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Music by Marc Anthony, *Vivir mi Vida*,
From the Album, 3.0

The Latino Cancer Institute 7th Annual National Friday Forum Series

Sept 12th, Oct 3rd, Oct 24th



THE LATINO CANCER INSTITUTE
Connect. Convene. Advocate.

You Are In The Waiting Room

Hour One

Keynotes:

Cristhian Gutierrez Huerta, President, National Latino Student Medical Association

Dr. Elena Rios, President, National Hispanic Health Foundation

Hour Two

Wendy Johansson, Co-Founder & Chief Operating Officer, MiSalud Health

Pat Levitt, PhD, Chief Scientific Officer, Children's Hospital of Los Angeles

Dr. Eric Small, UCSF, President, American Society of Cancer Oncologists (ASCO)

Hour Three

Dr. Francisco Cartujano-Barrera, University of Rochester Medical Center

Javier Rosario, LCSW, QS, OSW-C, Licensed Clinical and Oncology Social Worker, Blood Cancer United (LLS)

Miriam Juárez-Vargas, BA, Program Manager
The Latino Cancer Institute



October is Breast & Liver Cancer Awareness Month



THE LATINO CANCER INSTITUTE
Connect. Convene. Advocate.



Addressing an Unanswered Burden - Latino Men's Health & Cancer

October 24th, 2025

Made possible by



HEALTH IS WEALTH

October is Breast & Liver Cancer Awareness Month



October 24th, 2025

Friday Forum Series Lineup



Cristhian Gutierrez Huerta,
6th-year Medical Student,
National President, LMSA



Elena Rios, MD, MSPH, MACP,
President, National Hispanic
Health Foundation



Wendy Johansson
Co- Founder & Chief Operating
Officer, MiSalud Health



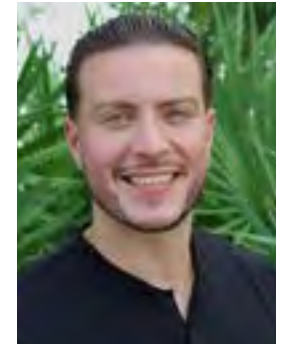
Pat Levitt, PhD
Chief Scientific Officer and
Director, Saban Research Institute
Children's Hospital of LA



Eric J. Small, MD
Medical Oncologist, UCSF
President, ASCO



Francisco Cartujano-Barrera, MD
Assistant Professor, Dept Public
Health Sciences, University of
Rochester Medical Center



Javier Rosario, Licensed Clinical
and Oncology Social Worker,
Blood Cancer United (LLS)

HR 1. Cristhian Gutierrez Huerta, Medical Student, Elena Rios, MD, MSPH, MACP

HR 2. Wendy Johansson, Start Up Founder , Pat Levitt, PhD, Eric Small, MD

HR 3. Francisco Cartujano-Barrera, MD, Javier Rosario, LCSW, QS, OSW-C,

Raise
Awareness

Increase
Research

Discover
Risks

Provide
Psychosocial
Support

Promote Latino
Medical Student and
Clinician Pipeline

Aims

Gain Awareness of Latino Men's
Cancer Burden

CNN reports the Trump administration cut \$350 million in grants, largely from programs reserved for Hispanic Serving Institutions, or HSIs.

According to The Associated Press, the Justice Department argued in a July memo that grants for HSIs were unconstitutional because they were reserved for schools that have at least 25% Hispanic enrollment.

Thanks to the Sponsors Who Make these Forums Possible



is now

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HEALTH IS WEALTH

Housekeeping

- Keep your cameras off, and mic on mute
- Use the Chat Box for questions for our speakers, and or an opportunity to connect with each other to engage and collaborate to learn from each other
- Various topic pertinent documents can be found in the Chat Box
- All the presentations are being recorded. Slides and recordings will be available after Nov.1st

PARA ESPAÑOL

- En los controles de su reunión/seminario web en la parte inferior de su pantalla, haga clic en  "Interpretación" y elija español.
- Si no ve el ícono de Interpretación en los controles de su reunión/seminario web, haga clic en el ícono "Más"  y seleccione Interpretación de la lista.
- Para escuchar solo español, haga clic en "Silenciar audio original."



Interpreters



Fabiola Rivera Ramirez



Maria Esperanza Outeirino-Feijoo



Claudia Schalesky

Dashboard

Latino Men's Health - Spotlighting Cancer, An Unanswered Burden

Snapshot

- 254 Registrants
- 78-96 per event
- 138 total # of unique Attendees
- 6 Spanish speakers
- 3 Countries of origin (U.S.*, Colombia*, United Kingdom* plus Puerto Rico*)

* Indicates actual attendance

Presenters (23)

- 10 Academic Researchers
- 3 Clinicians/Physicians
- 6 Community or Nationally-based Organization Leaders
- 2 Government Agencies
- 2 Media

Who Has Joined Us

- 41% Community/Nationally-based Organization Reps
- 28% Academic Investigators
- 13% Community Health Workers/Promotoras
- 4% Media
- 2% Pharma/Biotech
- 7% Other/and 6 Health Care Providers

Funders

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Blood Cancer United

(formerly The Leukemia and Lymphoma Society)

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HEALTH IS WEALTH

Survey Analysis and Key Impacts from Forums 1 & 2

Community Impact

Headline: What You Told Us, Matters

- 4.71/5.0 - likelihood to recommend
- 96% - Forums impactful to your work
- 100% - Spanish-speaking attendee satisfaction
- 91% - committed to joining us today

The Gap We're Addressing

Headline: From Understanding to Solutions

- Prostate cancer: <30% screening rates, #1 diagnosis for Latino men
- Gastric cancer: 80% preventable, no U.S. screening program
- Late-stage diagnosis costs 26x more than early detection
- Among the solutions: 68% ranked "culturally appropriate healthcare providers" as #1



From Struggle to Strength: Understanding the Barriers Latino Medical Students Face Across the Medical Education Pipeline

Cristhian Gutierrez Huerta

6th Year MD/PhD Student, Medical College of Wisconsin
National President, Latino Medical Student Association



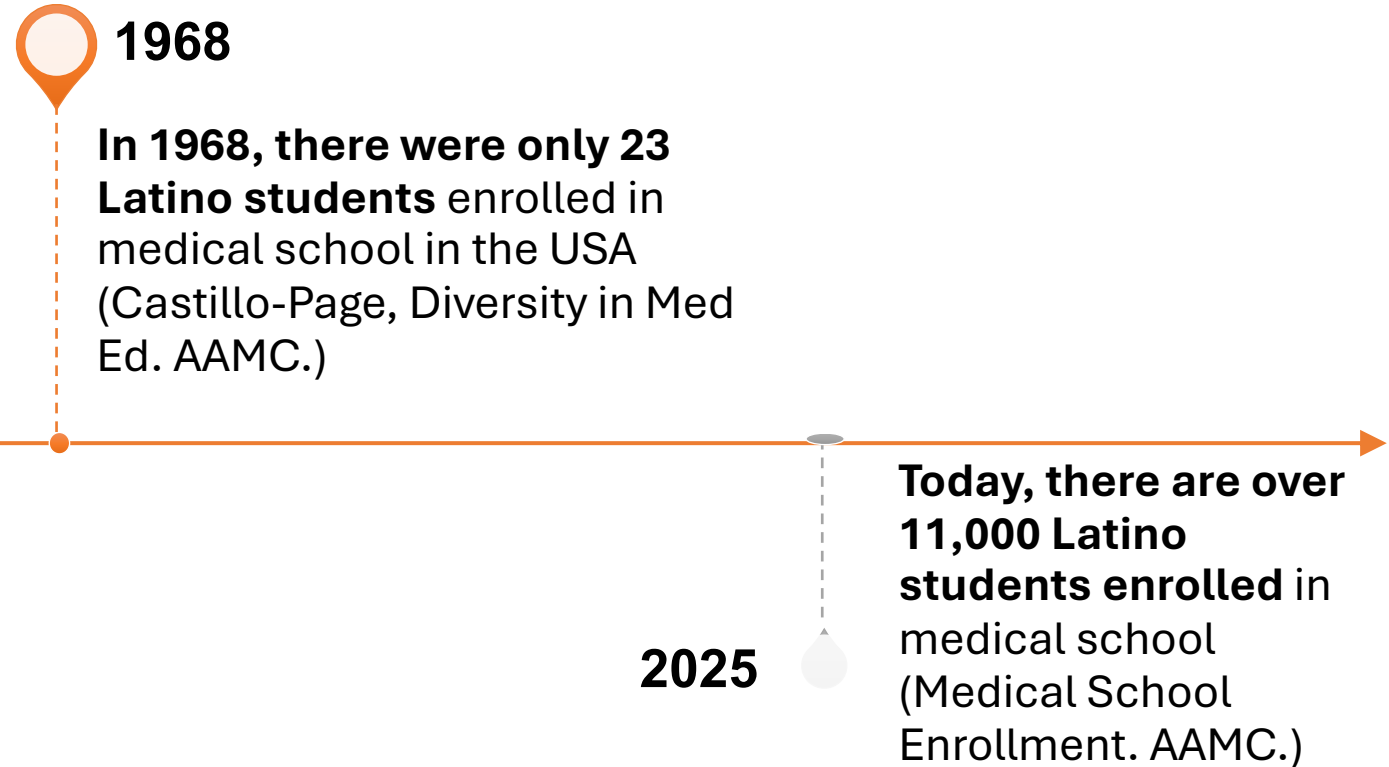
The Latino Medical Student Association

From Struggle to Strength: Understanding the Barriers Latino Medical Students Face Across the Medical Education Pipeline

Cristhian Gutierrez Huerta, National President

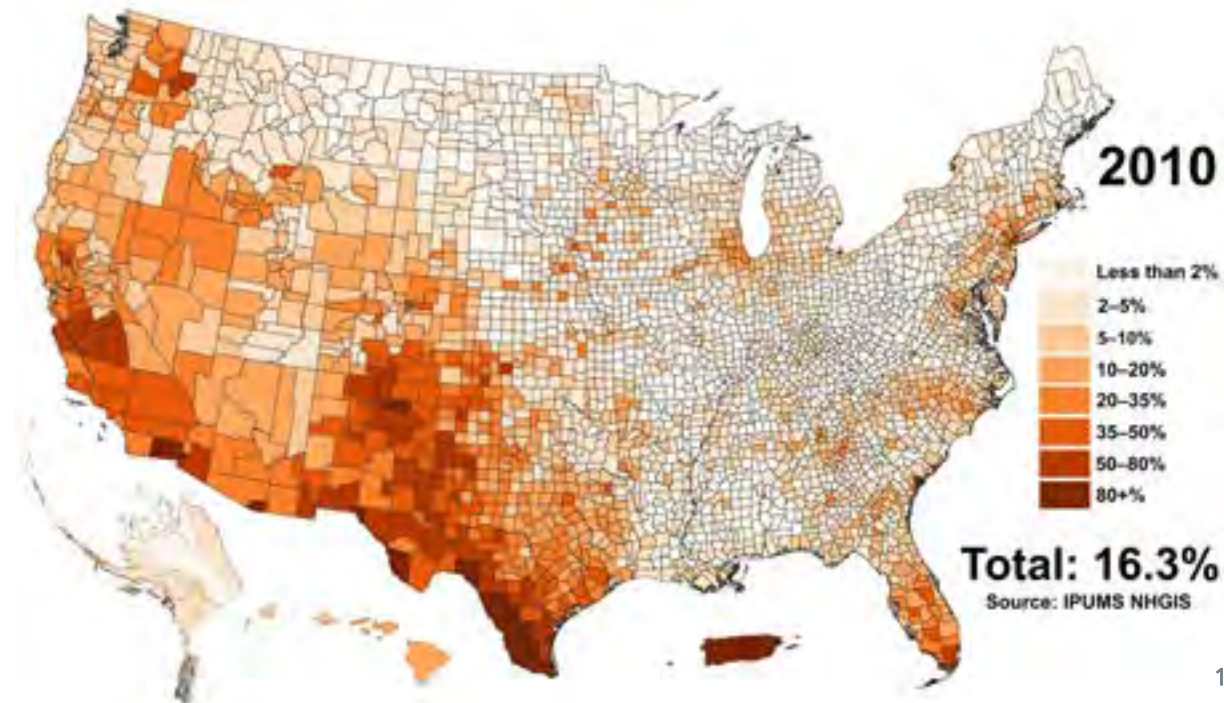
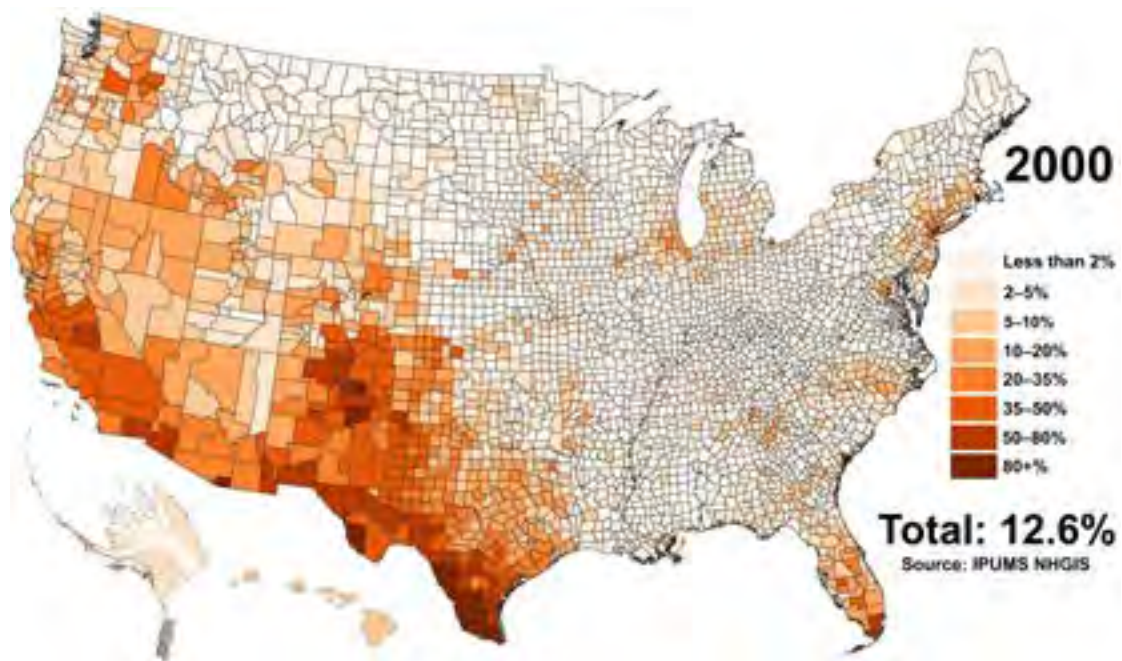
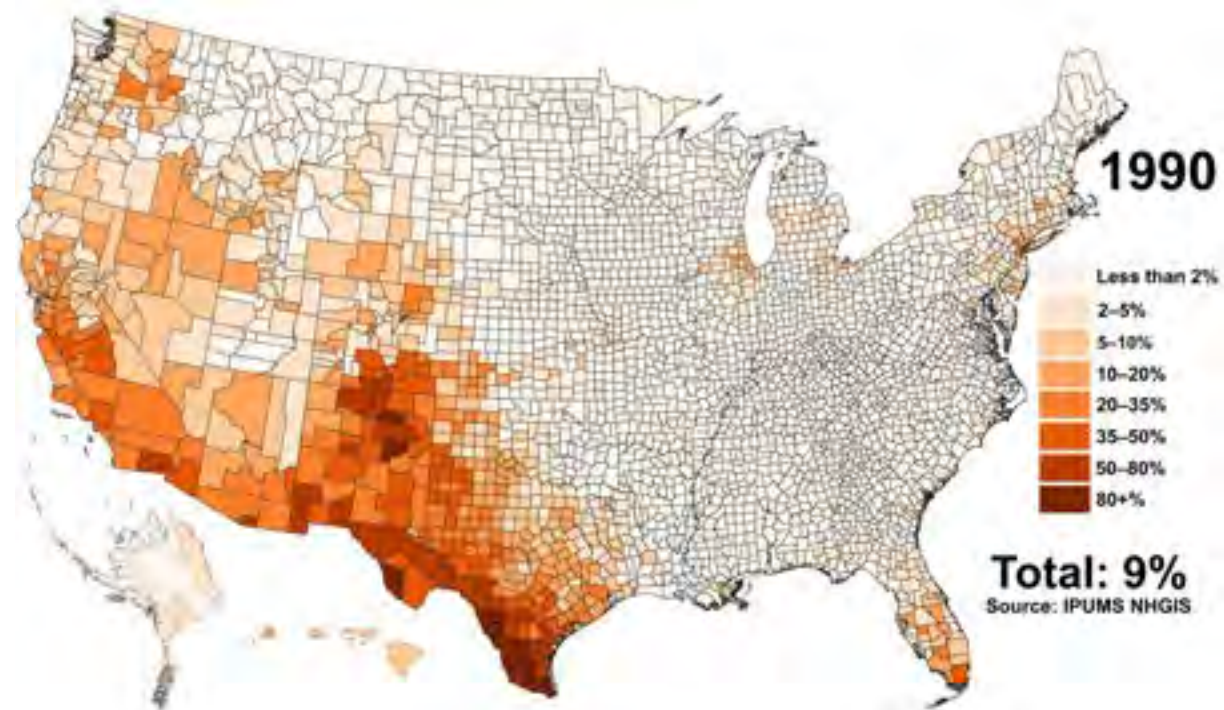
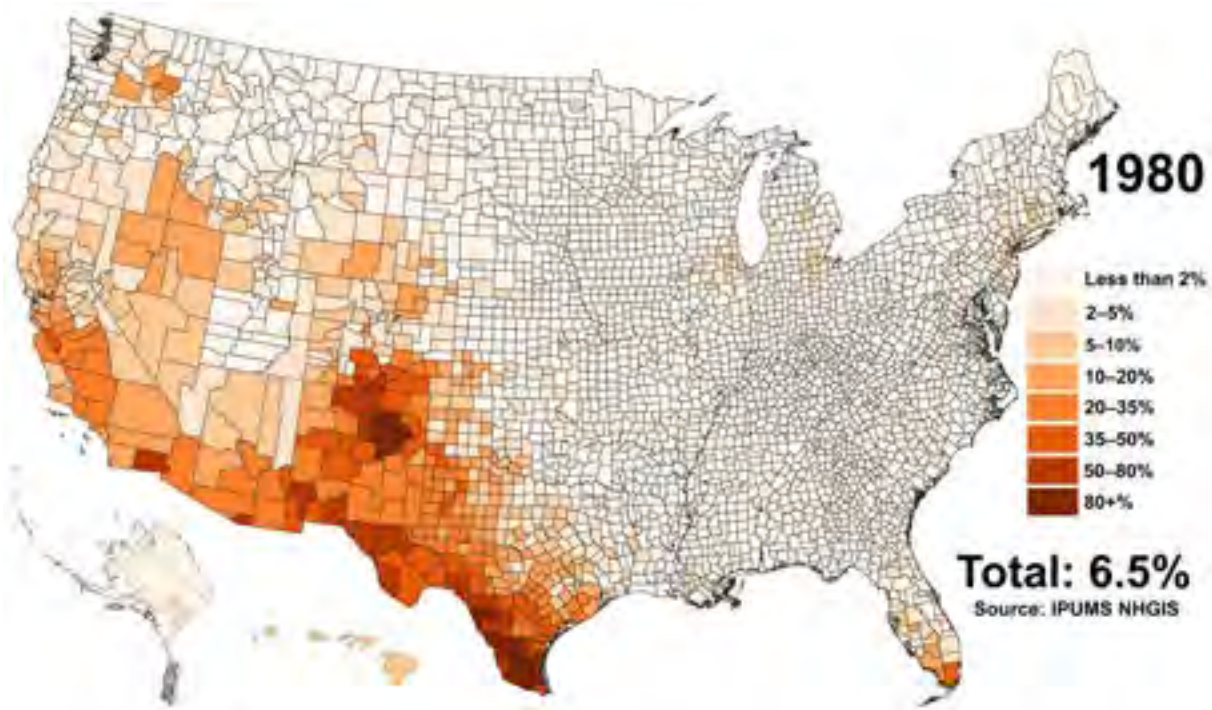
The Latino Medical Student Association

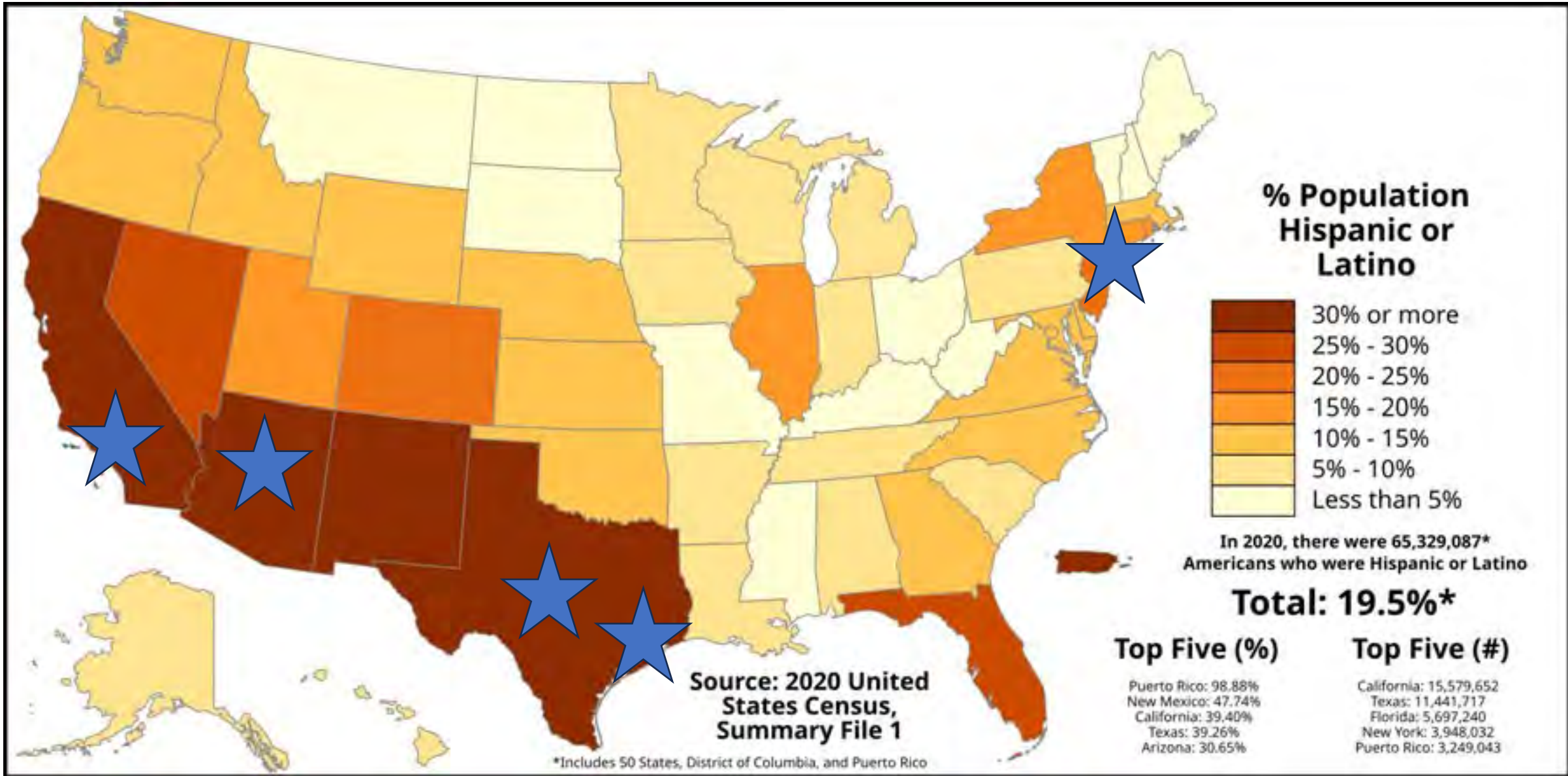
Historical Context



Total number of medical students: 99,000

We're only about ~9% of the medical student population





LMSA Historical Context

- **1st “LMSA” Chapter started in Harvard Medical School as the Boricua Health Organization in 1972**
 - Mobilized in response to rampant discrimination in both in and outside educational institutions
 - Then expanded into other schools and in 1994 became the National Boricua/Latino Health Organization (NBLHO).
 - This is now referred to as **“LMSA Northeast”**

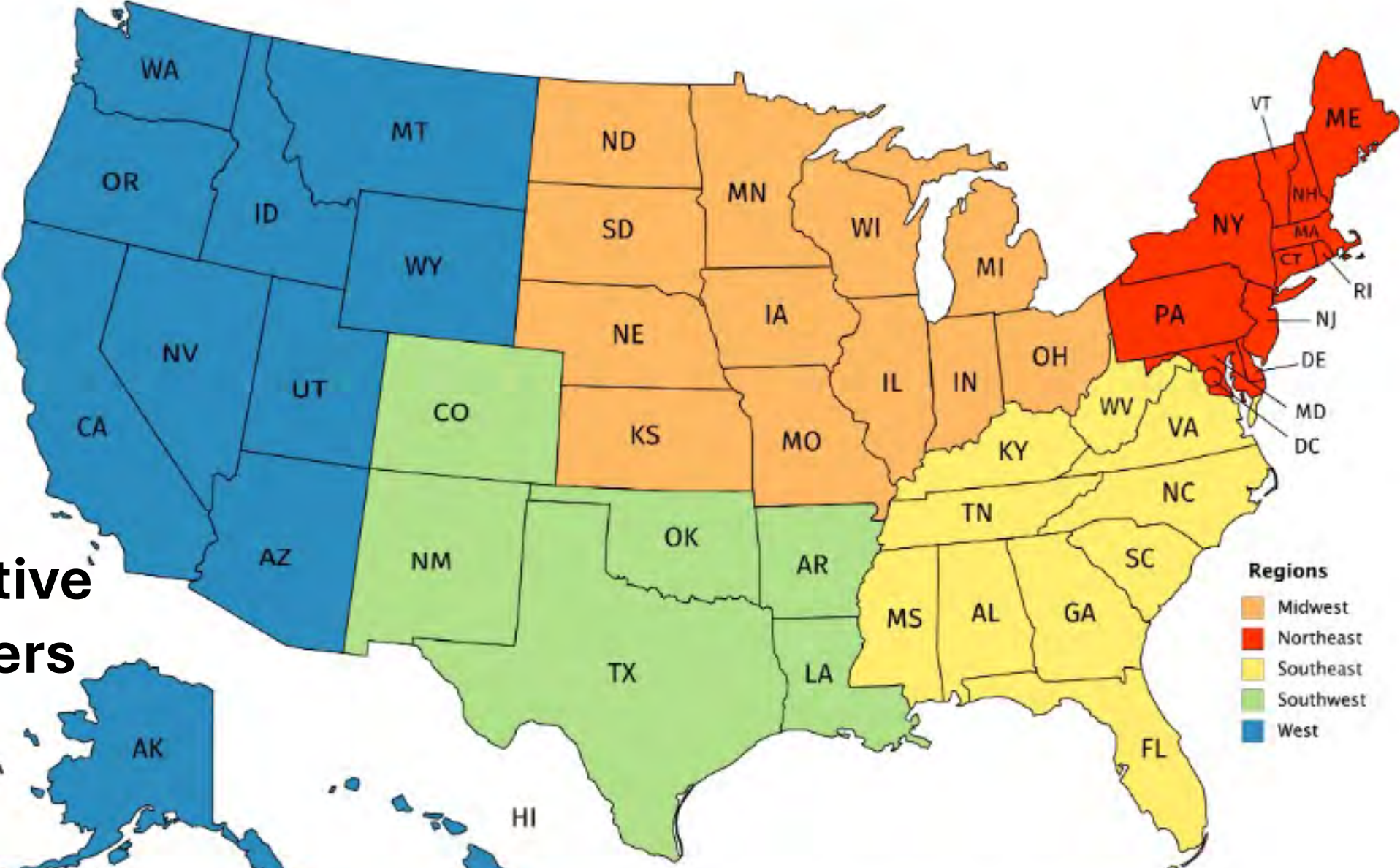
Students were mobilizing across the country

- **In 1983, at the University of Illinois, Chicago, students established La Raza Medical Student Association in which expanded to the Latino Midwest Medical Student Association (LMMSA)**
 - This is now known as LMSA Midwest
- **In 1984, various students from multiple institutions came to together and the Chicano Medical Student Association was born**
 - This is now known as LMSA West

LMSA National Was Born

- NNLAMS National Network of Latin American Medical Students was incorporated in 1998
- **In 2010, we all became LMSA**
 - **LMSA National**
 - **LMSA Midwest, Northeast, Southeast, Southwest, West**

LMSA National Now



230 active chapters

The first
phase of
the Latino
medical
student
challenge

NO SENSE OF
UNIFICATION,
VERY FEW
LEADERS, AND
EVEN LESS ROLE
MODELS

Getting into medical school today

- Nearly 75% of all medical students come from the top five percent of household incomes (greater than \$270,000 in 2019) and **38% of these high-income students will be paying for ALL of medical school primarily using family or personal funds** of all medical students come from the top five percent of household incomes (greater than \$270,000 in 2019)
- What this means = becoming a doctor is primarily geared towards those from high SES backgrounds
- Average cost of medical school per year: \$100,000
 - \$70,000 (tuition) + \$30,000 (living)

Breaking this down

Lack of access to:

- Mentorship from Physicians
- Shadowing Opportunities

High cost of:

- Opportunities that are seen as favorable
- Medical School Entrance Exams
- Medical School Applications
- Interviews



LMSA National Conference in Chicago, IL



Attendees

- 1,000 Medical Students
- 350 Residents, Fellows, Staff, and Faculty
- 200 Premedical Students

Programming

- 15+ Specialties Represented
- 60 Breakout Sessions
- Networking Sessions
- Awards Ceremony

But now.... things are harder

PRESIDENT DONALD J. TRUMP

The WHITE HOUSE

SEARCH

THE WHITE HOUSE



45 47

PRESIDENTIAL ACTIONS

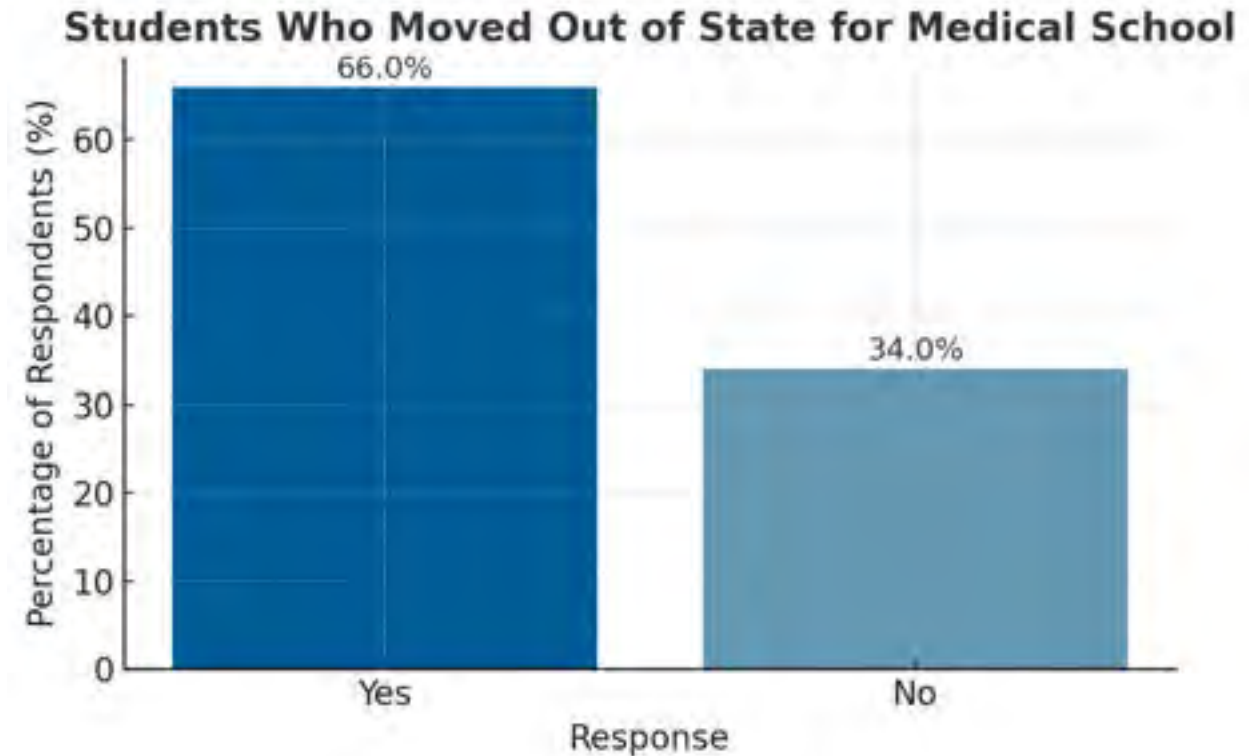
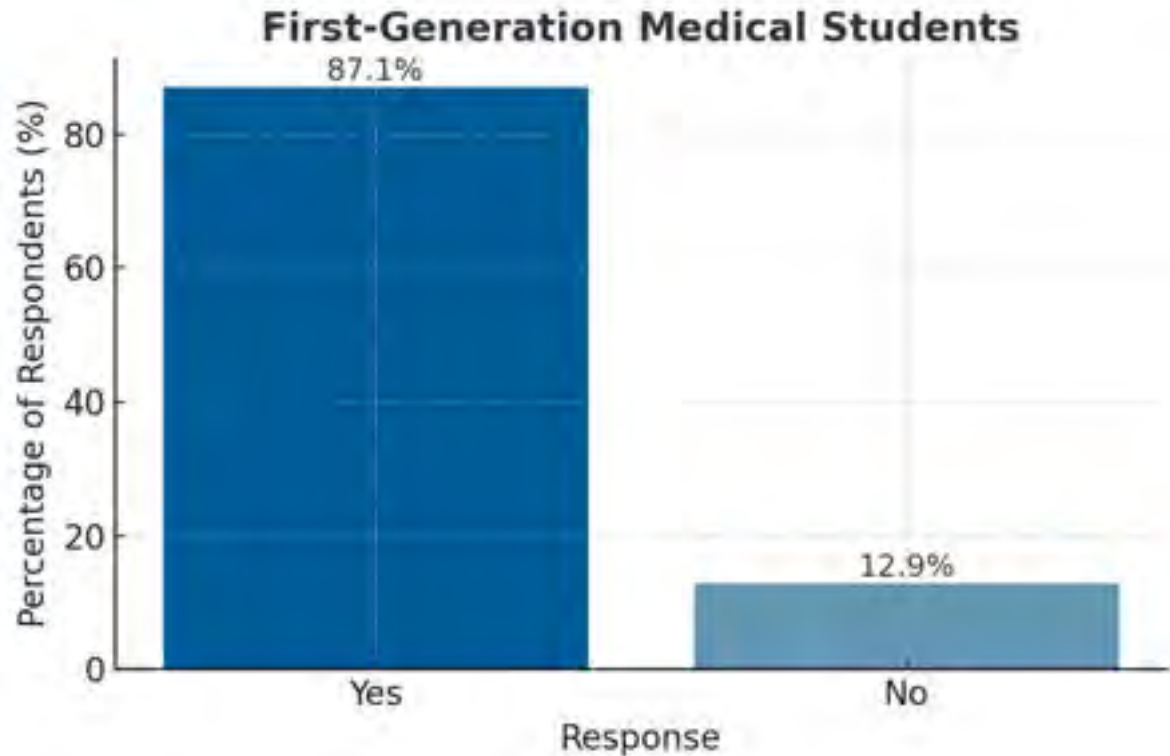
Ending Radical And Wasteful Government DEI Programs And Preferencing

The White House | January 20, 2025

Collected Some Data at LMSA National Conference 2025 ~LMSA National Membership Data~

Collective answers of ~140 medical students across the country

A Lack of Role Models and a Lack of Physical Support



Most students are first-gen med students

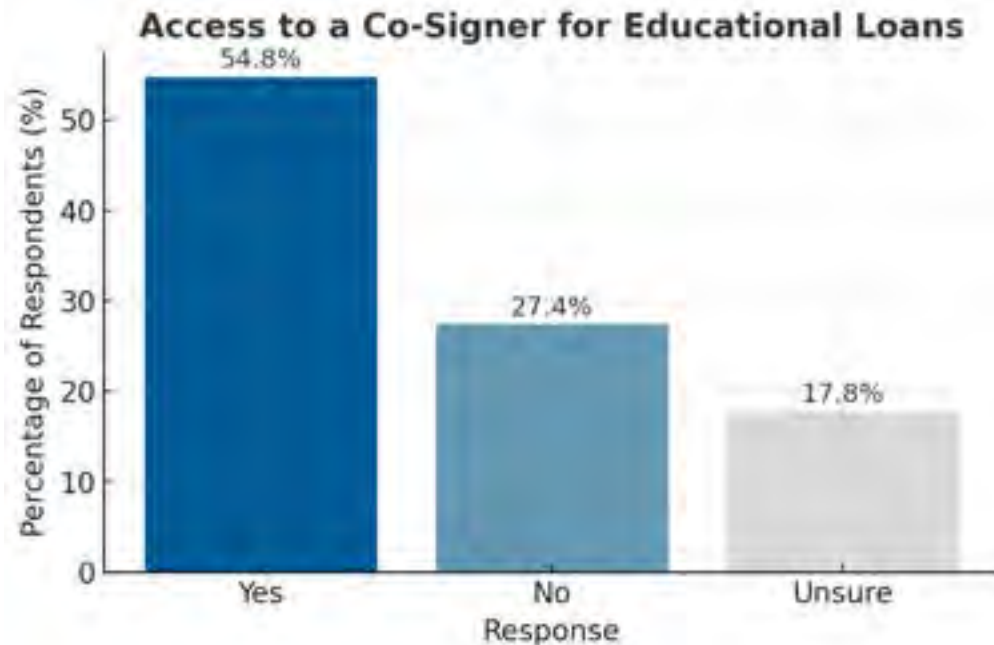
Most students move out of state for school

Trump Strikes Again - Big Beautiful Bill

New Graduate Unsubsidized Direct Loan Limits (effective July 1, 2026)

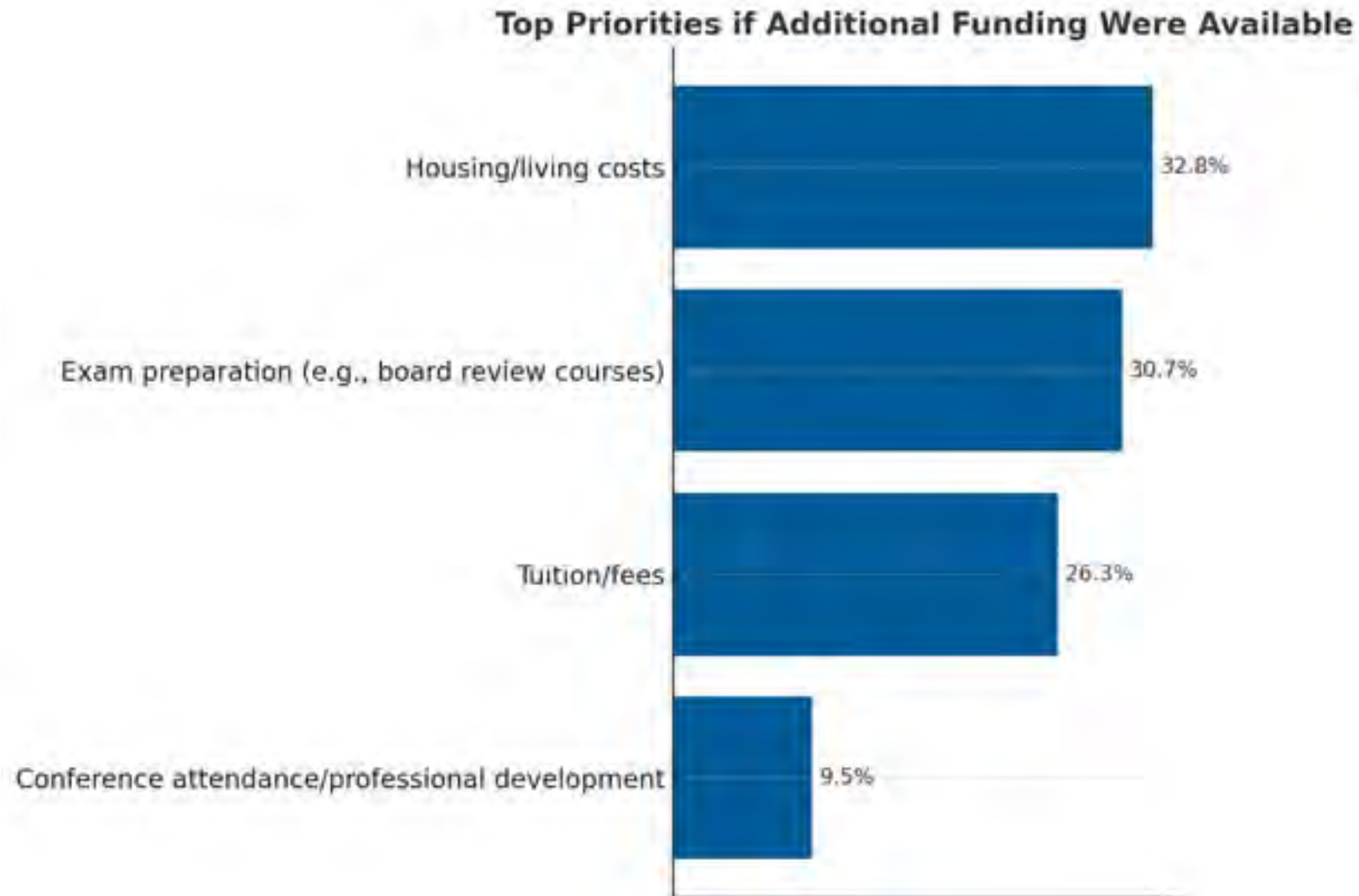
- Professional programs (e.g., medicine, law):
 - Up to \$50,000/year, \$200,000 lifetime borrowing limit.

Harvard Journal. July. 2025.

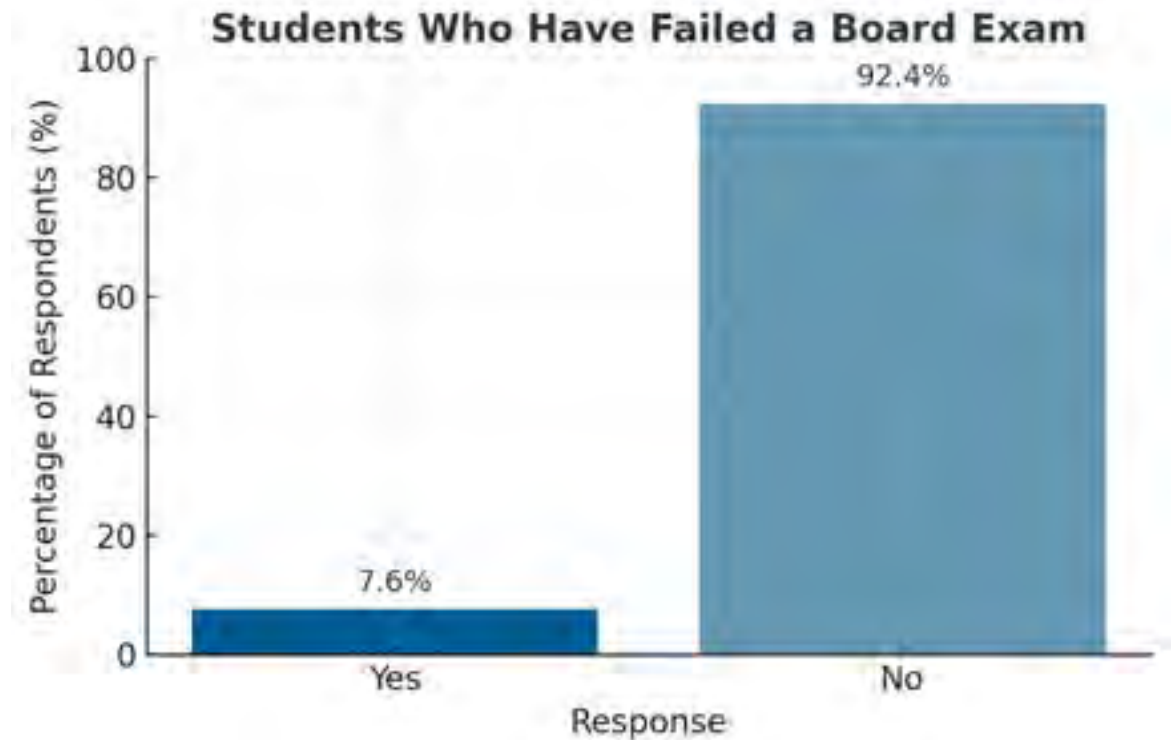
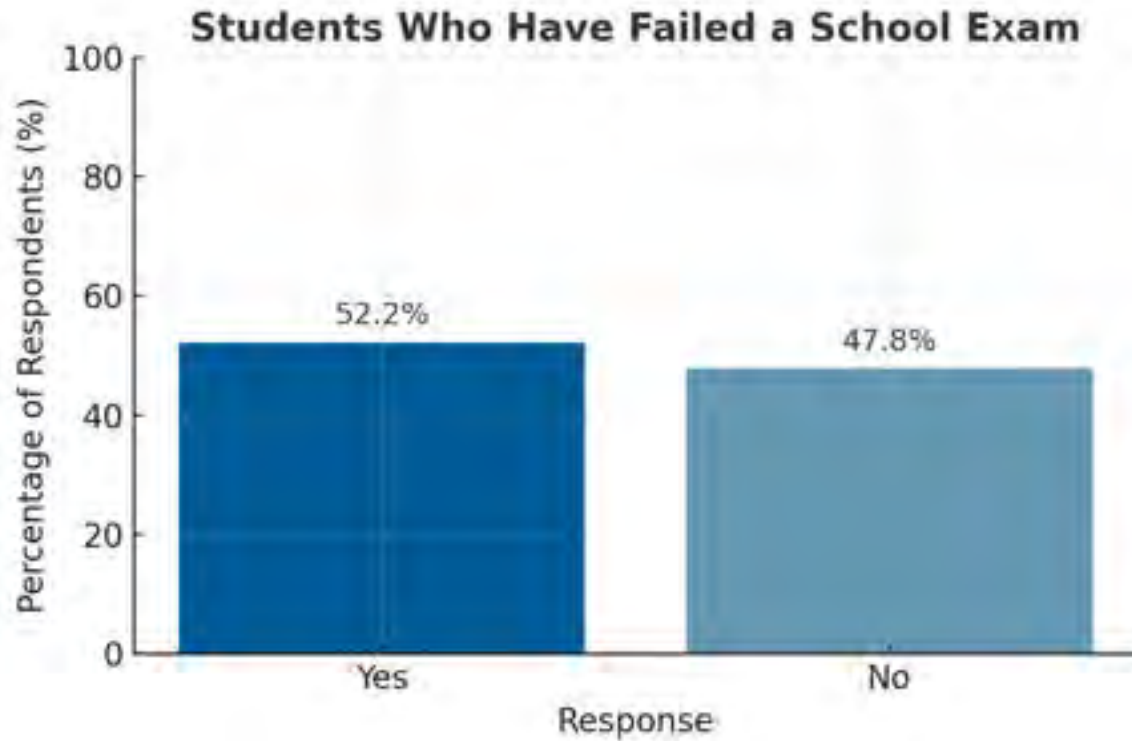


Only about 50% of students said they have access to a cosigner

If you had access to more funds, what would you use them for?



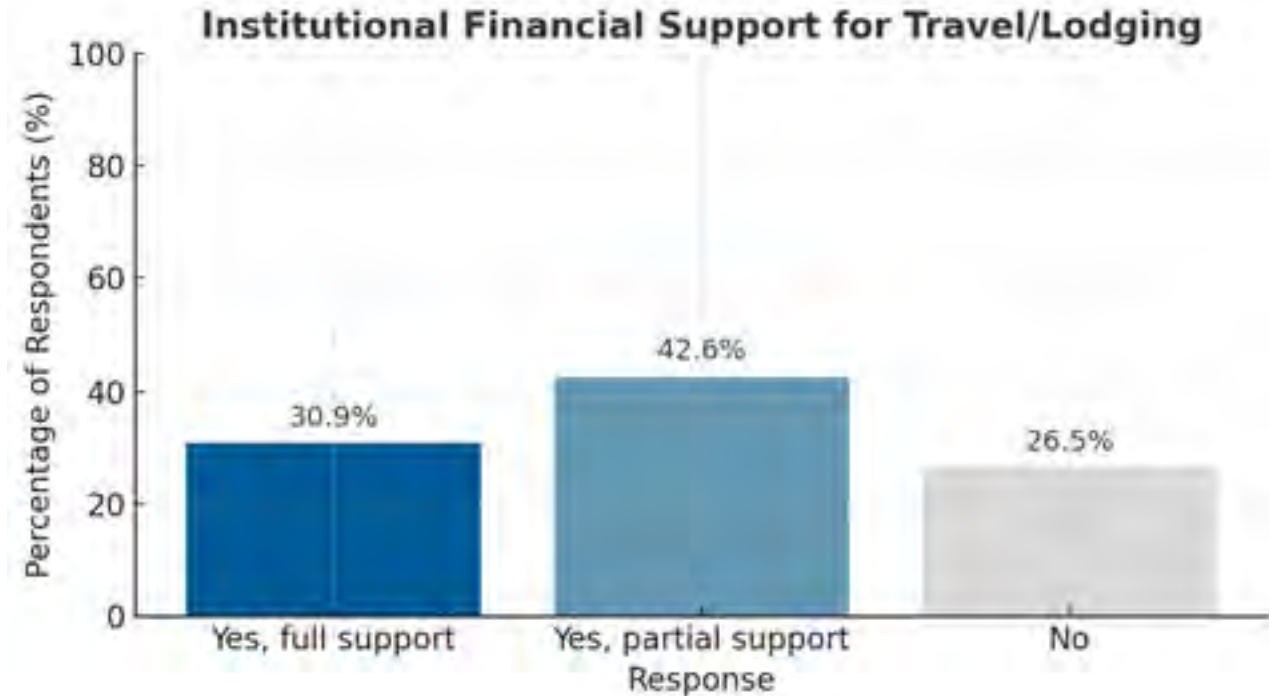
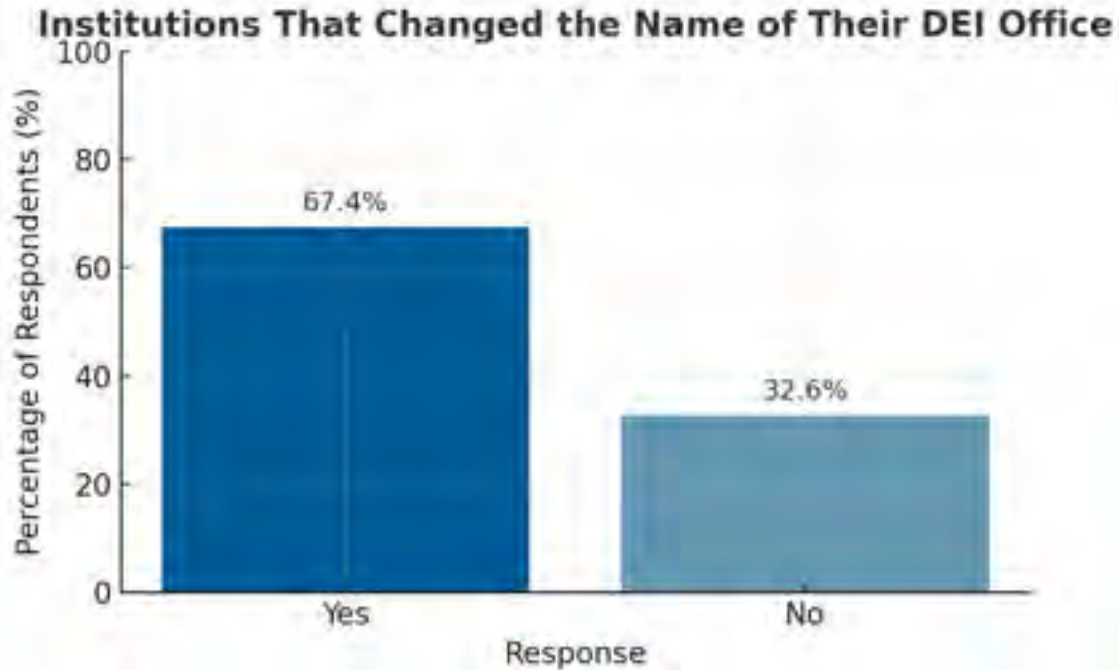
Academic Challenges faced by LMSA Members



~50% of students have failed a school exam

~8% of students have failed a board exam

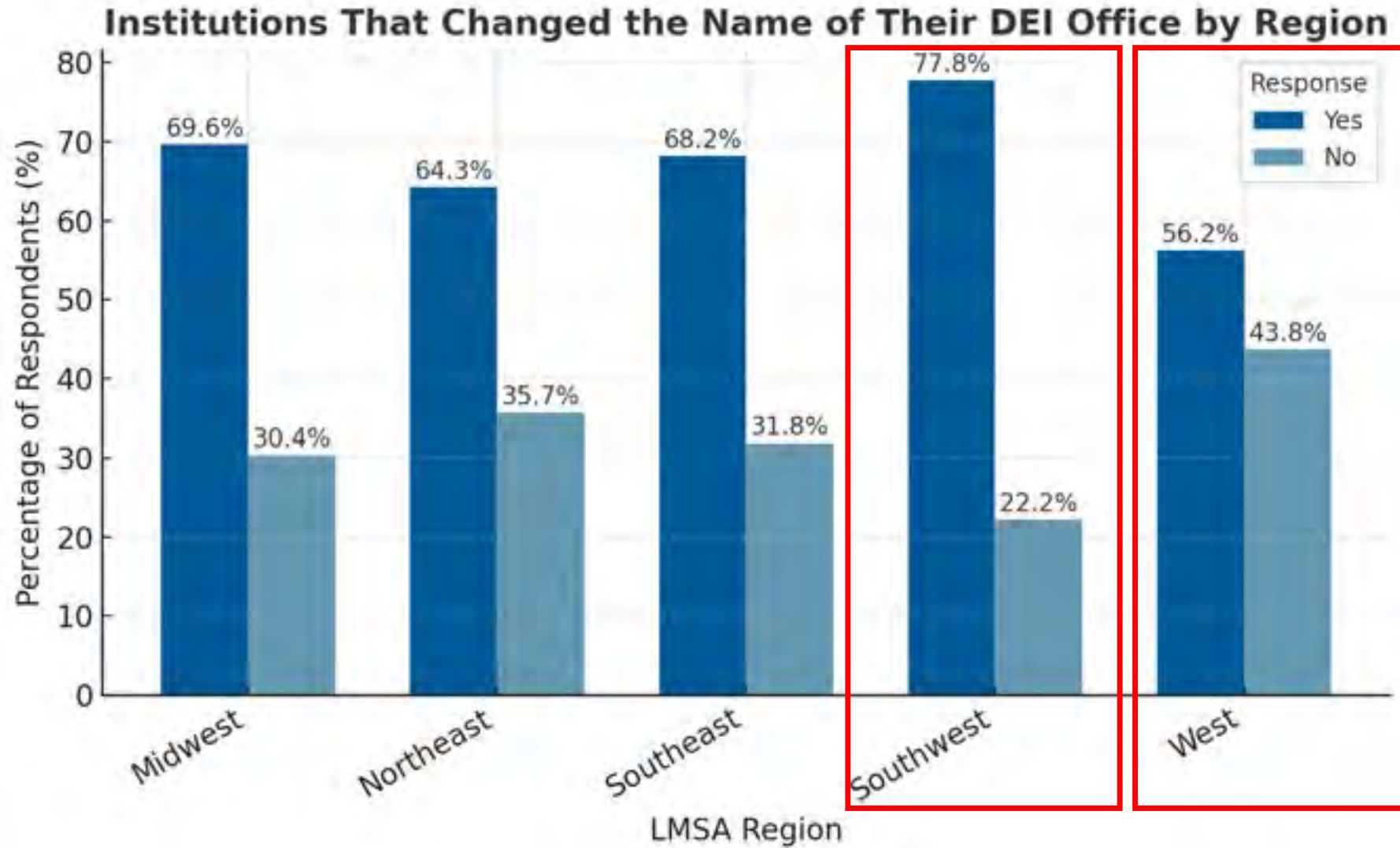
The Effects of Anti-DEI



~70% of schools have changed their title of “Office/Dean of DEI”

>65% of students pay some or all portions to attend LMSA National Conference

Not All Regions are Created Equal



Summary of Challenges

- Lack of Role Models & Physical Support for many
- Financial Insecurity & Wellness
- Academic Rigor & Personal Challenges
- Anti-DEI and New Policies

How LMSA National Is Helping

- **Travel Scholarships (\$20,000) for Chicago Conference**
- **Board Exam & MCAT Scholarships**
- **Individual Scholarships (\$1,000 each, 15 throughout the year)**
- **Travel Scholarships (\$10,000) for Policy Summit**
- **Chapter Service-Based Grants**
- **At-Large Chapters & Growth Through International Reach**

Relating it back to Men's Cancer



American
Urological
Association

- According to the American Urological Association, in 2022, Hispanics only made up 4.9% of the urologist workforce
- Helping LMSA is helping increase physician workforce diversity for ALL specialties

Call to Action: How Can you Help?

National Events:

- LMSA Policy Summit in Washington, DC in April 2026
- National Conference in Houston, TX in September 2026

Encourage students to get involved with LMSA, especially if they hope to go to medical school

Recognize the hardship that it takes to get through medical school

Help connect us to stakeholders & funding sources

Supporting us is supporting a future, healthier Latino Community



The Latino Medical Student Association

Questions?

Contact me at: president@lmsa.net

The Latino Medical Student Association





Remembering the Past to Strategize for the Future

Elena Rios, MD, MSPH, MACP

President & CEO, National Hispanic Medical Association
President, National Hispanic Health Foundation



To transform the health care system through leadership, research and education to improve the health of Hispanics.

Elena Rios, MD, MSPH, MACP, President – Erios@NHHFx.org

MISSION – NHHFx.org

HRI: Key Changes for Latinos

Medicaid changes – new requirements – increased uninsured, decreased providers

- Work Requirement: 80 hours in month before you apply

- 5-year waiting period for green card holders

- Shortening retroactive Medicaid coverage from 3 months down to 1 month

- Restricting state option use of funds for immigrant coverage

Immigrants' eligibility for healthcare (including the Affordable Care Act marketplaces) and food assistance programs is reduced.

A 3.5% remittance tax is imposed on money sent abroad by non-citizens, impacting workers supporting families in their home countries.

New, non-waivable fees on applications, including asylum, humanitarian parole, and Temporary Protected Status (TPS)

Insurance plans to increase premiums and stop contracts leaving more chronically ill insured with higher costs in the system.

Regional Public Health Alliances – vaccine information, JAMA for MMWR – decreased federal public health, research, science committees; MAHA – children, nutrition, environment

LEADERSHIP



-
- NHHF LEADERSHIP FELLOWSHIP
 - Sacramento, CA Institute - March
 - Virtual Institute – May-July
 - Washington, DC Institute – September
 - HISPANIC HEALTH PROFESSIONALS NETWORK
 - Hispanic health policy agenda
 - Coalition for advocacy and education
 - Meetings: quarterly, 2026 Summit
 - CDC PUBLIC HEALTH WORKFORCE CAMPAIGN- 2025-7
 - Awareness of public health careers
 - Use of AI in recruitment and retention
 - Public Health agencies – local/state/federal

RESEARCH



- NATIONAL CENTER FOR HISPANIC HEALTH RESEARCH
 - Repository of 3000 Hispanic PIs/ IMG List/ Scholarship Students/Mentors
 - Clinical Trialists Webinars since 2022
 - NHHF Clinical Trial Mentorship Program 2025
 - Recruitment of Mentors
 - Program Guides
 - Orientation Webinar
 - Journals of Topics
 - Placements for experience

EDUCATION



-
- NHHF HEALTH PROFESSIONAL STUDENT SCHOLARSHIP AND MENTORING PROGRAM since 2004
 - Galas: Los Angeles - 11.21, Washington, DC - 12.3
 - HEALTH CAREERS PROGRAM
 - PreMed and PreHealth Learning Networks
 - Partner collaboration – Sacnas, HHPN, MiMentor, GreatMindsinStem, CCM, CHE, Academia
 - National recruitment of Latino college students
 - Website resources – application/financing
 - COMMUNICATIONS
 - Website: NHHFx.org
 - Newsletter/List Serve
 - Social Media/Google Ads

ADVOCACY



- Policy Education/Coalitions
 - Chronic Diseases Prevention and Treatment
 - Obesity, Cholesterol/CVD, Smoking, Immune Dz, 5G
 - Health Care Access & Affordability
 - 340B program, PBMs
 - Medicaid Cuts - OBBB
 - Telehealth and AI
 - Medical Education/increasing Latino Workforce
 - Latino Medical School System needed
 - Clinical Trial Diversity
 - PhRMA, Medicare Advantage, Medicaid

- CHC /CBC - Congressmembers Ruiz, Gomez, Barragan, Sanchez, Castro, Kelly and others – Letters of Support/Meetings

HHPN Leadership 2025



- Hispanic Caucus of APA
- Hispanic Dental Association
- Latino Assoc of Healthy Diets and Nutrition
- Latino Caucus of Public Health
- Latino Commission on AIDS
- Latino Physicians of California
- Latino Surgical Society
- Medical Org of Latino Advancement
- National Assoc of Hispanic Nurses
- National Clinician Multilingualism
- National Hispanic Health Foundation
- National Hispanic/Latino Behavioral Health Assoc
- National Hispanic Medical Assoc
- National Hispanic Pharmacists
- National Hispanic Social Workers Organizations
- Physician Associates for Latino Health
- Sacramento Latino Medical Association

Leadership Fellows Alumni Network

Importance of Latino leadership opening doors in health care

Priorities:

- 1) Increasing the pool of Latino students to become physicians
Mentors, Speakers – College Health Scholars Program
- 2) Advancing representation of Latinos in leadership positions
Nominations to Boards and Commissions
Update the database/CVs of Fellows Alumni

Other Activities?

Benefits of Establishing a 501(c)(4) Organization



ADVOCACY AND LOBBYING FREEDOMS: 501(C)(4) ORGANIZATIONS CAN PARTICIPATE IN UNLIMITED LOBBYING FOR SOCIAL WELFARE ISSUES AND INFLUENCE LEGISLATION, AS LONG AS THESE ACTIVITIES ALIGN WITH THEIR MISSION.



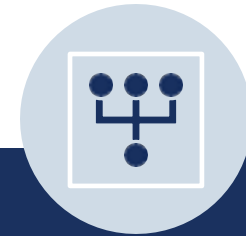
POLITICAL ENGAGEMENT: UNLIKE 501(C)(3) NONPROFITS, 501(C)(4)S CAN ENDORSE OR OPPOSE POLITICAL CANDIDATES AND PROMOTE VOTER ENGAGEMENT, EXPANDING THEIR ADVOCACY CAPABILITIES.



MEMBERSHIP AND COMMUNITY MOBILIZATION: THEY CAN BUILD BROAD MEMBERSHIP BASES TO ADVANCE CAUSES, ORGANIZE GRASSROOTS CAMPAIGNS, AND FACILITATE CIVIC PARTICIPATION.



TAX-EXEMPT STATUS: 501(C)(4)S ARE EXEMPT FROM FEDERAL INCOME TAX, ENABLING MORE RESOURCES TO BE DIRECTED TOWARD ORGANIZATIONAL GOALS.



DUAL STRUCTURE POSSIBILITIES: MANY ORGANIZATIONS OPERATE BOTH 501(C)(3) AND 501(C)(4) ARMS FOR MAXIMUM FLEXIBILITY—ONE FOR CHARITABLE & EDUCATIONAL WORK, ONE FOR LOBBYING/ADVOCACY.

Telehealth & Latino Access: A Lifeline at Risk

During the Covid pandemic, **telehealth visits** jumped from 16% to 86.5% among U.S. clinicians. 74% currently use

Latino adults 1 in 3 (=32.8%) using telehealth annually, up from 10% pre 2020 (CDC)

Behavioral health and chronic disease follow-ups are most common uses.

Broadband gap

35% of Hispanic households lack reliable internet (UnidosUS)
33% of households have no computer

Cost audio-only reliance

Many plans require co-pays, limited data plans hinder video calls

Older adults & Spanish speakers

More heavy use found in community health centers, but 18 to 44 yr olds are most likely to use telehealth

Trust and privacy

20 to 79% worry about data misuse depending on entity, govt (77%), companies (67%) using it

Uptake influenced by factors like age, language preference, socioeconomic status and education level, with disparities often linked to the digital divide and lack of patient portal access.

Telehealth Uptake Among Hispanic People during COVID -19, Retrospective Observational Study, pub JMIR Medical Informatics <https://medinform.jmir.org/2024/1/e57717/PDF>
National League of Cities <https://www.nlc.org/wp-content/uploads/2021/11/HELO-POLICY-BRIEF-1.pdf>



MiSalud: From Adolescence to Adulthood, Building Comprehensive Care

Wendy Johansson

Co-Founder & Chief Operating Officer, MiSalud Health

Latino Telehealth Usage / Uso de Telesalud en la Población Latina

Annual Telehealth Use 2022-25

Uso Anual de Telesalud 2022-25

40%

Non-Hispanic White
Adults - mostly video
/
Adultos No Hispanos -
mayormente video

32%

Hispanic/Latino
Adults - mostly audio
only /
Adultos
Hispanos/Latinos -
mayormente solo
audio

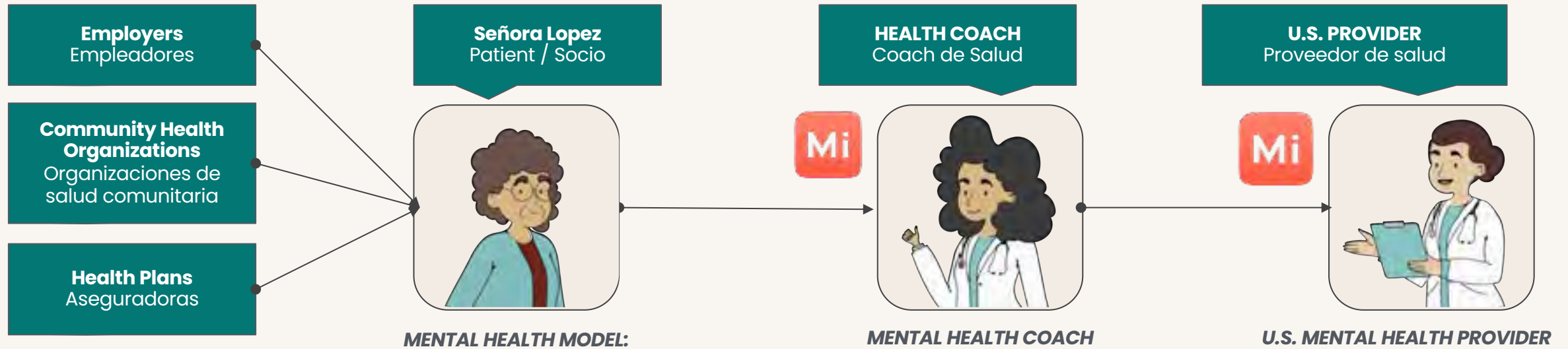
Barriers to Care / Barreras

- Trust / Confianza
- Digital divide / Brecha digital
- Language / Idioma
- Socioeconomic access / Acceso socioeconómico

MiSalud's Findings

- ¾ appointments on video
3/4 citas por video
- 80% enrollment
80% de inscripción
- 45% utilize for 1 appointment
45% usan para 1 cita
- 25% utilize for 2+ appointment
25% usan para 2+ citas
- Avg 7 appointments/yr
Promedio de 7 citas/año

The MiSalud Health Model / El Modelo de MiSalud



Culturally competent care team of professionally-trained providers
Equipo de atención culturalmente competente compuesto por profesionales capacitados

- ✓ **Health Coach / Coach de Salud:** physicians in LatAM, LMSA 4th year students, LatIMGS
- ✓ **Mental Health Coach / Coach de Salud Mental**
- ✓ **US-licensed Provider (MD, DO, NP, LCP) / Proveedor de Salud de EEUU (Doctor, Enfermero, Psicólogo)**

Collaborative Care / Atención colaborativa

Health Coach / Coach de Salud

- First Point of Contact / Primer contacto
- Health Literacy & Lifestyle Support / Educación en salud y estilo de vida
- Initial Intake / Admisión inicial
- 90%+ Consults No Clinical Intervention / 90%+ consultas sin intervención clínica

Patient Navigator / Navegador/a de Socios

- Scheduling & Care Navigation / Apoyo en citas y navegación



Señora Lopez
Patient / Socio



Bilingual US Provider / Proveedor de Salud en EEUU

- Prescriptions, Labs & Referrals / Recetas, laboratorios y referencias
- <10% Need Licensed Medical Support / <10% requieren apoyo médico con licencia

Mental Health Coach / Coach de Salud Mental

- Skills for Everyday Challenges / Habilidades para desafíos diarios
- GAD/PHQ Outcome Tools / Herramientas GAD/PHQ para resultados



Culturally competent care that drives results

Atención culturalmente competente que genera resultados

- **Uninsured populations receive care navigation to sliding scale clinics for in-person diagnostics, then return to MiSalud for long-term care**
- **A las poblaciones sin seguro se les ofrece navegación para recibir diagnósticos presenciales en clínicas con escala de pago variable, y luego regresan a MiSalud para su atención a largo plazo.**
- **Reduces Urgent Care & ER visits by 13% / Reduce en un 13 % las visitas al atención de urgencia y salas de emergencia**
- **Gives same-day care to 62% of patients who would have gotten no care / Brinda atención el mismo día al 62 % de los socios que, de otro modo, no habrían recibido atención**
- **76% avg. drop in medication costs for a diabetes patient / Reducción promedio del 76 % en el costo de medicamentos para un socio con diabetes.**

Call to Action / Invitación a la acción

Diversify Modalities / Diversificar Modalidades

- **Do not default to in-person care.** Prioritize hybrid models (video, audio, text) to meet patients where they are and overcome access barriers.
- **No se conforme con la atención presencial.** Priorice modelos híbridos (video, audio, texto) para atender a los pacientes donde se encuentren y superar las barreras de acceso.

Ensure Cultural Competence / Garantizar Competencia Cultural

- Go beyond translation. **Evaluate if your knowledge bases and care approach are culturally competent** to effectively address the unique needs of Latino communities.
- Vaya más allá de la traducción. **Evalúe si sus bases de conocimiento y enfoque de atención son culturalmente competentes** para abordar eficazmente las necesidades únicas de las comunidades latinas.

Actively Listen and Validate / Escuchar y Validar Activamente

- **Listen first.** Active listening and motivational interviewing must be core skills to ensure patients feel seen, heard, and respected in every interaction.
- **Escuche primero.** La escucha activa y la entrevista motivacional deben ser habilidades centrales para asegurar que los pacientes se sientan vistos, escuchados y respetados en cada interacción.

Suicide Rates Among Latino Men

Office of Minority Health Report, 2023

Latino Male Suicide Data

2011 5.7% per 100,000

2023 7.9% per 100,000

4x Higher suicide rate in Latino males compared to Latino females

2nd Leading cause of death of Latino males ages 25 -34

Contributing Factors

- **Cultural and systemic barriers**
Stigma surrounding mental illness can prevent men from seeking help
- **Lack of access to care**
Barriers to accessing mental health services
- **Language barriers**
Language can be a significant obstacle to receiving effective care
- **Lack of culturally appropriate care**
Even when individuals access services, they may not receive the support they need



Why Early Matters for Lifespan Health: The Family First Study at Children's Hospital Los Angeles

Pat Levitt, PhD

Chief Scientific Officer and Director, Saban Research Institute
Children's Hospital of Los Angeles

“Why Early Matters for Lifespan Health: The Family First Study at Children’s Hospital Los Angeles”

PAT LEVITT, PH.D.

CHIEF SCIENTIFIC OFFICER, SENIOR VICE PRESIDENT AND DIRECTOR, THE SABAN
RESEARCH INSTITUTE

CHILDREN’S HOSPITAL LOS ANGELES

SIMMS/MANN CHAIR IN DEVELOPMENTAL NEUROGENETICS

WM KECK PROVOST PROFESSOR OF NEUROGENETICS

UNIVERSITY OF SOUTHERN CALIFORNIA

CO-SCIENTIFIC DIRECTOR, NATIONAL SCIENTIFIC COUNCIL FOR THE DEVELOPING CHILD

SENIOR FELLOW, CENTER ON THE DEVELOPING CHILD, HARVARD UNIVERSITY

plevitt@med.usc.edu

<http://www.developingchild.harvard.edu>

Today's Lecture

- What is an ACE?
- What are the health implications of ACEs?
- Why 'early' has such lasting effects on lifespan health?
- Filling the knowledge gap – a Children's Hospital Los Angeles study

Adverse childhood experiences (ACEs) due to early life adversity (ELA) result in a *toxic stress response*, which results in abnormal developing brain, immune and metabolic systems that are associated with lifespan poor lifespan health.

Salud America!

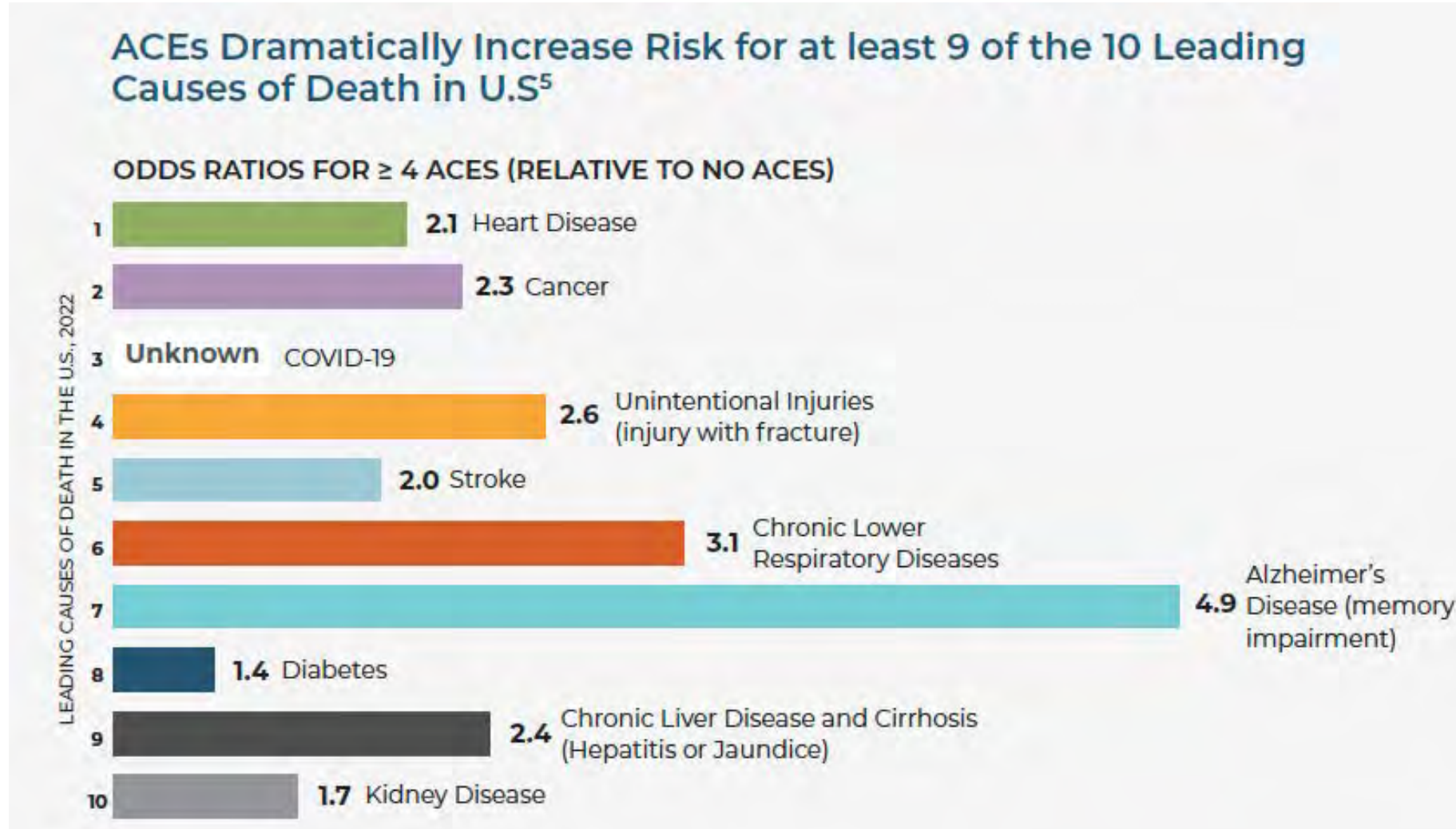
<https://salud-america.org/latino-childhood-development-research-childhood-trauma/>



Unpredictability is a **HIGH** stress generator

ACES Aware Report 2019-2023

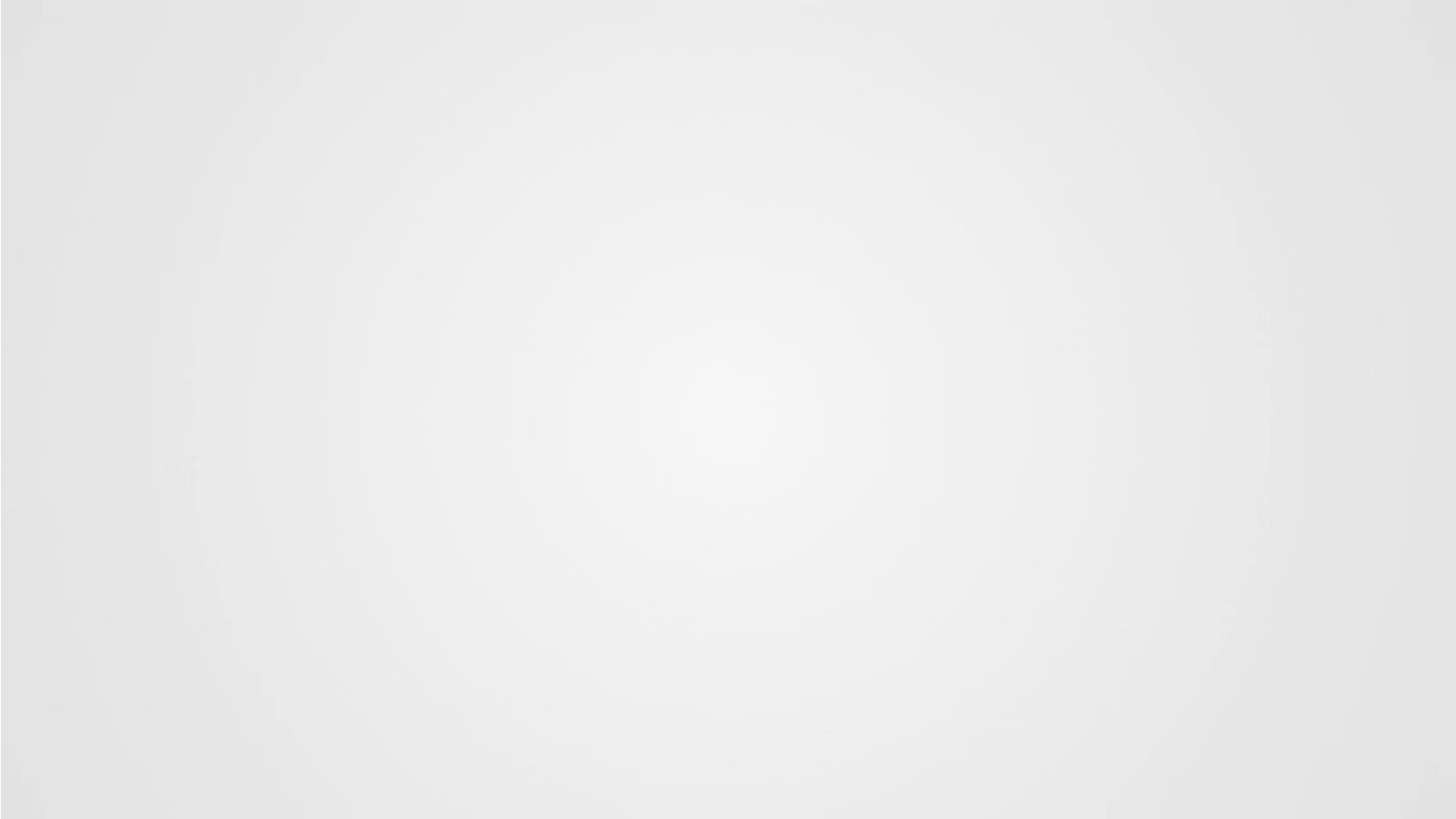
(ACEs Cost 14.1 Trillion Annually in Healthcare Costs)



Latino Men Physical health consequences of ACEs

- Chronic disease: The cumulative effect of ACEs increases the risk of developing a range of chronic diseases. For Latino adults, higher ACE scores are associated with an increased risk of heart disease, **cancer**, and chronic obstructive pulmonary disease (COPD).
- Cardiovascular problems: Depressive symptoms linked to ACEs are a recognized pathway for developing self-reported cardiopulmonary diseases in Latino populations. Early exposure to adversity can cause dysregulation of the body's stress response, which contributes to cardiovascular disease.
- Increased BMI : Studies on U.S. Hispanic/Latino adults have found that ACEs are associated with a higher Body Mass Index (BMI).
- Premature mortality: High ACE exposure is linked to a significantly shorter life expectancy, with some research indicating a reduction of up to 20 years.

“Tipping the Balance”



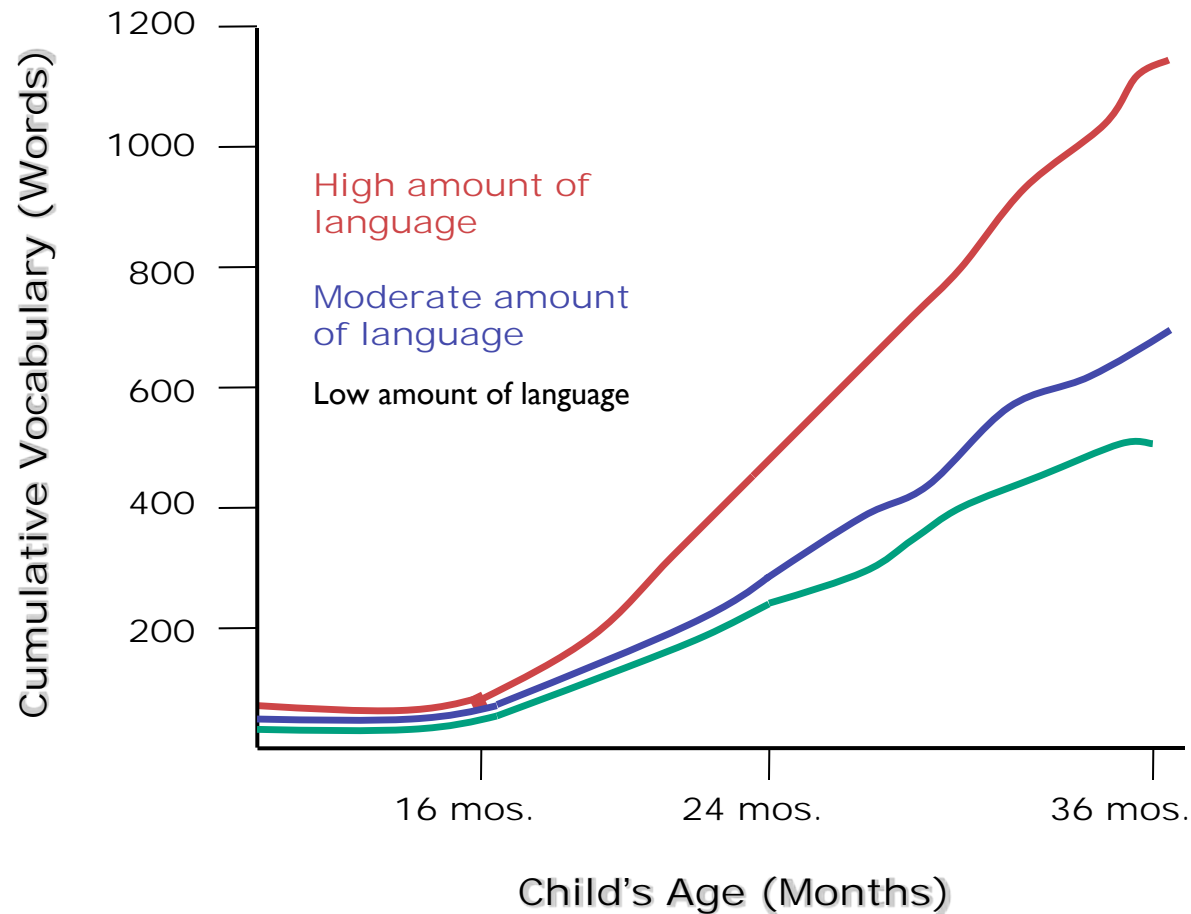
Solution: Just Identify the Children at Risk
Early to Prevent Health Challenges Later!

"Moreover, although there is a large literature demonstrating links between early life adversity (ELA), toxic stress, and poor health outcomes, there are no agreed-upon guidelines for diagnosing toxic stress, deploying therapeutic interventions or evaluating treatment efficacy."

-Gilgoff et al Stress 27:2327333 (2024)



Exposure to Complex Language Repertoire Begets Complex Language Repertoire



Source: Hart & Risley (1995)

Fernald et al 2012

Early Experiences Are Powerful – Positive or Negative





Multiple phenotypes from a common genotype
Epigenetics



Every cell in your body has the same nuclear genes, but...?

Creation of Chemical Signatures – Our Epigenome

- Experiences: + or -
- Malnutrition
- Emotional stressors
- Oxidative stressors
- Immune challenges during pregnancy
- Preconception exposures



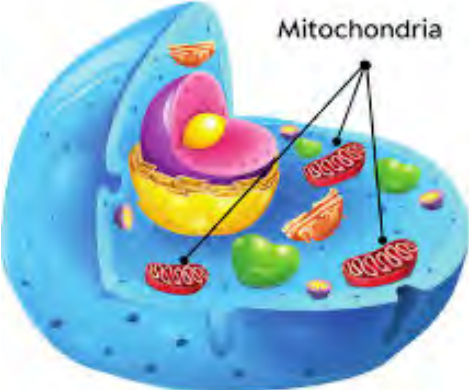
Frameworks Institute

The Signature Can Control When and Where Genes are Expressed

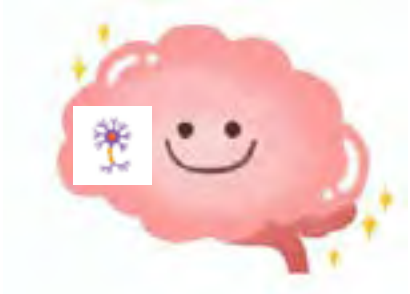
Like Cars, Your Cells Require Energy to Function – The Brain has the Highest Demand



Nutrition
→



ATP
→



Mitochondria – the powerhouse of the cell!



93 octane
gasoline
→



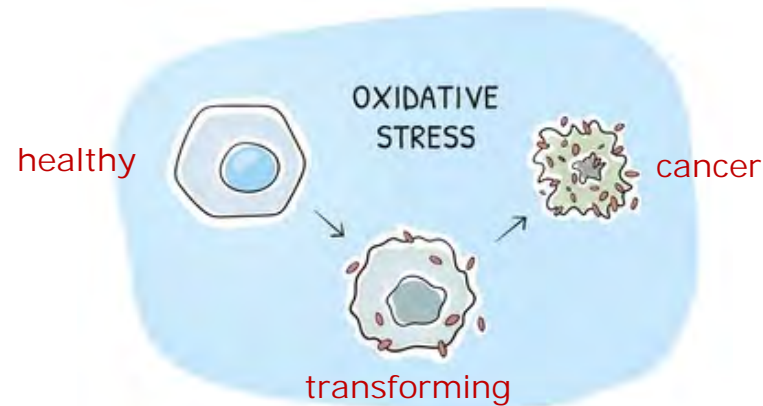
Chronic Stress Generates a Toxic Stress Response That Targets The Metabolic Machinery of Cells



↓ ATP



87 octane gasoline





THE SABAN RESEARCH
INSTITUTE

Keck School of
Medicine of USC

Scalable Measurement and Clinical Deployment of
Mitochondrial Biomarkers of Toxic Stress

(Family First Research Study)

Family First Research Study - Developing a Predictive Measure of Toxic Stress in Infants (340 mother-child dyads – 98% retention)

Children's Hospital LOS ANGELES

Family First Research Study

LEVITT DEVELOPMENTAL NEUROSCIENCE LABORATORY

FamilyFirst@chla.usc.edu (323) 344-2134

ARE YOU INTERESTED IN LEARNING MORE ABOUT YOUR BABY'S DEVELOPMENT?

Our research team has been awarded a grant from the California Initiative to Advance Perinatal Medicine to better understand the experiences of mothers and their babies during the first years of life. Join us in exploring and developing tools to better monitor child development.

WHAT YOU WILL DO DURING YOUR VISIT

- Check tooth
- Play with developmental toys
- Non and Baby interaction
- Eye tracking
- Draw sample (only when applicable)
- Heart rate rate (optional)
- Urine sample (only when applicable)

WHO CAN JOIN?

- Biological mothers of infants 18-years and
- Infants aged 1-5 months
- Complete a questionnaire to determine eligibility.

VISITS

- 8 months
- 12 months
- 24 months (optional)
- 36 months (optional)

WHY PARTICIPATE

- Birth up to \$500
- Suburban transportation
- Exclusive baby toys and toys that you can use for your baby's development.

PRINCIPAL INVESTIGATOR: DR. PAT LEVITT | CHLA IRB# 21-00174

Children's Hospital LOS ANGELES

Estudio de investigación: Familia Primero

LABORATORIO LEVITT DE DESARROLLO NEUROCIÉNTIFICO

FamilyFirst@chla.usc.edu (323) 344-2134

¿LE INTERESA SABER MÁS SOBRE EL DESARROLLO DE SU BEBÉ?

Nuestro equipo de investigación ha recibido financiación del programa California Initiative to Advance Perinatal Medicine para comprender mejor las experiencias de las madres y sus bebés durante los primeros años de vida. Únase a nosotros en la exploración y el diseño de herramientas para mejorar el seguimiento del desarrollo infantil.

QUÉ HARÁ DURANTE SU VISITA

- Revisión de dientes
- Juego de desarrollo
- Interacción entre madre y bebé
- Seguimiento ocular
- Muestra de sangre (opcional)
- Registro cardíaco del bebé (opcional)
- Muestra de orina (opcional)

¿QUIÉN PUEDE PARTICIPAR?

- Madres biológicas de 18 años con bebés de 5 meses de edad
- Complete un cuestionario para determinar su elegibilidad.

VISITAS

- 8 meses
- 12 meses
- 24 meses (opcional)
- 36 meses (opcional)

¿POR QUÉ PARTICIPAR?

- Recibirá hasta \$500 por su participación
- Uso de juguetes exclusivos para su bebé y herramientas para su desarrollo.

INVESTIGADOR PRINCIPAL: DR. PAT LEVITT | CHLA IRB# 21-00174



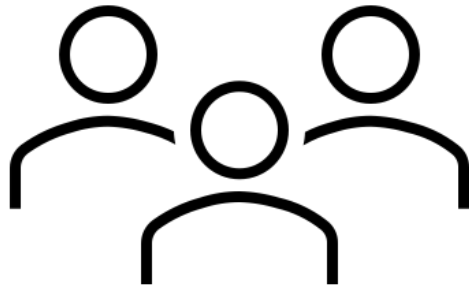
Kameelah Gateau, MD, MS
Neonatology, Peds, CHLA



Family First Research Study Team + Dr. David Reiner (CIAPM)

- Aimé Ozuna
- Evelyn Romo
- Dianna Guererro Jiminez
- Nichole Fonancier
- Jenny Ledigo

Meet the CAC members



Study Participants

Zakkoyya-Lewis Tramell –
CalPoly Pomona Associate
Professor, Kinesiology and Health
Promotion

Sanga Min –
Research Project Manager,
UC Irvine Sunmin Lee Lab

Community Organization Representatives

Marian Williams –
Early Childhood Mental Health
Program at CHLA

Irene Martinez –
Executive Director, Fiesta
Educativa

Jessica Ramirez –
Family Partner, Help Me Grow LA

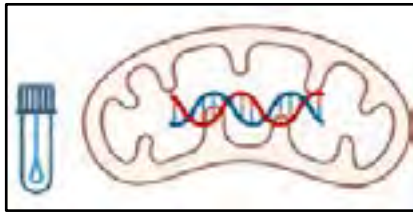
Frances Nova-Jauregui –
Associate Executive Director,
Karsh center

Biomarker Assays (all visits)

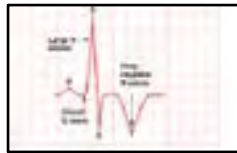
Scalable
Sample
Collection
& Assays



Maternal (plasma)/Child (urine) } optional
 • F_{2α}-IsoProstanes (*oxidative stress*)



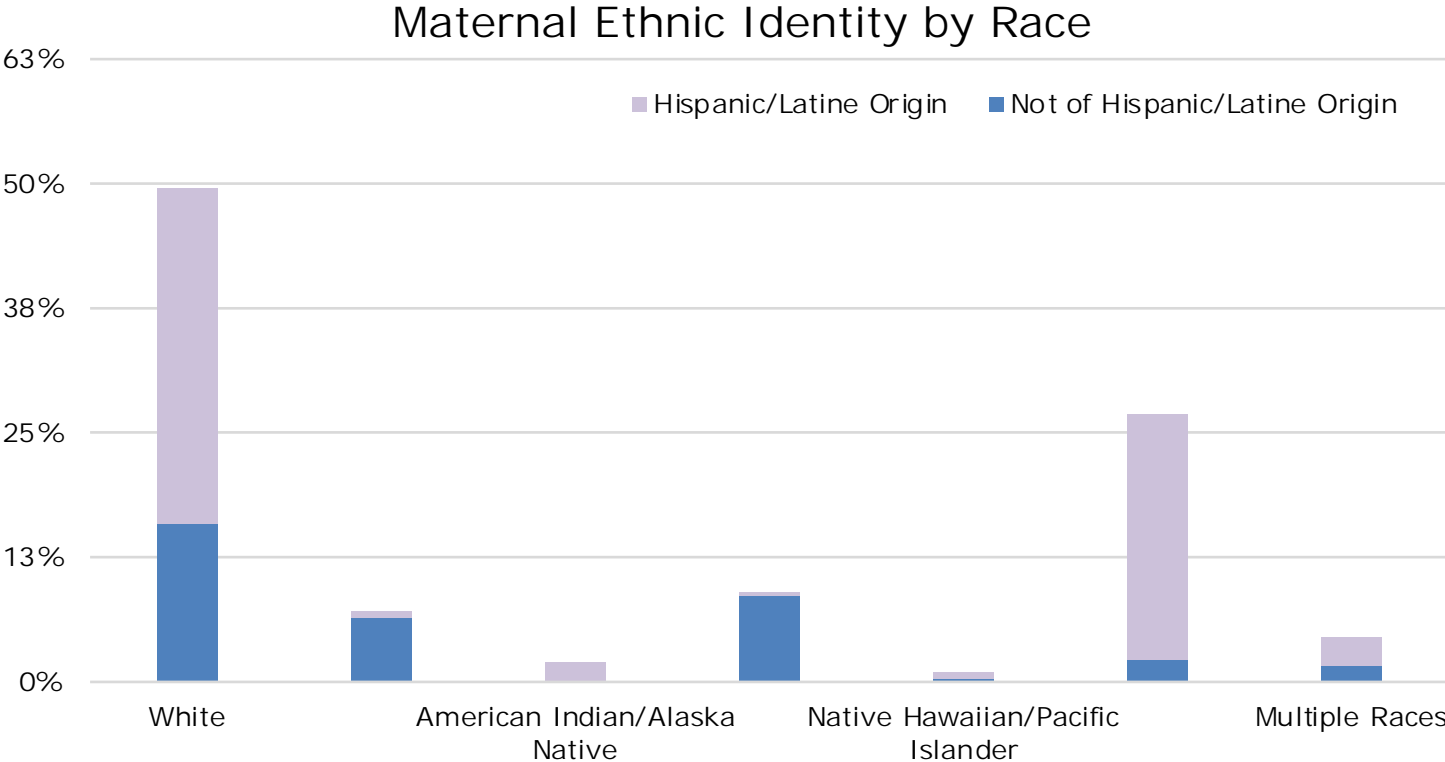
Maternal/Child (each buccal swab) } required
 • mtDNAcn
 • mtdsRNA
 • mt somatic mutations (MAL)
 • epigenetics



Child ANNE Wireless Sensor } optional
 • RSA = Vagal Tone (parasympathetic)

Demographics

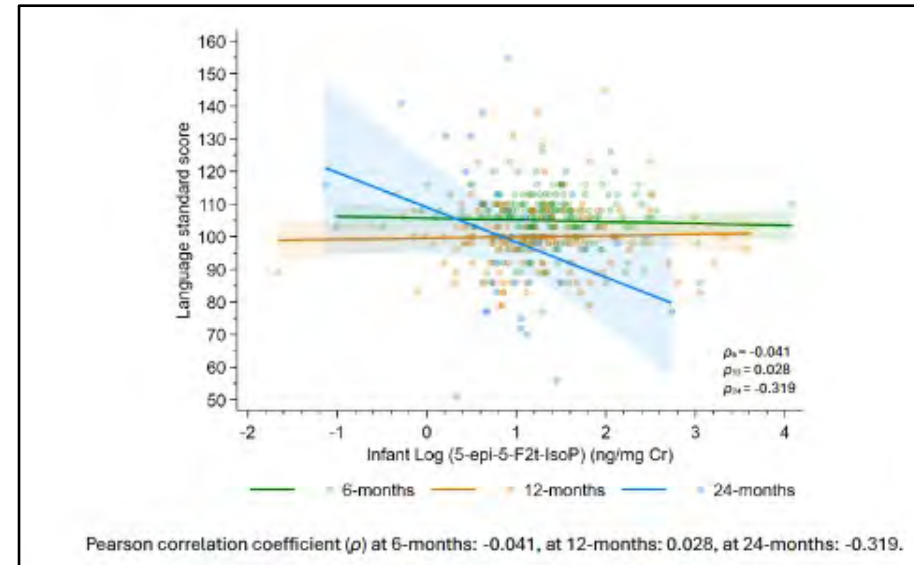
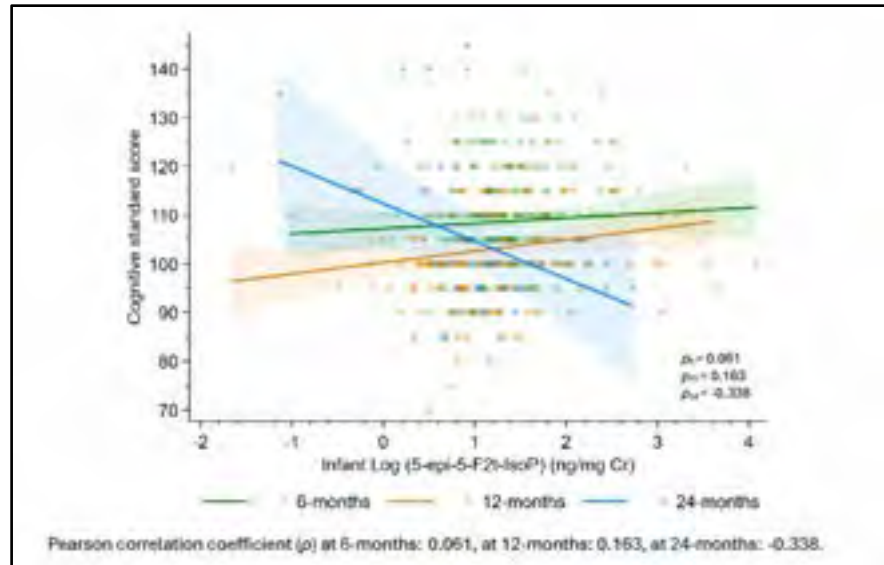
67% Self-Identify Latina



So, what have we found so far?

One Example - Biomarkers & Neurodevelopment - Cross-sectional Analysis at Each Age

Lower cognitive & language scores correlate with higher Oxidative Stress at 24 months



Gateau, et al in preparation, 2025

Can We Reverse Oxidative Stress to Improve Brain Function?



The Mice Normalize Their Energy Function and Rewarding Behaviors!



Please Remember - Serve and Return



Machismo-related Barriers for Screening

- Stigma and fear around procedures like colonoscopy, prostate exams
- Perceived threat to masculinity (e.g., vulnerability, invasiveness)
- Health minimization (the belief that men should not seek help)
- Concerns about sexual identity in relation to invasive procedures
- Lack of culturally sensitive communication from providers



Prostate Cancer in Latino Men - Lessons that Guide My ASCO Presidency

Eric J. Small, MD

Medical Oncologist, UCSF, President, ASCO

RECOVERY
FROM
ADDICTION

Prostate Cancer in Latino Men

Eric J Small, MD, FASCO
UCSF

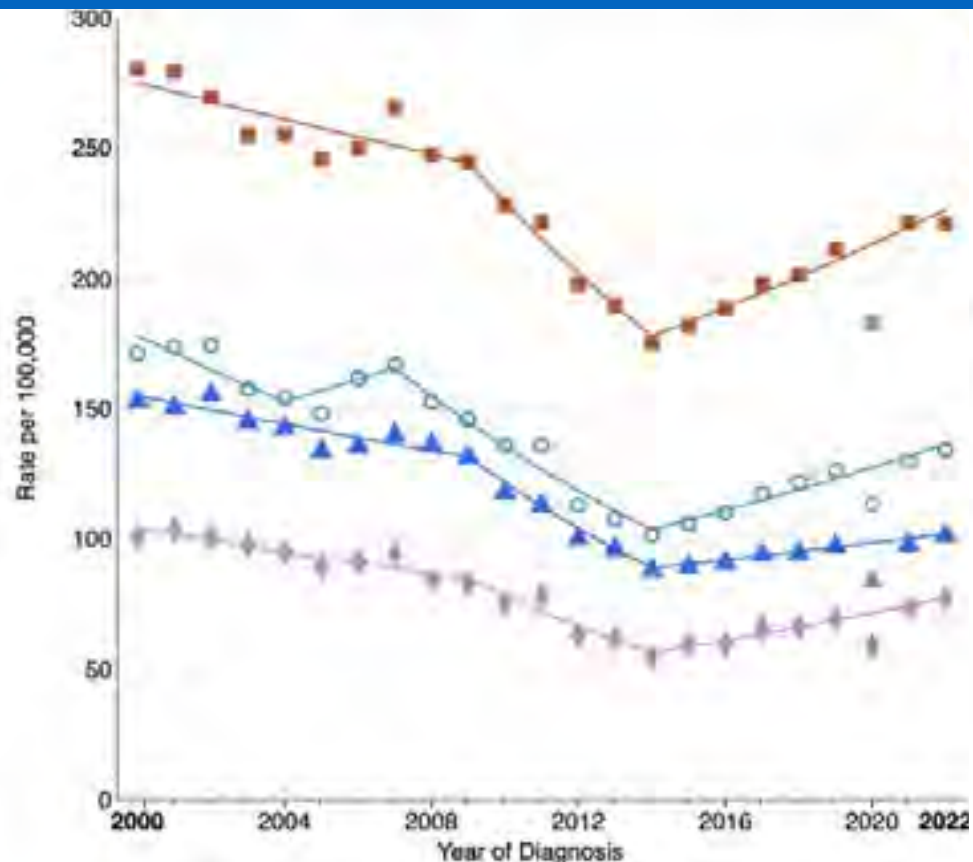


There is a danger to using a single race or ethnicity category!

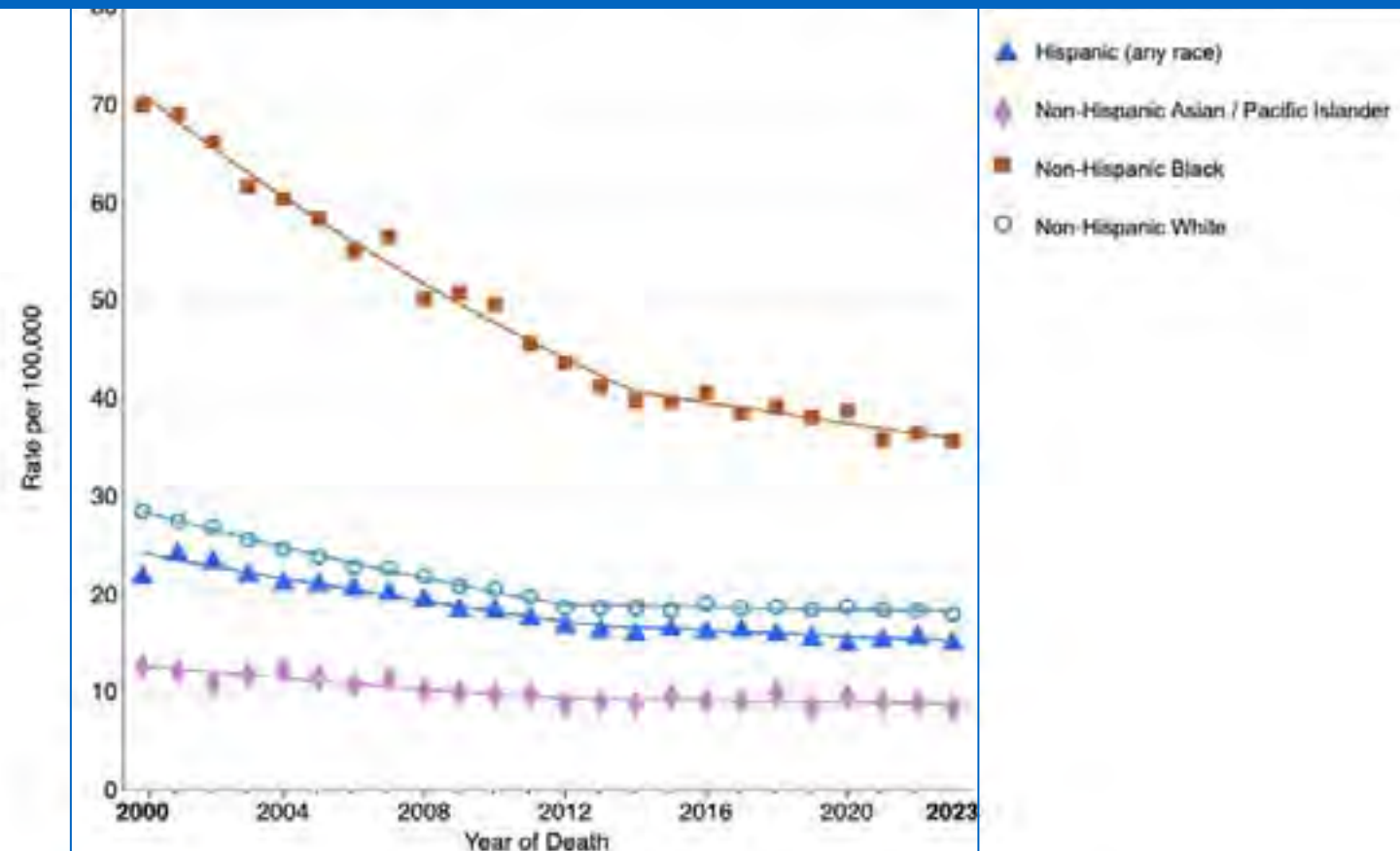
- Population mix varies by state; in CA and TX, >80% of Hispanics/Latinos are of Mexican origin.
- Even within a state there can be considerable variation in population mix
- For example: Prostate cancer incidence in Puerto Rico is ~51% higher than among other US Hispanic men and ~23% higher than in non-Hispanic White men.
- Drivers likely include ancestry mix and detection patterns; more research needed for subgroup-specific clinical outcomes.

SEER DATA BASE (US) – Prostate Cancer

Incidence rate



Mortality rate

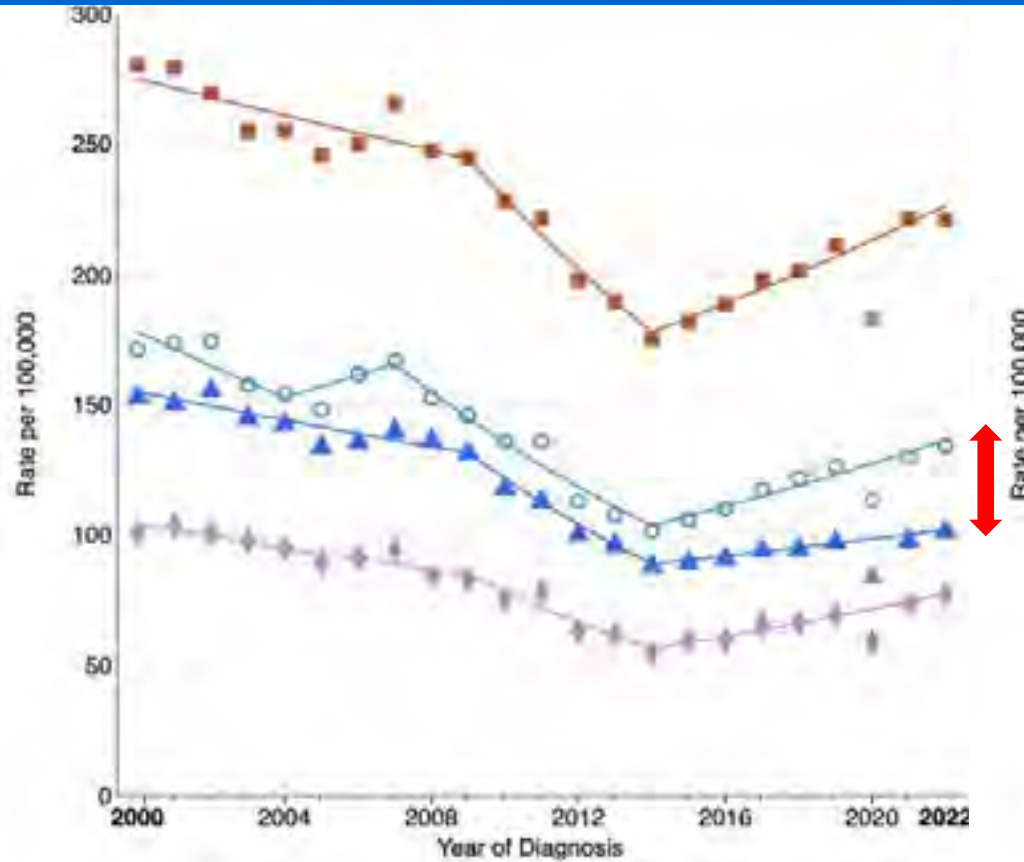


Take Home Messages: Prostate Cancer in the United States

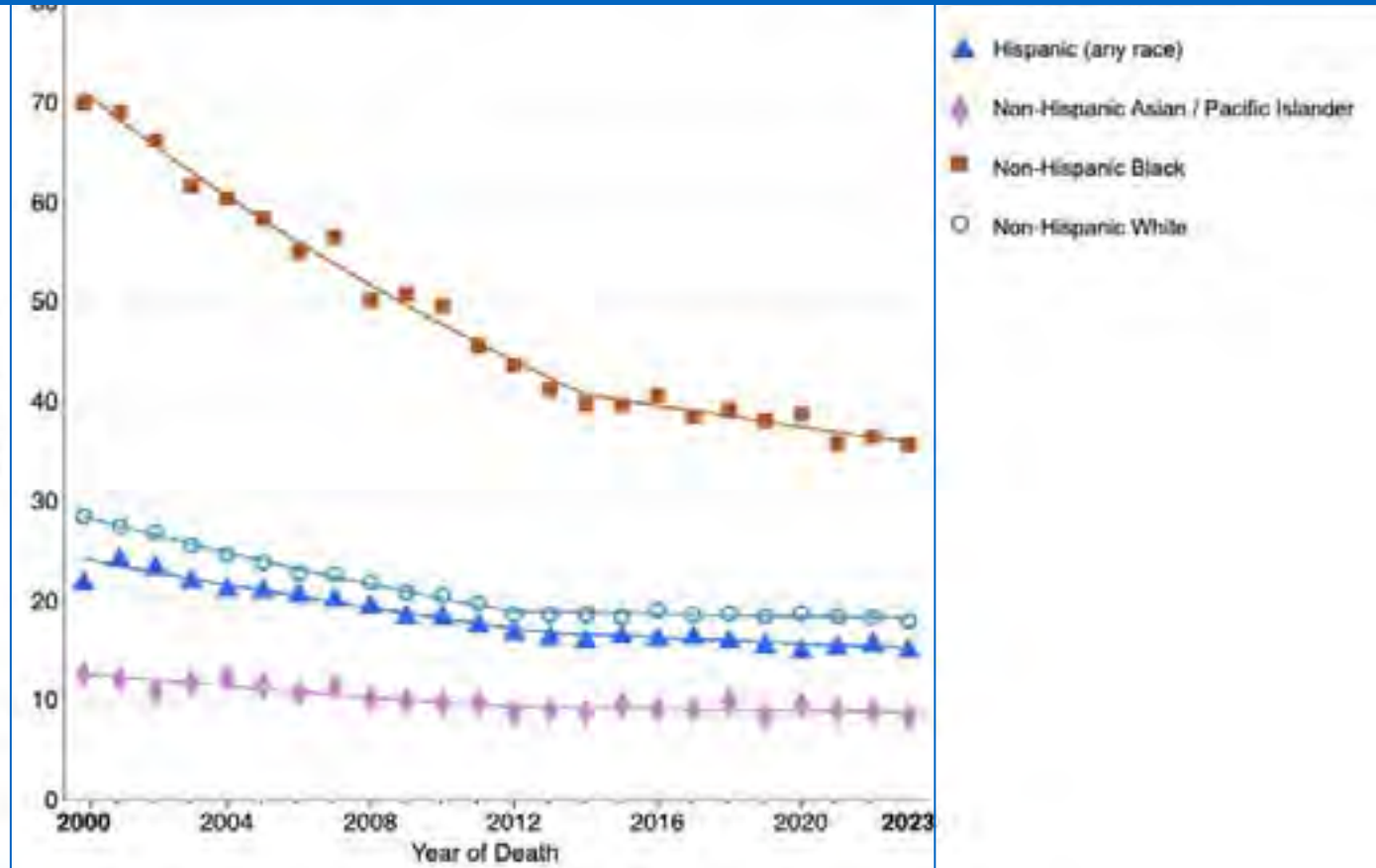
- After a steady decline in frequency (incidence), coinciding with change in screening recommendations), there has been a reversal and steady increase over the last decade, which is seen in all racial and ethnic groups
- Simultaneously, mortality, which was declining, has leveled out, and is not declining

SEER DATA BASE (US) – Prostate Cancer

Incidence rate



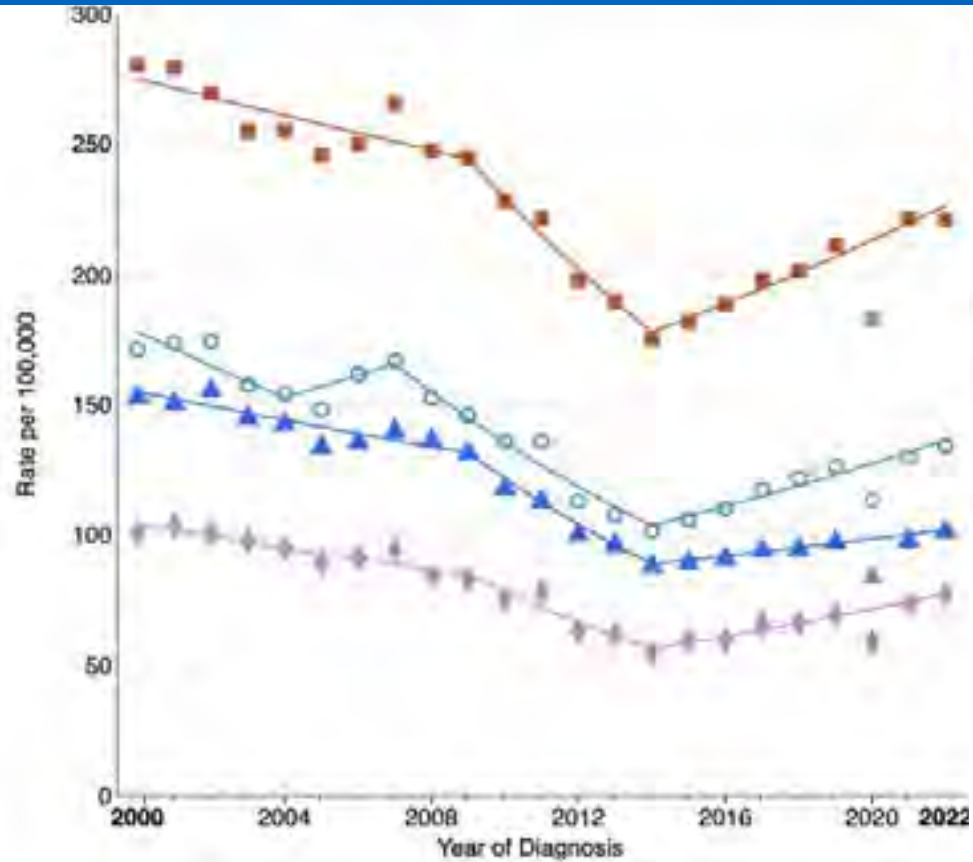
Mortality rate



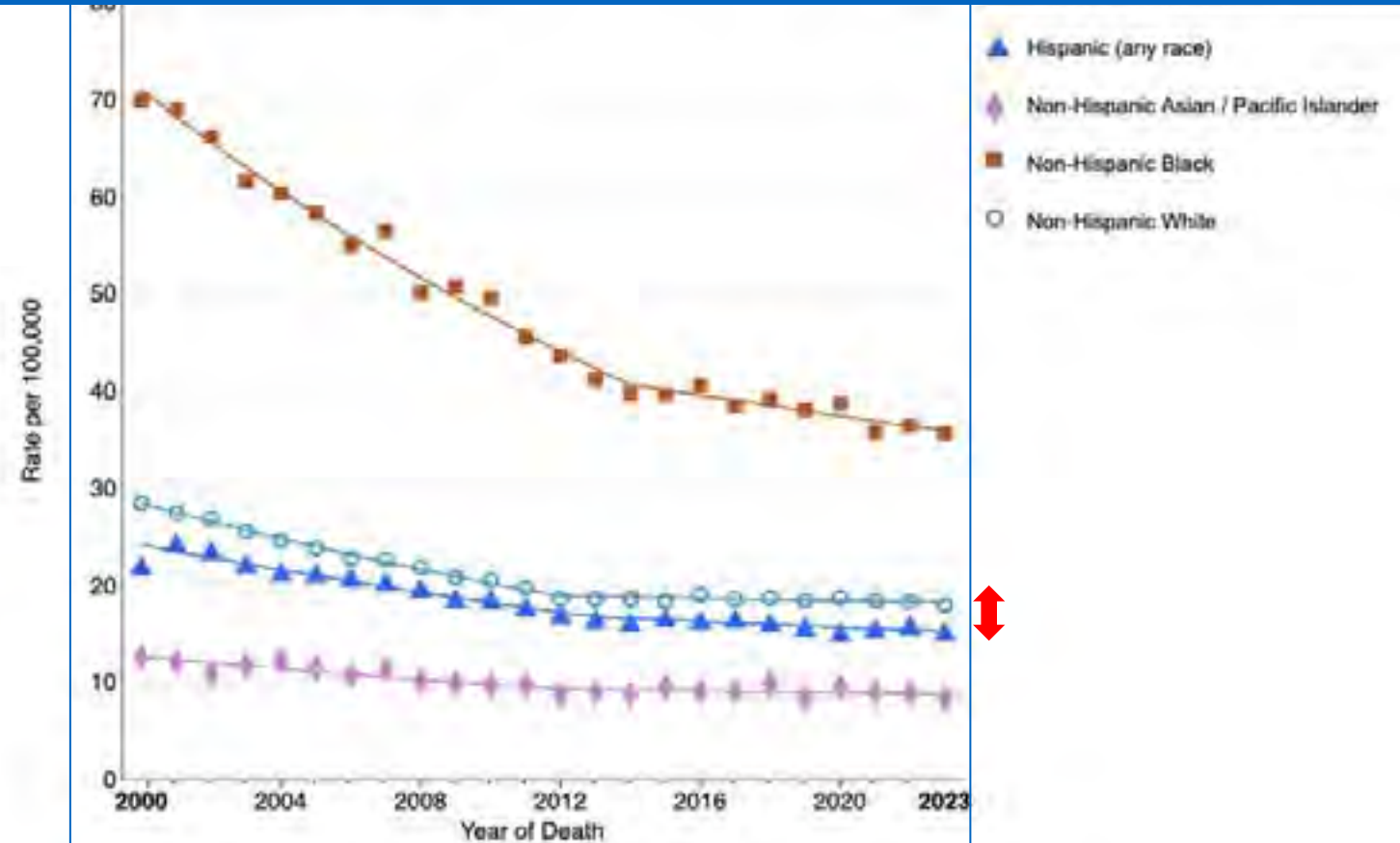
Beginning in 2014 the difference in incidence between Latinos and whites is growing

SEER DATA BASE (US) – Prostate Cancer

Incidence rate



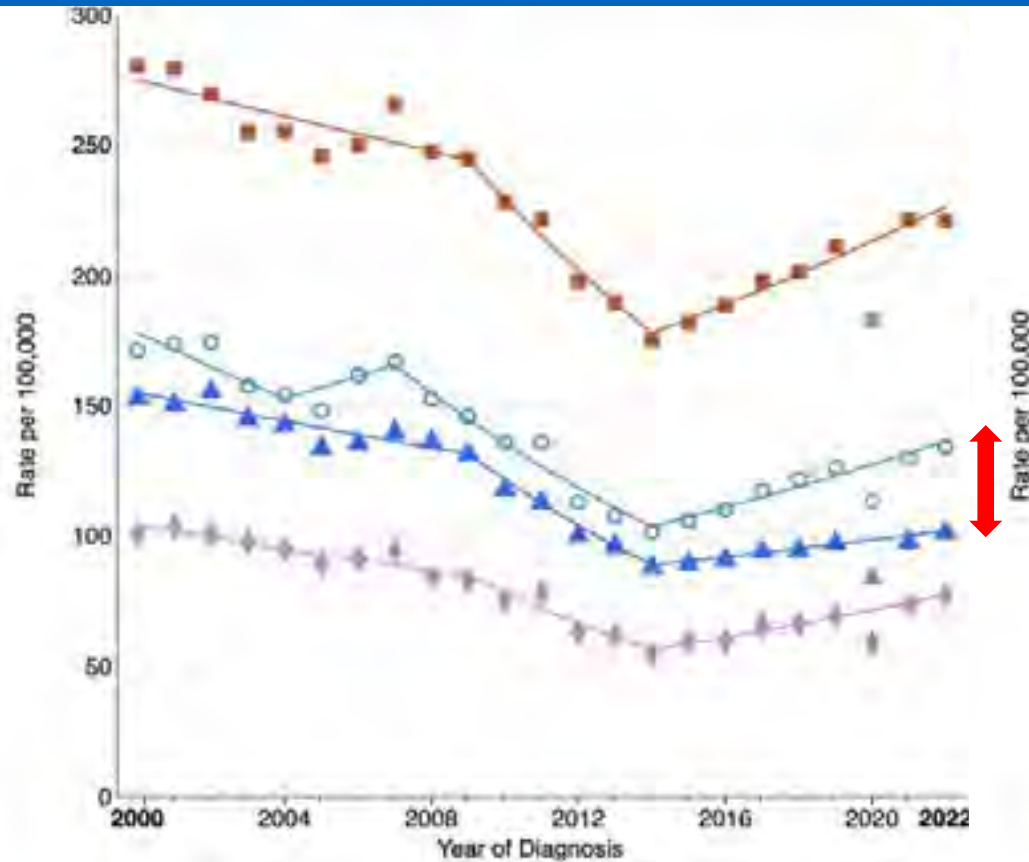
Mortality rate



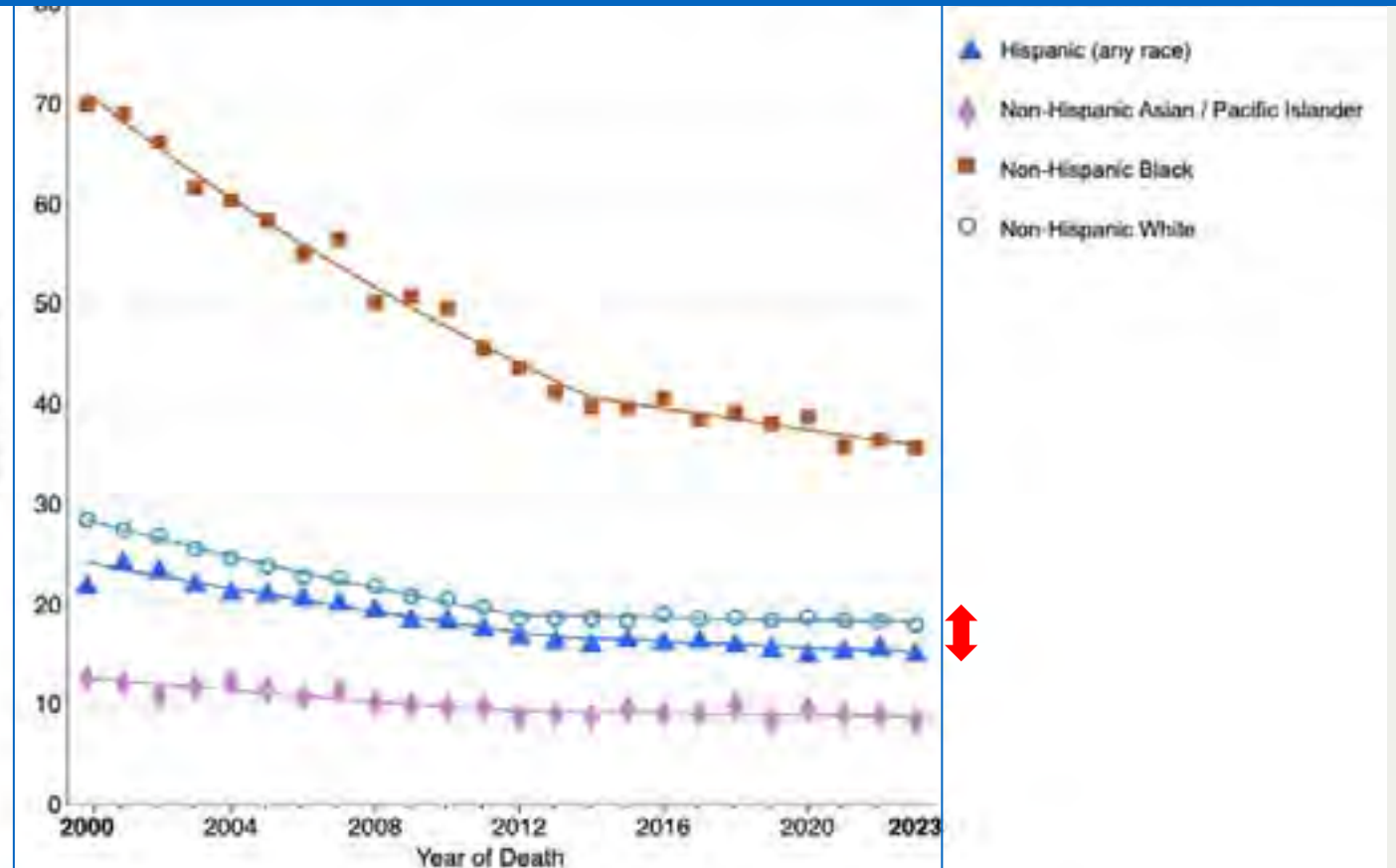
However, that does not translate into differences in mortality associated with prostate cancer: The death rate from prostate cancer is very similar in these two groups.

SEER DATA BASE (US) – Prostate Cancer

Incidence rate



Mortality rate



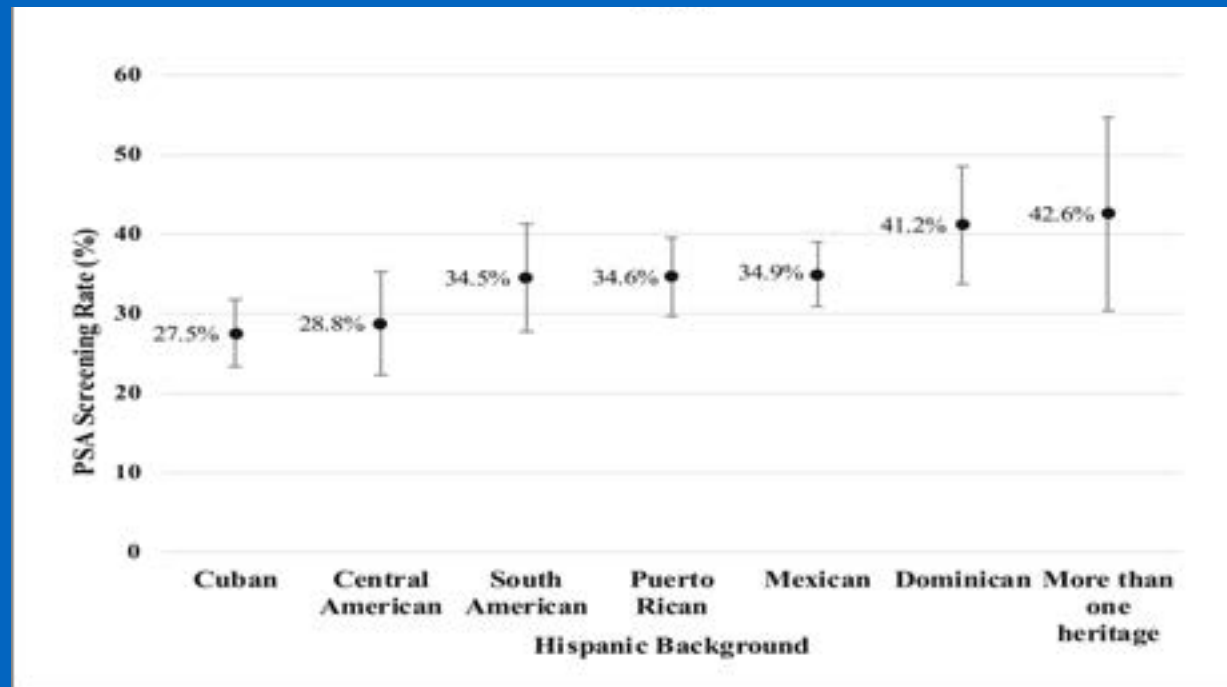
Possible explanations:

1. Less screening in Latinos so fewer cancers are detected
2. Less access to equitable care so despite fewer cases, mortality hasn't changed
3. More aggressive cancers?

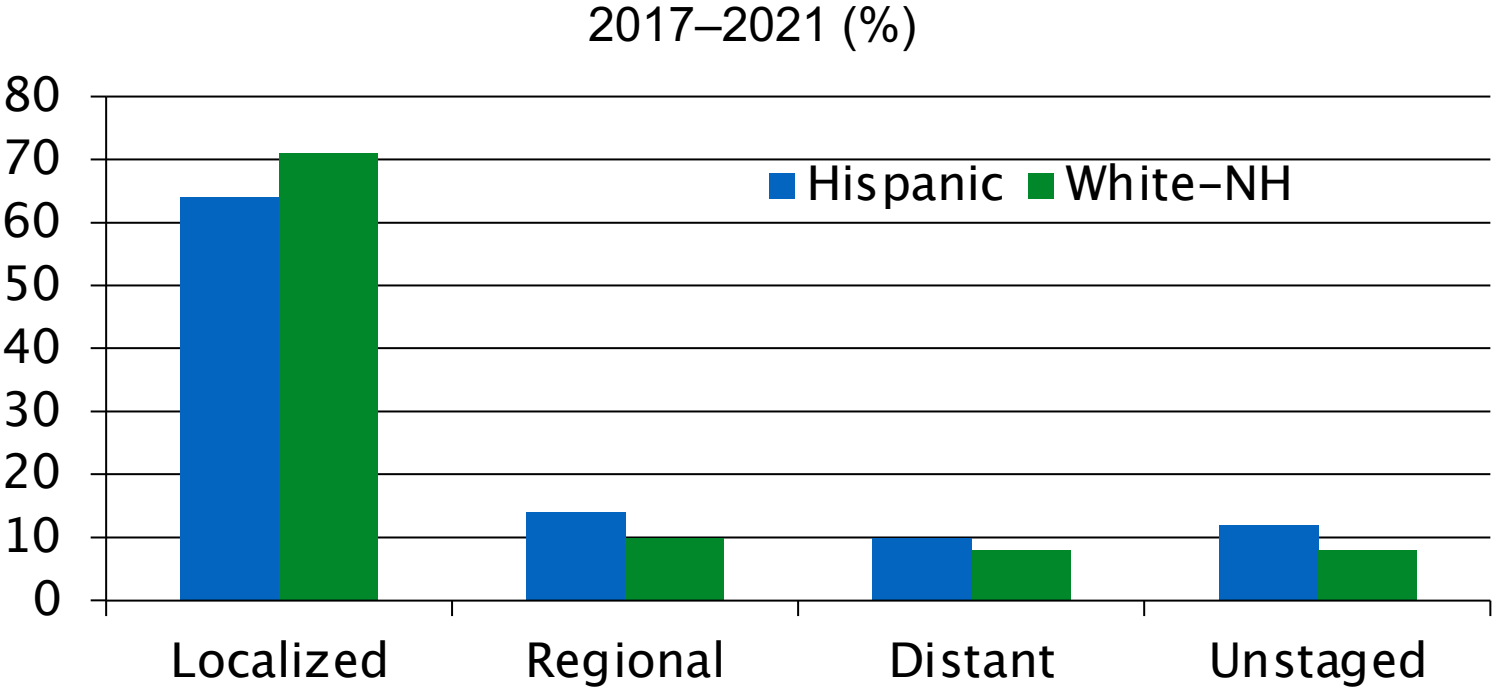
Latino Men are less likely to undergo prostate cancer screening (ACS: 28% vs 38% in whites)

Different Communities have different screening rates

Factors associated with prostate cancer screening among Hispanic men:
Results from the Hispanic Community Health Study/Study of Latinos

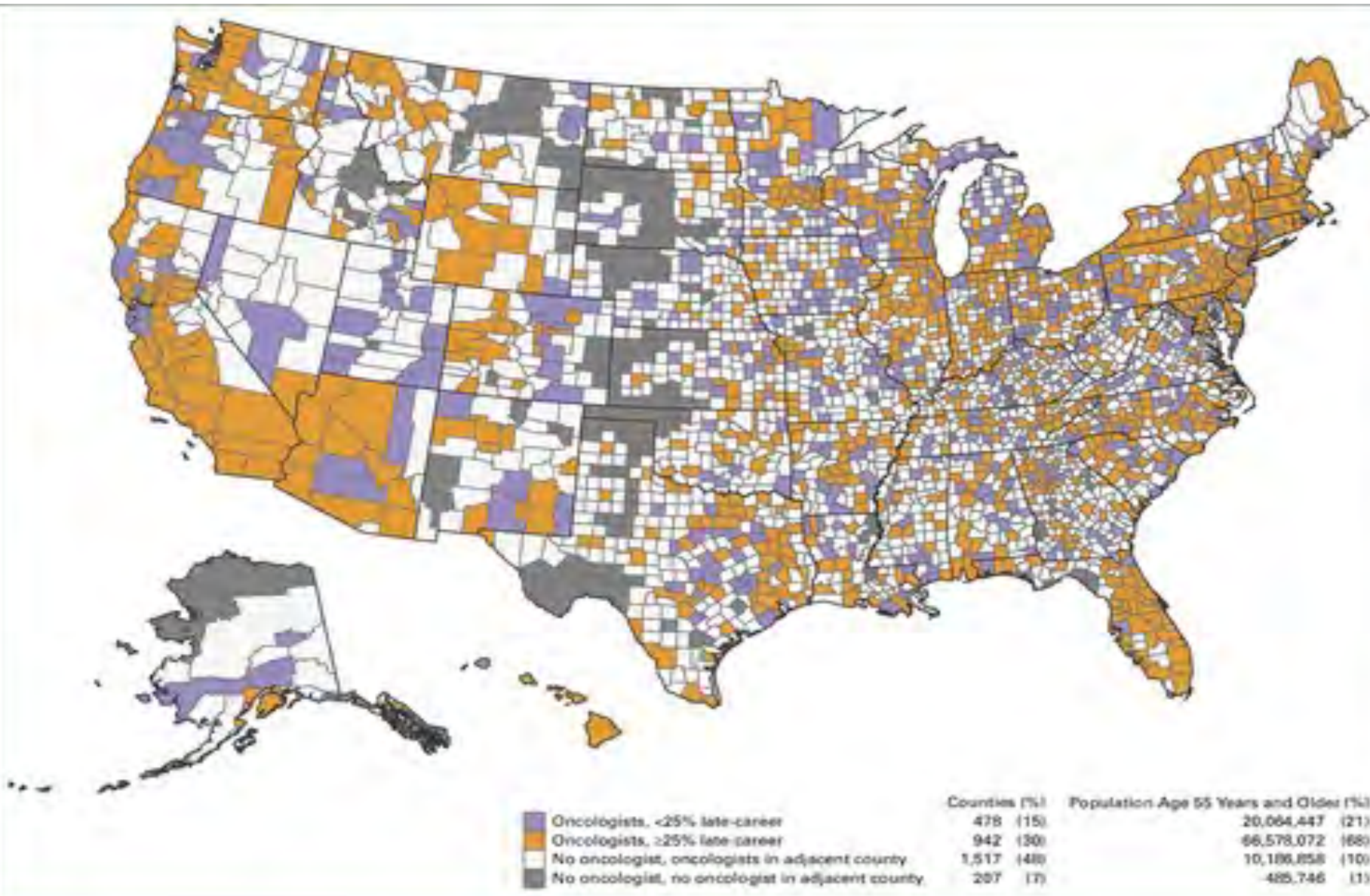


The consequences of less prostate cancer screening in Latino Men



A smaller % of Latino men are being diagnosed with localized (early stage = curable) disease, and
A larger % are diagnosed with more advanced disease (regional and distant = less curable or incurable)

2. Less access to equitable care

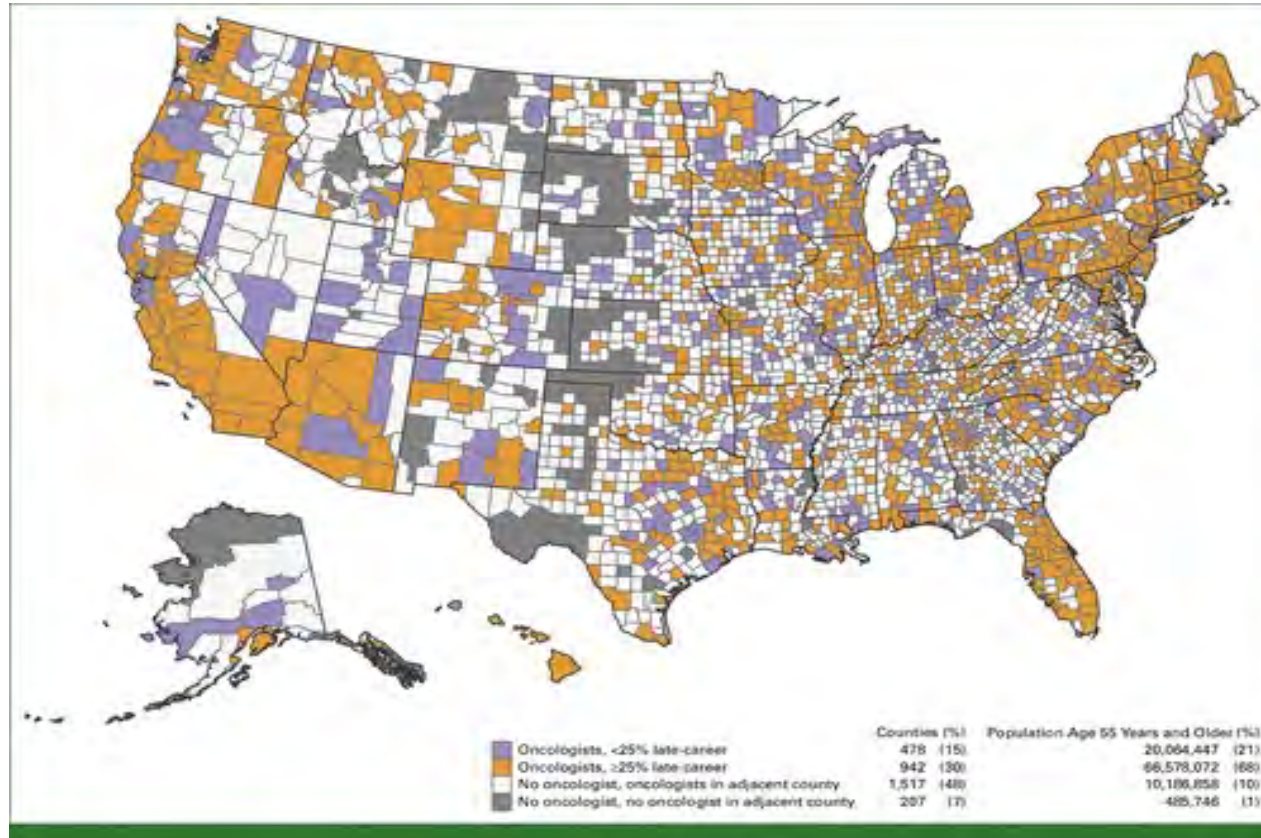


55% of US Counties have no oncologists;

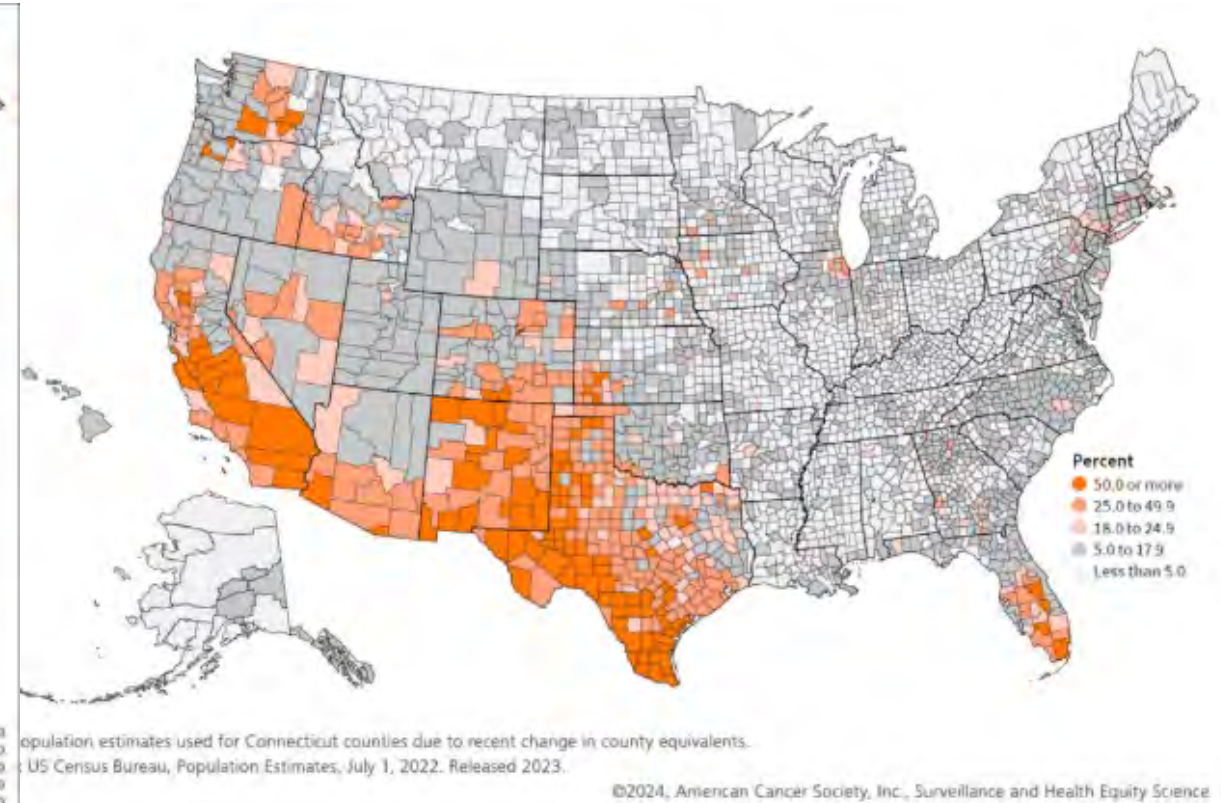
7% have no oncologists and no oncologist in an adjacent county

Published in: M. Kelsey Kirkwood; Erin P. Balogh; Melissa K. Accordino; David D. Chism; Elizabeth Garrett-Mayer; Helen M. Parsons; Manali I. Patel; K. Robin Yabroff; Laura A. Levit JCO Oncol Pract 2025 10-7 DOI: 10.1200/OP-25-00144 Copyright © 2025 American Society of Clinical Oncology

Oncologists



Latino/Hispanic Populations





The Science and Practice of Translation: Improving Cancer Outcomes Worldwide

Cancer Care Access for Every Person, Every Cancer, Every where

- Setting the Standard for Quality Care: Establishing benchmarks and supporting practice improvement through ASCO's care delivery programs (i.e., Quality Training Program)

Cancer Care Access for Every Person, Every Cancer, Every where

- Expanding Access to Care: Utilizing innovative models to connect local clinics with major cancer centers and enhance patient care such as through the Montana pilot program.

Cancer Care Access for Every Person, Every Cancer, Every where

- Supporting the Global Oncology Community:

Providing worldwide education through international courses, workshops, and guidelines to help clinicians apply evidence-based care in any setting.

Learning from each other: Drawing parallels between low and middle income countries and low and middle income counties

Cancer Care Access for Every Person, Every Cancer, Every where

- Advocating for Patients and Practices: Working with policymakers to advance legislation that reduces barriers to care.



ASCO's "Save Research" Campaign

Federal funding propels cancer research forward — it fuels breakthroughs, drives progress, and brings us closer to conquering cancer.



Hope drives American progress. Investing in research today prevents suffering tomorrow and ensures our national health and scientific standing. We cannot turn away from millions of Americans counting on American ingenuity to live healthier lives.

#SaveResearchStopCancer

asco.org/saveresearch



Thank you!
¡Muchas gracias!

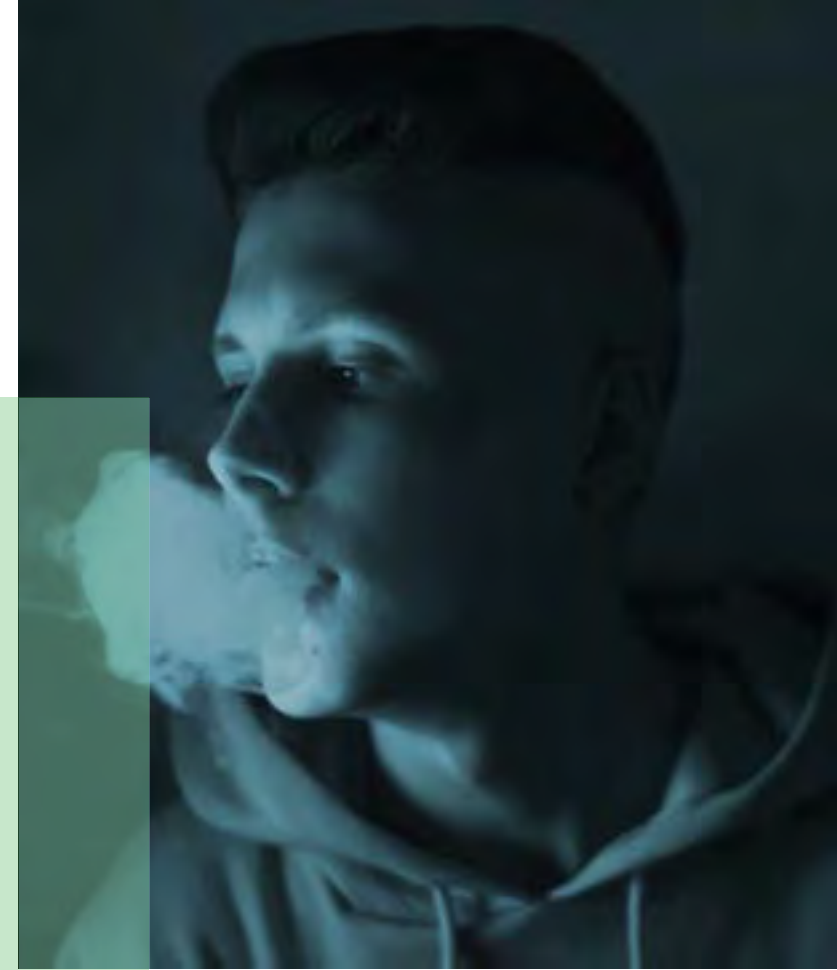
Can Vaping Lead to Lung Cancer?

U.S. Latino Lung Cancer Facts

- Latino Smoking Prevalence 7.7%
- Tobacco Related Lung Cancer
Incidence Rates – About 43,000 diagnosed each year
Mortality Rates – 18,000 die each year
- Highest number for smokers – 50 to 64 yrs of age
- Lung cancer is the number one cause of cancer death in Latino males and second cause of death for females

https://lulac.org/assets/pdfs/TobaccoFree_Toolkit_Eng.pdf

https://lulac.org/assets/pdfs/TobaccoFree_Toolkit_Esp.pdf



"Vaping – A Public-Health Crisis"
Dr. Francisco Cartujano-Barrera
University of Rochester Medical Center



Addressing Vaping Among Latino Adolescents and Young Adults

Francisco Cartujano-Barrera, MD

Assistant Professor, Department of Public Health Sciences,
University of Rochester Medical Center



Smoking and vaping cessation among **Latinos** via **community**-based participatory research

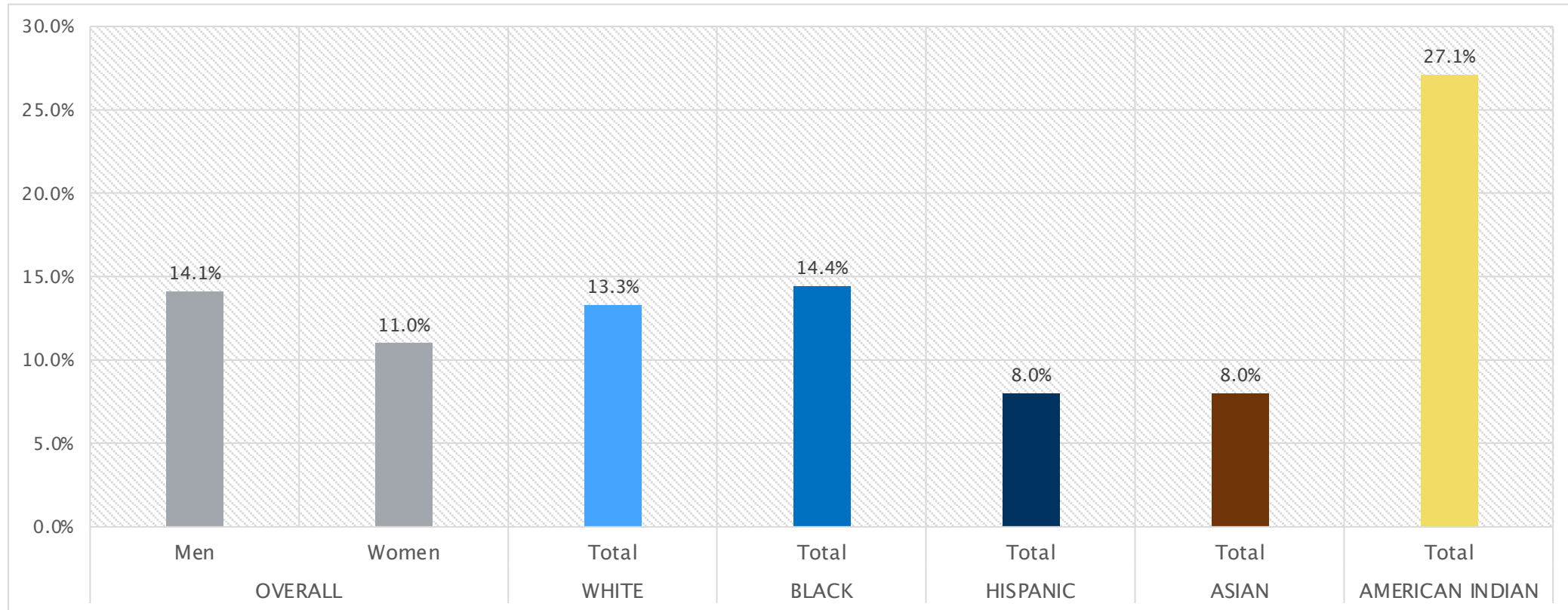
Francisco Cartujano-Barrera, MD (he/él)

Assistant Professor, Department of Public Health Sciences

Assistant Director, Community Outreach and Engagement

Wilmot Cancer Institute, University of Rochester Medical Center

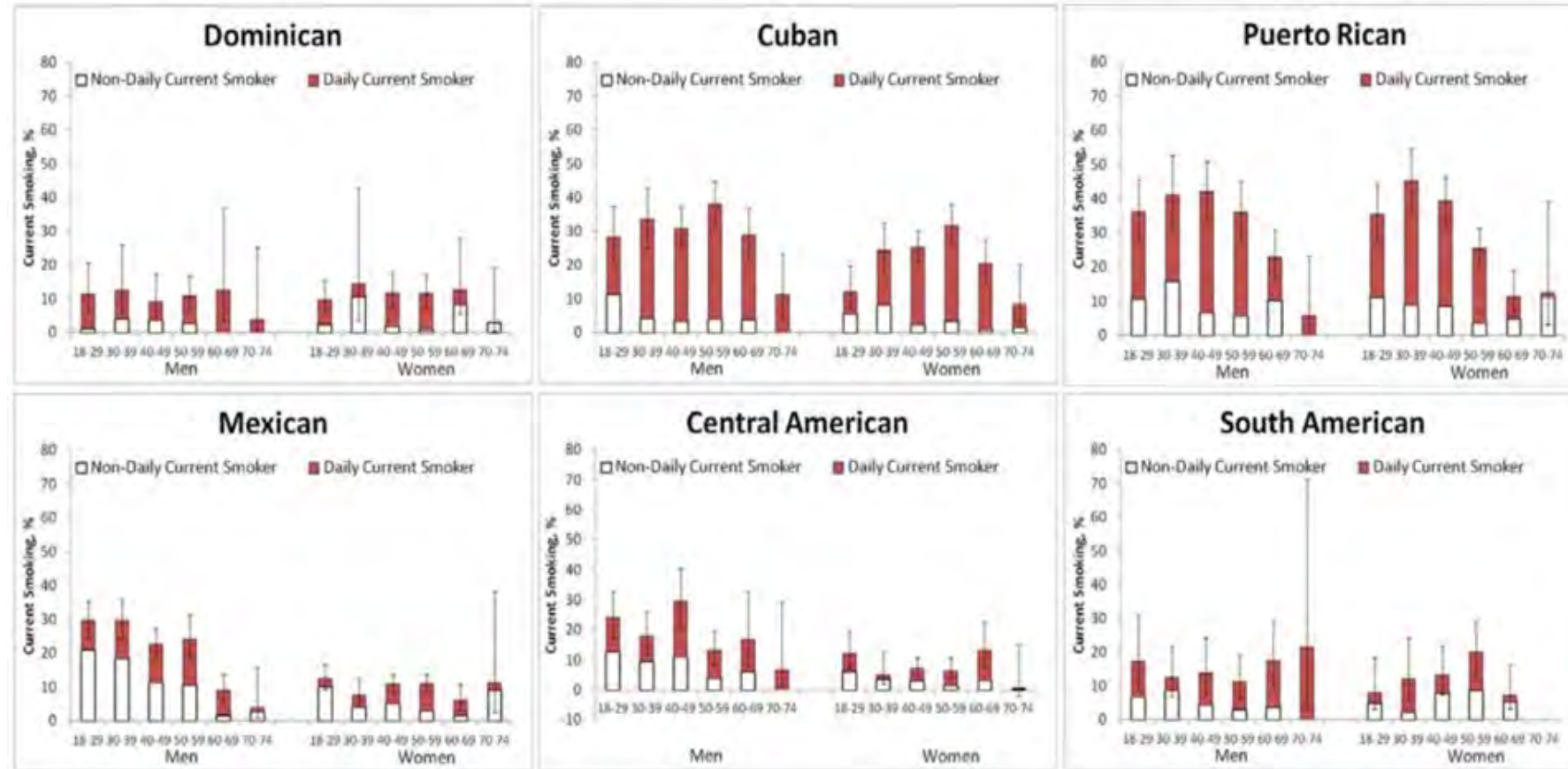
Cigarette smoking by race and ethnicity



Center for Disease Control and Prevention. Current Cigarette Smoking Among Adults – United States, 2020



Cigarette smoking among Latinos by birthplace



Kaplan RC, Bangdiwala SI, Barnhart JM, Castañeda SF, Gellman MD, Lee DJ, Pérez-Stable EJ, Talavera GA, Youngblood ME, Giachello AL. Smoking among U.S. Hispanic/Latino adults: The Hispanic community health study/study of Latinos. *Am J Prev Med.* 2014 May;46(5):496-506.



Cigarette smoking among Latinos

17% of population → 30% by the year 2060

↓ have access to healthcare

↓ advice to quit smoking

↓ use of counseling and medication

↓ participate in smoking cessation studies

- Cultural and linguistic sensitivity
- Non-daily or light smokers

Only two clinical trials in 20 years



VanFrank B, Malarcher A, Cornelius ME, Schechter A, Jamal A, Tynan M. Adult smoking cessation - United States, 2022. MMWR Morb Mortal Wkly Rep. 2024;73(29):633-641.



Community Advisory Board

NAME

ORGANIZATION

Arturo Ponce

Hackensack Meridian Health

Ciara Torres-Vargas, PhD

Hackensack Meridian Health

Diana Bermudez, MA

The Engagement Ed Corp

Elisa DeJesus, MS

Ibero-American Action League

Iluminada Vilca

Cornell Cooperative Extension

Marcela Gaitán, MPH

Nuestras Voces

Maria Delgado

Gilda's Club Rochester



Community Advisory Board

Community-based participatory research seeks to move from conducting research “on” communities to conducting research “with” communities.

The Community Advisory Board

- Identifies health concerns
- Shares leadership to guide decision-making
- Is engaged in intervention design
- Guides recruitment strategies
- Collaborates in interpreting findings
- Collaborates in disseminating findings



Chapter I:

Decídetexto

Decídetexto: Mobile Cessation Support for Latinos Who Smoke.

NCI R01CA212189

Paula Cupertino
(Principal Investigator)

Decídetexto

- 712 text messages over six months
- Available in English and Spanish
- Bidirectional communication
- Four phases: Pre-quit, Quit Day, Post-quit Intensive, Post-quit Maintenance
- Relapse track
- Readability scores: averaged 3.9 (4th grade level) in English and 77.4 (easy/very easy) in Spanish

Cartujano-Barrera F, Arana-Chicas E, Catley D, Sanderson Cox L, Diaz FJ, Ellerbeck EF, Graves K, Ogedegbe C, Cupertino AP. Decídetexto: Mobile cessation support for Latino smokers. Study protocol for a randomized controlled trial. Contemp Clin Trials. DOI: <https://doi.org/10.1016/j.cct.2020.106188>



Decídetexto: Mobile Cessation Support for Latinos Who Smoke.

NCI R01CA212189

Paula Cupertino
(Principal Investigator)

Aim 1

Assess the impact of *Decídetexto*, a culturally accommodated intervention versus standard care on smoking abstinence at month 6 among Latinos who smoke.



Cartujano-Barrera F, Arana-Chicas E, Catley D, Sanderson Cox L, Diaz FJ, Ellerbeck EF, Graves K, Ogedegbe C, Cupertino AP. Decídetexto: Mobile cessation support for Latino smokers. Study protocol for a randomized controlled trial. *Contemp Clin Trials*. DOI: <https://doi.org/10.1016/j.cct.2020.106188>

Decidetexto: Mobile Cessation Support for Latinos Who Smoke.

NCI R01CA212189

Paula Cupertino
(Principal Investigator)

Recruitment

Community-based recruitment guided by the Community Advisory Board



Parent Night at Hackensack
High School



Edición Digital New York
at Univision



Health fair at
Palisades Medical Center

Arana-Chicas E, **Cartujano-Barrera F**, Rieth KK, Richter KK, Ellerbeck EF, Cox LS, Graves KD, Diaz FJ, Catley D, Cupertino AP. Effectiveness of Recruitment Strategies of Latino Smokers: Secondary Analysis of a Mobile Health Smoking Cessation Randomized Clinical Trial. J Med Internet Res. 2022 Jun 27;24(6):e34863.



Decídetexto: Mobile Cessation Support for Latinos Who Smoke.

NCI R01CA212189

Paula Cupertino
(Principal Investigator)

Participants

Characteristics	Decídetexto (n=229)	Standard care (n=228)
Age, mean (SD), y	48.57 (10.87)	48.83 (11.41)
Women	101 (44.1%)	106 (46.5%)
Education ≥ high school	163 (71.2%)	167 (73.2%)
Below poverty	58 (25.3%)	63 (27.6%)
Spanish as primary language	163 (71.2%)	159 (69.7%)
Country/region of birth		
Caribbean	63 (27.5%)	77 (33.8%)
Central America and Mexico	51 (22.3%)	46 (20.2%)
South America	63 (27.5%)	50 (21.9%)
U.S.	51 (22.3%)	54 (23.7%)
Other	1 (0.4%)	1 (0.4%)

Cartujano-Barrera F, Cox LS, Catley D, Cai X, Diaz FJ, Arana-Chicas E, Chávez-Iñiguez A, Ogedegbe C, Graves KD, Rivera MP, Ponce A, Ellerbeck EF, Cupertino AP. Decídetexto: Mobile cessation support for Latino adults who smoke: A randomized clinical trial. *Chest*. 2024 Aug 10:S0012-3692(24)04904-3.



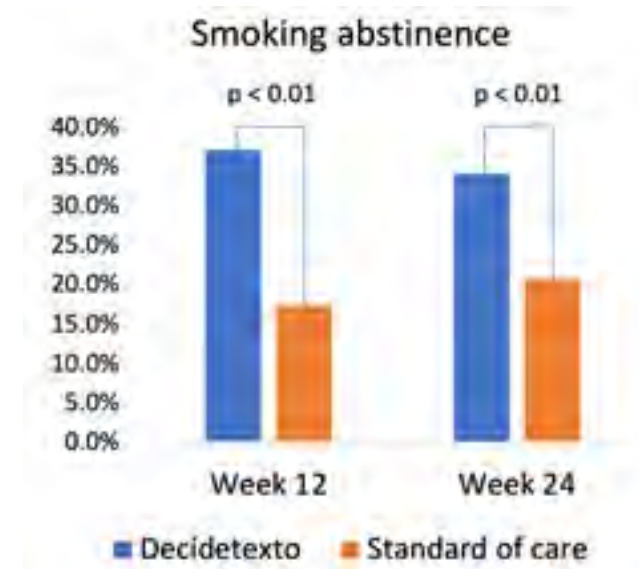
Decídetexto: Mobile Cessation Support for Latinos Who Smoke.

NCI R01CA212189

Paula Cupertino
(Principal Investigator)

Results

Latinos receiving the *Decídetexto* intervention were significantly more likely than those receiving standard care (smoking cessation printed materials) to self-report smoking abstinence at Month 6 (34.1% vs 20.6%; $p < 0.001$).



Cartujano-Barrera F, Cox LS, Catley D, Cai X, Diaz FJ, Arana-Chicas E, Chávez-Iñiguez A, Ogedegbe C, Graves KD, Rivera MP, Ponce A, Ellerbeck EF, Cupertino AP. Decídetexto: Mobile cessation support for Latino adults who smoke: A randomized clinical trial. *Chest*. 2024 Aug 10:S0012-3692(24)04904-3.



Decídetexto: Mobile Cessation Support for Latinos Who Smoke.

NCI R01CA212189

Paula Cupertino
(Principal Investigator)



Address physical activity

75% of participants in the Decídetexto trial did not meet recommended levels of physical activity.



Chapter 2:

Actívate texto

Advancing Smoking Cessation and Physical Activity among Latinos.

American Association
for Cancer Research
Francisco Cartujano
(Principal Investigator)

Actívatexto

- A culturally accommodated text messaging intervention that promotes **smoking cessation** and **physical activity** (at least 150 minutes of moderate to vigorous physical activity per week).
- A wearable device to monitor physical activity.



Lara D, Alaniz-Cantú EI, Siddalingaiah S, Oliveira I, Chávez-Iñiguez I, DeJesus E, Fuller D, Marquez DX, Vásquez E, Li D, McIntosh S, Ossip DJ, Cupertino AP, **Cartujano-Barrera F**. Actívatexto: Feasibility and acceptability of a mobile intervention that promotes smoking cessation and physical activity among Latinos. *Cancer Res Commun*. 2024. In press.



Advancing Smoking Cessation and Physical Activity among Latinos.

American Association
for Cancer Research
Francisco Cartujano
(Principal Investigator)

Aim 1: Assess the **efficacy** of Actívatexto, a mobile intervention that promotes both smoking cessation and physical activity, compared to a mobile intervention that solely promotes smoking cessation, on smoking abstinence at Month 6 among Latinos.





Investigadores(as) de la Universidad de Rochester están buscando **adultos(as) Latinos(as) que fuman** para evaluar un programa de mensajes de texto para dejar de fumar y hacer actividad física.

Los(as) participantes:

- Deben de tener 18 años o más y fumar al menos 3 días a la semana
- Completarán una encuesta inicial y encuestas de seguimiento 3 y 6 meses después de que se inscriban
- Recibirán un dispositivo Fitbit para monitorear sus niveles de actividad física
- Recibirán hasta 10 semanas de parches o chicles de nicotina
- Pueden recibir hasta \$90 por completar todas las partes del estudio
- Todas las sesiones se realizarán por Zoom o llamada telefónica



**Para más información,
por favor contacte al**

Dr. Francisco Cartujano

**Francisco_Cartujano@
URMC.Rochester.edu**

(585) 353-0035

Financiado por los Institutos
Nacionales de Salud
(R01MD019748)
Investigador Principal:
Dr. Francisco Cartujano
Click IRB# STUDY00009837

Chapter 3:

Kick Vaping

Community Advisory Board

NAME	ORGANIZATION
Arturo Ponce	Hackensack Meridian Health
Ciara Torres-Vargas, PhD	Hackensack Meridian Health
Diana Bermudez, MA	The Engagement Ed Corp
Elisa DeJesus, MS	Ibero-American Action League
Iluminada Vilca	Cornell Cooperative Extension
Marcela Gaitán, MPH	Nuestras Voces
Maria Delgado	Gilda's Club Rochester



Diana Bermudez



Why Latinos?

In 2021, 11.0% of young adults living in the U.S. were currently vaping.

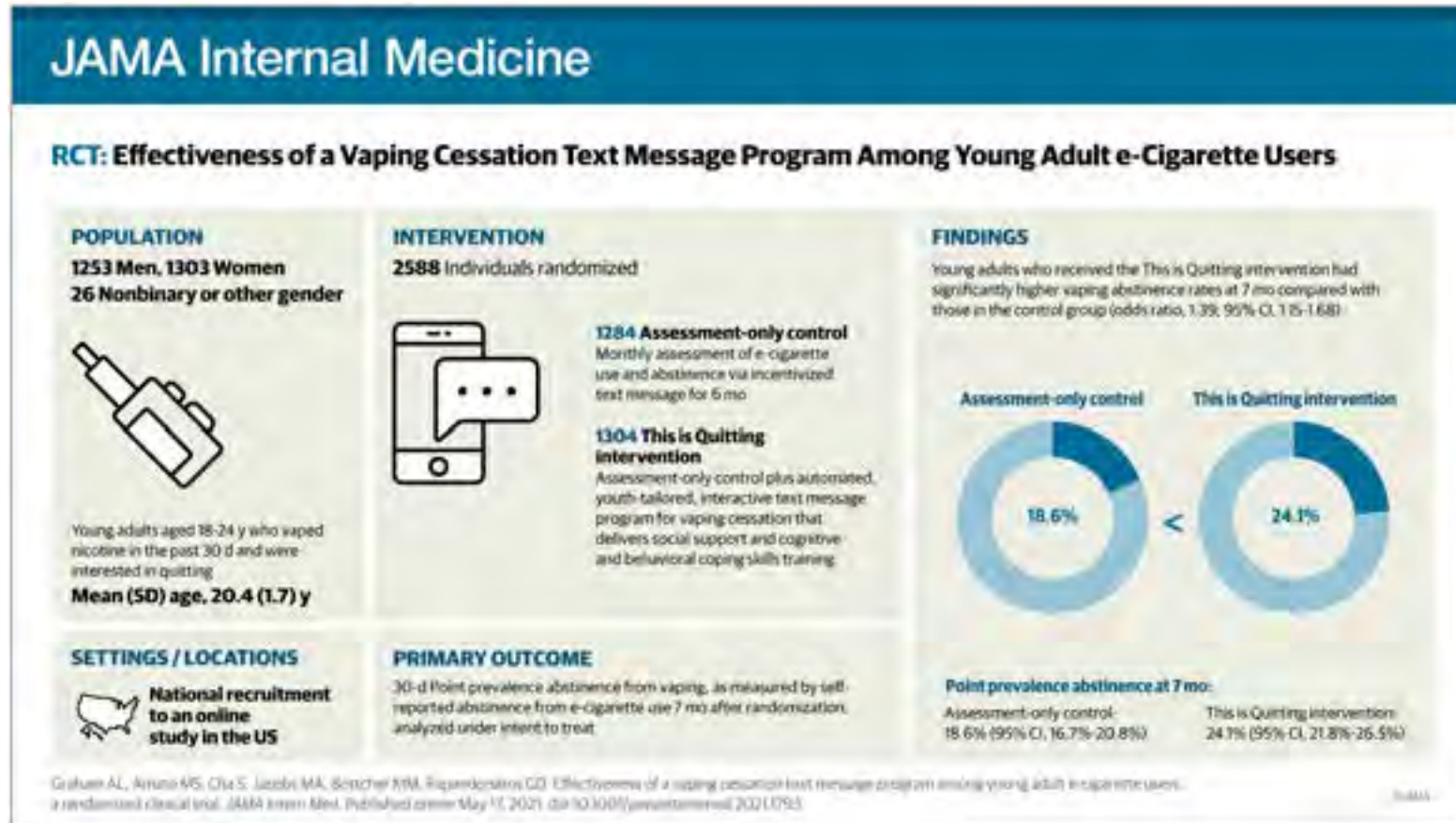
Current vaping among Latino young adults: 7.6%.

“Tipping point phenomenon.”

- Among middle school students, Latinos have the highest prevalence of current vaping across all racial/ethnic groups.
- Latino adolescents have the highest susceptibility to future vaping across all racial/ethnic groups.
- Latino adolescents are rarely advised by healthcare professionals not to use e-cigarettes.



Interventions for vaping cessation



The study had low representation of Latinos (10%) and the intervention was not available in Spanish.



A Vaping Cessation Text Messaging Intervention for Latino Young Adults.

American Lung Association
Francisco Cartujano
(Principal Investigator)

Aim 1. Develop *Kick Vaping*, a vaping cessation text messaging intervention for Latino young adults.

Aim 2. Assess the feasibility, acceptability, and preliminary abstinence rate of *Kick Vaping* among Latino young adults.



A Vaping Cessation Text Messaging Intervention for Latino Young Adults.

American Lung Association
Francisco Cartujano
(Principal Investigator)

Community Advisory Board of Latino young adults (ages 18-25)



A Vaping Cessation Text Messaging Intervention for Latino Young Adults.

American Lung Association
Francisco Cartujano
(Principal Investigator)

Decidetexto	Kick Vaping
Did you know that each cigarette you smoke takes away 11 minutes from your life? If you quit smoking, you can live longer and better!	Did you know that thousands of people in the US have been hospitalized for lung issues due to vaping? It's not worth the risk!
Did you know that each cigarette has over 7,000 toxic substances that are harmful to your health? For example, one of these substances is cadmium that is also used to make electronic batteries	Did you know that when vaping you may be inhaling toxic substances? For example, one of these substances is cadmium which is also used to make electronic batteries
The number of smokers has declined over the past 20 years. Smokers are quitting, and you will be the next one!	Sadly, every year the number of people who vape grows. Let's lower the number together!
Do you remember Pilar's testimony? You can watch it here: https://bit.ly/2vxaTz7	Scary fact: vapes have exploded and burned people. Two more reasons for quitting! :)

Orfin RH, Siddalingaiah S, Dontu V, Estrada B, Martinez C, Guerra D, Carrillo H, Cervantes-Díaz MJ, Rodríguez-Rojas DV, Rahman I, McIntosh S, Ossip DJ, Cupertino AP, **Cartujano-Barrera F**. Development of a vaping cessation text messaging intervention for Latino young adults: A participatory research approach. Community Health Equity Res Policy. 2024 Jan 5:2752535X231225928.



A Vaping Cessation Text Messaging Intervention for Latino Young Adults.

American Lung Association
Francisco Cartujano
(Principal Investigator)

Aim 2. Assess the feasibility, acceptability, and preliminary abstinence rate of Kick Vaping among Latino young adults.

Single-arm pilot study with 40 Latino young adults who vape



A Vaping Cessation Text Messaging Intervention for Latino Young Adults.

American Lung Association
Francisco Cartujano
(Principal Investigator)



Cost per enrollment via social media: \$94.14

Orfin RH, Uceda V, Gardner C, Estrada B, Tamayo E, Hernández-Torres R, Li D, Rahman I, McIntosh S, Ossip DJ, Cupertino AP, **Cartujano-Barrera F**. Recruiting Latino young adults into a vaping cessation study via social media: Feasibility and cost analysis. *Tob Prev Cessat*. 2024 Apr 9;10.



A Vaping Cessation Text Messaging Intervention for Latino Young Adults.

American Lung Association
Francisco Cartujano
(Principal Investigator)

Characteristics	N=40 (%)
Age, Mean (SD)	22.3 (2.1)
Gender	
Female	18 (45%)
Male	19 (47.5%)
Gender variant/non-conforming/non-binary	3 (7.5%)
Sexual orientation	
Heterosexual/straight	18 (45%)
Non-heterosexual/straight	22 (55%)
Language of preference	
English	32 (80%)
Spanish	8 (20%)
Personal financial situation	
Just meets basic expenses	8 (20%)

Orfin RH, Ramos Santiago JW, Decena Soriano R, Romero Acosta E, Bermudez D, Rodriguez YL, Li D, Rahman I, McIntosh S, Ossip DJ, Cupertino AP, **Cartujano-Barrera F.** *Kick Vaping: Feasibility, acceptability, and preliminary impact of a vaping cessation text messaging intervention for Latino young adults.* J Ethn Subst Abuse. 2024 Aug 28:1-13.



A Vaping Cessation Text Messaging Intervention for Latino Young Adults.

American Lung Association
Francisco Cartujano
(Principal Investigator)

Characteristics	N=40 (%)
Type of e-cigarette device	
Cartridge/Pod device	8 (20%)
Disposable	28 (70%)
Tank/Refillable	4 (10%)
Vaping pattern	
Daily	39 (97.5%)
E-cigarette dependence	
Not dependence	2 (5%)
Low dependence	15 (37.5%)
Medium dependence	14 (35%)
High dependence	9 (22.5%)
Quit attempt in the past year, yes	29 (72.5%)
Marijuana use, yes	24 (60%)

Orfin RH, Ramos Santiago JW, Decena Soriano R, Romero Acosta E, Bermudez D, Rodriguez YL, Li D, Rahman I, McIntosh S, Ossip DJ, Cupertino AP, **Cartujano-Barrera F.** *Kick Vaping: Feasibility, acceptability, and preliminary impact of a vaping cessation text messaging intervention for Latino young adults.* J Ethn Subst Abuse. 2024 Aug 28:1-13.



A Vaping Cessation Text Messaging Intervention for Latino Young Adults.

American Lung Association
Francisco Cartujano
(Principal Investigator)

Aim 2. Assess the feasibility, acceptability, and preliminary abstinence rate of Kick Vaping among Latino young adults.

Thirty participants (**75%**, 30/40) self-reported 7-day point prevalence vaping abstinence at Month 3 (90% follow-up rate).

Most participants reported being satisfied or extremely satisfied with the intervention (88.9%, 32/36).

Additional testing in a randomized controlled trial is warranted to assess the efficacy of the intervention.

Orfin RH, Ramos Santiago JW, Decena Soriano R, Romero Acosta E, Bermudez D, Rodriguez YL, Li D, Rahman I, McIntosh S, Ossip DJ, Cupertino AP, **Cartujano-Barrera F.** *Kick Vaping: Feasibility, acceptability, and preliminary impact of a vaping cessation text messaging intervention for Latino young adults.* J Ethn Subst Abuse. 2024 Aug 28:1-13.



A Vaping Cessation Text Messaging Intervention for Latino Young Adults.

American Lung Association
Francisco Cartujano
(Principal Investigator)

Text messaging interactivity



Rafael H. Orfin and **Edgar I. Alaniz-Cantú, MD** are bilingual (English and Spanish) Latino research assistants interested in promoting Latino health.

Orfin RH, Alaniz-Cantú EI, Ramos-Santiago JW, Martinez C, Guerra D, Ramos-Pibernus AG, Sartes LMA, Li D, McIntosh S, Ossip DJ, Cupertino AP, **Cartujano-Barrera F**. Assessing text messaging interactivity with a vaping cessation intervention among Latino young adults: A quantitative and qualitative analysis. *Subst Use Misuse*. 2025;60(7):989-993.



A Vaping Cessation Text Messaging Intervention for Latino Young Adults.

American Lung Association
Francisco Cartujano
(Principal Investigator)

Text messaging interactivity

1. Reasons to quit
2. Strategies to quit
3. Benefits of quitting
4. Self-efficacy
5. Barriers to quitting
6. Extra-treatment social support
7. Intra-treatment social support

Orfin RH, Alaniz-Cantú EI, Ramos-Santiago JW, Martinez C, Guerra D, Ramos-Pibernus AG, Sartes LMA, Li D, McIntosh S, Ossip DJ, Cupertino AP, **Cartujano-Barrera F**. Assessing text messaging interactivity with a vaping cessation intervention among Latino young adults: A quantitative and qualitative analysis. *Subst Use Misuse*. 2025;60(7):989-993.



A Vaping Cessation Text Messaging Intervention for Latino Young Adults.

American Lung Association
Francisco Cartujano
(Principal Investigator)

Reasons to quit

- I joined [Kick Vaping] so I could stop [vaping] for my kids
- [I am quitting vaping for] myself mostly, but also my parents and siblings

Barriers to quitting

- ...work is really stressful right now and I feel like the cravings will be too distracting and that trying to quit now would be detrimental to my performance at work
- I felt so tempted last night. Usually before going to sleep, I play games on my phone and take a few hits of my vape. It had become muscle memory. I threw my vapes out, but when I laid down last night, my body instinctively wanted to reach for my vapes. It saddens me that body made that a custom

Orfin RH, Alaniz-Cantú EI, Ramos-Santiago JW, Martinez C, Guerra D, Ramos-Pibernus AG, Sartes LMA, Li D, McIntosh S, Ossip DJ, Cupertino AP, **Cartujano-Barrera F**. Assessing text messaging interactivity with a vaping cessation intervention among Latino young adults: A quantitative and qualitative analysis. *Subst Use Misuse*. 2025;60(7):989-993.



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- **Study team** (listed in alphabetical order): Arlette Chavez-Íñiguez, MD; Daimarelys Lara; Edgar Alaniz-Cantu, MD; Estefania Panizoni, MD; Francisca Barria Lopez; Gabriella Alvarez; Jeffrey Ramos-Santiago, PhD; Rafael H. Orfin; Victoria Chávez, MD.
- **Taylor Swift.**



Questions?



Email me: Francisco_Cartujano@URMC.Rochester.edu



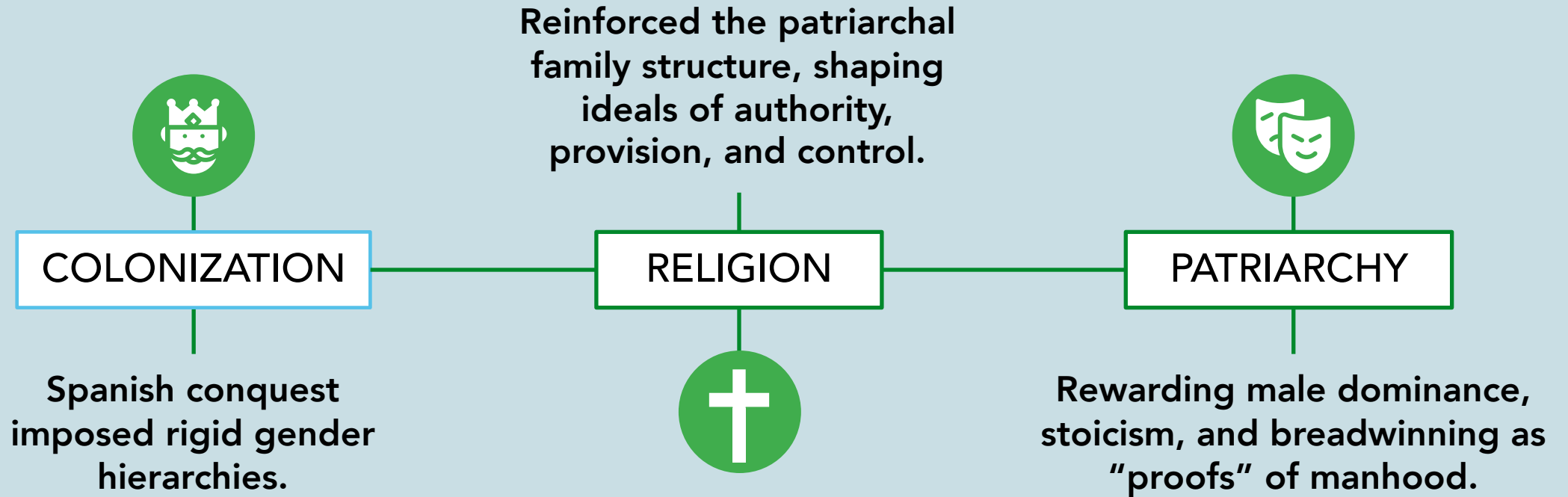
UNIVERSITY *of*
ROCHESTER
MEDICAL CENTER

Thank you!
¡Muchas gracias!



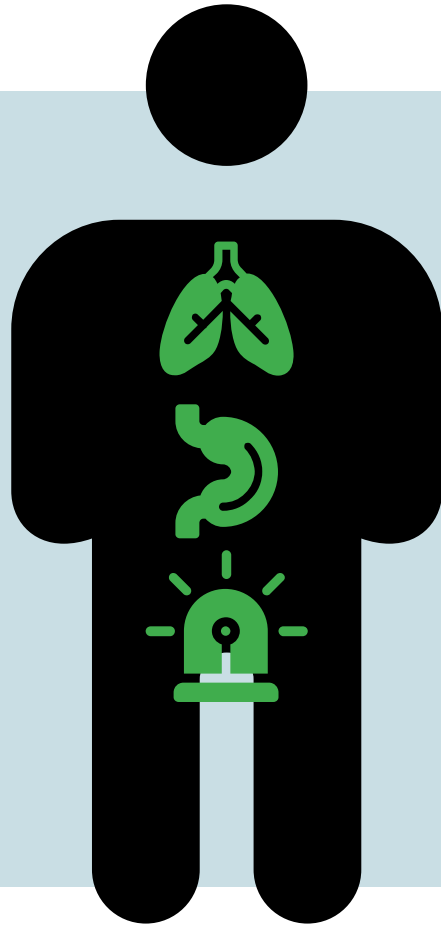
"Machismo"

A LEGACY OF COLONIZATION, CATHOLICISM, AND Patriarchy



PATRIARCHY AND CANCER:

SILENCE BECOMES DEADLY



Avoidance of preventive care: fewer screenings for prostate, colorectal, and lung cancer.

Later-stage diagnosis: higher mortality in Latino men.

Cultural + structural barriers: machismo + low access = deadly delays.

Smoking & masculinity: marketed as toughness → increased lung cancer risk.



Latino Men & Cancer: Psychosocial Barriers, Cultural Insights and Strategies for Care

Javier Rosario, LCSW, QS, OSW-C

Licensed Clinical and Oncology Social Worker,
Blood Cancer United (LLS)

Latino Men & Cancer Psychosocial Barriers, Cultural Insights, and Strategies for Care

Presented by:

Javier Rosario, LCSW, OSW-C (he/him/el)

Bilingual Information Specialist

The Leukemia & Lymphoma Society, now

Blood Cancer United

October 24, 2025



is now

**Blood Cancer
United**



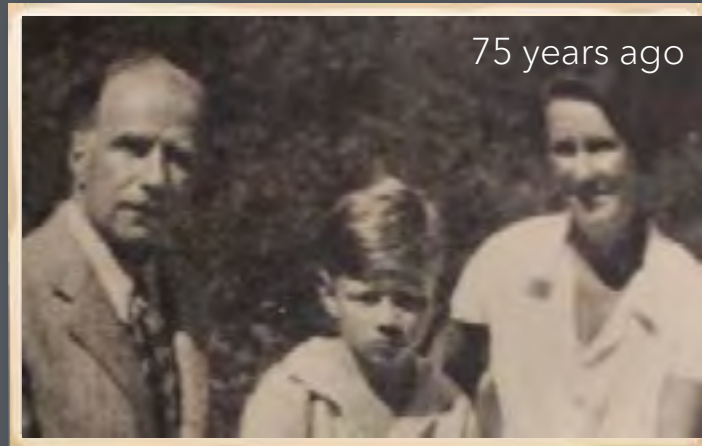
LEUKEMIA &
LYMPHOMA
SOCIETY®

is now

**Blood Cancer
United**

Who we are

Blood Cancer United was founded over 75 years ago to find a cure for leukemia.



Since then, we have evolved beyond research to include patient support and policy advocacy—all in the service of helping patients live longer, better lives.



LEUKEMIA &
LYMPHOMA
SOCIETY™ is now

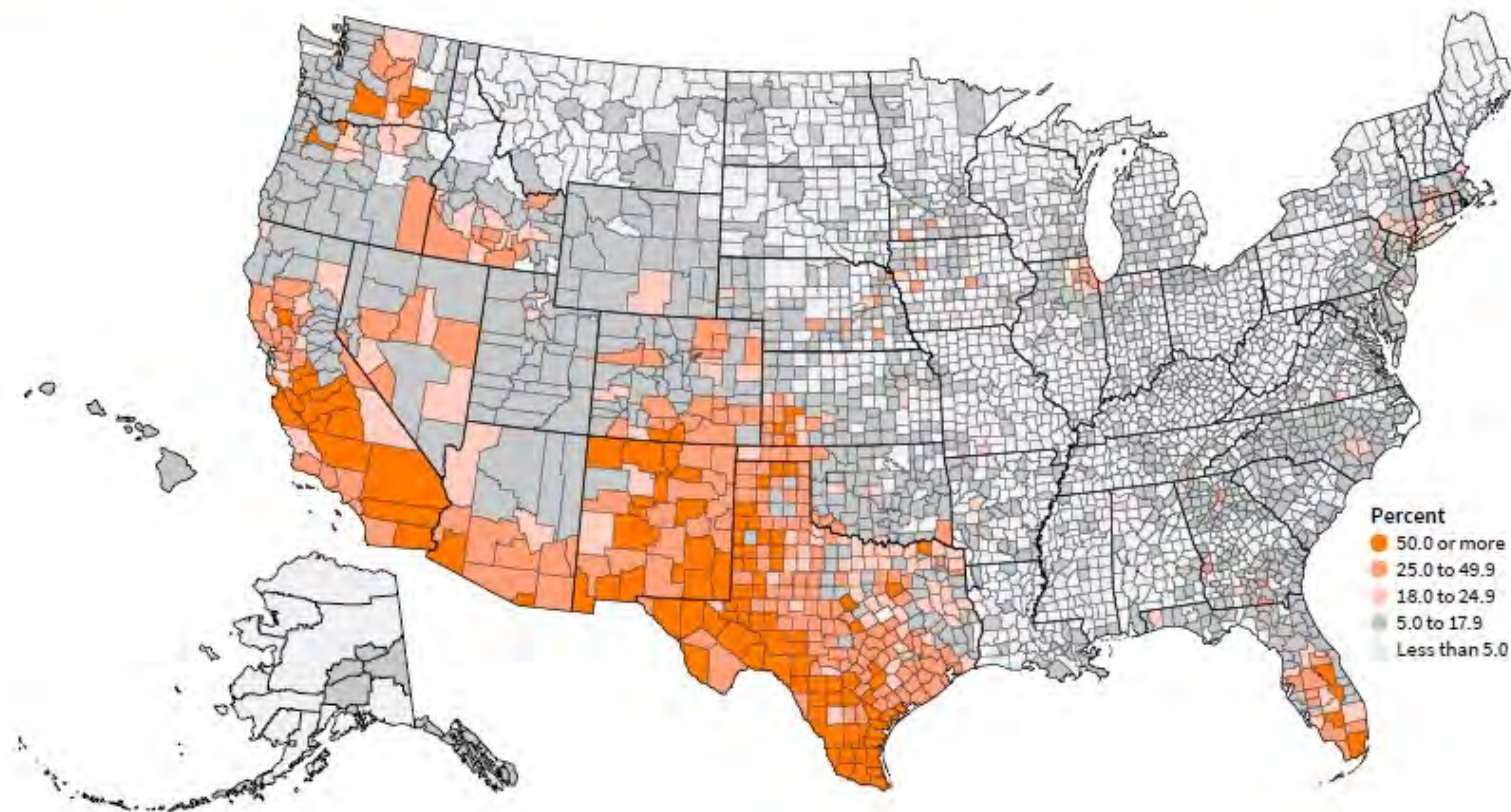
**Blood Cancer
United**

Learning Objectives

By the end of this session, participants will be able to:

- Recognize cancer patterns and disparities affecting Latino men.
- Describe key psychosocial challenges during diagnosis and treatment.
- Examine cultural factors and its impact on care.
- Identify socioeconomic, systemic, and structural barriers to cancer care.
- Integrate strategies to improve engagement and outcomes.

Hispanic Population Distribution as a Percent of Total County Population^a



^a2021 population estimates used for Connecticut counties due to recent change in county equivalents.
Source: US Census Bureau, Population Estimates, July 1, 2022. Released 2023.

Latino/Hispanic Populations & Cancer: Key Data

- Over 20 heritage groups, majority Mexican (62%), followed by Puerto Rican (10%) and Cuban (4%).
- Estimated 195,300 new cancer cases in Hispanic individuals in 2024.
- 50,400 expected cancer deaths among Hispanic people in 2024.
- Most common cancers in Hispanic men: Prostate (25%) and colorectal (10%).
- In terms of mortality, lung cancer is actually the leading cause of cancer death for Hispanic/Latino men, even though prostate cancer is diagnosed more often.
- **Blood cancers:** Leukemia incidence in Hispanic children/adolescents is nearly **2x higher** than in Black children (59.4 vs. 30.2 per million). Blood cancers (leukemia, lymphoma, myeloma) show disparities in incidence and outcomes across racial/ethnic groups.

[Cancer.org](https://www.cancer.org)

Clinical Trial & Treatment Disparities

- Hispanic/Latino patients underrepresented in hematological cancer clinical trials
<https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21769>
- Minority patients may have higher complication rates and less access to advanced therapies (e.g., stem cell transplant, CAR-T)
- Socioeconomic, language, and structural barriers limit trial participation
- Proactive outreach and enrollment support needed
- Culturally and linguistically tailored education improves engagement

Genetics & Cancer in Latino Populations

- **IKZF1 variant** → increased risk for childhood ALL in Hispanic/Latino populations
<https://pubmed.ncbi.nlm.nih.gov/38537633/>
- Genetics partly explains higher incidence but **not outcome disparities**
- **Other cancers** (colorectal, prostate) show unique genetic patterns
- **Gene-environment interactions** influence risk and outcomes
- **Genetic counseling/testing** recommended where indicated
- **Culturally sensitive counseling** improves understanding and engagement
- **Family implications** and precision medicine opportunities



Supporting Latino Boys with Cancer

Psychosocial barriers: depression, anxiety, coping challenges

Cultural influences: machismo, familismo, emotional expression

Education: school absences, reintegration support, tutoring

Fertility & reproductive health: early counseling and preservation options

Transition to adult care: structured programs, self-advocacy, follow-up

Family engagement: balance support with autonomy

Peer support & mentorship: build resilience and shared experience

Bilingual, culturally tailored education & resources

Language, Acculturation & Health Literacy

Interpreter gaps → less shared decision-making

Family-mediated communication & decision deferral

Comfort discussing sensitive issues in preferred language

Low health literacy complicates care navigation

Digital divide in telehealth & patient portals

Gender roles affect men's engagement in care

Materials must match literacy & culture

Socioeconomic & Structural barriers



[CDC Social Determinants of Health](#)

Higher uninsured rates and limited paid leave → financial stress

Unstable jobs, long hours, competing work/family demands

Transportation, childcare, and appointment accessibility challenges

Immigration-related fears, past trauma, and mistrust of healthcare

Limited access to culturally competent care and language support

Mental Health in Latino Men with Cancer

Mental Health Burden

High prevalence of distress, anxiety, depression

Common reactions: shock, denial, anger, guilt, fear of role loss

Men often internalize symptoms (somatization) → physical complaints instead of counseling

Underuse of Services

Mental health needs often unrecognized & untreated

Low utilization of therapy/psychiatric services despite high burden

Stigma + cultural expectations around machismo limit help-seeking

Impact on Life & Care

Untreated distress worsens quality of life and adherence to treatment

Leads to greater fatigue, pain, and symptom burden

Higher risk of social isolation & poorer outcomes

Social Determinants of Health

Financial toxicity: loss of income, cost of care

Language barriers limit access to psychosocial support

Food insecurity & unmet basic needs

Limited insurance coverage & healthcare access

Machismo & Stigma in Seeking

Support

- Protector, provider, courage

CHALLENGES:

- Emotional restriction
- Reluctance to seek help ('men don't cry')

OBSERVATIONS:

- Late presentation
- Resistance to counseling
- Discomfort discussing emotional/sexual health

CULTURAL IMPACT:

- Stigma + pressure to maintain role → stress & guilt



Sexuality, Identity, and Inclusive Care



[National LGBT Cancer Network](#)

- **Intersectional barriers:** sexual orientation, ethnicity, cultural norms increase stigma and isolation
- **Psychosocial challenges:** fear of disclosure, minority stress, discrimination, mental health concerns
- **Family and community influences:** machismo, familismo, religious beliefs may affect engagement
- **Care approach:** affirming, humble, bilingual care that meets patients where they are

Screening & Psychosocial Interventions

- Routine distress screening (e.g., [NCCN Distress Thermometer](#))
- Family-based and culturally tailored interventions
- Integrate behavioral health into oncology (co-located or telehealth)
- Use promotores / patient navigators/ social workers
- Addressing language, literacy, and cultural barriers
- Encourage peer and community support

Practical Strategies for Connection

Culturally relevant outreach:
promotores, faith leaders,
workplaces

Male-focused peer support and mentorship
(bilingual if needed)

Frame support as strength: work, family, role maintenance

Flexible scheduling:
telehealth, phone check-ins

Family and community engagement

Education in plain language and culturally relevant materials

Address stigma:
normalize seeking support

Leverage technology: SMS, apps, social media

Connect to community and disease-specific resources

Provider & Clinic Recommendations

Hire/train bilingual staff, use of certified medical interpreters

Cultural humility training for staff

Distress screening with clear triage (DT → PHQ-9 →BH)

Financial navigation to address toxicity early

Plain language, culturally relevant patient education

Include family; offer men-only groups for sensitive topics

Flexible appointments and telehealth

Collaborate with community partners, promotores, and disease-specific nonprofits

Multidisciplinary Care Approach

Resources & Community Partners

[**The Latino Cancer Institute**](#) (*community data, outreach toolkits*)

[Blood Cancer United](#) (*blood cancer disease education, patient/caregiver support*)

[American Cancer Society](#)

[National Cancer Institute](#) (*find a cancer center*)

[**National Comprehensive Cancer Network**](#) (*guidelines for treatment*)

[**Cancer Support Community**](#) (*Peer Mentors*)

[Therapy for Latinx](#) (*Mental Health Support*)

[National Society of Genetic Counselors](#) – (*Find a counselor*)



Blood Cancer United Support



Information Resource Center

- Personalized Support from highly trained oncology social workers and nurses.

Disease & Treatment Education

- Booklets/Pamphlets, Videos, Webcasts, Podcasts, Cortaditos con Blood Cancer United

Clinical Trial Support Center

Personalized Nutrition Consultations (*all cancers*)

Financial Assistance Programs

Healthcare Professional Resources

Patient & Caregiver Support

- Support Groups, Peer Support, Online Chats, Patient Community

Key Takeaways & Call to Action

- Latino men with cancer face intertwined psychosocial, cultural, and structural barriers.
- Address stigma and machismo through culturally humble, strength-based communication.
- Expand access with distress screening, bilingual navigation, and supportive services.
- Collaborate with promotores, faith leaders, and survivor mentors to build trust and outreach.
- Strengthen family and men-focused supports through flexible care models.
- Advocate for investment in community partnerships, research, and policies that reduce inequities and sustain culturally responsive care.



References & Resources

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- Nuñez A, et al. (2015). Machismo and health-seeking behaviors in Latino populations. *Journal of Health Disparities Research and Practice.* <https://digitalscholarship.unlv.edu/jhdrp>
- U.S Department of Health & Human Services (HHS) Office of Minority Health: <https://minorityhealth.hhs.gov/cancer-and-hispanic-americans>

Speak with a Blood Cancer Information Specialist

CONTACT US FORM: [Click here](#)

INFORMATION RESOURCE CENTER

Phone: (800) 955-4572 (M-F 9am to 9pm EST)

Live Chat (M-F 10am to 7pm EST)

VISIT OUR WEBSITE:

www.bloodcancerunited.org (English)

www.bloodcancerunited.org/es (Spanish)

TO REFER A PATIENT:

If you are a medical provider and would like to refer a patient for information and support, please use the referral form. [Click here](#)





Thank you



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SOCIETY is now

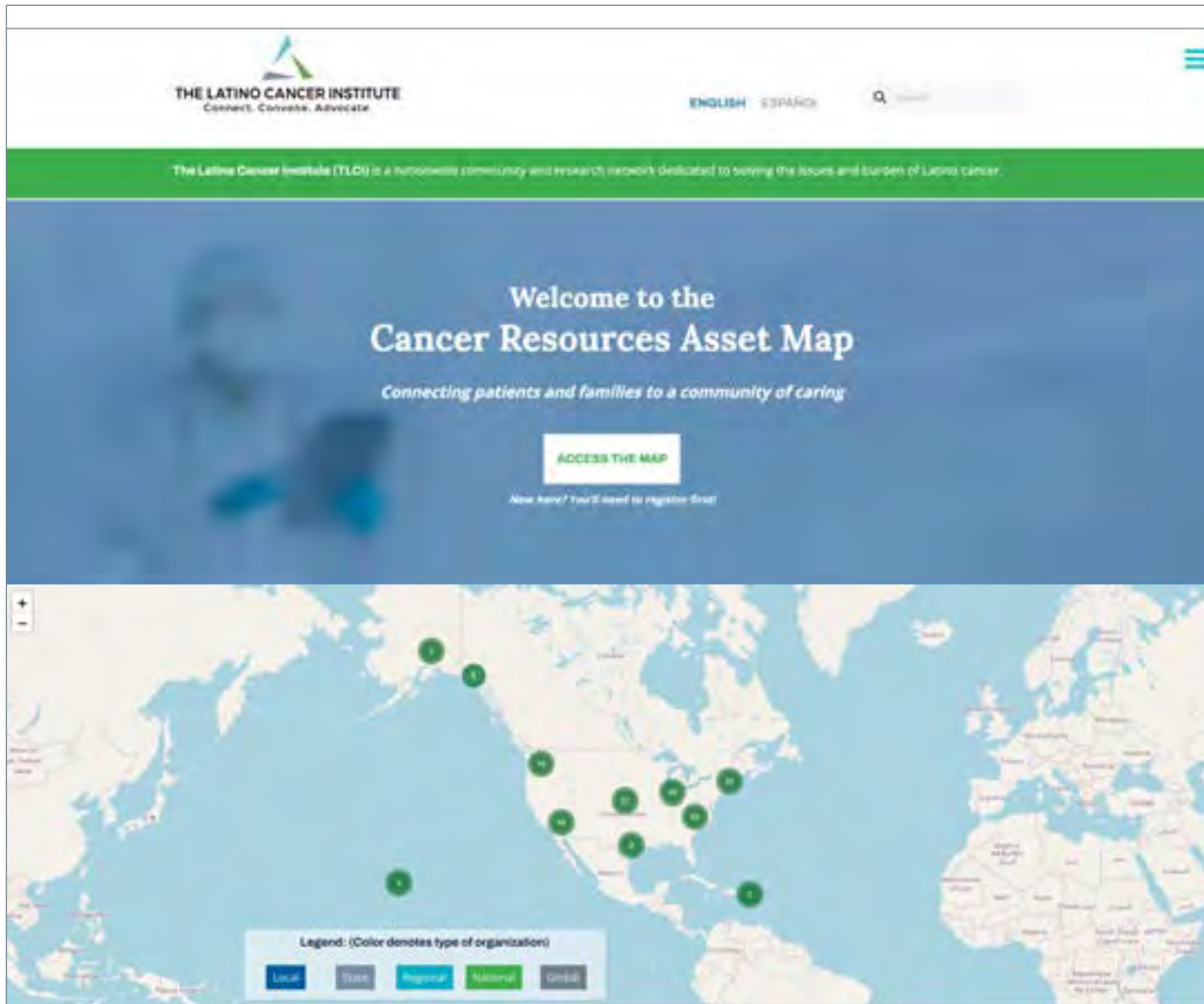
**Blood Cancer
United**



An Update on the Cancer Resources Asset Map

Miriam Juárez-Vargas, BA

Program Manager, The Latino Cancer Institute



THE LATINO CANCER INSTITUTE
Connect. Convene. Advocate.

ENGLISH ESPAÑOL

The Latino Cancer Institute (TLCI) is a nationwide community and research network dedicated to serving the issues and burden of Latino cancer.

Welcome to the
Cancer Resources Asset Map
Connecting patients and families to a community of caring

ACCESS THE MAP

New here? You'll need to register first.

Legend: (Color denotes type of organization)

Local State Regional National Global

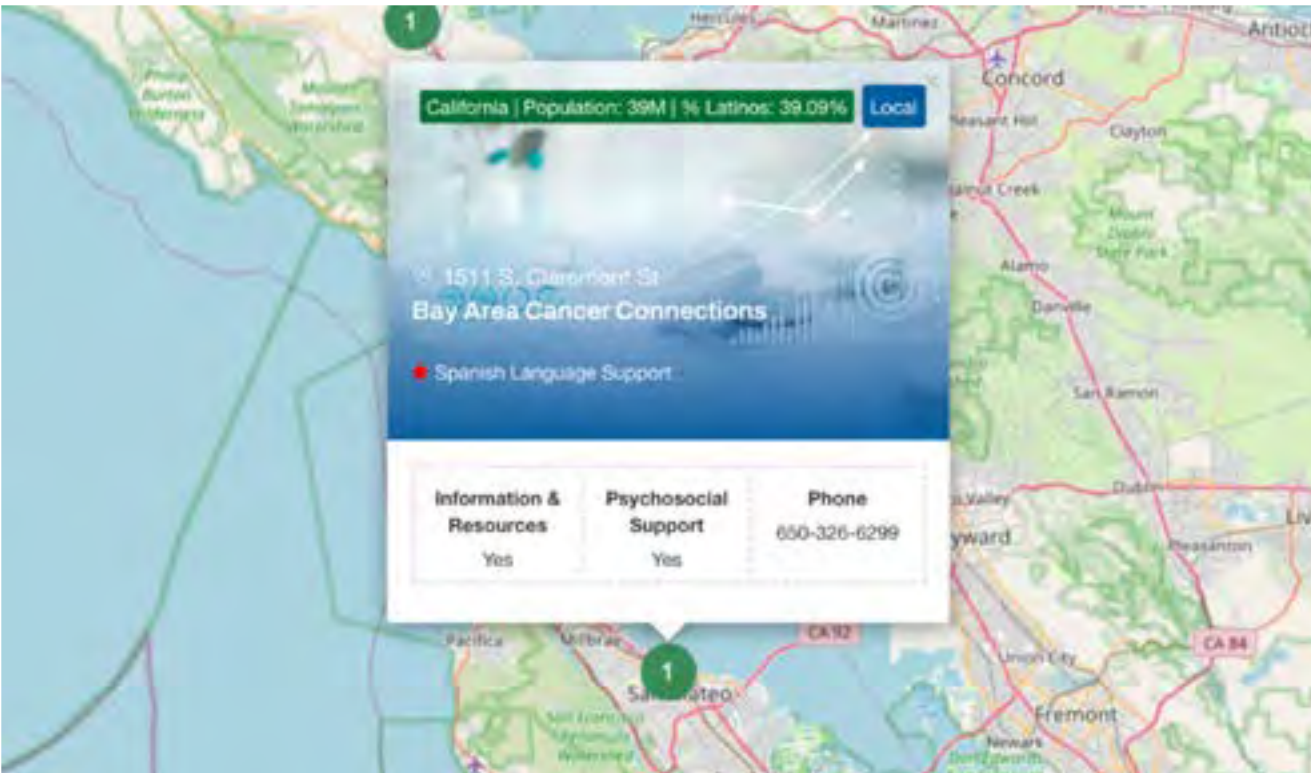
Our Cancer Resources Asset Map, available in both English and Spanish and can be used by everyone:

- Patients and families
- Community health workers aka promotores working in clinics, agencies or acting as navigators
- Clinics and community-based organizations (CBOs)
- Social workers in clinics and public health care systems
- Navigators in comprehensive cancer centers

The Latino Cancer Institute (TLCI) is a nationwide community and research network dedicated to solving the issues and burden of Latino cancer.

Home | How To Use The Map | Suggestions for the Map?

300 agencies invited and counting!



Bay Area Cancer Connections

1511 S. Claremont St, San Mateo, 94402, California

Description

Local Spanish Language Support

Website: <http://baymacan.org>

Email: info@baymacan.org

Phone: (650) 326-6299

Notes: Spanish-speaking staff and Spanish support groups available. Bilingual Spanish helpline answered by caring individuals who can offer support, navigate you through agency services, or connect you with other resources in the community. (650) 326-6686, available Monday through Thursday from 9am-5pm PT & Friday from 9am-3pm PT. Offer support groups, Buddy mentorship program, individual counseling, personal finance coaching, cancer journey coaching, online exercise classes, educational materials and workshops, financial assistance, as well as wigs, hats, scarves, bras, and prostheses through The Boutique program. Office hours are from Monday through Wednesday from 9am-5pm PT. The Boutique hours by appointment.

% Latinos California Population: 39M % Latinos: 39.09%	Year Started -	Hours of Operation Monday, Tuesday, and Wednesday 9am-5pm PT	Service Area Local
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Cancer Services

- *Education/Prevention Advocacy
- *Financial Assistance
- *Navigation
- *Wigs & Prosthetics
- Breast Cancer
- Ovarian Cancer

What's next?

Testing!
Promotores/CHWs,
CBO Leadership,
Community Leaders



Updates to Site
Usability and User
Experience



LAUNCH



Additions on a
Rolling Basis



Add Tier 2 to include
treatment centers
and other critical
non-cancer specific
resources

Want to be on the Map?

Contact Miriam Juárez-Vargas

ProgramMgr@latinocancerinstitute.org



Wrap

Ysabel Duron, BA

Executive Director
The Latino Cancer Institute

Lessons Learned - What Made the Biggest Impact

🌟 **Highest-Rated Segment:** "Ask the Men" Survivor Panel (Forum 1) → 69% rated it "very impactful"

💬 **What You Said:** "Addressing machismo as a public health issue... adopting it as a way to approach cancer... is a new tack that could and should be illuminating and effective."

Today: You heard authentic voices again—from students navigating the medical student pipeline to leaders building the systems we need.

*Latino Prostate Cancer Patients/Survivors Wanted

Study #: x23-0099
Version date: 07/15/2025
Ann 2 Patient Page 1 of 1

NYU Langone Health

New Research Study at NYU Langone Health for Hispanic Patients with Prostate Cancer

"Perspectives on Genetic Testing for Prostate Cancer"

Why is this study being done?

- To understand what Hispanic patients with prostate cancer think about genetic testing.

Who may take part in this study?

- Hispanic
- Have prostate cancer
- Age 18 years or older and live in the United States

What will participation in this study involve?

- Completing a questionnaire online
- Taking part in a virtual interview using WebEx or Zoom (online meeting platforms) lasting approximately 40 minutes
- Gift card for study participation

**Participation is voluntary.
For more information, please contact:**

Tatiana Sanchez Nolasco

Tatiana.Sancheznolasco@nyulangone.org
(646) 501-2550

Mariana Rangel

Mariana.RangelCamacho@nyulangone.org
(646) 501-2552

Principal Investigator is Dr. Stacy Loeb, Professor, Departments of Urology and Population Health, NYU Grossman School of Medicine

***Mono-lingual Spanish speakers are encouraged to participate. See Spanish flyer in the chat.**

The Arc of This Series

From Understanding to Action

Forum 1 (Sept 12):
Understanding the
Problem – Clinical
foundations &
economic impact

Forum 2 (Oct 3):
Why It's Happening –
Cultural barriers &
environmental risks

Forum 3 (Today):
How We Fix It –
Workforce equity &
expanded access

Drivers of Disparities

Uncovering multilevel drivers of cancer disparities among Latinos in the United States

Amelie G. Ramirez^{1*}, Edgar Munoz¹,
Lorna Rodriguez-Rodriguez², Leon Bernal-Mizrachi⁴,
Jose Aron Lopez⁴, Paulo S. Pinheiro⁵,
Barbara Segarra-Vasquez⁵, Gregory Talavera²,
Luis G. Carvajal-Carmona⁶, Adolfo Diaz Duque³, Cliff Despres¹
and Edward J. Tapido⁵

- Structural and Systemic Barriers
- Lower Screening Rates
- Genetic/Molecular Differences
- Cultural and Psychosocial Factors
- Environmental and Social Determinants

The Latino Cancer Institute is Published in Cancer Causes and Control, June 6th 2025



Home > [Cancer Causes & Control](#) > Article

Climate change, cancer, and the critical importance of Latino community engagement

[Comment](#) | [Open access](#) | Published: 06 June 2025
(2025) [Cite this article](#)

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[Y. Duron](#) , [A. J. Garcia](#) & [M. Juarez-Vargas](#)

 1398 Accesses [Explore all metrics](#) → <https://link.springer.com/article/10.1007/s10552-025-02019-x>

1458 accesses as of Oct. 20

“It’s time for institutional systems—academic, public health, and government entities—to put aside biased views of community helplessness, and instead embrace them as equal partners, budgets and all.”

STAY CONNECTED

 **Before you leave:** Complete our post-Forum survey – your feedback shapes our work

Tell us: What workforce barriers can YOU help address?

 **Connect with attendees:** Follow up on those LinkedIn connections from the chat

 **Follow TLCI**
<https://www.linkedin.com/company/the-latino-cancer-institute/>

THANK YOU FOR BEING PART OF THIS COMMUNITY

SURVEY

Before you leave be sure to take our post-Forum survey.
We want to know your thoughts.



ENGLISH



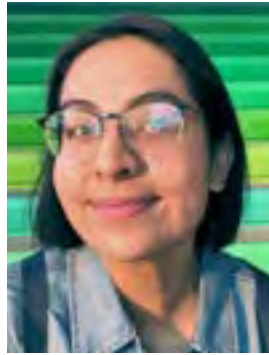
SPANISH

THANK YOU!

The Latino Cancer Institute Friday Forum Series Team



Ysabel Duron
Founder/Executive Director
The Latino Cancer Institute



Miriam Juárez-Vargas
Program Manager



Andrea Villafañe
Graphic Designer



Martin Thiel
IT/Operations



Viviana Villafañe
Communication Specialist



Mercy Clark
Office Administrator



Waleska Santiago
Video Editor

THANK YOU

Ysabel Duron
Founder/Executive Director
The Latino Cancer Institute
yduiron@latinocancerinstitute.org



THE LATINO CANCER INSTITUTE
Connect. Convene. Advocate.



The Latino Cancer Institute's
8th Annual National Forum
Fall 2026 TBD



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