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*Do you or your organization have any cancer-related webinars, trainings or events planned? How about suggestions for health promotion articles and funding opportunities? If so, let us know! We'll be happy to include them in our upcoming e-blasts. Send us an email today*

## CONSORTIUM NEWS/UPDATES



### **Addressing the Cancer Burden in LGBTQ+ Communities: A Training from the National LGBT Cancer Network**

**Tuesday, March 14th, 11:00am-12:30pm**

Join us for the fourth meeting in our Quarterly Member Meeting series where we will receive a training from the National LGBTQ Cancer Network on cancer disparities, barriers to cancer screening, and building skills on reaching LGBTQ+ communities.

[Register Here](#)

## **Successes and Challenges with Colorectal Cancer Screening in Rural Communities**

The NYS Cancer Consortium Colorectal Cancer Action Team presented 'Successes and Challenges with Colorectal Cancer Screening in Rural Communities' as part of the New York State Association for Rural Health (NYSARH) and the New England Rural Health Association (NERHA)'s [Rural Health Webinar Series](#).

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## **FUNDING ANNOUNCEMENTS**

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### **The New York State Department of Health announces availability of a funding opportunity: Peer Education, Outreach, and Shared Decision Making for Persons at High Risk of Prostate Cancer (PCPEER) RFA # 20223/Grants Gateway DOH01-PCPEER-2024**

Funding will support grant awards to agencies to support peer education and outreach, personalized coaching, linkage to community services to address barriers to health care, and referral to health care providers for prostate cancer screening. Grantee activities will be directed to Black men, ages 45 to 69 years old who bear a disproportionately high burden of prostate cancer. Programming will address the risks and benefits of prostate cancer screening and will provide supports to engage program participants in shared decision making (SDM) about prostate cancer screening with a health care provider. Programming will be offered free of charge and will be prioritized and designed for Black men but may include others at risk of prostate cancer. The Department intends to make up to four (4) awards, one in each of the following counties: 1) Kings County, 2) Bronx County, 3) Monroe County, and 4) Erie County, for a five-year period, expected to begin January 1, 2024, and end December 31, 2028. Each of the four contracts will be valued at \$130,000 annually, for a five-year total of \$650,000 each.

Use this link to get to the grant opportunity: [Peer Education, Outreach, and Shared Decision Making for Persons at High Risk of Prostate Cancer](#).

Links to the RFA can also be found on the Department of Health public website at: <https://www.health.ny.gov/funding/rfa/20223/> <https://www.health.ny.gov/funding/rfa/20223/>

The Request for Application (RFA) is posted on the New York State Grants Gateway. To get access to the Grants Gateway, applicants should submit a registration form on the New York State Grants Reform website: [Resources for Grant Applicants | Grants Management \(ny.gov\)](#). Applications MUST be submitted online in the Grants Gateway by the date and time posted on the cover of the RFA.

Applications Due (Date / Time): March 14, 2023 / 04:00 PM ET

**The New York State Department of Health announces availability of a funding opportunity: Post-Treatment Support Services for Breast Cancer Survivors who are Black (BCSB) RFA # 20134/Grants Gateway DOH01-BCSB-2024**

Funding will support community-based organizations to provide programming for breast cancer survivors who are Black, who are in post-treatment, and with a priority to those transitioning from active treatment to post-treatment. Programming will be prioritized and designed for breast cancer survivors who are Black but may include other breast cancer survivors. The Department intends to make up to six (6) awards, each for a five-year period, with an expected term of January 1, 2024, through December 31, 2028. Each of the six contracts will be valued at \$80,000 annually, for a five-year total of \$400,000 each.

The Request for Application (RFA) is posted on the New York State Grants Gateway Here: [Post-Treatment Support Services for Breast Cancer Survivors who are Black](#)

Links to the RFA can also be found on the Department of Health public website at: <https://www.health.ny.gov/funding/rfa/20134/>

Applications Due: April 04, 2023 / 04:00 PM ET

**Community Health Worker Community of Practice**

The New York State Bureau of Health Equity and Community Engagement has the following opportunity for community health workers (defined in the link below) to participate in a Community of Practice. Feel free to share this announcement with others in your agency and partner organizations.

**Solicitation of Application – Community Health Worker Community of Practice**

Health Research, Inc. (HRI) and the New York State Department of Health, Bureau of Health Equity and Community Engagement (the Bureau) announces funding of up to \$75,000 for up to 10 Community Health Workers (CHWs) to serve as consultants in the CHW Community of Practice from 4/1/2023- 5/31/2024. The Bureau is investing in this CHW Community of Practice as part of its initiative to eliminate COVID-19 health disparities in Rest of State, especially in the communities where COVID-19 has taken the highest toll (e.g., underserved, marginalized, under resourced and rural communities). The purpose of this solicitation is to identify up to 10 Community Health Workers who will help the Bureau advance their goal of equipping CHWs for future pandemic responses. Each CHW will have the opportunity to earn up to \$7,500 for their participation.

Please go to the HRI Funding Opportunities webpage at <https://www.healthresearch.org/funding-opportunities/> for

more information, including minimum eligibility requirements. Deadline for submitting applications is Friday, February 24, 2023.

### **Request for Bids – Implementation of Evidence-based Interventions to Improve Cervical Cancer Screening among NYS Primary Care Clinics**

Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH), with funding from the Centers for Disease Control and Prevention (CDC), on behalf of the Bureau of Cancer Prevention and Control (BCPC) are seeking bids from [New York State Cancer Services Program \(CSP\) participating](#) providers located in New York State to join a project to implement Community Guide for Preventive Services ([The Community Guide](#)) evidence-based interventions to increase cervical cancer screening rates in primary care clinics.

The project intent is for the clinic site to develop and implement a quality improvement (QI) plan that includes evidence-based interventions (EBIs) from at least two of the [approaches](#) (increasing community demand, increased community access, and increasing provider delivery of services) recommended in [The Community Guide](#) and other systems changes to make sustainable, lasting improvements in clinic cervical cancer screening rates.

Please go to the HRI Funding Opportunities webpage at [Request for Bids - Implementation of Evidence-based Interventions to Improve Cervical Cancer Screening among NYS Primary Care Clinics - Health Research, Inc](#) for more information, including minimum eligibility requirements. Deadline for submitting applications is Friday, March 1, 2023.

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## **REPORTS RELEASED**

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*The following reports are now available for use and sharing with cancer prevention and control partners*

The New York State (NYS) Department of Health (DOH) released the following two updated reports based on data from the 2020 Behavioral Risk Factor Surveillance System (BRFSS), an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention and administered by the NYS DOH.

The first brief report, "[Binge and Heavy Drinking](#)," provides information on two patterns of excessive alcohol use: binge and heavy drinking. Excessive alcohol use is a leading cause of preventable death and is associated with acute and chronic health problems including an increased risk for developing several cancers, high blood pressure and stroke.

Key findings from the report include:

- Nearly 1 in 6 NYS adults (16.7%) reported excessive alcohol use in the form of either binge or heavy drinking.
- Nearly fifteen percent and 6.5% of NYS adults reported binge and heavy drinking in the survey period, respectively.
- Binge drinking was more commonly reported higher in men (19.7%), and adults with an annual household income of \$75,000 or more (20.7%).
- Binge drinking among adults who currently smoked cigarettes (25.3%) was nearly double the prevalence reported among non-smokers (13.2%) and the prevalence of heavy drinking was almost three times greater among people who currently smoked cigarettes (14.5%) as compared to people who did not smoke (5.4%)

The prevalence of binge drinking and heavy drinking, was significantly higher in adults who reported frequent mental distress (20.0% and 10.5%, respectively).

- Statistically significant differences in e-cigarette use were observed by smoking status, health care coverage, presence or absence of frequent mental distress, age group, and sex.

The second brief report "[Electronic Cigarette Use, NYS Adults, 2020](#)" provides updated prevalence estimates of e-cigarette use in the state.

According to the report:

- The prevalence of e-cigarette use among adults in NYS in 2020 is 4.1%, which represents an estimated 577,000 adult New Yorkers.
- In NYS, e-cigarette use rates are highest among
- Young adults who are 18-24 years of age (10.6%, 173,000 people),
- Adults who are current cigarette smokers (10.2%, 170,000 people),
- Adults reporting frequent mental distress (6.9%, 121,000 people),
- Adults 25-34 years of age (6.4%, 159,000 people),
- Adults who are former cigarette smokers (6.0%, 191,000 people), and
- Adults enrolled in Medicaid (5.9%, 117,000 people).
- Statistically significant differences in e-cigarette use were observed by smoking status, health care coverage, presence or absence of frequent mental distress, age group, and sex.

### **Incarcerated adults at higher risk for cancer mortality**



Individuals diagnosed with cancer during incarceration or within a year after release from prison have a higher risk for cancer mortality than those never incarcerated, according to a study from Yale Cancer Center. The median age at diagnosis was 50 years for individuals with cancer in prison, 51 years for those diagnosed within 12 months of release and 66 years for those who were never incarcerated. Those who were diagnosed in prison had been incarcerated for an average of 4.6 years. Those who were diagnosed in the recently released period had been in prison an average of 1.1 years.

To read more: [Incarcerated adults at higher risk for cancer mortality \(healio.com\)](https://www.healio.com/news/oncology/2019/05/20/190520onc01)

### **Infographics Developed to Showcase the Impact of Race, Ethnicity and/or Gender on Cancer Related Disparities**

The National Alliance for Hispanic Health's Healthy Americas Foundation and Nuestras Voces Network have developed a series of wall board infographics for health care providers on the impact of race, ethnicity and/or gender on cancer related disparities among racial/ethnic populations. These wall board infographics can be promoted during National Cancer Prevention Month, National Cancer Control Month, National Minority Cancer Awareness Month, and National Minority Health and Health Disparities Month. The wall board infographics are available for download from the Nuestras Voces Network website at [www.nuestrasvoces.org](http://www.nuestrasvoces.org). For more information contact [mgaitan@healthyamericas.org](mailto:mgaitan@healthyamericas.org)

### For The Love Of My Gurls

For The Love of My Gurls is a recently launched education movement solely focused on Black Breast Health, that educates young women ages 18 to 35 who do not yet have a cancer diagnosis about their risk for breast cancer and opportunities to take action. Check out the website at [LoveofMyGurls.org](https://LoveofMyGurls.org) and follow them on Instagram at [@loveofmygurls](https://www.instagram.com/loveofmygurls).



### Racial, ethnic disparities observed in opioid access among older patients dying of cancer

Black patients and Hispanic patients had a lower likelihood of receiving any opioid (Black patients, 4.3 percentage points; 95% CI, 4.8 to 3.6; Hispanic patients, 3.6 percentage points; 95% CI, 4.4 to 2.9) and long-acting opioids (Black, 3.1 percentage; 95% CI, 3.6 to 2.8; Hispanic, 2.2%; 95% CI, 2.7 to 1.7). Black patients also received lower daily doses of opioids. Black patients also have a higher likelihood of undergoing urine drug screening than any other race/ethnicity. Oncologist Andrea C. Enzinger, MD, states that the urine drug findings hint toward racial bias and discrimination.

To read more: [Racial, ethnic disparities observed in opioid access among older patients dying of cancer \(healio.com\)](https://www.healio.com)

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## HEALTH PROMOTION AND CANCER PREVENTION

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### February is National Cancer Prevention Month

February 1<sup>st</sup> marks the first day of National Cancer Prevention Month. This initiative aims to raise awareness about cancer and spread awareness about the importance of early detection. Click [here](#) to learn about actions you can take to help prevent and fight cancer today.



### Dress in Blue Day 2023





March is National Colorectal Cancer Awareness Month. March 3<sup>rd</sup> marks a day where allies around the globe can join the mission to end colorectal cancer. By wearing blue, not only will you bring awareness to this disease, but you will support those who work so hard to help prevent it. In doing so you will also honor all who are impacted by colorectal cancer. [Dress in Blue Day | Colorectal Cancer Alliance \(ccalliance.org\)](http://ccalliance.org)

### Chronic Conditions and Physical Activity



Like cancer, arthritis is a common chronic condition in both the United States and New York State, with almost one quarter (22.6%) of the state's population having arthritis.<sup>1</sup> Most people with arthritis have at least one other chronic condition,<sup>2</sup> such as cancer, diabetes, heart disease, or asthma.

Physical activity is recommended for cancer prevention, for people in cancer treatment, after treatment, as well as for those managing their arthritis. Maintaining a healthy weight can lower one's chances of developing certain types of cancer<sup>3</sup> and can reduce the overall severity of arthritis. For both of these chronic conditions low-impact physical activity, such as walking, swimming, or biking can improve joint pain and stiffness; reduce fatigue; improve muscle strength, bone health and range of motion; help the body and brain work better; and keep or improve the physical ability to get things done.



The New York State Department of Health partners with the Osteoarthritis Action Alliance to make evidence-based interventions, such as Walk With Ease, available at no cost to New York State residents with arthritis and related conditions limiting mobility.

Walk With Ease is a free six-week program that teaches an individual how to start walking safely and stick with it. With the self-directed program, individuals do the activities and exercises on their own using the Walk With Ease guidebook and walking journal. To learn more or to sign up for the Walk With Ease Program, [click here](#) or reach out to [EBSMP@health.ny.gov](mailto:EBSMP@health.ny.gov) for more information.

<sup>1</sup> <https://www.health.ny.gov/publications/8556.pdf>

<sup>2</sup> [https://www.health.ny.gov/statistics/brfss/reports/docs/2022-09\\_brfss\\_arthritis.pdf](https://www.health.ny.gov/statistics/brfss/reports/docs/2022-09_brfss_arthritis.pdf)

<sup>3</sup> <https://www.health.ny.gov/diseases/cancer/screening/>

### **UV dryers for gel nails can harm DNA, study says. Should I use them?**

*Reprinted from The Washington Post, January 20, 2023*



A new study shows long wavelengths of ultraviolet light (UVA) from UV nail dryers can damage DNA and cause mutations in human cells that increase risk for skin cancer. Researchers at the University of California at San Diego and the University of Pittsburgh exposed human and mice cell lines to UVA light from nail dryers. The findings showed that after a single 20-minute exposure, 20 to 30 percent of the cells died, and after three consecutive 20-minute exposures 65 to 70 percent of the cells died. To learn more, [go here](#).

### **Cancer Prevention and Heart Health — What Role Does Alcohol Play?**



Many people are aware of risks (such as tobacco, unhealthy foods and beverages, and lack of exercise) for cancer and heart disease, but what about the risks of alcohol consumption? There is strong scientific consensus that drinking alcohol can cause several types of cancer. Your body breaks down alcohol by converting it to acetaldehyde. This chemical can damage your DNA. That can lead to cancerous tumors. To learn more, [click here](#).

### Take steps to prevent cancer

NYS Cancer Consortium Member, Ginger Champain, has written a guest column for The Daily Gazette urging its readers to become more proactive when taking steps to prevent cancer. You can read her column here: [GUEST COLUMN: Take steps to prevent cancer - The Daily Gazette](#)

## EARLY DETECTION

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### Incidence Drops for Cervical Cancer Drop but Rises for Prostate Cancer

#### Estimated New Cancer Cases in the US in 2023

Male			Female		
Prostate	288,300	29%	Breast	297,790	31%
Lung & bronchus	117,550	12%	Lung & bronchus	120,790	13%
Colon & rectum	81,860	8%	Colon & rectum	71,160	8%
Urinary bladder	62,420	6%	Uterine corpus	66,200	7%
Melanoma of the skin	58,120	6%	Melanoma of the skin	39,490	4%

#### Estimated Cancer Deaths in the US in 2023

Male			Female		
Lung & bronchus	67,160	21%	Lung & bronchus	59,910	21%
Prostate	34,700	11%	Breast	43,170	15%
Colon & rectum	28,470	9%	Colon & rectum	24,080	8%
Pancreas	26,620	8%	Pancreas	23,930	8%
Liver & intrahepatic bile duct	19,000	6%	Ovary	13,270	5%

The latest data shows that improvements for cervical cancer are linked to the human papillomavirus (HPV) vaccine. Data from women ages 20 to 24 who were first to receive the HPV vaccine showed a 65% reduction in cervical cancer incidence rates from 2012 through 2019. However, data after several years of shifts in screening guidelines about the use of prostate specific antigen (PSA) testing showed a 3% increase in prostate cancer incidence rate each year from 2014 through 2019.

To read more: [2023 Cancer Facts & Figures Cancer | Incidence Drops for Cervical Cancer But Rises for Prostate Cancer](#)

### **Why Don't Patients Access Follow-Up Care, Screenings?**

A new study has reported on reasons why some patients don't access follow-up care or screenings after producing a positive result on at-home colorectal cancer tests. Some participants expressed that they didn't have access to strong enough patient navigation to overcome their own personal hesitations. Others reported some decision-making challenges, like having concerns about having a colonoscopy. They also told the researchers they did not have an opportunity to discuss their FIT result with their provider and that they estimated that they had a low risk of having colorectal cancer. A December 2021 study from the Mayo Clinic showed that shared decision-making helped improve rates of preventive screenings like screenings for colorectal cancer.

To read more: [Why Don't Patients Access Follow-Up Care, Screenings? \(patientengagementhit.com\)](#)

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## **SURVIVORSHIP**

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### **Cancer Survivors Need More Access to Equitable Care**

Black people are less likely to have cancer diagnosed when it's at an early stage. For women diagnosed with stage I breast cancer, the 5-year relative survival rate approaches 100%. About 68% of White women in 2018 were diagnosed with stage I breast cancer, compared to 53% of Black women. Similarly, for endometrial cancer, about 73% of White women were diagnosed with stage I disease in 2018, compared to 59% of Black women. Some of the largest racial disparities in treatment are for rectal and lung cancers. Only 41% of Black people with stage I rectal cancer receive surgical treatment (proctectomy or proctocolectomy) compared to 66% of White people. Similarly, 55% of White patients diagnosed with stage I non-small cell lung cancer (the most common type of lung cancer) receive surgical treatment, compared to only 49% of Black patients. Health insurance coverage is a key barrier to accessible care. The ACS prioritizes survivorship research and support.

To read more: [Cancer Survivors Need More Access to Equitable Care | Treatment & Survivors Facts & Figures](#)

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## **RESOURCES OF INTEREST**

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### **Rural Health Clinic Colorectal Cancer Screening Toolkit**

The Rural Health Clinic Colorectal Cancer Screening toolkit provides guidance to Rural Health Clinics that want to implement evidence-based strategies to improve colorectal cancer screening among their patient population. This toolkit provides a Community Guide, a collection of evidence-based findings from the Community Preventive Services Task Force (CPSTF), that provides insight to communities, clinics, and other organizations on effective interventions.

[Rural Health Clinic Colorectal Cancer Screening Toolkit \(arcgis.com\)](http://arcgis.com)



### **State of Tobacco Control**

The American Lung Association has released the 21st annual American Lung Association "State of Tobacco Control" report that evaluates states and the federal government on the proven-effective tobacco control laws and policies necessary to save lives. The report serves as a blueprint for what state and federal leaders need to do to eliminate the death and disease caused by tobacco use. In the report, the Lung Association assigns letter grades, A through F, to the state and federal policies best proven to prevent and reduce tobacco use. Visit this link to see where New York State stands on tobacco control laws and available resources to help fight tobacco use: [State of Tobacco Control | American Lung Association](#)

### **Resources from the National Colorectal Cancer Roundtable**

The [National Colorectal Cancer Roundtable's Resource Center](#) contains hundreds of resources for you to use during awareness month. Whether you are focusing on educating a specific audience such as health centers or hospitals, or wanting to promote a public awareness campaign, or looking for an evidenced based intervention for your community, you will find it here.



### **Colorectal Cancer Awareness Month Campaign**

Colorectal Cancer Awareness Month is an annual observance held throughout the month of March. It was established in 2000 as an annual opportunity to raise awareness of colorectal cancer (CRC) and to promote research into its cause, prevention, diagnosis, treatment, survivorship and

cure. The goal is to support those affected by CRC and encourage health-promoting behaviors such as getting screened, staying active, and eating a balanced diet. “80% in Every Community” is an initiative from the National Colorectal Cancer Roundtable (NCCRT) that emphasizes these goals and aims to achieve 80% CRC screening rates in every community.

### **U.S. Office of Management and Budget Releases Initial Proposals on Revising Race and Ethnicity Statistical Standards**

On Tuesday, January 31<sup>st</sup>, the U.S. Office of Management and Budget’s (OMB) Office of the Chief Statistician released an initial set of recommended revisions proposed by the Federal Interagency Technical Working Group on Race and Ethnicity Standards (Working Group) to revise OMB’s 1997 Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15). Learn more [here](#).

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## **MEETINGS AND TRAININGS OF INTEREST**

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The **St. Jude HPV Cancer Prevention Center Program** is hosting a series of four virtual seminars leading up to International HPV Awareness Day on March 4, 2023. The first of the series begins on February 27, 2023. [Click here to register](#).



**GWU’s Cancer Survivorship Online Learning Series** This series will introduce learners to the American Society of Clinical Oncology (ASCO) guideline summary on managing chemotherapy-induced peripheral neuropathy in survivors of adult cancers and fertility preservation in patients with cancer. [Register Today!](#)

### **Evidence-based Public Health Practice: What It Is and Why It Matters**

This training takes place on February 21<sup>st</sup>, 2023 and describes an overview of the principles of evidence-based approaches in public health. [Click Here to Register](#)

### **New York State Public Health Association Mentorship Program**

The New York State Public Health Association (NYSPHA) is offering a mentorship program to NYSPHA members. If you are a NYSPHA member and interested in being a mentor or mentee, reach out to Emily Lamarino at [emily@nyspha.org](mailto:emily@nyspha.org). If you are not



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a member but would like to take advantage of this perk, please go to the NYSPHA membership page and [Join Now](#).

### **Addressing Food Insecurity in Patients with Chronic Disease**

In this training from the DC Center for Rational Prescribing (DCRx), a panel of experts discuss issues around food insecurity in patients with chronic diseases, including evidence-based strategies. [Click here for an overview of the training and to register for the course.](#)

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

The Leukemia and Lymphoma Society is hosting a free CE webinar on March 14, 2023 at 1:00pm ET. This CE activity is intended for oncology nurses, social workers, and other healthcare professionals involved in the care of patients with cancer and will address topics such as the prevalence of food insecurity in patients with cancer, how to effectively screen for food insecurity in the clinical setting, and resources, tools, and tips for patient support. [Click here for more information and to register for this event.](#)



## Colorectal Cancer Informational Workshop



**SIRISH DHARMAPURI, MD**  
Dr. Dharmapuri is an Assistant Professor of Medicine (Hematology/Medical Oncology) and will discuss: **"Managing Treatment Side Effects for Patients with Colorectal Cancer"**



**LAUREN SOLINSKY, MS, RD, CDN**  
Lauren Solinsky is an oncology dietician and will discuss: **"Optimizing Nutrition for Colorectal Cancer Patients"**



**ERIC WHITE, LMSW**  
Eric White is an Oncology Social Worker, and will discuss: **"Strategies for Stress Management during Colorectal Cancer Treatment"**

### WHEN

Thursday, March 23rd  
1 PM - 2 PM

### WHERE

ZOOM LINK  
INFORMATION  
ID: 915 4398 1439

Come join us for an informational workshop. Learn about managing the side effects of treatments and techniques to help you or your loved one through the journey.

To register for this event please contact Eric White, LMSW at [eric.white@mountsinai.org](mailto:eric.white@mountsinai.org)/ 212-636-3433

## Colorectal Cancer Informational Workshop

Mount Sinai's Tisch Cancer Center is providing a Colorectal Cancer Informational Workshop on March 23<sup>rd</sup>. Topics addressed include managing the side effects of treatments and techniques to help you or your loved one through the journey. To register for this event, please contact Eric White, LMSW at [eric.white@mountsinai.org](mailto:eric.white@mountsinai.org)/ 212-636-3433.

## Free Upcoming CancerCare Connect® Education Workshops

CancerCare workshops take place over the telephone or as a webcast online.

[www.cancercare.org/connect](http://www.cancercare.org/connect)

CancerCare offers free workshops on a variety of cancer-related topics. For details and to register for a workshop, call 1-800-813-HOPE, or visit the CancerCare website at [www.cancercare.org/connect](http://www.cancercare.org/connect).

3/8 [Bladder Cancer: Treatment Updates](#) (teleconference/webcast)

4/13 [Progress in the Treatment of Multiple Myeloma, Part I of Living with Multiple Myeloma](#) (teleconference/webcast)

4/27 [Coping with the Stresses of Caregiving When Your Loved One Has Multiple Myeloma, Part II of Living with Multiple Myeloma](#) (teleconference/webcast)



*Information in this blast is provided as a resource to members of the NYS Cancer Consortium on topics related to the NYS Comprehensive Cancer Control Plan. The views, opinions, and content included in this e-mail are those of the authors or event hosts and do not necessarily reflect the official policy or position of the New York State Department of Health or the New York State Cancer Consortium.*