



# THE NATIONAL CANCER SURVEY

**SUMMARY OF FINDINGS**  
JUNE 2021



Cancer survivors teach us how to improve care for all.



June 2021

## **OUT: The National Cancer Survey**

The release of the findings from OUT: The National Cancer Survey marks an important milestone for the National LGBT Cancer Network and for our communities. A decade after fielding our first modest survey of LGBTQI+ cancer survivors, voices of LGBTQI+ cancer patients and survivors are still rarely elevated in mainstream cancer care. Well before we knew what the COVID-19 pandemic and 2020 had in store for us all, we began reimagining our original survivor survey. We set out to expand the number of participants, deepen our partnerships, diversify our sample, better understand the experiences of our population, and most importantly - share these important findings with healthcare leaders across the country.

This project would not have been possible without the major financial support of Bristol Myers Squibb and additional support from Genentech, NYC Pride, and Syros Pharmaceuticals; we are thankful they could see the value of this project. We are also incredibly proud to share this accomplishment with over 100 community partners who promoted the survey on their social media channels, in their newsletters, at community meetings, and in their healthcare facilities. Importantly, our partnership with our friends at the Center for Black Equity put our survey in front of Black LGBTQI+ cancer survivors across the country.

As the analysis of these findings unfurls, several early themes have already emerged from these data. First, while many report welcoming care, many also talk about the journey to find such welcome and that welcome is more fragile if you are gender nonconforming or Black, Indigenous, and people of color (BIPOC). Second, social isolation is a particular challenge for our communities; the stories of additional isolation during COVID-19 were profound and disturbing. Third, while many of us rate tailored resources as important, few of us have access to such resources during our cancer journey; COVID-19 practice exceptions helped modestly expand those resources but they may not stay. Finally, there are ways providers treat LGBTQI+ cancer patients poorly and that has us wondering about how implicit bias may be impacting cancer care.

This report is just the beginning of the analysis that will be continuing on these data. In future months we will be working with researchers to release peer-reviewed publications, community briefing sheets, in depth qualitative and quantitative analyses, presentations, trainings, and new best practices for practitioners. Our next large analysis initiative will be the BIPOC report. We are also offering opportunities to the 1,200 survivors who wish to stay connected, to directly speak out, and engage in research. In these ways we will be working diligently to make sure the lived experiences of survivors are heard by health leaders and policymakers.

It is important to note that despite extensive outreach efforts, this report still disproportionately represents the most privileged among us. Also, the 2,700 respondents are only a fraction of the estimated over 100,000 LGBTQI+ people diagnosed with cancer in the U.S. every year. And of course, our sample captures none of the estimated 34,000 LGBTQI+ people who died of cancer in 2020 alone, or their many predecessors.

Today we elevate the voices we can; may we use this knowledge to create positive change for the 40% of us who will one day face a cancer diagnosis.

**In solidarity**



**Dr. Scout**  
Executive Director, National LGBT Cancer Network



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### PROJECT SPONSORS

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Genentech

NYC Pride

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OUT: The National Cancer Survey approved by WCG IRB (formerly New England IRB) August 2020.

Scout, NFN; Rhoten, B. (2021) OUT: The National Cancer Survey, Summary of Findings. Providence, RI: National LGBT Cancer Network <https://cancer-network.org/out-the-national-cancer-survey/>



## METHODS

>> We administered a web-based survey for LGBTQI+ cancer survivors from September 2020 to March 2021. We promoted the survey via social media outlets in collaboration with over 100 community partners.

### ELIGIBILITY CRITERIA

In order to be eligible for the survey, participants needed to:

- >> **Have been previously diagnosed with cancer**
- >> **Be 18 years or older**
- >> **Self-identify as LGBTQI+**
- >> **Currently live in the US**

### SURVEY

The survey was accessible via a web link and took approximately 30 minutes to complete. Participants completed the survey independently in either English or Spanish. The survey was voluntary and anonymous.

### RECRUITMENT

Throughout the entire seven months, we promoted the survey via paid media ads on various social media outlets including Facebook, Instagram and Twitter. We leveraged the networks of over 100 community partners to reach LGBTQI+ communities from diverse backgrounds and experiences across the US. In particular, we worked closely with partners from Black and Brown pride committees and greek organizations to increase representation in our survey. We also worked with a media buyer to promote the survey online.

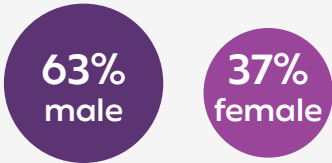
**>> IN TOTAL, 2728 LGBTQI+ SURVIVORS COMPLETED THE SURVEY, SHARING THEIR INDIVIDUAL STORIES OF CANCER DIAGNOSIS, TREATMENT, AND SURVIVORSHIP.**





# PARTICIPANT CHARACTERISTICS

## SEX ASSIGNED AT BIRTH



INTERSEX = 1.4%

## GENDER IDENTITY

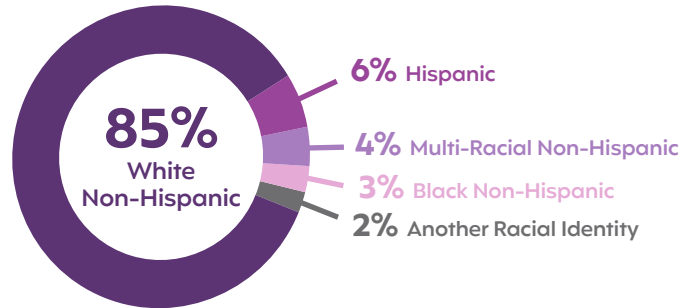
- 60%** Male
- 32%** Female
- 3%** Transgender
- 2%** Genderqueer/Gender Non-Conforming
- 2%** Non-binary
- 1%** Another Gender Identity

Gender expansive (in data call outs) includes transgender, GNC, NB and another gender identity categories (total - 8%)

## SEXUAL ORIENTATION

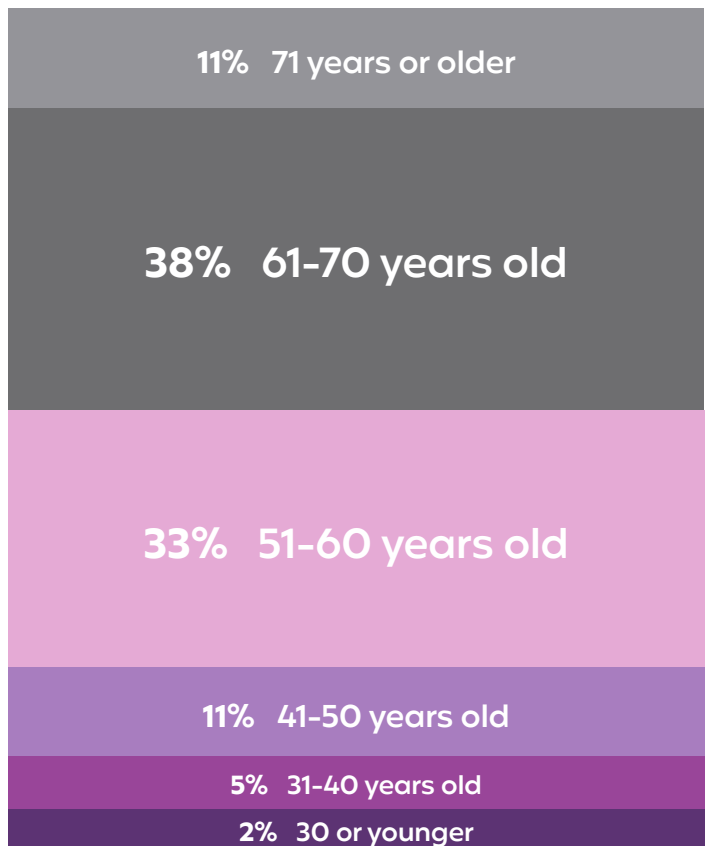
- 56%** Gay
- 25%** Lesbian
- 9%** Multiple
- 4%** Bisexual
- 2%** Pansexual
- 2%** Queer
- 1%** Asexual
- <1%** Straight
- <1%** Another Sexual Orientation

## RACE/ETHNICITY



BIPOC (in data call outs) includes Hispanic, multi-racial, Black and another racial identity (total - 15%)

AGE:  
MEAN = 59





### STATE

All states represented, except North Dakota.

#### TOP 5 STATES

California

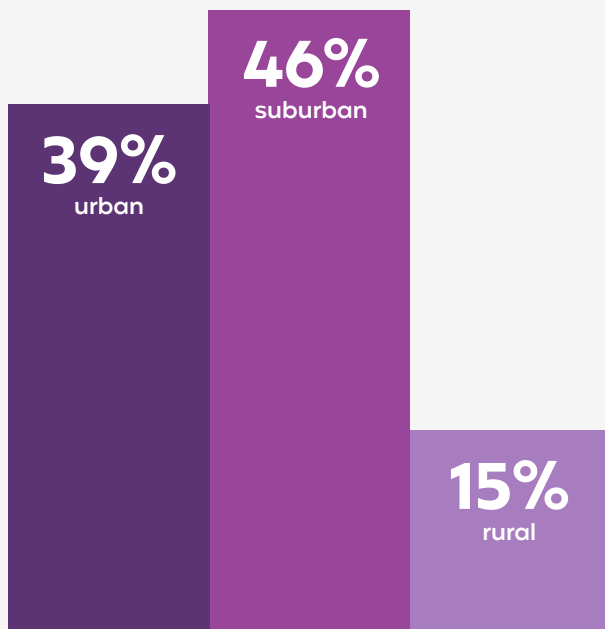
Florida

New York

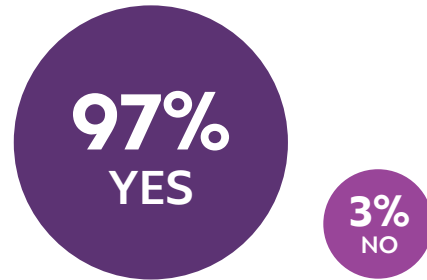
Texas

Pennsylvania

### URBANICITY



### HEALTH INSURANCE



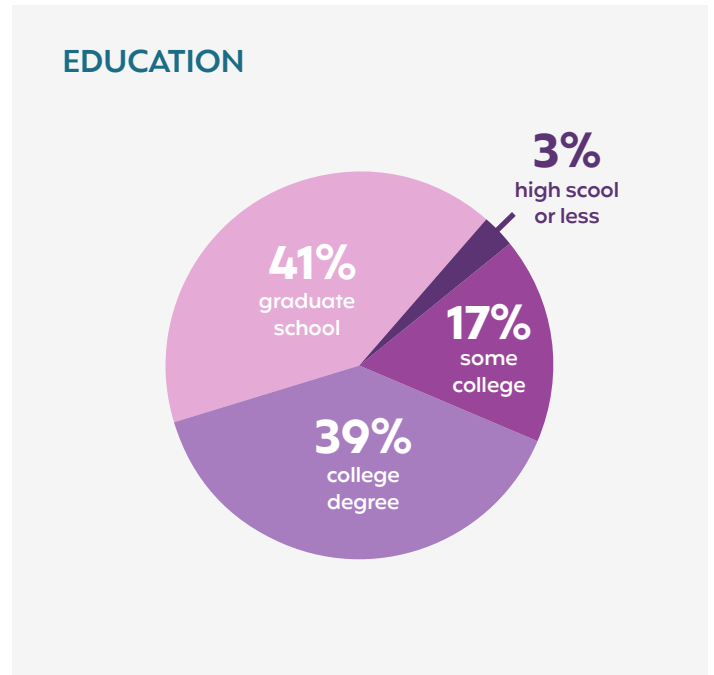
### DISABILITY



>> IF YES Type of disability (select all)

- 60% mental disability
- 51% mobility
- 22% cognitive/learning disability
- 9% deafness
- 8% visual impairment
- 5% development disability

### EDUCATION

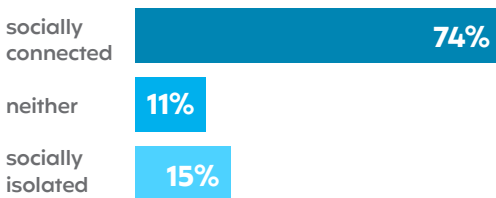


## COVID-19 & CANCER PAGE

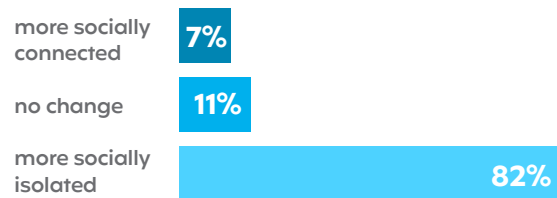
>> The COVID-19 pandemic has greatly impacted our daily lives, particularly for cancer survivors. Due to increased risk of exposure and severity, many survivors experienced social isolation throughout the pandemic. This also impacted healthcare screening and treatment, with many delaying appointments, shifting to telemedicine, and attending treatments without their primary support team.

### SOCIAL CONNECTEDNESS

Before COVID-19, how socially connected or isolated would you say you were?

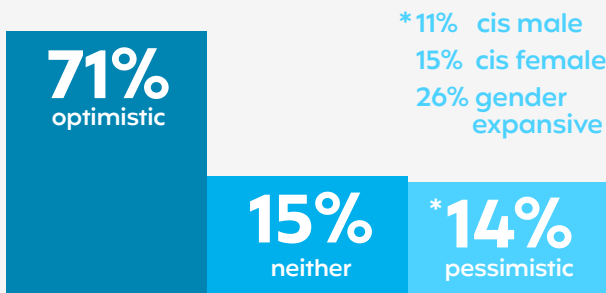


Since the start of the COVID-19 pandemic in March 2020, how has your level of social connection or isolation changed?

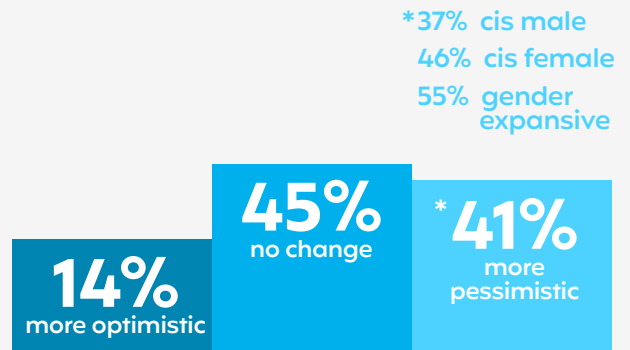


### OPTIMISM ABOUT HEALTH

Before COVID-19, how optimistic or pessimistic were you about your future health?



Since the start of the COVID-19 pandemic in March 2020, how has your level of optimism or pessimism about your future health changed?



I had just begun dating again when the pandemic began. I was five years out of my treatment for prostate cancer, and about to turn 70. Covid stole the last year of my 60s. Now dating doesn't seem as important as staying alive.







### DELAYED SCREENINGS OR TREATMENT

Since the start of the COVID-19 pandemic in March 2020, have you or your doctors delayed any cancer screenings, follow-ups, or treatments?



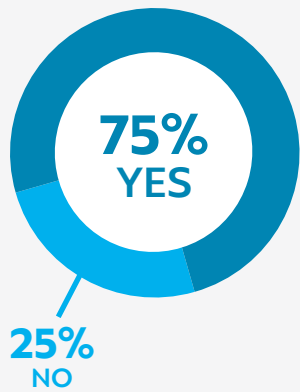
\*30% white 38% BIPOC



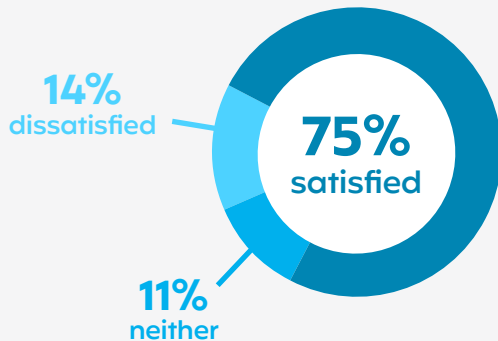
I delayed getting a mammogram at the beginning. When things started to open up more I got one. An abnormality was found which led to a cancer diagnosis. If I had continued to delay I may not have gotten diagnosed at an early stage.

### SATISFACTION WITH TELEHEALTH

Since the start of the COVID-19 pandemic in March 2020, have you had any telehealth medical appointments?

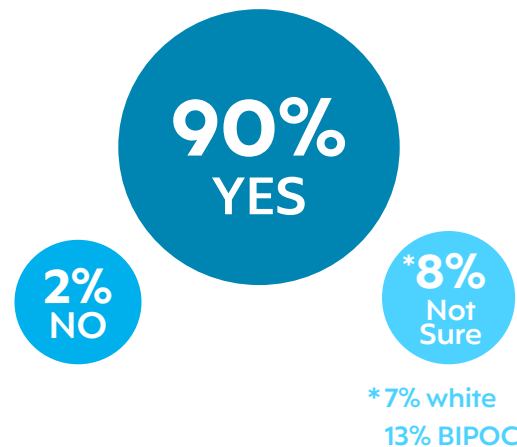


>> IF YES In general, how satisfied or dissatisfied are you with telehealth services?



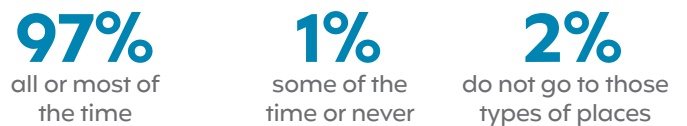
### LIKELIHOOD OF VACCINE

Do you plan to get a coronavirus vaccine when one is available?



### MASK PRACTICES

In the past month, how often, if ever, have you worn a mask or face covering when in stores or other businesses?





## LOST EMPLOYMENT

Since the start of the COVID-19 pandemic in March 2020, did you lose any form of employment or paid work?

**27%**  
YES

**73%**  
NO

“

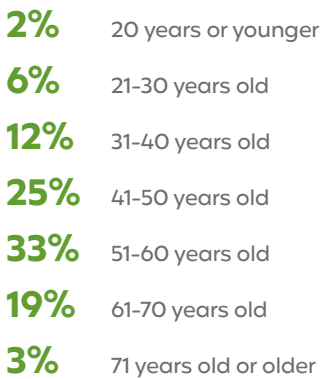
I was laid off in May so the majority of these changes are a result of my change in insurance. My plan pre-May was robust and costs were manageable, but my plan post-May is much less so with more out of pocket expenses.



## CANCER DIAGNOSIS

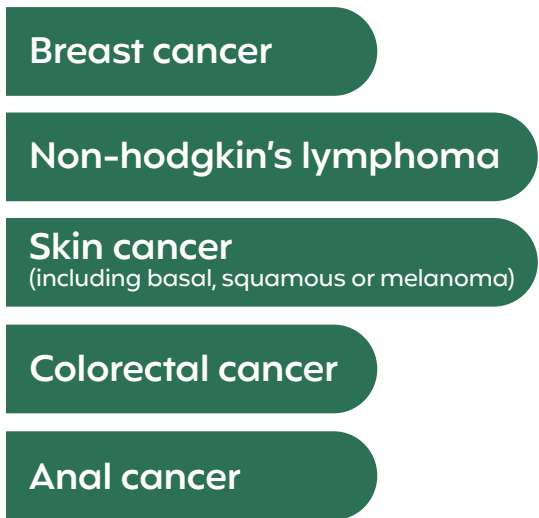
>> Learning that you have cancer is a difficult life event, regardless of one's age or background. Cancer diagnoses are delivered by a variety of healthcare professionals with varying degrees of sensitivity and respect for the impact this has on a person's life moving forward. Barriers to cancer screenings, which are even more pronounced during COVID-19, may lead to later diagnoses among LGBTQI+ persons.

### MEAN AGE AT DIAGNOSIS: 51 YEARS OLD

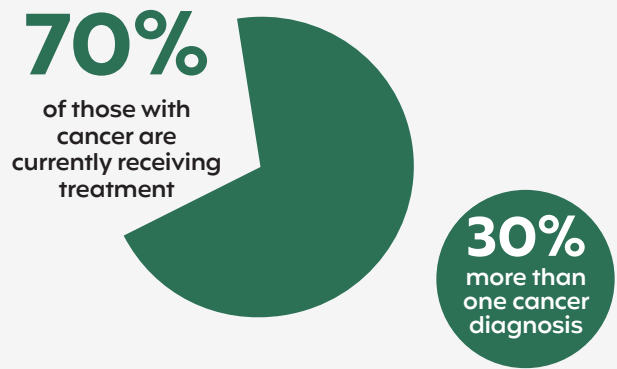


### TYPES OF CANCER

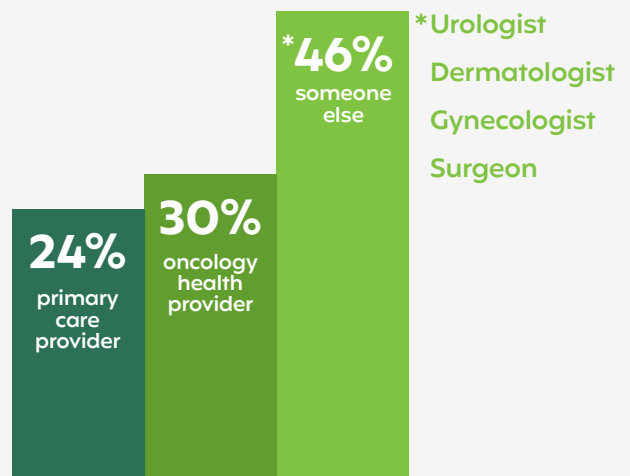
#### TOP 5 CANCERS



### CURRENTLY HAVE CANCER: 23%



### PERSON WHO DELIVERED CANCER DIAGNOSIS



## RESPECTFULNESS OF CANCER DIAGNOSIS

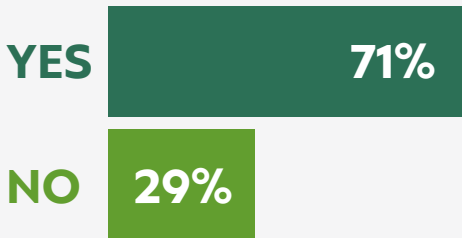
How respectful or disrespectful was the notification of your cancer diagnosis?

\*8% cis male  
13% cis female  
14% gender expansive



### COMPLETED CANCER SCREENINGS

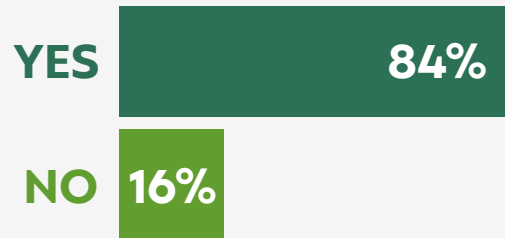
Before being diagnosed with cancer, did you receive any scheduled cancer screening tests (e.g., pap smear, colonoscopy, lung cancer screening)?



>> IF NO Reason for not receiving cancer screening (select all)

- 40% didn't know about screenings
- 35% not brought up by health care provider
- 30% not old enough for screenings guidelines
- 11% did not see health care provider
- 9% could not afford a health care provider
- 5% did not complete recommended screening

Since being diagnosed with cancer, have you received any scheduled cancer screening tests (e.g. pap smear, colonoscopy, lung cancer screening)?



>> IF NO Reason for not receiving cancer screening (select all)

- 33% not brought up by health care provider
- 16% didn't know about screenings
- 8% did not complete recommended screening
- 8% not old enough for screening guidelines
- 5% did not see health care provider
- 5% could not afford a health care provider

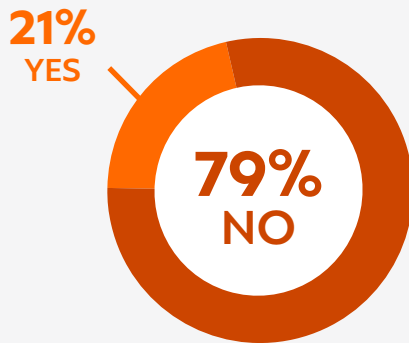


## CANCER TREATMENT EXPERIENCE

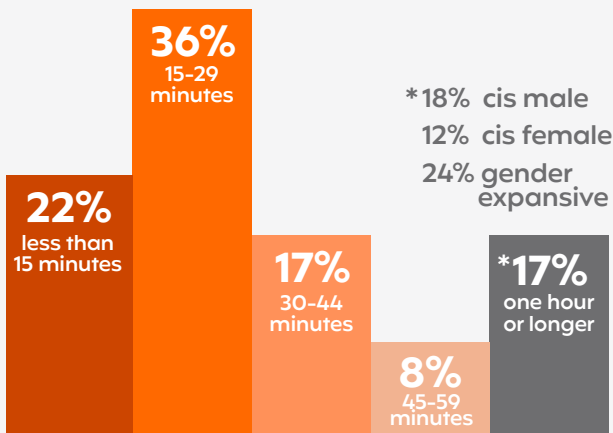
>> Overall, LGBTQI+ cancer survivors described their cancer treatment experience as welcoming, yet this was not the case for all. The majority of treatment centers had no environmental indication of welcoming care, making it difficult for survivors to intentionally seek treatment from welcoming providers. Many describe relying on referrals from other LGBTQI+ survivors or visiting multiple providers in order to receive culturally competent care, causing delay in care during a critical period.

### SOUGHT TREATMENT AT WELCOMING CANCER CARE CENTER

Did you intentionally seek treatment from a cancer care center or provider that was potentially welcoming for LGBTQI+ patients?

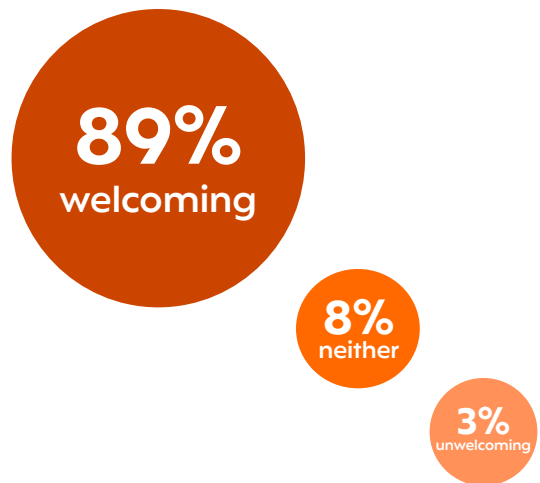


>> **IF YES** Travel time to welcoming provider  
How far did you travel (in minutes) to receive treatment from this cancer care center or provider?



### WELCOMING ENVIRONMENT AT CANCER TREATMENT CENTER

How welcoming or unwelcoming was the environment where you received cancer treatment?



“  
Once I found a competent colorectal surgeon, everything was excellent. Getting there, however, was painful, demeaning, and expensive.”



### Tip for LGBTQI+ Survivors

You being an LGBTQI person matters. Whether it is communicated to your oncology team or not. You don't have to disclose anything that you do not want. However, you also don't have to feel isolated in this experience ... during treatment/surgeries, etc. or whatever.

## PROVIDERS AWARE OF LGBTQI+ IDENTITY

\*11% cis male  
14% cis female  
24% gender expansive



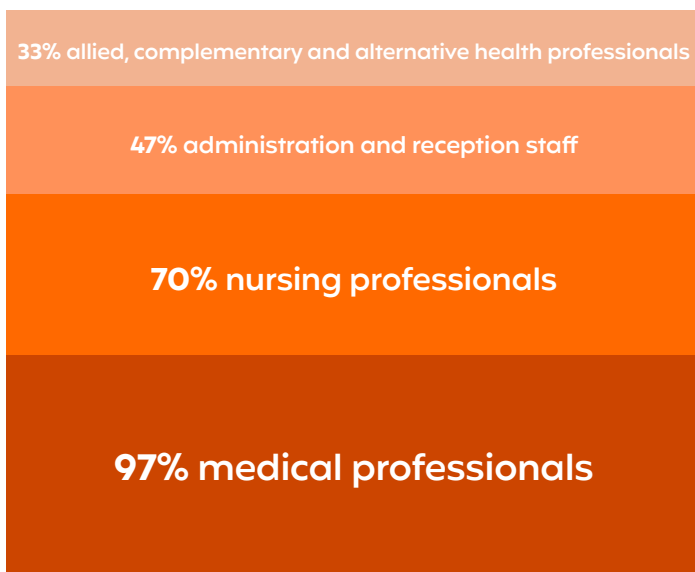
## PROVIDERS AWARE OF LGBTQI+ IDENTITY (cont.)

>> Types of disclosure (select all)

- 75% Self-disclosure during consultation
- 38% Medical forms provided option to disclose
- 29% Embedded in medical information
- 17% Something else (typically related to having a partner present)
- 8% Health professional asked
- 7% Obvious from appearance
- 2% Disclosed by someone else

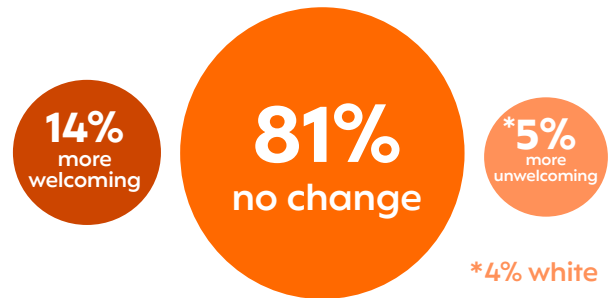
>> Types of providers aware of identity

In general, which staff and healthcare professionals were aware of your LGBTQI+ identity during your cancer diagnosis and treatment? (select all)



>> Change in environment after disclosure

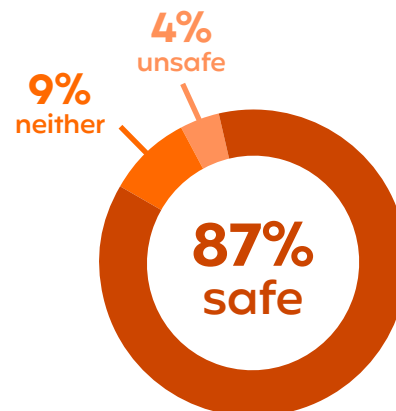
After disclosure of your LGBTQI+ identity, would you describe the environment at the place where you received cancer treatment as more or less welcoming?



\*4% white  
9% BIPOC

>> Feelings of safety with disclosure

How safe or unsafe did you feel about staff and healthcare professionals knowing your LGBTQI+ identity during your cancer diagnosis and treatment?



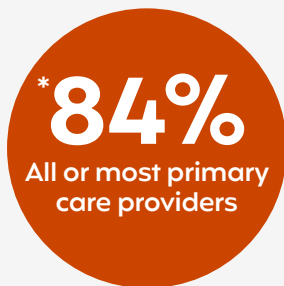


### Tip for Providers

Make your allyship visible - wear a pin, sticker, rainbow lanyard. It helps. It's hard to have to come out constantly if you don't know you'll be welcomed. And while fighting cancer you have enough to worry about already.

### CULTURALLY COMPETENT PROVIDERS

About how many of the [insert provider type] that you encountered during your cancer diagnosis and treatment provided culturally competent care?



- \*87% cis male
- 81% cis female
- 68% gender expansive



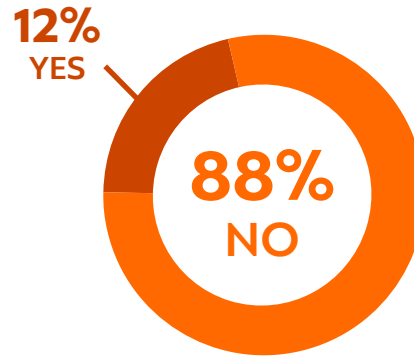
- \*88% cis male
- 82% cis female
- 69% gender expansive



- \*86% cis male
- 80% cis female
- 66% gender expansive

### ENVIRONMENTAL INDICATION OF WELCOMING CARE

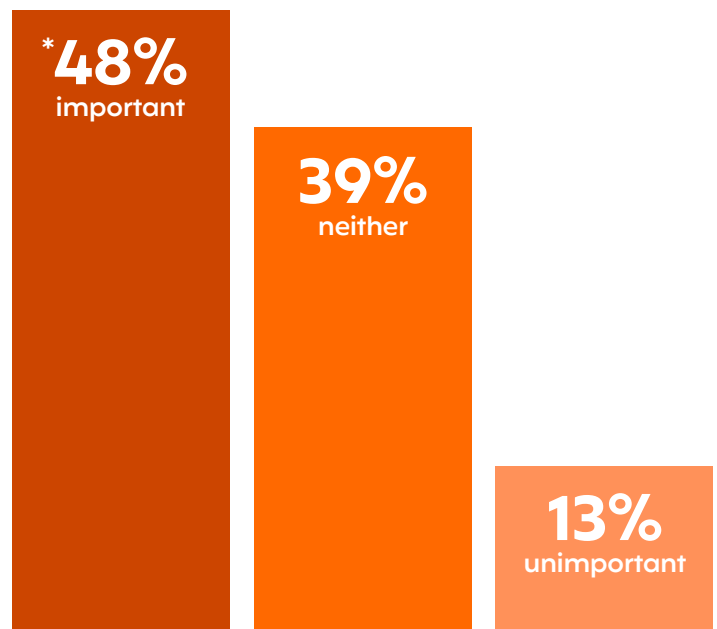
Was there any environmental indication (e.g. rainbow flag, affirming messaging) of welcoming care at the place where you received cancer treatment?



### IMPORTANCE OF ENVIRONMENTAL INDICATOR

How important or unimportant is it to you that there are environmental indicators (e.g. rainbow flag, affirming posters, flyers or leaflets, etc.) of welcoming care for LGBTQI+ patients at the places where you receive cancer treatments?

- \*39% cis male
- 58% cis female
- 74% gender expansive







### SATISFACTION WITH CANCER TREATMENT EXPERIENCE

How satisfied or dissatisfied were you with your overall cancer treatment experience?

**92%**

satisfied

**2%**

neither

**\* 6%**

dissatisfied

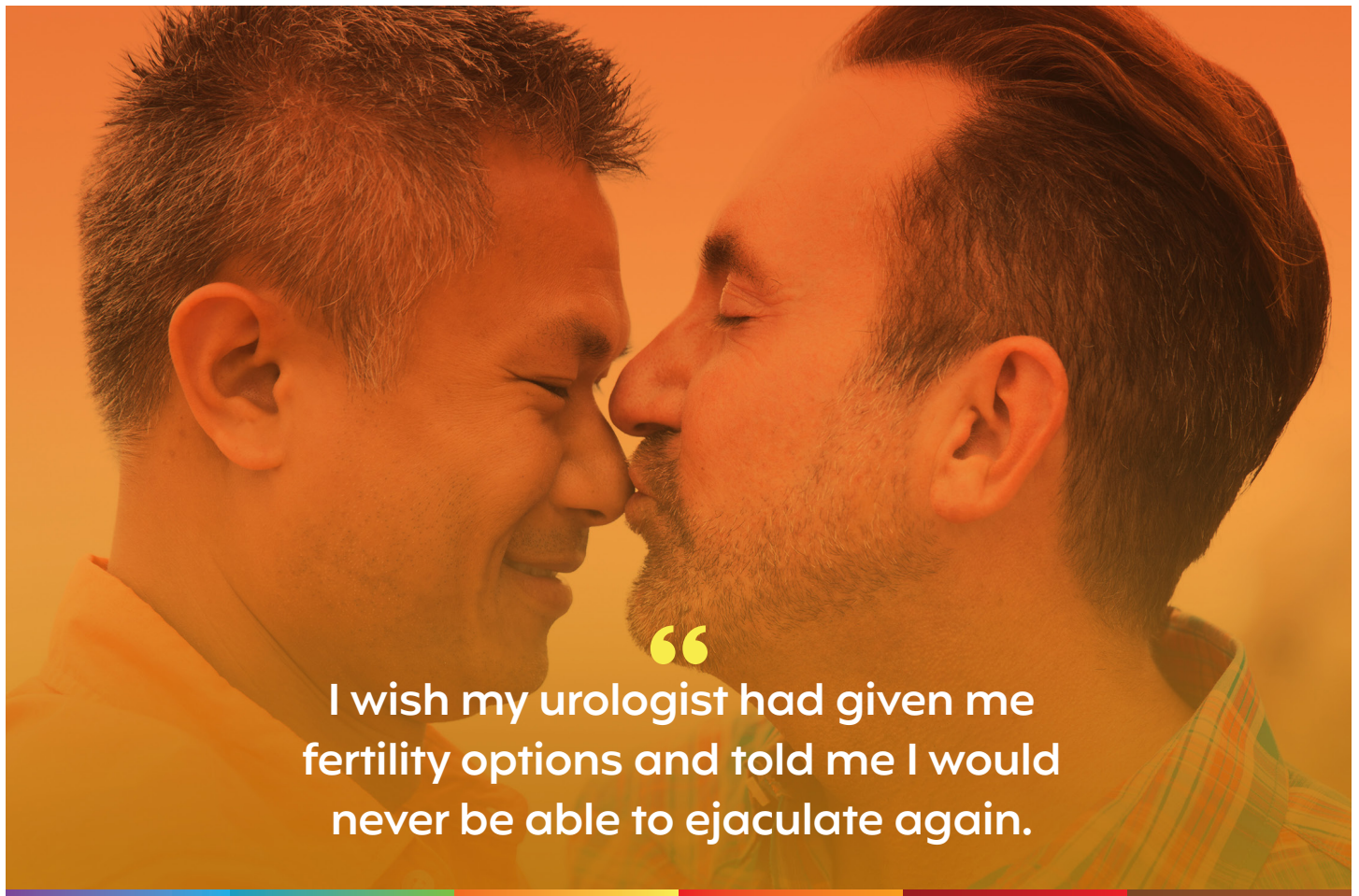
\* 5% white  
10% BIPOC

### DISCUSSED FERTILITY OPTIONS

Did your cancer care provider share possible options for fertility preservation?

**82%**  
NO

**18%**  
YES





## SOCIAL NETWORKS & SUPPORT

>> Social support and networks are a vital resource for navigating cancer survivorship. For many in the LGBTQI+ community, their primary support team includes their chosen family, which may or may not include biological relatives. Few LGBTQI+ survivors have participated in support groups, with many describing difficulties finding welcoming spaces for their intersectional identities, including their cancer diagnosis.

### # OF PEOPLE AWARE OF LGBTQI+ IDENTITY

In general, how many people in your life know you are LGBTQI+?



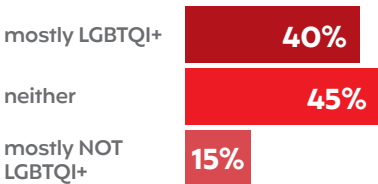
### # OF CLOSE FRIENDS

How many people in your life would you describe as close friends (friends you speak with at least once a week)?



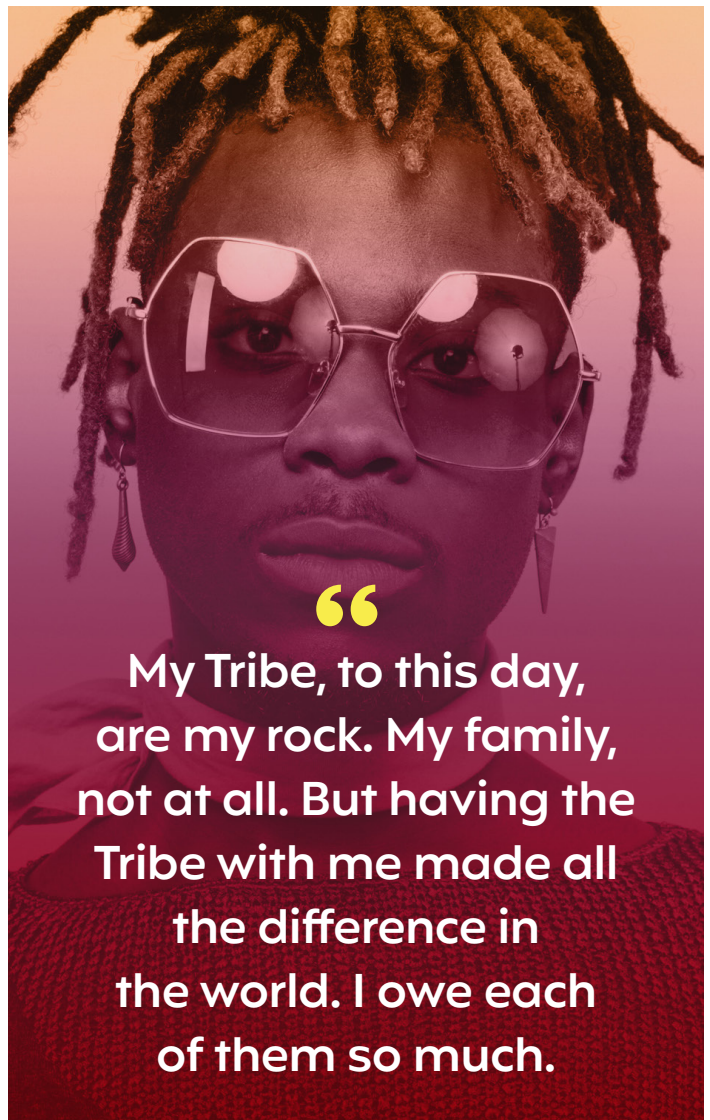
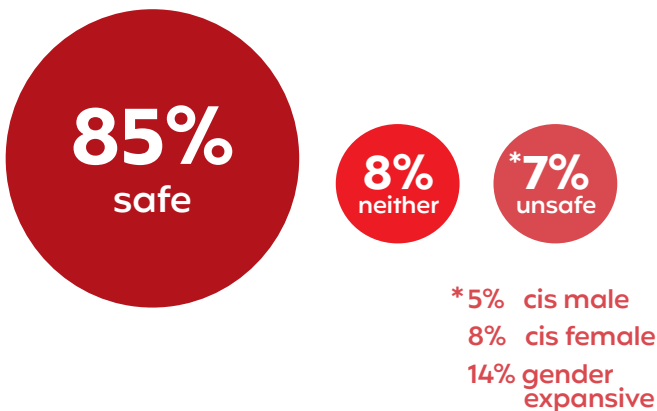
### SEEN AS LGBTQI+ IN PUBLIC

In general, how often do people identify you as LGBTQI+ or not LGBTQI+ in public?



### FEELINGS OF SAFETY WITH DISCLOSURE TO OTHERS

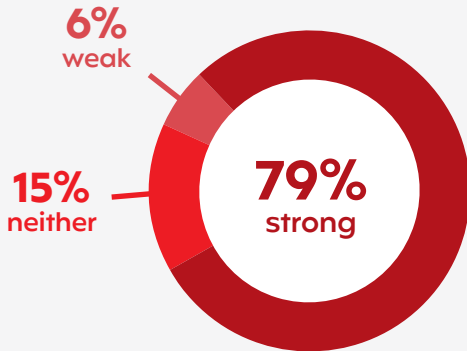
Aside from healthcare professionals, how safe or unsafe do you feel disclosing your LGBTQI+ identity to people in your life?



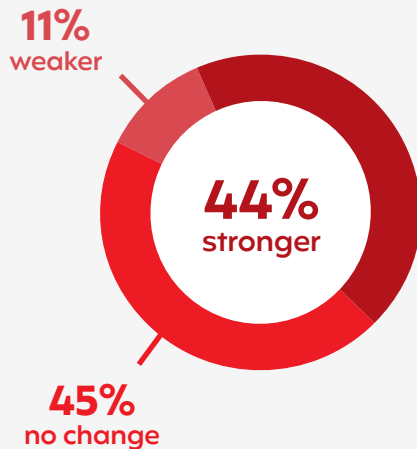


### STRENGTH OF SOCIAL NETWORK

Prior to being diagnosed with cancer, how would you describe the strength of support provided by your social network?



After being diagnosed with cancer, how has the strength of support provided by your social network changed?



### PRIMARY SUPPORT PEOPLE

Did you have primary support people during your cancer?



**Necesitamos tener más apoyo. Mi experiencia fue muy mal. Porque vivía solo y se puede decir sin familia.**

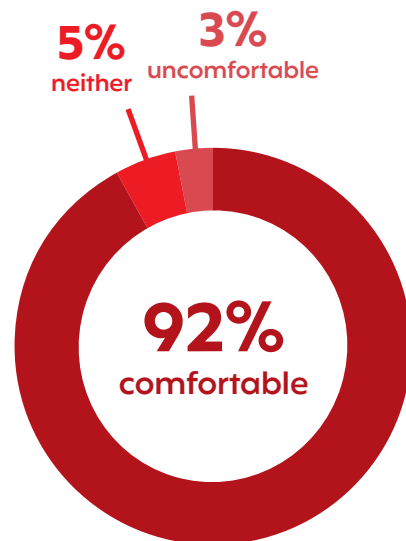
### PRIMARY SUPPORT PEOPLE (continued)

>> Who was your primary support people, select all



>> Comfort bringing support people to healthcare visits

In general, how comfortable or uncomfortable did you feel bringing your support people to your healthcare visits during cancer treatment?



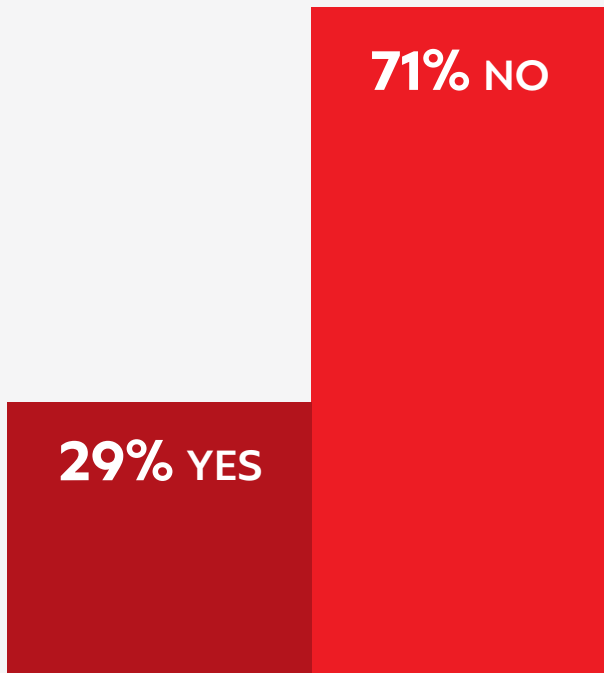


### CANCER SOCIAL SUPPORT GROUP

Have you ever received cancer survivor social support?

>> **IF YES** from where did you receive cancer survivor social support?

- 22% peer to peer direct connection
- 44% from a professional
- 66% from a peer group



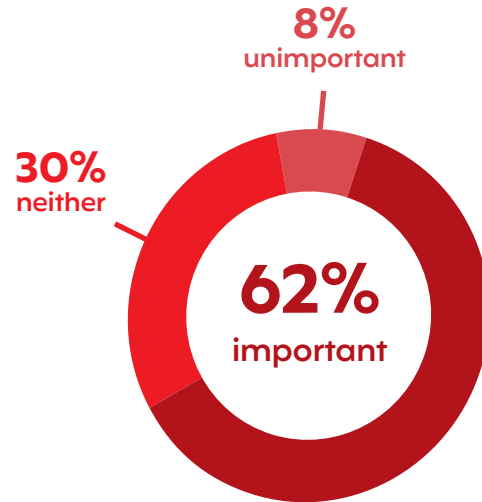
How welcoming or unwelcoming was this cancer survivor social support?

>> **IF YES** Welcoming environment at support group



### IMPORTANCE OF WELCOMING ENVIRONMENT

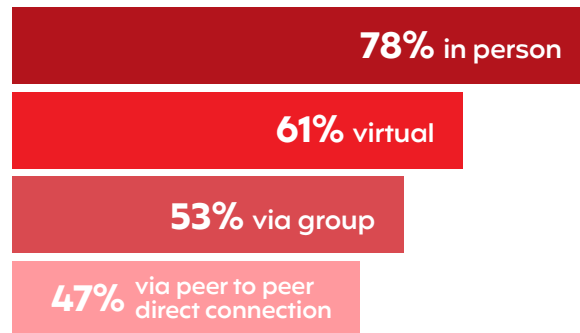
How important or unimportant is it to you to be able to access LGBTQI+ welcoming cancer survivor social support?



“  
If I could have talked to other queer people about my cancer that would have been amazing. I never saw that as an option.”

### PREFERENCE FOR TYPE OF SUPPORT GROUP

If you needed it again, what options would you consider related to cancer survivor social support? (select all)



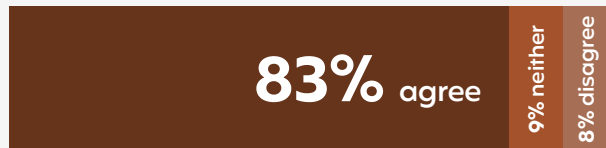


## CANCER SURVIVORSHIP RESOURCES

>> Despite the abundance of resources available online, many LGBTQI+ survivors describe difficulty finding resources specific to the LGBTQI+ community. This includes many post-treatment care plans excluding information specific to their LGBTQI+ identity.

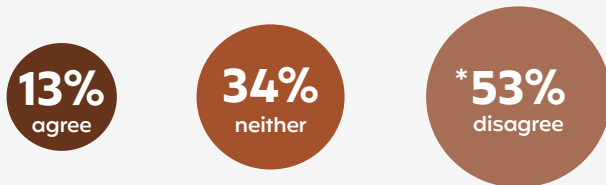
### ABLE TO FIND RESOURCES ABOUT CANCER SURVIVORSHIP

During my cancer treatment, I could find helpful information about my cancer



### ABLE TO FIND RESOURCES FOR LGBTQI+ CANCER SURVIVORSHIP

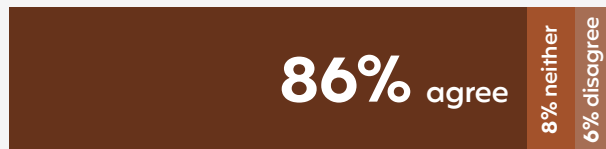
During my cancer treatment, I could find helpful information about being a LGBTQI+ person with cancer



\* 47% cis male  
 61% cis female  
 63% gender expansive

### ABLE TO ACCESS RESOURCES NEEDED TO MAINTAIN HEALTH

I am able to access the resources I need to maintain or improve my health.



Please include experts as well as survivors who are LGBTQIA+. Any support group can provide valuable information, but only queers or allies can promote hope.

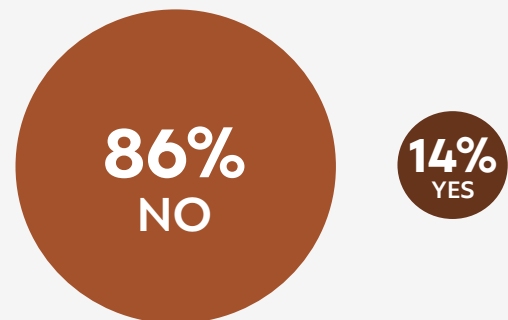
### TALKED WITH PROVIDER ABOUT POST-TREATMENT CARE PLAN

Has your provider talked to you about your post-treatment care plan (also referred to as a cancer survivorship plan), including things such as referrals to community services, reminders for future cancer screenings, and psychological support for adapting to life as a cancer survivor?



>> IF YES post-treatment care plan included resources for LGBTQI+ cancer survivors

Does your post-treatment care plan include resources for LGBTQI+ individuals?





## IMPORTANCE OF LGBTQI+ RESOURCES IN POST-TREATMENT CARE PLANS

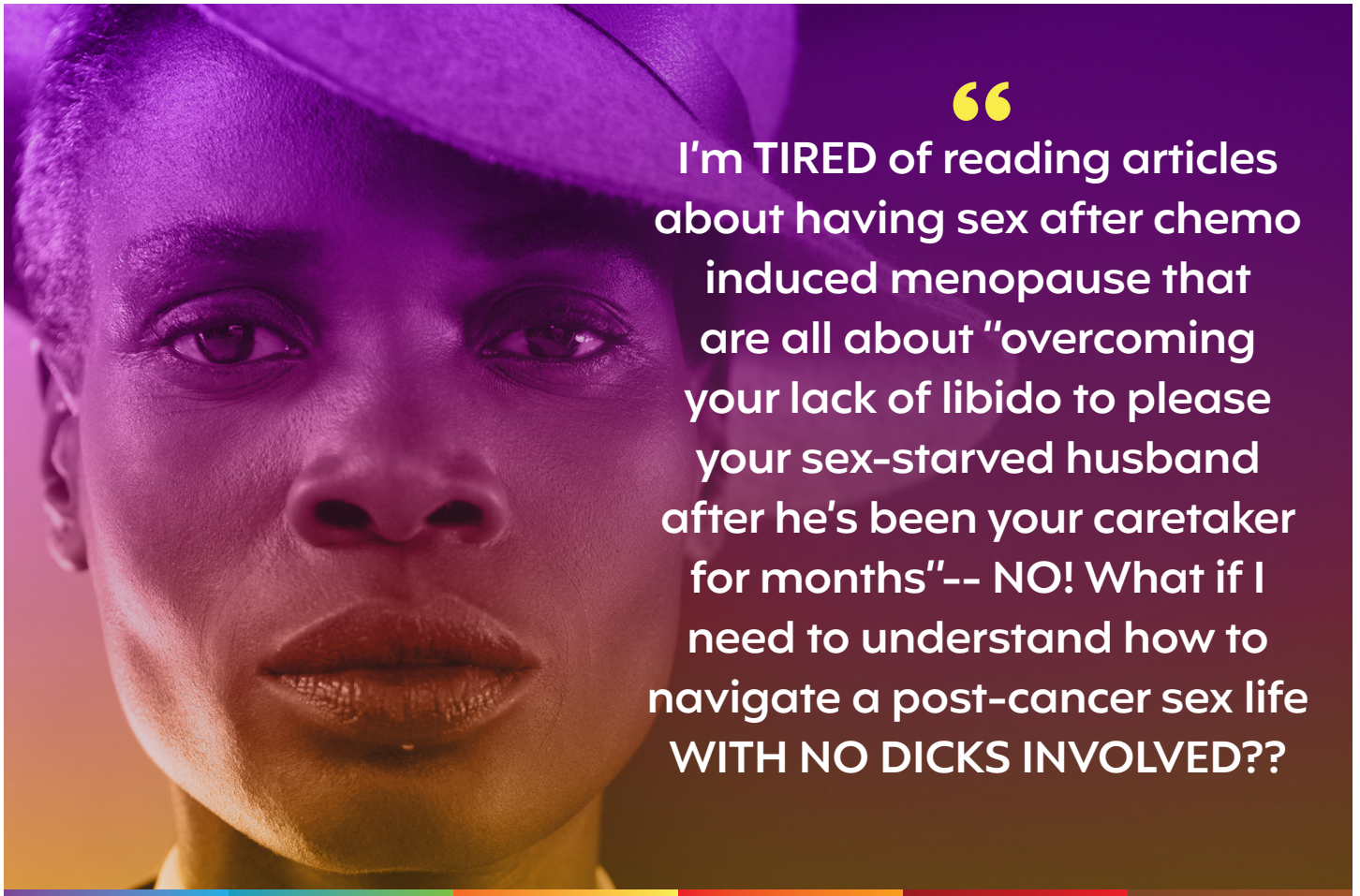
How important or unimportant is it to you that your post-treatment care plan includes information helpful to LGBTQI+ individuals?

\*56% white    67% BIPOC

**\*58%** important

**32%** neither

**10%**  
unimportant





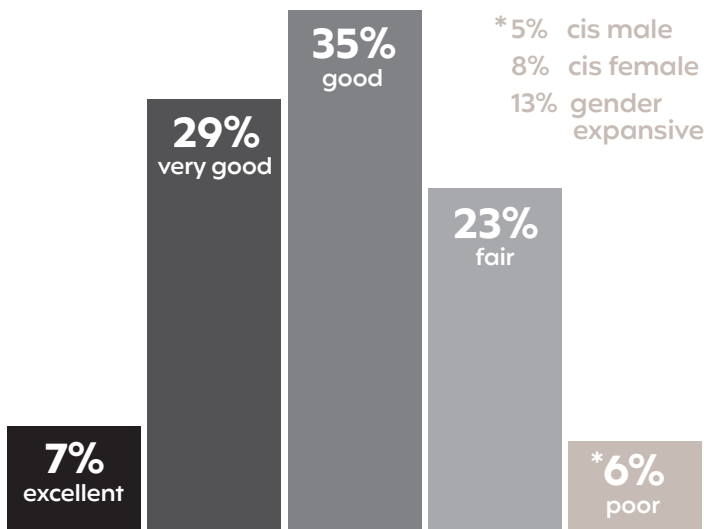


## HEALTH & HEALTH BEHAVIORS

>> Previous research demonstrates that many health risk behaviors, including tobacco and alcohol consumption are higher among the LGBTQI+ community. Even so, very few survivors have received tailored information, highlighting this gap in resources. This is further compounded by the high burden of poor mental health.

### CURRENT HEALTH STATUS

How would you describe your current health?



### CURRENT TOBACCO USE

Do you currently use any of the following tobacco products (select all that apply)?

**86%** Do NOT currently use tobacco products

**55%** have previously used tobacco products

**45%** have NEVER used tobacco products

**11%** Cigarettes

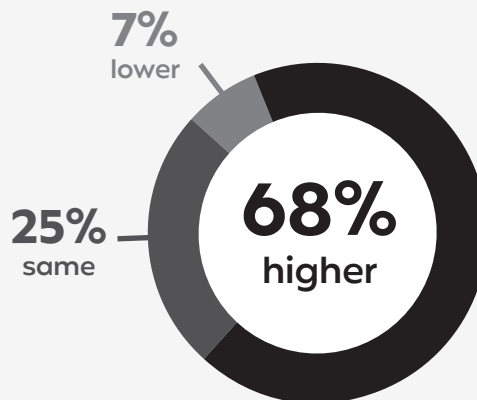
**3%** E-cigarettes or vapes

**2%** Cigars or cigarillos

**<1%** Hookah or chewing tobacco

### RATES OF TOBACCO USE AMONG LGBTQI+ COMMUNITIES

Do you think the LGBTQI+ communities use tobacco products at rates that are higher or lower than the general population?



### TOBACCO

#### 100+ CIGARETTES IN LIFETIME

Have you smoked 100 or more cigarettes in your life?





### EVER RECEIVED LGBTQI+ TAILORED TOBACCO RESOURCES

Have you ever received resources to help you stop using tobacco that were developed for LGBTQI+ individuals?



### IMPORTANCE OF TAILORED TOBACCO RESOURCES

How valuable would tobacco resources developed for LGBTQI+ individuals be to you?



\*37% white 45% BIPOC

## ALCOHOL

### DAILY ALCOHOL CONSUMPTION

On average, how many alcoholic drinks do you drink on an average day? One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

66%  
none

28%  
1-2 drinks/day

5%  
3-4 drinks/day

1%  
5+ drinks/day

### EVER RECEIVED LGBTQI+ TAILORED ALCOHOL RESOURCES

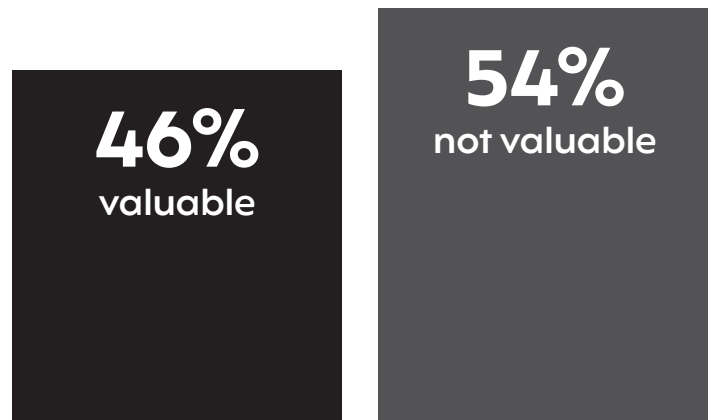
Have you ever received resources related to alcohol consumption developed for LGBTQI+ individuals?



How valuable would alcohol resource developed for LGBTQI+ individuals be to you?

### RATES OF ALCOHOL USE AMONG LGBTQI+ COMMUNITIES

Do you think the LGBTQI+ communities drink alcohol at rates that are higher or lower than the general population?

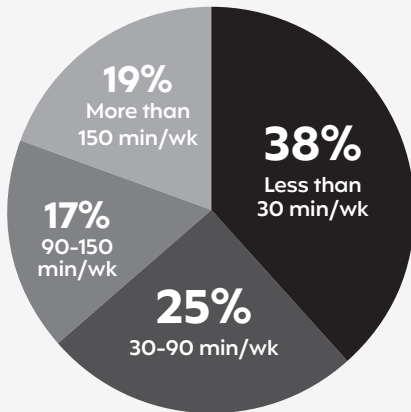




## PHYSICAL ACTIVITY

### CURRENT PHYSICAL ACTIVITY

In general, how many minutes per week do you engage in moderate to vigorous aerobic activity (e.g. brisk walking, jogging, cycling, heavy yard work, etc.)?



### EVER RECEIVED LGBTQI+ TAILORED ALCOHOL RESOURCES

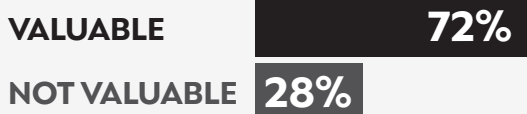
Have you ever received resources related to alcohol consumption developed for LGBTQI+ individuals?

\*9% cis male  
 4% cis female  
 12% gender expansive



### IMPORTANCE OF TAILORED PHYSICAL ACTIVITY RESOURCES

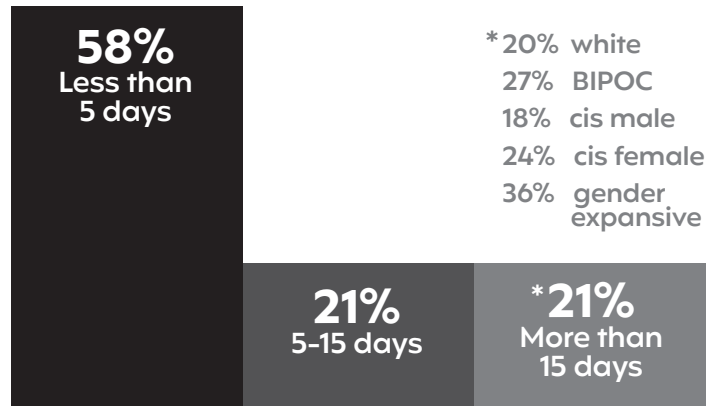
How valuable would physical activity resources developed for LGBTQI+ individuals be to you?



## MENTAL HEALTH

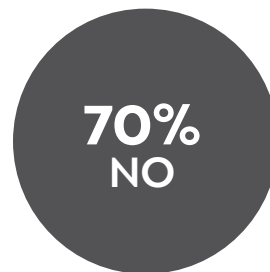
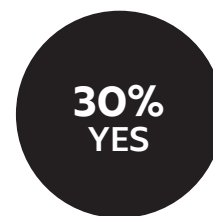
### # OF DAYS WITH POOR MENTAL HEALTH

Now, think about your mental health, which includes stress, depression, and problems with emotions. In the past 30 days, for how many days was your mental health poor?



### EVER RECEIVED LGBTQI+ TAILORED MENTAL HEALTH RESOURCES

Have you ever received resources related to mental health developed for LGBTQI+ individuals?







## IMPORTANCE OF TAILORED MENTAL HEALTH RESOURCES

How valuable would mental health resources developed for LGBTQI+ individuals be to you?

\* 83% cis male    86% cis female    94% gender expansive

**\* 85%**  
valuable

**15%**  
not  
valuable



“

With respect to mental health in particular, it seems that locally there are no criteria for what constitutes LGBTQI+ care. Mental health providers state they are “friendly” and have no means of describing what that means. Some are not at all aware of their own biases and subtle homophobia.



## CONCLUSION

>> Thank you to the 2700+ LGBTQI+ cancer survivors who shared their stories and experiences with us on the OUT: The National Cancer Survey. We look forward to releasing the following reports with our community in the coming months:

1. BIPOC LGBTQI+ Survivors Report
2. Gender Expansive Survivors Report
3. Topical Reports including mental health, social support, access to screenings and MORE.

As a follow-up to OUT: National Cancer Survey, we invited participants to join an LGBTQI+ survivors panel, with over 1,200 members and growing. Through this panel, we offer virtual support groups, opportunities for speaking engagements, early release of data reports, and more. If you are an LGBTQI+ cancer survivor, we invite you to join our survivor panel: <https://cancer-network.org/programs/support-groups-for-survivors/>.



## KEY PARTNERS

>> The National LGBT Cancer Network thanks the many community and state partners that worked to promote OUT: The National LGBT Cancer Survey. With the support of these partners, we were able to recruit over 2,700 respondents, making this the largest-ever survey of LGBTQ+ cancer survivors.

We are especially grateful for our partnership with the Center for Black Equity; the Center for Black Equity works to improve the lives of Black LGBTQ+ people globally. This partnership helped us elevate the voices and experience of Black LGBTQ+ cancer survivors. Look for the release of a special report on these experiences in the Fall of 2021.





# KEY PARTNERS





## PROMOTIONAL PARTNERS

- Adagio Health
- AIDS Alabama / BHAM Black Pride
- AIDS Services Coalition
- Alliance (Alliance to Advance Patient-Centered Care )
- Alpha Omega Kappa Fraternity Inc
- Ann's Place
- APNH: A Place to Nourish Your Health
- Arkansas Black Gay Men's Forum / Little Rock Black & Brown Pride
- Arnold School of Public Health
- Asheville Gay Men's Chorus
- Breast Advocate
- Cal Poly Pride Center
- Cancer and Careers
- Cancer Support Community, San Francisco Bay Area
- Cancer Today
- Carolina Rainbow News (CRN)
- Central Alabama Pride
- Connections IN Health
- CURE Magazine
- David's Dream & Believe Cancer Foundation
- Delta Zeta Phi Fraternity
- Desert AIDS Project
- Equality NC
- Erie County Health Department
- Eta Theta Psi Sorority
- Friend for Life Cancer Support Network
- Friendly "Virtual" Visiting Program
- Gala Pride and Diversity Center
- Gay City: Seattle's LGBTQ Center
- Gay Web Source
- Gender Benders
- Get Healthy Philly
- GLMA: Health Professionals
- Advancing LGBTQ Equality
- GUMDROP (Genito-Urinary Multi-Disciplinary D.C. Regional Oncology
- Health Care Improvement Foundation
- Health Equity Alliance for LGBTQ+ New Mexico
- HIV Ohio
- Imperial Valley LGBT Resource Center
- Indiana Cancer Consortium
- Inside Out Youth Services
- Institute for SGM Health and Wellbeing
- interACT: Advocates for Intersex Youth
- JASMYN
- Kansas Cancer Partnership
- Kansas Department of Health and Environment
- Kappa Psi Theta
- Kentucky Black Pride Inc.
- Kween Culture Initiative
- Lacuna Loft
- Latinos in the Deep South
- Leukemia and Lymphoma Society
- LGBT Detroit
- LGBTQ Northwest Indiana
- Living Beyond Breast Cancer
- Magic City Equality
- Markey Cancer Center
- Methodist Federation for Social Action
- MGH Cancer Center
- Montgomery County Office of Public Health
- Movement Advancement Project
- My Breast Choice
- National Alliance for Hispanic Health
- National Queer Asian Pacific Islander Alliance (NQAPIA)
- Nebraska Cancer Coalition
- North Carolina Oncology Navigator Association - NCONA
- Northwestern: Evaluation, Data Integration and Technical Assistance (EDIT) Program
- Nu Phi Zeta Fraternity
- Nu Tau Beta Fraternity
- Oakland LGBTQ Community Center
- Omicron Epsilon Pi Sorority
- One Iowa
- Open Door Health
- Open House SF
- Oregon Health & Science University (OHSU)
- Out Boulder
- Pennsylvania Equality Project
- People Against Biphobia
- Personal Stories Project
- PFLAG Woodstock
- Philadelphia Black Pride
- POCAAN Pacific Northwest Black Pride
- Positively Aware
- Pride CC
- Pride Center of Staten Island
- Project Koru
- PT Proud
- Queer Resource Center (City College San Francisco)
- Rainbow Health Coalition at TouroCOM - Harlem
- Rockland County Pride Center
- SAGE USA
- SAGE - Staten Island
- Sidney Kimmel Cancer Center
- Sigma Nu Psi Sorority
- Smillow Cancer Center
- Socially Centered
- Stupid Cancer
- The LGBT Health Resource
- Center of Chase Brexton Health Care
- The PAIGE
- Tobacco Control of Elkhart County
- Trans Empowerment Project
- Transgender District
- Twin Oaks Queer Gathering
- Ulman Foundation
- University Of Maryland Greenebaum Cancer Center
- University of Michigan Spectrum Center
- USC Norris Comprehensive Cancer Center
- Vanderbilt LGBTQ Health
- VCU Health and Behavior/ Massey Cancer Center
- Virginia Cancer Patient Navigator Network
- Well Beyond Ordinary
- West Virginia University LGBTQ Center
- Winship Cancer Institute of Emory University
- Wisconsin Comprehensive Cancer Program
- Alpha Pi Delta Sorority
- Engage; Collaborative Care and Community Engagement
- Erie County HIV Task Force
- Oklahoma's Take Charge! & Comprehensive Cancer Control Program
- South Carolina Tobacco Control
- Pennsylvania Comprehensive Cancer Program
- Texas Comprehensive Cancer Program
- Howard Brown Health
- Idaho Tobacco Control
- Kappa Iota Sigma
- Alpha Zeta Gamma

