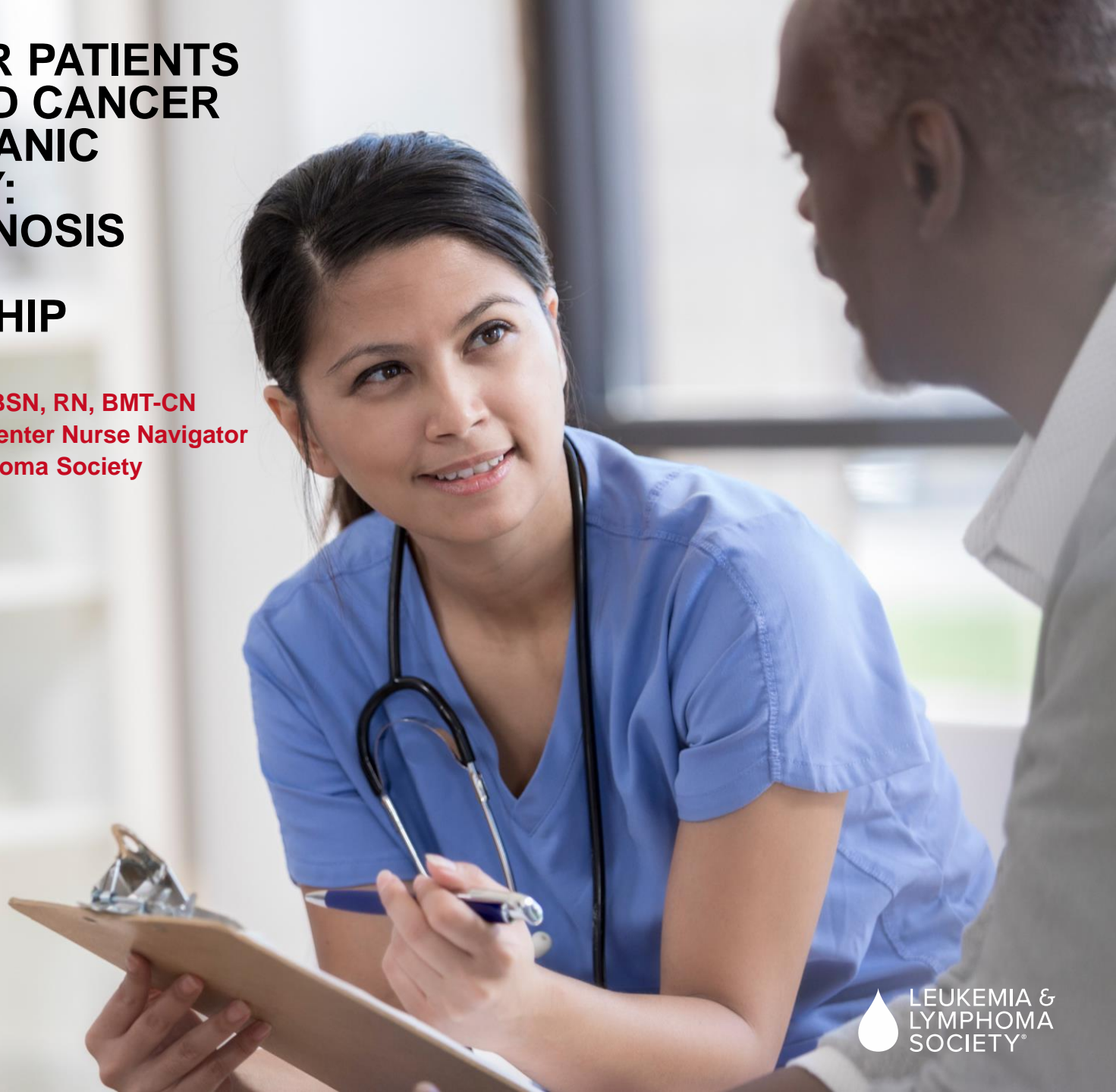


# CARING FOR PATIENTS WITH BLOOD CANCER IN THE HISPANIC COMMUNITY: FROM DIAGNOSIS THROUGH SURVIVORSHIP

**Susana Moscoso, BA, BSN, RN, BMT-CN**  
**Clinical Trial Support Center Nurse Navigator**  
**The Leukemia & Lymphoma Society**

**December 5, 2023**  
**8pm Eastern**



# WELCOME AND INTRODUCTIONS

Crystal Loucel, MPH, MS, RN  
*Member, Board of Directors*  
*Co-Chair, Diversity, Equity, and Inclusion Committee*  
National Association of Hispanic Nurses

# LEARNING OBJECTIVES

*After completing this CE Activity, the participant should be better able to:*

- **Describe the different blood cancers, including diagnosis and treatment**
- **Describe survivorship issues that may arise in the treatment journey of Hispanic patients with blood cancer and the impact on quality of life**
- **Explain the nurse's role in monitoring and managing short and long-term effects, including follow-up care for chronic diagnoses**
- **Review resources from The Leukemia & Lymphoma Society for patients and healthcare providers**

# CE DESIGNATION AND METHOD OF PARTICIPATION

## **Registered Nursing Credit Designation**

Approval for nurses has been obtained by the National Office of The Leukemia & Lymphoma Society under Provider Number CEP 5832 to award 1.0 continuing education contact hour through the California Board of Registered Nursing.

## **Method of Participation**

Attendees must participate in the webinar in its entirety and complete the evaluation to obtain CE credit. After completing this process, you will receive your certificate by email.



# ADVANCING CANCER CURES

The mission of The Leukemia & Lymphoma Society® (LLS) is to cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families.



---

We fund **RESEARCH** to advance lifesaving treatments

We drive **ADVOCACY** for policies that protect patient access to lifesaving treatment

We provide patients and families with hope, guidance, education and **SUPPORT**

# THE LEUKEMIA & LYMPHOMA SOCIETY IS AT THE FOREFRONT OF THE FIGHT TO CURE CANCER.



LLS HELPED ADVANCE

**14 OF THE 17**

BLOOD CANCER TREATMENT  
OPTIONS APPROVED BY  
THE FDA IN 2020



LLS HELPED ADVANCE

**85%**

OF THE BLOOD CANCER  
TREATMENT OPTIONS APPROVED  
BY THE FDA SINCE 2017

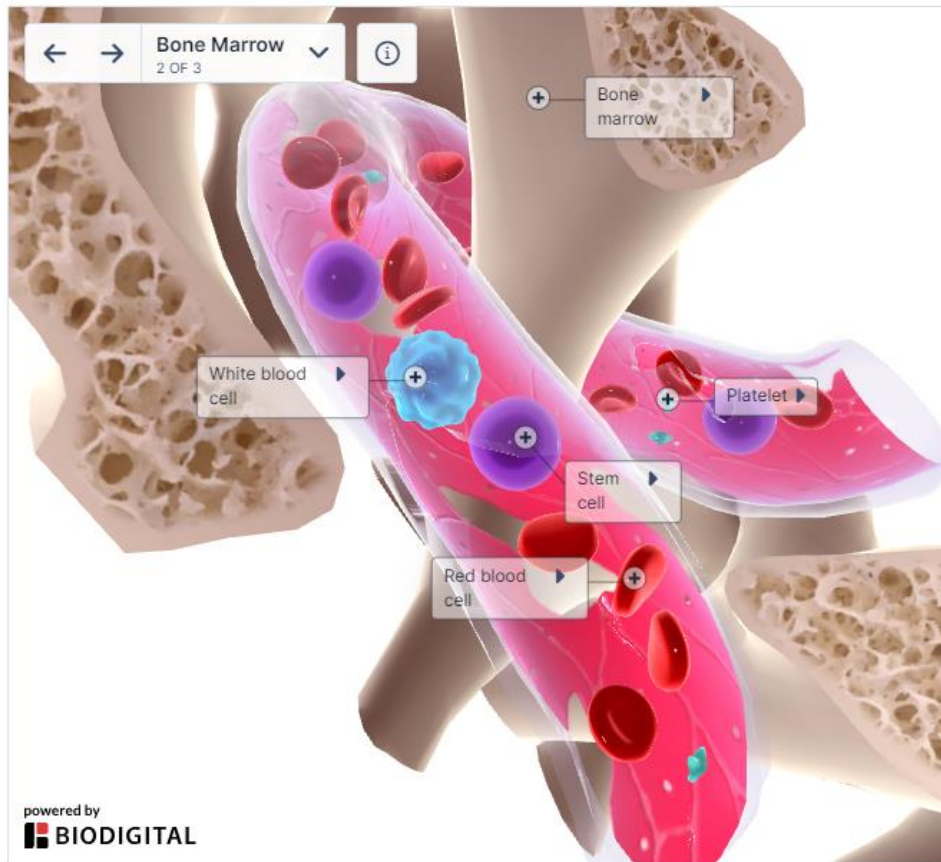
# **BLOOD CANCER – THE BASICS**

# WHAT IS BLOOD CANCER?

- Cancer arising from cells responsible for blood formation or immune function
- Commonly occurs in your bone marrow and lymphatic system where stem cells and immune cells are located and mature
- In the bone marrow, normal cell production is interrupted, and abnormal cells begin to grow.



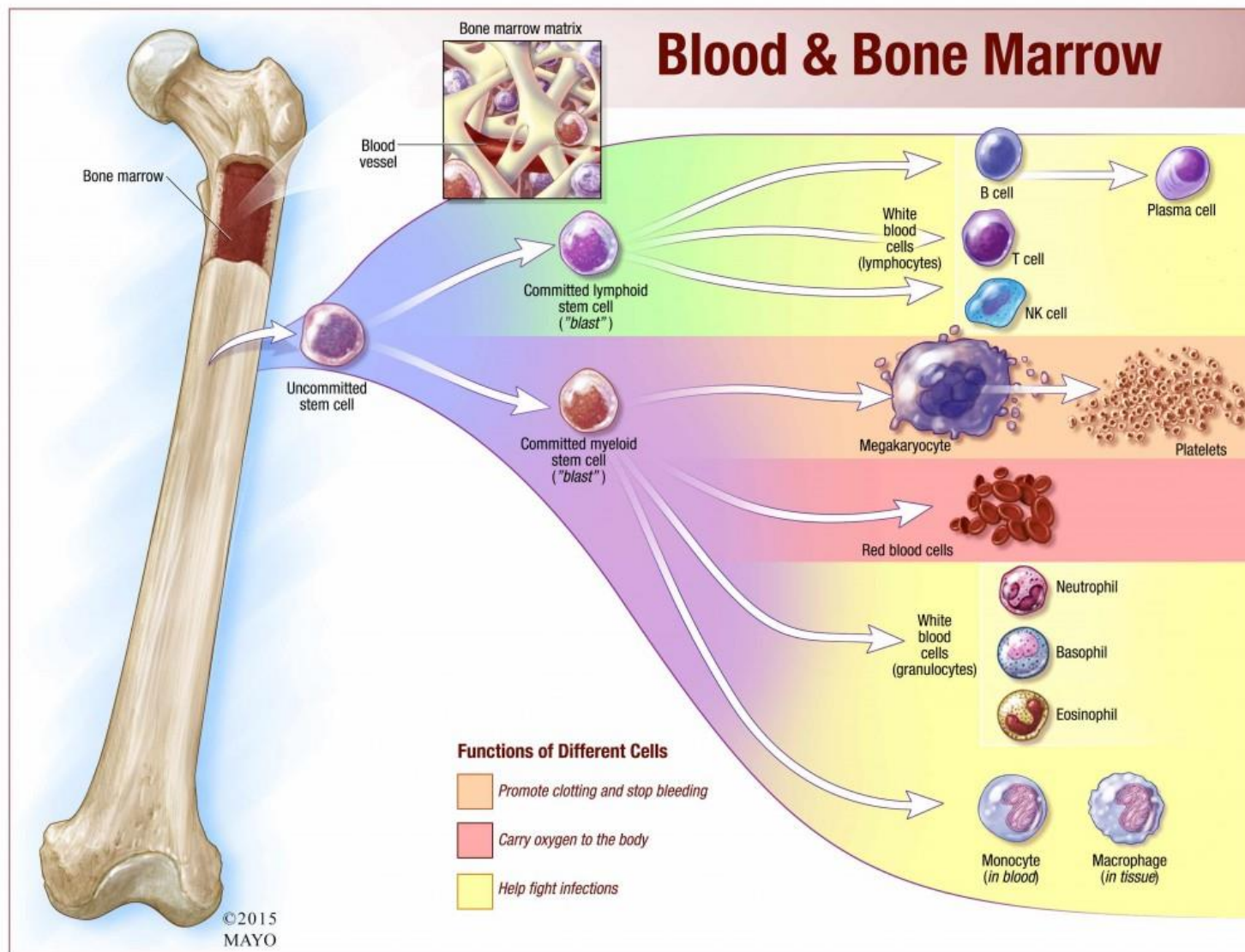
# UNDERSTANDING BLOOD CELL FORMATION



## Bones are made up of 3 main parts:

- Compact bone
- Spongy bone
- Bone marrow
  - Red marrow
  - Yellow marrow

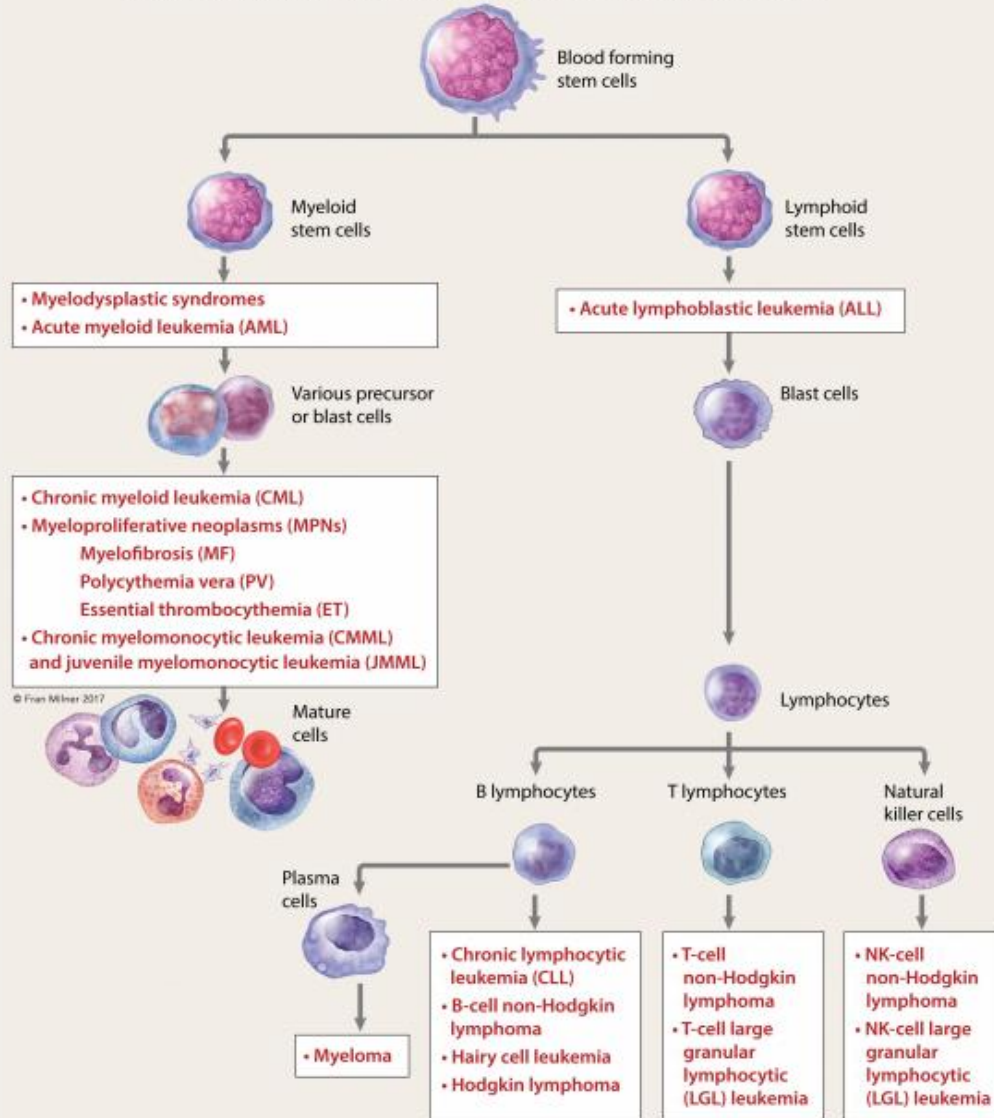
# UNDERSTANDING BLOOD CELL FORMATION



# WHERE DO BLOOD CANCERS DEVELOP?

**Blood cancers can develop in many different places within normal blood cell formation.**

The type of blood cancer that results has to do with where normal cell development is blocked. This picture shows the cell type where different blood cancers arise.

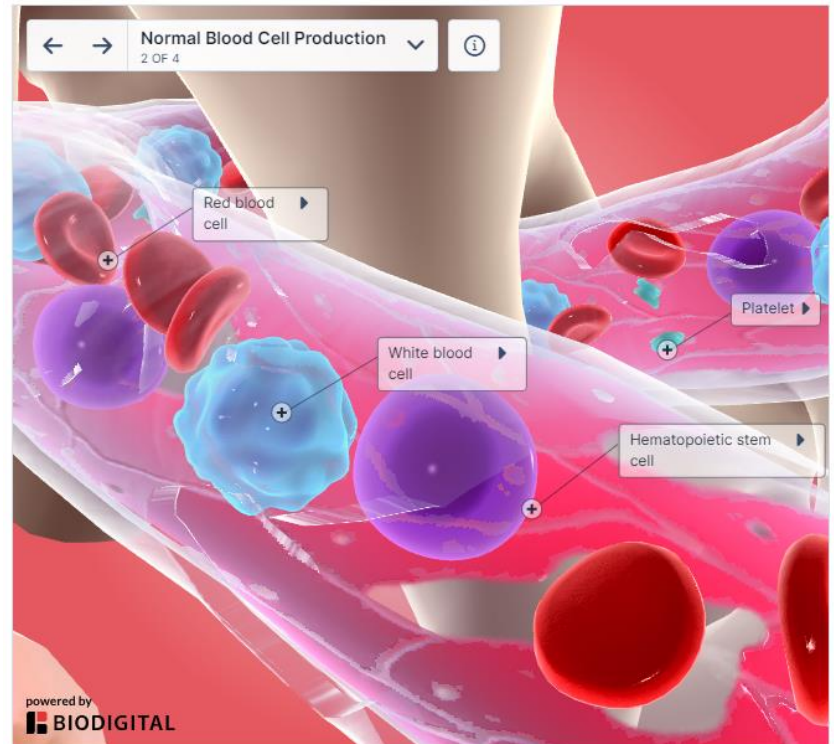


# CAUSES OF BLOOD CANCERS

- Most blood cancers have no known cause
- Most result from damages or changes to a gene/DNA
  - Usually acquired, rarely inherited
- Possible risk factors include (varies by disease):
  - Exposure to excessive doses of radiation
  - Exposure to certain viruses and chemicals (benzene)
  - Immune system disorders
  - Certain cancer therapies

# LEUKEMIA BASICS

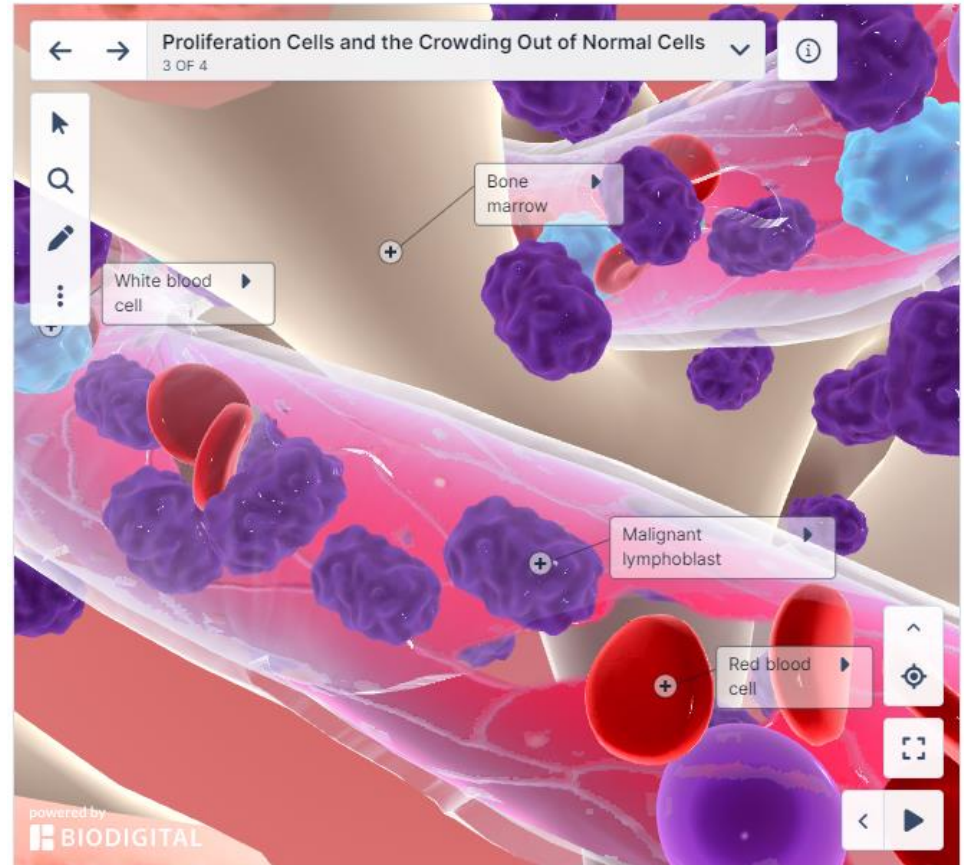
- Leukemic blasts prevent the production of normal blood cells, resulting in abnormal blood counts at diagnosis
- Four main types of leukemia:
  - Acute Lymphoblastic Leukemia (ALL)
  - Acute Myeloid Leukemia (AML)
  - Chronic Lymphocytic Leukemia (CLL)
  - Chronic Myeloid Leukemia (CML)
- ALL and AML come on quickly and must be treated urgently
- CLL and CML tend to have few to no blasts
- Each major type has its own subtypes



# LEUKEMIA BASICS

## Acute Lymphoblastic Leukemia (ALL)

- Most common cancer seen in children
- Risk peaks between 1-4, then decreases until about age 55
- Prognosis and treatment based on subtype, chromosomal and molecular abnormalities



# LEUKEMIA BASICS

## Acute Myeloid Leukemia (AML)

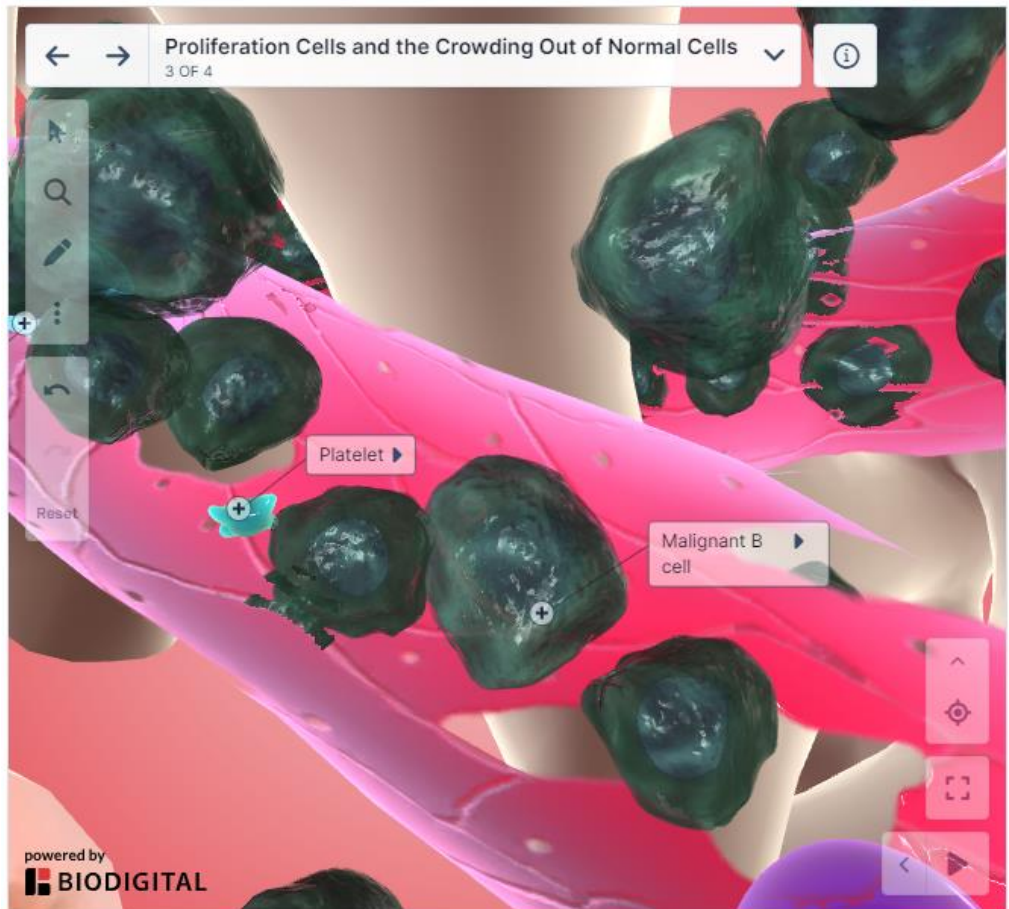
- Most common acute leukemia in adults
- Has many subtypes based on differences in biomarkers
- Can be primary disease, or secondary to other hematologic malignancy or secondary to treatment for prior malignancy



# LEUKEMIA BASICS

## Chronic Lymphocytic Leukemia (CLL)

- Most common type of leukemia in adults in Western countries
- Can progress slowly or quickly, depending on what form it takes
- Some patients may have CLL for years and not need treatment. Their doctor monitors them under “watch and wait” strategy.

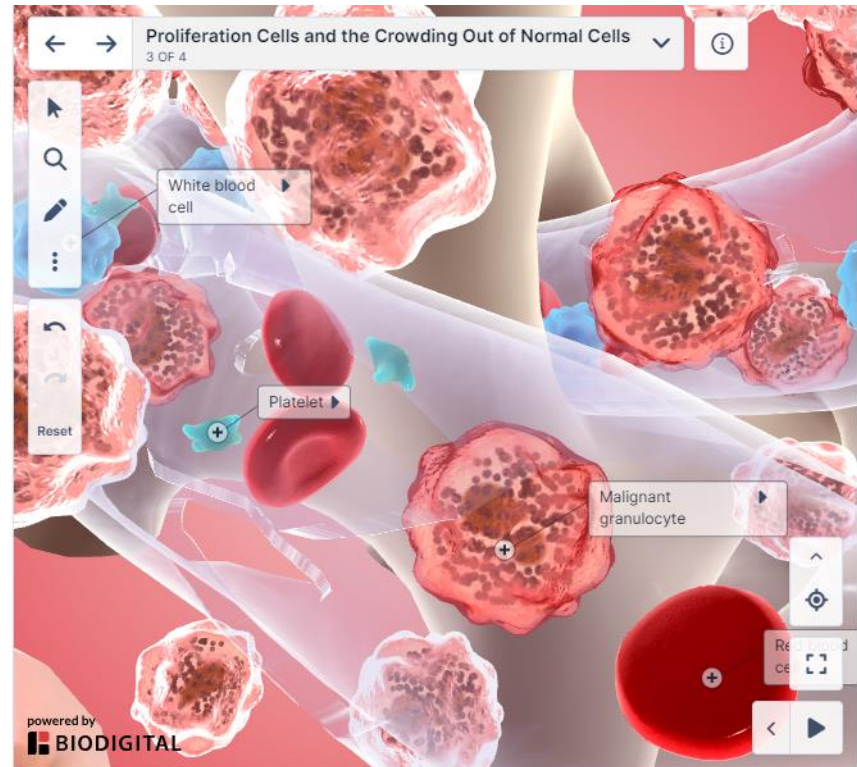




# LEUKEMIA BASICS

## Chronic Myeloid Leukemia (CML)

- Has 3 phases – chronic, accelerated, blast (often called “blast crisis”)
- A diagnosis of CML requires oral treatment upon diagnosis to prevent it from becoming aggressive



# MYELODYSPLASTIC SYNDROMES (MDS)

Sometimes called “pre-leukemia,” affects myeloid cell line where 5-19% blasts are present

## Risk factors:

- Male sex, white
- Older age (60+)
- No risks known for de novo MDS
- Secondary MDS may be due to previous cancer treatment

## Symptoms:

- Cytopenia (anemia, neutropenia, thrombocytopenia)
- Sometimes no symptoms are present

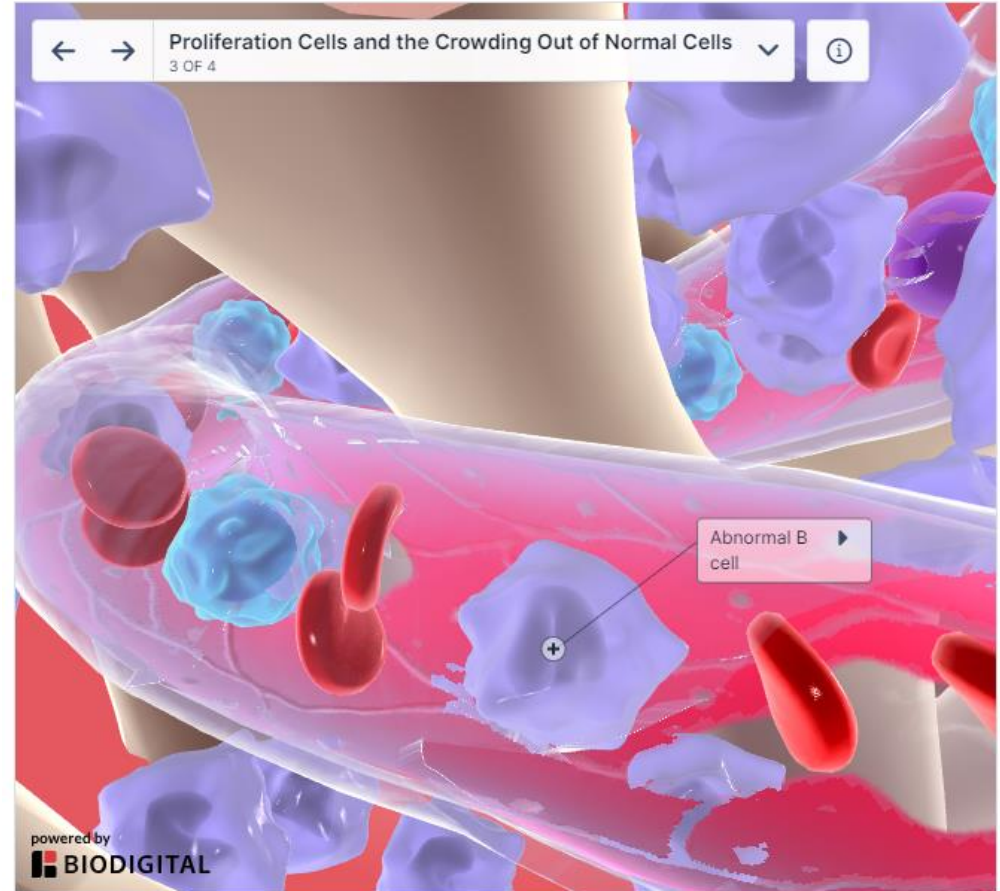


# LYMPHOMA BASICS

Abnormal lymphocytes accumulate and form masses (tumors) in the lymphatic system

## Non-Hodgkin Lymphoma (NHL)

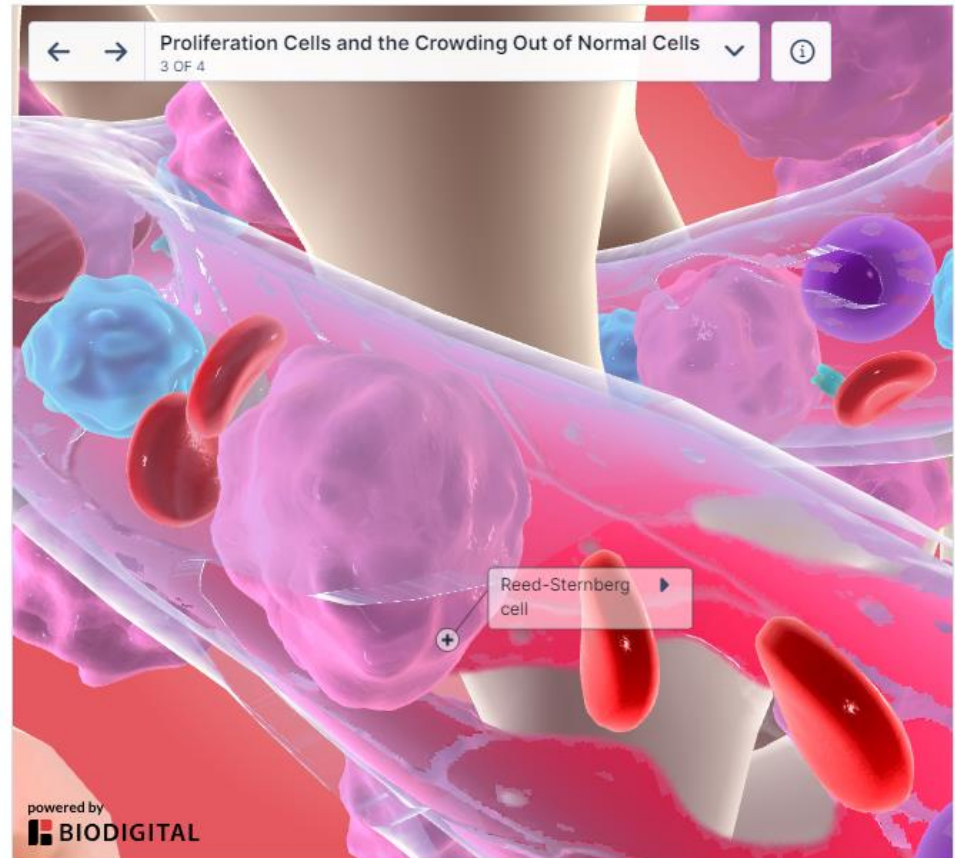
- B-cell lymphomas – 85% of all NHLs
- T-cell and NK-cell lymphomas – 15% of all NHLs
- More than 60 subtypes
- Aggressive or indolent, sometimes intermediate



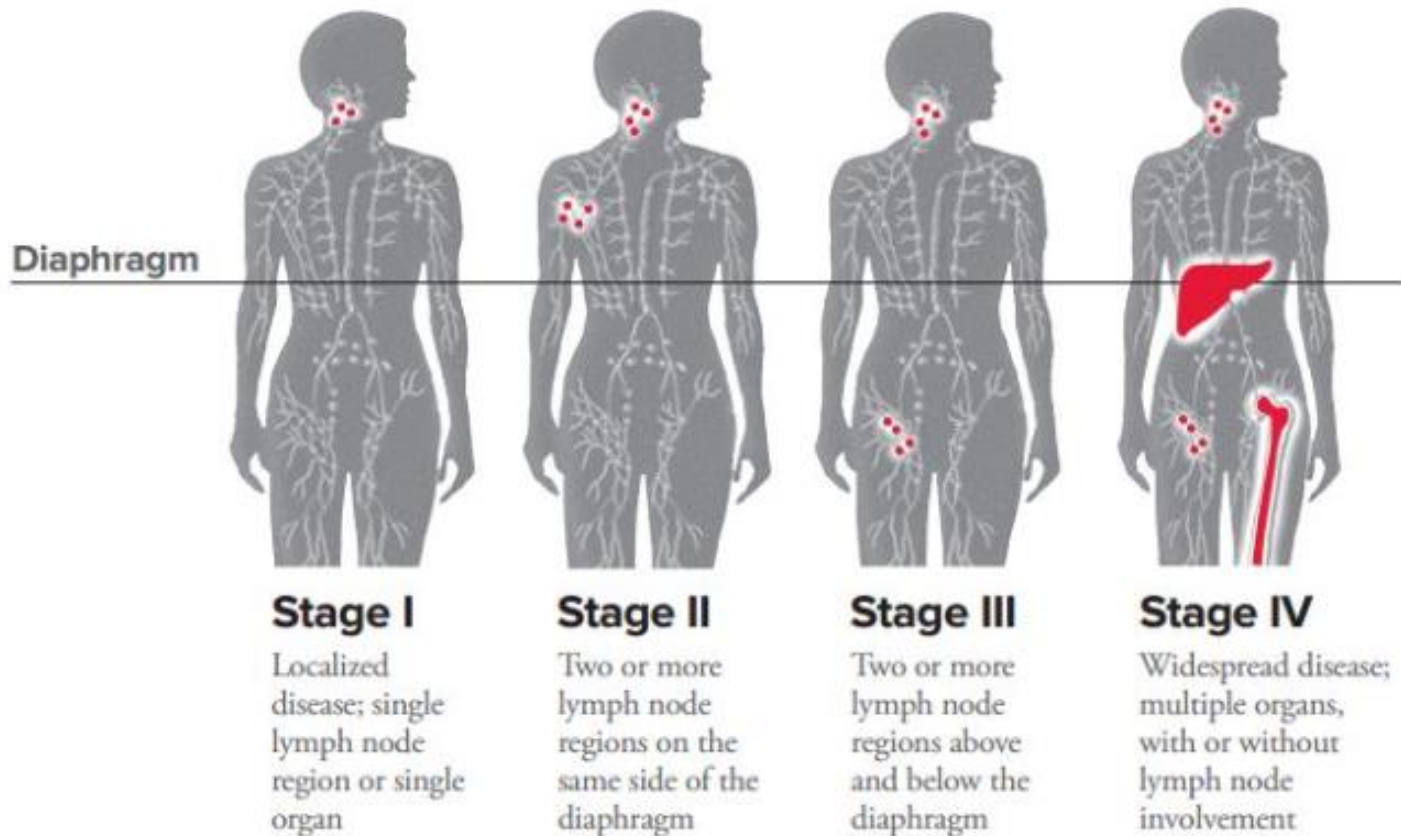
# LYMPHOMA BASICS

## Hodgkin Lymphoma

- B-cell lymphoma
- Distinguished from other lymphomas by the presence of the Reed-Sternberg cell
- Most likely to be diagnosed in young adults, but then becomes more common again after age 65
- Most forms are curable



# LYMPHOMA STAGING



# MYELOMA BASICS

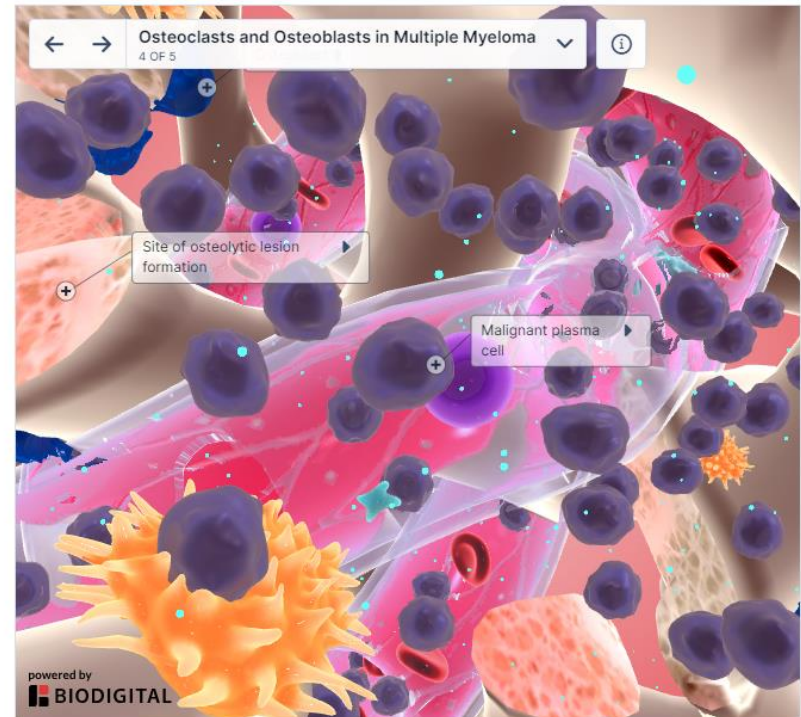
Cancer of the plasma cells (product of B lymphocytes)

**Can be classified as:**

- Plasmacytoma (single tumor)
- Smoldering Myeloma – asymptomatic slow growing
- Multiple Myeloma – diffuse throughout the body

**CRAB** criteria are important to the diagnosis:

- Calcium is increased
- Renal failure or insufficiency
- Anemia
- Bone lesions



# MYELOPROLIFERATIVE NEOPLASMS (MPN)

Myelo

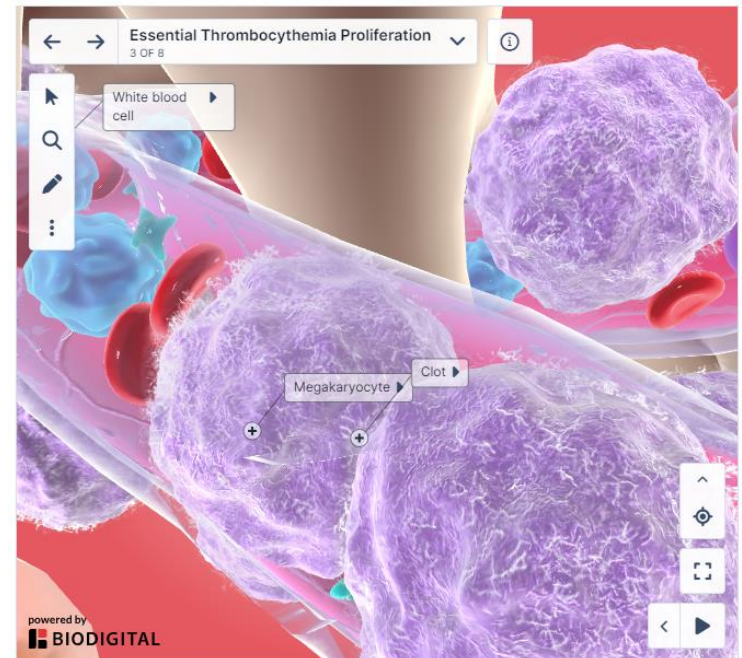
of the bone marrow

Proliferative

to grow or  
reproduce quickly

Neoplasm

abnormal growth of  
cells



Many subtypes but three are considered 'classic'

- Polycythemia vera (PV) – too many red blood cells are made
- Essential Thrombocythemia (ET) – too many platelets are made
- Myelofibrosis (MF) – scarring of the bone marrow after it has exhausted itself or as a primary disease

# HOW IS BLOOD CANCER TREATED?



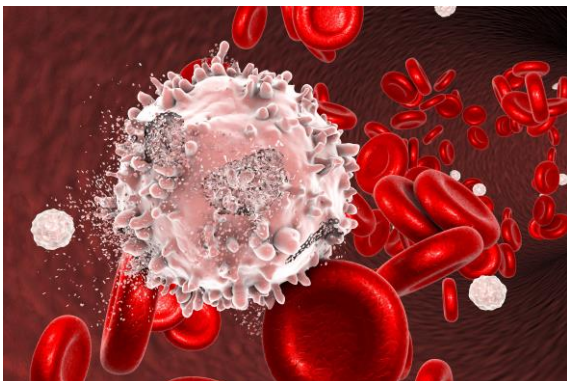
**Chemotherapy** – stops the growth of dividing cells

**Radiation** – damages DNA of cancer cells so they can not replicate



**Targeted therapies** – specifically targets the changes found in cancer cells' DNA which makes it become cancerous

**Immunotherapy** – harnesses your immune system to fight cancer



**Cellular therapy** – using cells from the patient or from donors for a variety of therapies



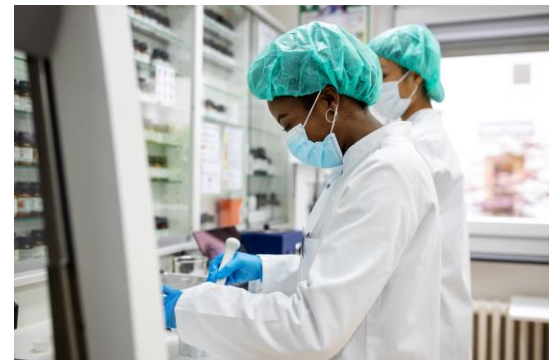
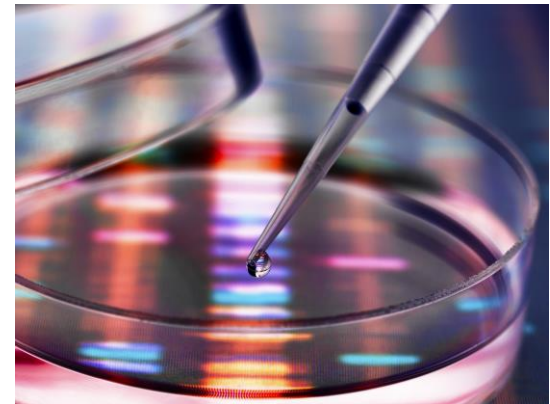
# CLINICAL TRIALS

## Cancer clinical trials are:

- Carefully controlled research studies
- Conducted by scientists and doctors to improve the care and treatment of cancer patients

## The aim of a clinical trial:

- Study a new therapy or a new use for an already approved therapy
- Compare a new treatment with a standard treatment to find out which one works better and/or has fewer side effects
- Improve quality of life
- Increase the length of survival or length of disease-free survival



# RISKS AND BENEFITS OF CLINICAL TRIALS

## **Benefits**

- **Contribution to present and the future**
- **Financial access to new treatments**
- **Early access to new therapies**
- **Access to physicians with extensive experience in the type of cancer**
- **Followed closely**

## **Risks**

- **Possibility the treatment may not work**
- **Unknown/fear of side effects**
- **Randomized trials - risk of being in the standard of care arm**
- **Increase time away from home, work and family**

# **BLOOD CANCER AND THE HISPANIC COMMUNITY**

# PREVALENCE OF BLOOD CANCER AMONG HISPANIC INDIVIDUALS

**Prior to 2020, cancer was the leading cause of death among Hispanic individuals in the US.**

- **Leukemia** ranks seventh on the list of cancer-related deaths the Hispanic population. Hispanic children and adolescents have a higher incidence of leukemia compared with all other racial and ethnic groups in the US.
- Hispanic **ALL** patients have worse overall survival rates, as well as higher mortality rates.
- Non-Hispanic whites have a higher incidence of **AML**, however Hispanic patients have worse overall survival.
- There is higher incidence of **CLL** in non-Hispanic whites, and no significant difference in survival or diagnosis between Hispanics and NHWs in **CML**.
- Hispanics have a higher incidence of **Multiple Myeloma** compared to NHW. The median age at presentation is 5 years younger (median, 65 years) in Hispanics compared to NHW (median, 70 years), and patients were more likely to present with renal dysfunction. There is no significant difference in overall survival when patients have equal access to therapy.

# FACTORS INFLUENCING CANCER OUTCOMES

## Biologic Factors

Genomic mutations

Comorbidities

Differences in drug metabolism

## Nonbiologic Factors

Health Insurance

Socioeconomic Status (SES)

Residence in rural areas

Lack of access to health care

Lower treatment adherence

Distrust in healthcare system

Language and literacy



# **IMPLICATIONS OF LACK OF INSURANCE ON CANCER SURVIVAL**

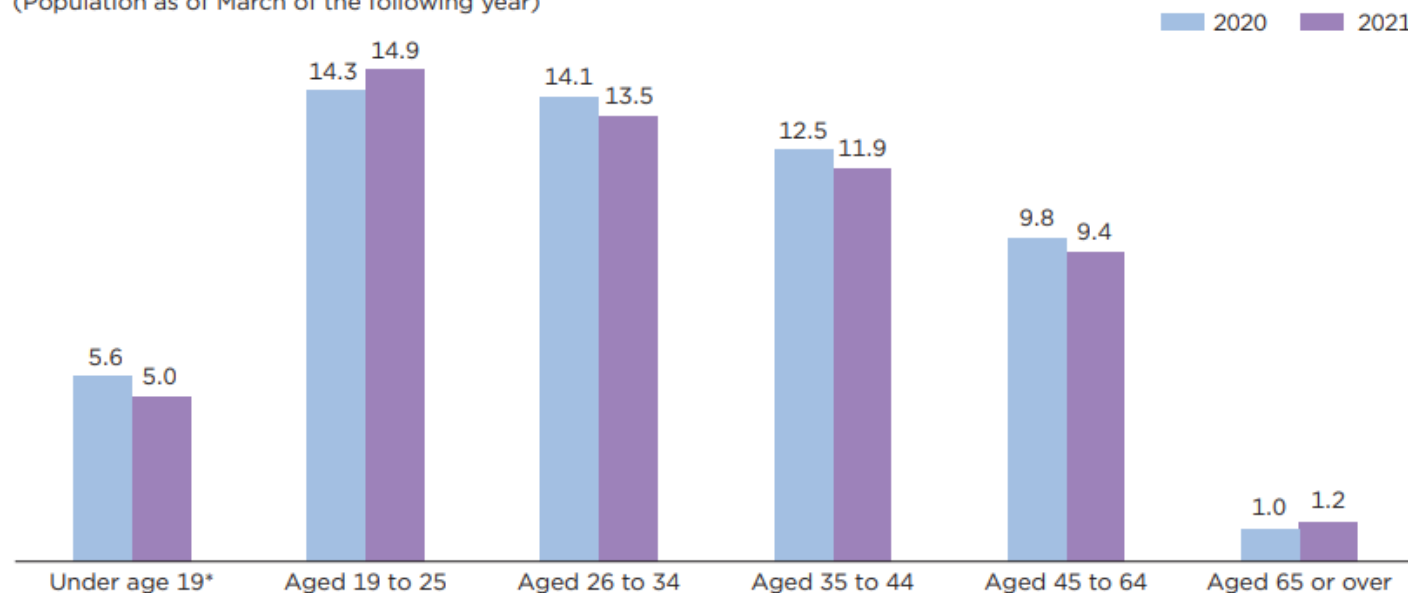
# UNITED STATES CENSUS DATA – HEALTH INSURANCE COVERAGE: 2021

More people were insured in 2021 than 2020. In 2021, 8.3 percent of people, or 27.2 million, did not have health insurance at any point during the year

Figure 2.

## Percentage of People Uninsured by Age Group: 2020 and 2021

(Population as of March of the following year)



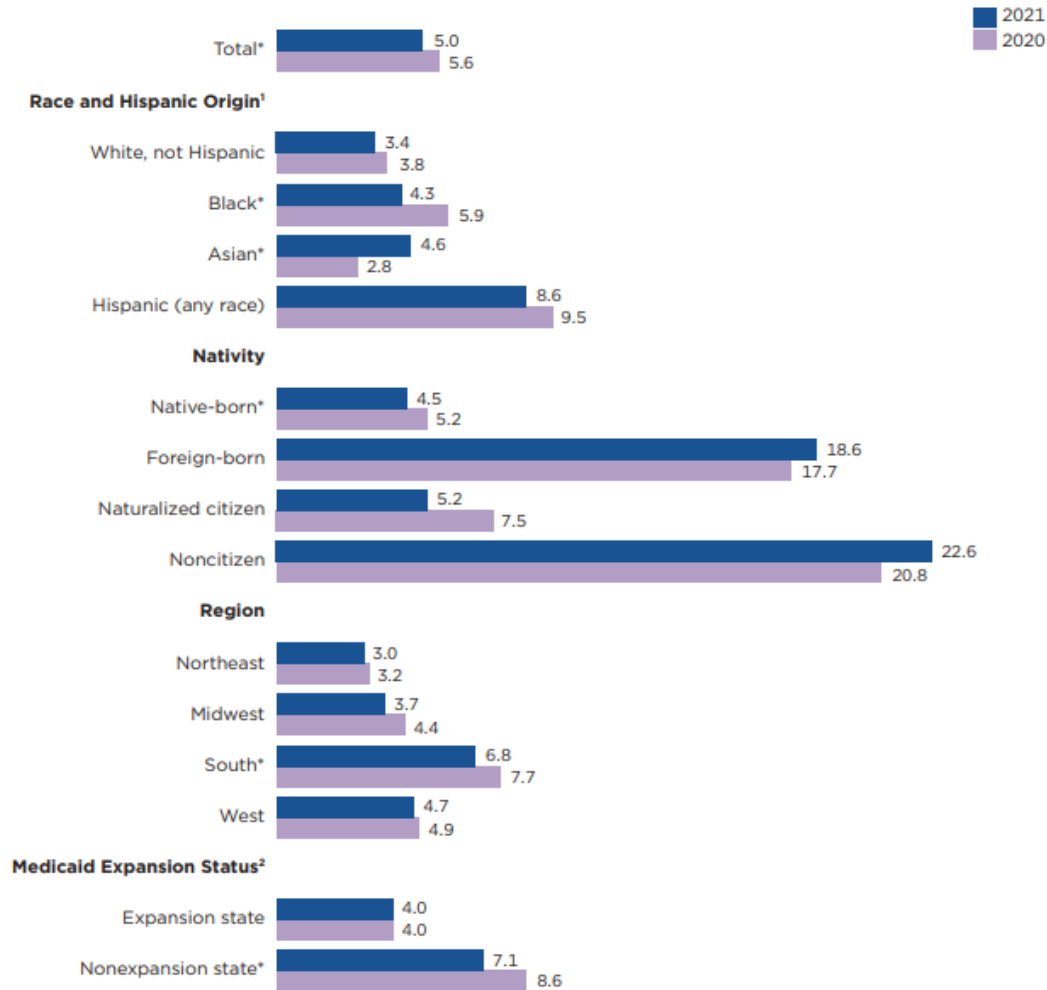
\* Denotes a statistically significant change between 2020 and 2021 at the 90 percent confidence level.

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar22.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).

Figure 4.  
**Percentage of Children Under the Age of 19 Without Health Insurance Coverage by Selected Characteristics: 2020 and 2021**

(Population as of March of the following year, children under age 19)



\* Denotes a statistically significant change between 2020 and 2021 at the 90 percent confidence level.

<sup>1</sup> Federal surveys give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Asian, may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This table shows estimates for the race-alone population.

<sup>2</sup> Medicaid expansion status as of January 1, 2021. Expansion states on or before January 1, 2021, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MT, ND, NE, NH, NJ, NM, NV, NY, OH, OR, PA, RI, UT, VA, VT, WA, and WV. For more information, refer to <[www.medicare.gov/state-overviews/index.html](http://www.medicare.gov/state-overviews/index.html)>.

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar22.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).



# CANCER SURVIVAL AND LACK OF INSURANCE

Health insurance plays a vital role in cancer outcomes.

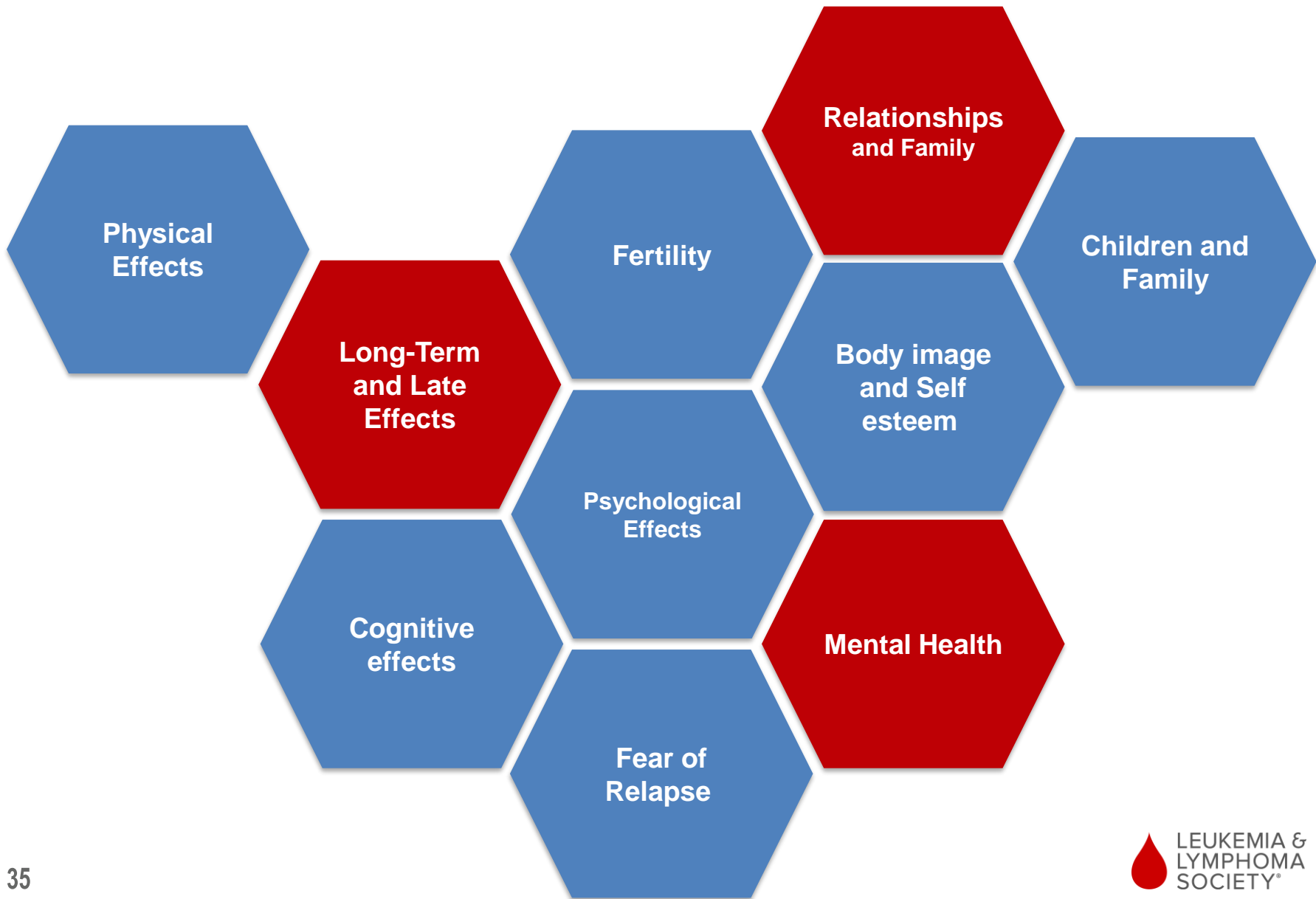
Uninsured patients are less likely to have a regular source of medical care and often do not obtain preventative care or cancer screenings.

**An uninsured patient with stage I cancer is less likely to survive their cancer than a privately insured patient with stage II disease.**

Uninsured patients are more likely to be diagnosed with cancer at a later stage.

# **SURVIVORSHIP**

# LIFE AFTER TREATMENT: CANCER SURVIVORSHIP



# FOLLOW-UP CARE: TAKING CHARGE OF YOUR HEALTH

- Track each visit with your doctor and record what was discussed
- Ask questions ([www.LLS.org/WhatToAsk](http://www.LLS.org/WhatToAsk))
- Ask for copies of lab reports
- Discuss test results
- Find out if and when follow-up tests are needed
- Seek medical and psychosocial support for fatigue, depression and other side effects
- Ask for a survivorship care plan



# WHAT IS A SURVIVORSHIP CARE PLAN?

**SHOULD BE GIVEN TO  
THE PATIENT AT THE  
COMPLETION OF  
TREATMENT**

**GOOD  
COMMUNICATION  
BETWEEN  
ONCOLOGIST  
AND PCP IS KEY**

A care plan should include

- A personalized treatment summary
- Information on possible late and long-term effects
- Information on signs of recurrence
- Guidelines for follow-up care, including screening for cancer recurrence and for secondary cancers
- Identification of providers
- Recommendations for healthy living
- Identification of supportive care resources

# LONG-TERM OR LATE EFFECTS

Survivors May Experience Long-Term or Late Physical Effects:

## Long-term effects:

Last for months or years after treatment ends.

## Late effects:

Do not appear until years after treatment ends.

Pain

Bone, muscle and joint problems

Fatigue and lack of stamina

Heart Problems

Lung Problems

Lymphedema

Peripheral Neuropathy

Premature Menopause

Cognitive Deficits

Sexual Dysfunction

Mental health effects

Financial concerns

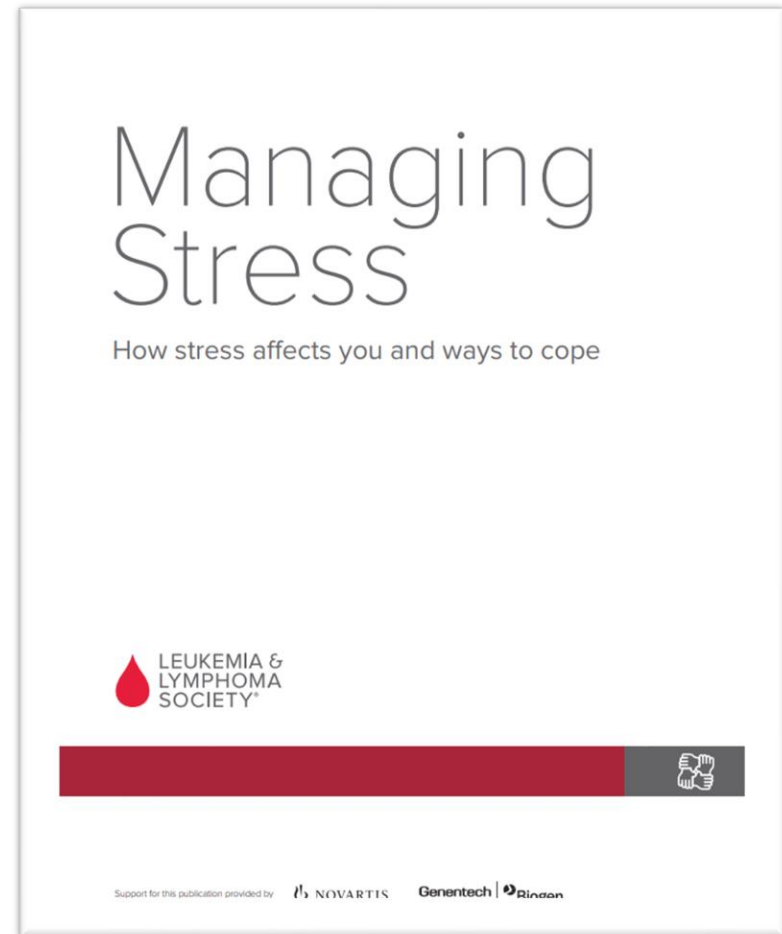


# MENTAL HEALTH & MANAGING STRESS

Prolonged high levels of stress is linked to health problems and lower quality of life.

Ways to manage stress include:

- Exercise
- Psychotherapy/ cognitive behavioral therapy (CBT)
- Social activities
- Support groups
- Keeping a journal
- Complementary and Alternative Medicine (CAM)
  - Yoga
  - Acupuncture
  - Tai Chi
  - Mindfulness





# FINANCIAL & EMPLOYMENT CONCERNS

## Survivors may encounter difficulties when returning to work.

- Physical or cognitive limitations
- Fatigue
- Depression
- Anxiety
- Perceived or real discrimination

**Certain flexible work arrangements are allowed under the Americans with Disabilities Act (ADA).**

## Coping Strategies

- Investigate other sources of income if unable to return to work
- Organize bills and rank them in order of importance
- Make appeals to insurance company
- Talk to creditors to create payment plans
- Contact organizations that offer financial help to cancer





National Comprehensive  
Cancer Network®

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

# Survivorship

Version 1.2023 — March 24, 2023

NCCN.org

NCCN Guidelines for Patients® available at [www.nccn.org/patients](http://www.nccn.org/patients)

Continue

Version 1.2023, 03/24/23 © 2023 National Comprehensive Cancer Network® (NCCN®). All rights reserved. NCCN Guidelines® and this illustration may not be reproduced in any form without the express written permission of NCCN.

# ONCOLOGY NURSES ROLE WITH BLOOD CANCER PATIENTS AND CAREGIVERS

## What to discuss with the patient and caregiver before and throughout treatment

- **Disease and Treatment Education**
  - Understand specifics of disease
  - Learn patient wishes and goals of care
  - Be the patient advocate
- **Fertility – treatment implications, preservation**
- **Potential Side Effects**
  - Recognize adverse effects of treatment and **stress the importance of communicating with the healthcare team**
  - What are “normal” side effects and what needs immediate attention
  - What to do for fever and emergency management
  - 24-hour access to providers - who to contact and best method of communication

# ONCOLOGY NURSES ROLE WITH BLOOD CANCER PATIENTS AND CAREGIVERS

What to discuss with the patient and caregiver before and throughout treatment

## ■ Nutrition

- Food safety guidelines are key
- Small, frequent mini-meals and smart snacks
- Real Food > Supplements
- Eat a variety of foods
- Be open to new foods, flavors and tastes
- Keep a stable body weight
- Stick to what you know
- Ask about any dietary restrictions
- Discuss side effects and changes in appetite/intake
- Use trusted sources of oncology nutrition information
- Ask for a referral to an oncology registered dietitian

# PSYCHOSOCIAL CONSIDERATIONS WHEN WORKING WITH ONCOLOGY PATIENTS AND THEIR CAREGIVERS

- **Physical concerns**
  - Diagnosis, physical symptoms or side effects, fertility planning, intimacy, and treatment planning
- **Emotional concerns**
  - Stress, fear, worry, anxiety, anger, frustration
- **Financial concerns**
  - Insurance, medical and prescription costs, employment, daily living expenses
- **Practical concerns**
  - Transportation, housing, childcare, school, daily tasks

# WHAT TO CONSIDER: PSYCHOSOCIAL NEEDS

## For the patient:

- Awareness of ethnic, cultural, and spiritual beliefs
- May live alone, be unable to care for self or others
- Concerns about how their cancer affects family members
- Financial and employment concerns
- Physical and cognitive side effects of treatment
- May be predisposed to or develop mental health concerns
- Emotional concerns
- Self-care practices and positive coping strategies

# WHAT TO CONSIDER: PSYCHOSOCIAL NEEDS

## For the caregiver:

47

- Awareness of ethnic, cultural, and spiritual beliefs
- Balancing employment and caregiver roles
- Balancing family responsibilities
- Traveling for treatment
- May be predisposed to or develop mental health concerns
- Emotional concerns
- Self-care practices and positive coping strategies

# RESOURCES



## RELIABLE RESOURCES

- The Leukemia & Lymphoma Society – [LLS.org](http://LLS.org)
- National Cancer Institute – [cancer.gov](http://cancer.gov)
- American Cancer Society – [cancer.org](http://cancer.org)
- CancerCare – [cancercare.org](http://cancer.org)
- Cancer Support Community – [cancersupportcommunity.org](http://cancersupportcommunity.org)
- Triage Cancer – [Triagecancer.org](http://Triagecancer.org)
- PubMed.gov
- OncLive.com

# PERSONALIZED SUPPORT

## Information Resource Center (IRC)

(800) 955-4572

[Infocenter@LLS.org](mailto:Infocenter@LLS.org)

Monday – Friday, 9am to 9pm ET



Scan this QR code to connect with  
the IRC

## REACH OUT TO OUR LLS INFORMATION SPECIALISTS

- Get one-on-one personalized support and information about blood cancers
- Know the questions to ask your doctor
- Discuss financial resources
- Receive individual clinical-trial searches



Contact us at 800-955-4572 or [lls.org/information specialists](https://lls.org/information specialists)

Monday - Friday 9am to 9pm ET

Callers may request the services of a language interpreter.  
We can speak to you in 170 languages.

**Bilingual Information Specialists are available to assist Spanish language patients and caregivers.**

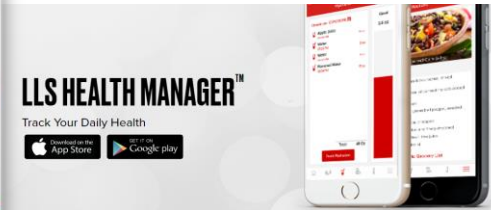
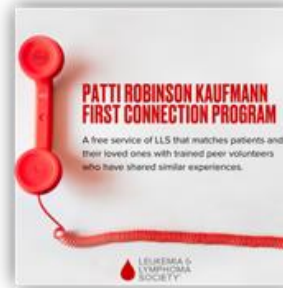


# SUPPORT RESOURCES

## Patti Robinson Kaufmann First Connection Program

[www.LLS.org/firstconnection](http://www.LLS.org/firstconnection)

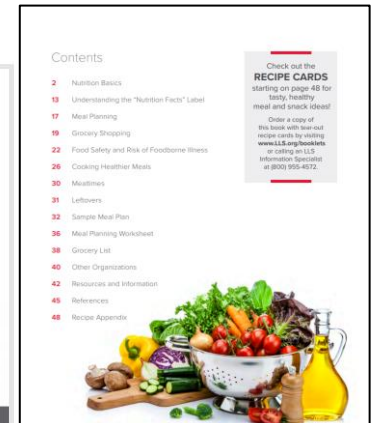
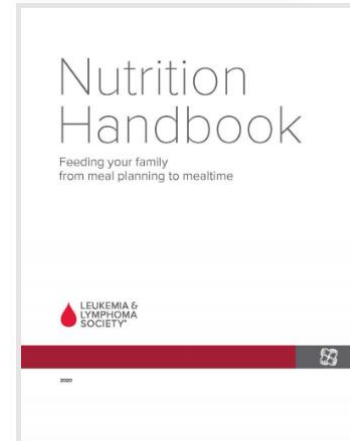
Connects patients and/or caregivers with trained volunteers who have “been there” and can share their experiences



## LLS Community

[www.LLS.org/community](http://www.LLS.org/community)

Online support forum featuring articles and groups members can join to connect with others like themselves

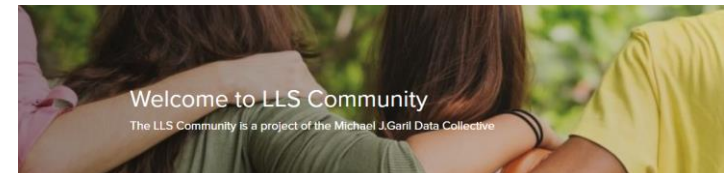


## Personalized Nutrition Consultations

[www.LLS.org/nutrition](http://www.LLS.org/nutrition)

## LLS Health Manager App

Updated for use in Spanish and French Canadian



**800-955-4572 or [www.LLS.org/support-resources](http://www.LLS.org/support-resources)**

# CLINICAL TRIAL SUPPORT CENTER



**Bilingual Nurse Navigators are available to assist Spanish language patients and caregivers.**

# FINANCIAL SUPPORT

## Patient Aid Program

[www.LLS.org/patientaid](http://www.LLS.org/patientaid)

\$100 grants that can be used for any cost

## Co-pay Assistance Program

[www.LLS.org/copay](http://www.LLS.org/copay)

Helps to cover treatment co-payments & insurance premiums

## Susan Lang Pay-It-Forward Travel Assistance Program

[www.LLS.org/travel](http://www.LLS.org/travel)

\$500 grants to help cover travel and lodging costs

## Local Financial Assistance Programs

[www.LLS.org/localfinancialassistance](http://www.LLS.org/localfinancialassistance)

\$500 grants to help cover non-medical related expenses

## Urgent Need Financial Assistance Program

[www.LLS.org/urgentneed](http://www.LLS.org/urgentneed)

\$500 grants to cover non-medical costs

Application must be submitted by a healthcare provider

## Susan Lang Pre CAR T-cell Therapy Travel Assistance Program

[www.LLS.org/PreCARTTravel](http://www.LLS.org/PreCARTTravel)

\$2500 grant to assist with treatment-related transportation and lodging expenses for patients being evaluated to receive CAR T-cell therapy

**800-955-4572 or [www.LLS.org/finances](http://www.LLS.org/finances)**

LEUKEMIA & LYMPHOMA SOCIETY®

RESOURCES FOR PATIENTS AND FAMILIES

877.557.2672

LEUKEMIA & LYMPHOMA SOCIETY®

**Help With Finances**

The Leukemia & Lymphoma Society (LLS) offers financial assistance\* to help individuals with blood cancer. Please visit [www.LLS.org/finances](http://www.LLS.org/finances) often to find out about new funding.

The **Co-Pay Assistance** Program offers financial support toward the cost of insurance premiums and co-pays for prescription drugs, labs, scans, tests, etc. Visit [www.LLS.org/Copay](http://www.LLS.org/Copay)

The **Urgent Need** Program provides assistance for non-medical expenses including rent, mortgage, lodging, utilities, childcare, elder care, food, transportation, car repair, car insurance, phone service, and acute dental work related to treatment. Eligible patients receive a grant of \$500. Visit [www.LLS.org/UrgentNeed](http://www.LLS.org/UrgentNeed)

The **Susan Lang Pay-It-Forward Patient Travel Assistance** Program provides assistance for treatment-related transportation and lodging expenses. Eligible patients receive a \$500 grant. Visit [www.LLS.org/Travel](http://www.LLS.org/Travel)

The **LLS Patient Aid** Program provides a one-time \$100 stipend to offset expenses. Visit [www.LLS.org/PatientAid](http://www.LLS.org/PatientAid)

\*Funding for LLS's Co-Pay Assistance Program is provided by pharmaceutical companies. Funding for other LLS financial assistance programs is provided by donations from individual donors, companies, and LLS campaigns.

# EDUCATION

## Patient Education Programs

[www.LLS.org/programs](http://www.LLS.org/programs)

National and Local  
Virtual and In-Person

## Education Videos

[www.LLS.org/educationvideos](http://www.LLS.org/educationvideos)

## Free Education Materials

[www.LLS.org/booklets](http://www.LLS.org/booklets)

Booklets and Fact Sheets for  
download or order

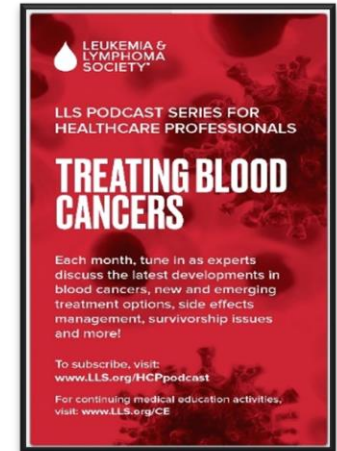
## Podcasts, Blogs & Webcasts



Spanish language podcasts, webinars and booklets are available  
at [www.LLS.org/es](http://www.LLS.org/es)

# FREE LLS RESOURCES FOR HEALTHCARE PROVIDERS

- CME and CE courses: [www.LLS.org/CE](http://www.LLS.org/CE)
- Fact Sheets for HCPs: [www.LLS.org/HCPbooklets](http://www.LLS.org/HCPbooklets)
- Videos for HCPs: [www.LLS.org/HCPvideos](http://www.LLS.org/HCPvideos)
- Podcast series for HCPs: [www.LLS.org/HCPpodcast](http://www.LLS.org/HCPpodcast)



Food to Address Outcomes: Strategies to Support Patients with Cancer Facing Food Insecurity

March 14, 2023

[CLICK HERE TO PARTICIPATE](#)

Recorded on: March 14, 2023  
 1.0 CE Credit/Contact hour for nurses and social workers available until: December 29, 2024  
 1.0 CE Contact hour for nurse practitioners available until: June 30, 2024  
 ILNA Accredited  
 Format: Non-interactive recorded webinar  
 Download: Program Slides

Target Audience

This CE activity is intended for oncology nurses, social workers, and other healthcare professionals involved in the care of patients with cancer.



# REFERENCES

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2. American Cancer Society. [Cancer Facts & Figures for Hispanic/Latino People 2021-2023](#) Atlanta: American Cancer Society, Inc. 2021.
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4. Ward, E., et al, "Association of Insurance with Cancer Care Utilization and Outcomes, CA: A Cancer Journal for Clinicians 58:1 (Jan./Feb. 2008).
5. J., Han, X., Nogueira, L., Fedewa, S.A., Jemal, A., Halpern, M.T. and Yabroff, K.R. (2022), Health insurance status and cancer stage at diagnosis and survival in the United States. *CA A Cancer J Clin.* <https://doi.org/10.3322/caac.21732>.
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# QUESTIONS?



# INSTRUCTIONS FOR CREDIT

Participants must complete the evaluation to receive credit.

After completing this process, your certificate will be sent via email.

Questions or concerns, please contact [ProfEducation@LLS.org](mailto:ProfEducation@LLS.org)



# THANK YOU

**We have one goal: A world without blood cancers**

