this and worry that if there are red lesions on the bladder wall caused by exercise, it could resemble CIS carcinoma in situ and I would end up having to go through a TURP

again when that might not be necessary." So Dr. Mossanen, that's a question, a technical question for you. Have you ever seen lesions that were caused by exercise?

Dr. Mossanen:

I think that's a very unique case. And given that this is a webinar, I think my answer would be probably just go through that with your urologist because it depends on their history of cancer, the type they have, the degree of leading and all. It's a very good question. I just think it probably needs a one-on-one answer.

Stephanie Chisolm:

Again, when in doubt, they're going to want to check it out and make sure. Is it exercise induced or is it a return of the cancer? It's really hard to tell without the microscope. So again, always refer back to your doctor. So thank everybody for joining.

