

# Valerie Kidd Bishop MD Joins the Writing Staff of Cancer.im

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Cancer.im Valerie Kidd Bishop

**Valerie Kidd Bishop MD received her BA UC Davis, College of Letters and Science, Chemistry major, 1980. She received her MD at University of California at Irvine, College of Medicine in 1984.**

Cancer.im is proud to announce that Valerie Kidd Bishop MD, has joined the Cancer.im writing staff.

Valerie Kidd Bishop MD received her BA UC Davis, College of Letters and Science, Chemistry major, 1980. She received her MD at University of California at Irvine, College of Medicine in 1984. She completed a Family Practice Residency Program at San Joaquin General Hospital from July 1984 to July 1987. She became first Board Certificated in Family Practice in 1987, then again in 1993, 2000, and 2007. Dr. Kidd is an active member of the American Academy of Family Physicians since 1987. She has been practicing medicine at Lodi Memorial Hospital since 2006.

Dr. Kidd Bishop has worked for many years in primary care, which allows her to understand the importance of early detection of disease and need to improve medical care, and access to care. Her teaching experience adds to her credibility in the realm of Primary Care.

Dr. Kidd Bishop's clinical positions include:

1987-1988, Staff Physician, Employee Health Services, San Joaquin General Hospital;

1988-1991, Staff Physician, Lincoln Family Medial Group, Douglas Road, Stockton;

1991-1995, Staff Physician, Employee Health Services, Modesto, Stanislaus County;

1995-1996, Physician, California State University Stanislaus Student Health Center;

1996-2006, Staff Physician, Employee Health Services Clinic, San Joaquin General Hospital;

2007-March 2009, Family Medicine Physician, St Joseph's Medical Group of Stockton;

2007-March 2009, Medical Director, University of Pacific, Cowell Wellness Center Student Health;

2006-present, Staff Physician, Lodi Memorial Hospital Urgent Care Clinic;

2006-present, Staff Physician, Lodi Memorial Occupational Med Clinic;

Dr. Kidd Bishop's teaching positions Include:

1988-2003, University of Pacific, Physical Therapy Guest Lecturer;

1987-1991, Clinical Preceptor, San Joaquin Family Practice Residency;

1991-1996, Clinic Preceptor, Stanislaus Family Practice Residency;

1996-2003, Clinic Preceptor, San Joaquin Family Practice Residency.

Her writing skills and vast medical practice experience is a great addition to the Cancer.im goals of educating cancer patients, and their caretakers.

## **About Cancer.im**

In 2013, nearly 1.6 million Americans will be diagnosed with cancer. Of that, 581,000 people are expected to die. Cancer accounts for 1 in every 4 deaths, second only to heart disease as the most common cause of death. The monetary cost seems irrelevant to the loss of life. Overall costs of cancer are projected to exceed \$201 billion in 2013: \$77 billion for direct medical costs (all health expenditures) as well as over \$124 billion for the indirect mortality costs.

Cancer.im is a nonprofit with its mission to empower every cancer patient, regardless of their ability to pay, with the ability to research their disease and to find, organize, and manage their own cancer support network. The goal of these support networks is to assist the patient in conserving needed energy by reducing the burden associated with their own daily trials and tribulations. Cancer.im strives to convert this saved energy into a higher level of patient activity and a stronger determination to fight.

Cancer.im vision is based in part on the Robert Ryan Cancer Protocol- a modular 15 part best practice guide on teaching and assisting cancer patients and their loved ones on the importance of Quality of Life (QoL) and how to raise it when managing a diagnosis of cancer.

One weapon on this war on cancer is Quality of Life (QoL). On October 27, 2007 Dr. Nikolaou, on behalf of Fox Chase Medical Center (a National Comprehensive Cancer Network) published a double blind placebo controlled study titled "Quality of Life (QOL) Supersedes the Classic Predictors of Survival in Locally Advanced Non-Small Cell Lung Cancer (NSCLC)." The study was designed to evaluate the role of QoL as a prediction for survival. Some 91 percent of patients completed a standardized QoL survey before treatment. All patients were followed for at least 17 months. What they found is quality of life emerged as the most significant predictor of overall patient survival.

"...We conducted two different statistical analyses including all the usual prognostic factors and either way, quality of life remained the strongest predictor of overall survival," "...What's more, if a patient's quality of life increased over time, we saw a corresponding increase in survival," said Dr. Benjamin Movsas of Henry Ford Hospital. This study concluded that by raising a Cancer Patients Quality of Life via the European Organization for Research and Treatment of Cancer QLQ-C30, you could directly lower the incidence of morbidity in a cancer patient, **regardless of treatment.**

To learn more about Dr. Kidd Bishop, please visit here <http://cancer.im/profile/ValerieKiddBishop> or her Google+ profile at <https://plus.google.com/101000795604019784438>.

To learn how you can be a volunteer please send an email to [volunteer@cancer.im](mailto:volunteer@cancer.im)

**Cancer.im**

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