June 2021

Meeting Updates

NRG
July 19–28
Virtual

NCORP Annual Meeting
August 25–27
Virtual

Issue Highlights:

• Contest Winner
• NRG – Virtual
• Accruals & Biospecimens

Congratulations to SMC’s
Glenda McArthur
for winning our LinkedIn following giveaway!

Way to go Ms. Glenda!

Thank you to all who continue following and interacting with our posts over on our LinkedIn page!

Follow the link to view our page
LinkedIn.com

Study Shout Outs
Study Shout Outs

Our fantastic team at Bon Secours has enrolled 6 Patients onto the new NRG GU-009 protocol in less than a month!

We are so proud of you and your continuing hardwork!

Dr. Attia
Chris Sanchez
Sharon Thompson
Ashley Crowe

Research Base Meeting – NRG

Registration for NRG is now open!

Follow the link below to view the agenda and register today!

The Cancer Letter
Accruals & Biospecimens—Special Entries

May 22, 2021

June 11, 2021

June 4, 2021

June 18, 2021

June 17, 2021

June 12, 2021

Accruals & Biospecimens—Special Entries

May 22, 2021

June 11, 2021

June 4, 2021

May 28, 2021

Accruals & Biospecimens—Special Entries
NCI Assigned Performance Target Tracking
GY2 May YTD 2021

Exceeded NOA goal of 350

- 76 Treatment
- 98 Cancer Control
- 328 TMIST

- 50 Treatment
- 50 Cancer Control
- 200 TMIST

502

167% of goal!
Under-Represented Populations

Underrepresented Populations

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<td>3</td>
<td>2</td>
<td>7</td>
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<td>11.5%</td>
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<td>Older Adults (&gt;65 yrs.)</td>
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<td>25</td>
<td>15</td>
<td>11</td>
<td>22</td>
<td>21</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>198</td>
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<td>4</td>
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<td>14</td>
<td>15</td>
<td>14</td>
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<td>197</td>
<td>35%</td>
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CCDR Corner
WF-1805CD HN-STAR

$$$
Don't forget the potential Special Funding for HN STAR enrollment! $$$

- Seeks to improve Survivorship for patients with Head and Neck cancers
- Sponsored by one of our favs-Wake Forest Research Base
- Let's work to be Super Stars for HN-STAR!

Diving into Disparities

Cancer Health Disparities among the LGBTQ+ population:
An Underrepresented Group in Clinical Research

The lesbian, gay, bisexual, transgender/transsexual, and queer/questioning (LGBTQ) community, also referred to as sexual minorities, represents a growing and medically underserved population in the United States (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013). Multiple social and economic factors and risk behaviors due to the stress of living as a sexual and gender minority correlate with health disparities among this population. For example, LGBTQ+ patients have the highest tobacco and alcohol use rates, which are both known contributors to elevated cancer risk, compared to non-LGBTQ+ patients (Daniel, Butkus, & Physicians, 2015). A better understanding of the barriers and facilitators to LGBTQ+ populations' cancer screening behavior can lead to early detection and identification of factors associated with such at-risk groups. Therefore, enabling public health initiatives to expand the reach of strategies and interventions to promote healthy communities and assess patient's lack of knowledge about...
strategies and interventions to promote healthy communities and assess patient's lack of knowledge about cancer screening and treatment can lead to improved health outcomes for the LGBTQ+ population (Haviland, Swette, Kelechi, & Mueller, 2020) (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013).

A long history of LGBTQ+ bias in the healthcare system continues to be a main systemic barrier to cancer care and treatment. Therefore, education and the provision of culturally sensitive healthcare for LGBTQ+ patients are imperative.

**Facts regarding LGBTQ+ patients with cancer:**
- Studies report a lack of trust and understanding in physician-patient relationships because LGBTQ+ patients fear substandard care or confidentiality issues if they choose to disclose their sexual orientation or gender identity.
- Lesbian and bisexual women are an underserved population in cancer care regarding breast cancer screening and prevention and have a higher prevalence of cervical cancer risk factors than heterosexual women due to differences in behavior and barriers to healthcare.
- The underutilization of healthcare among the transgender population is due to perceived discrimination and stigma.
- Gay men are less likely to be screened for anal cancer due to fear, discrimination, and homophobia in the healthcare system, contributing to late-stage cancer diagnoses.


**How do we provide quality healthcare that indicates inclusiveness and cultural competency?**
- Expand and deepen your LGBTQ+ care knowledge w/ reliable sources such as the CDC, The Office of Minority Health, and other LGBTQ+ advocacy sites
- Awareness of key LGBTQ+ definitions
- Create a welcoming environment for LGBTQ+ patients by having a visible nondiscrimination policy and health education literature with diverse images and inclusive language
- Convey respect by using inclusive/safe language such as preferred names and pronouns

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Do you have any staff you would like highlighted in The Connector? Please submit it by the 15th of the month to Alaina: akennedy@srhs.com

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**Connect with us on LinkedIn!**
@UpstateCarolinaNCORP

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