Message from the Founders

50 Hoops™ began nearly 23 years ago. In that time, the company has developed half dozen diverse patient and medical education programs including an extensive mobile database in African American Health Matters, a mobile health text message service. 50 Hoops’ national events, having toured nearly four-dozen cities, acquiring a Network of Coordinators, medical, and health ministry partners, has built hundreds of relationships with the most prestigious hospitals, Black churches, and physicians in the U.S. As our partners they are committed to continuing to educate African American communities about diseases, treatment options and trials that impact them.

Due to the onset of the COVID-19 Pandemic, 50 Hoops revised all of its live-in-person events to Live Virtual Conferences and Workshops to accommodate the social distancing advised by the CDC. All of 50 Hoops’ live events (African Americans in Clinical Trials) AACT as well as other branded patient education workshops were merged with our existing 15-year old division, African American HEALTH MATTERS Mobile Health text messaging service. This facilitated the change of our outreach from Live In Person events to Live Virtual events.

We named our new online platform: “Mobile Cancer Conferences and Workshops” (MCCaW) to encompass all of 50 Hoops’ outreach. The caveat was that each activity used live streaming technology to deliver patient education to our national African American communities and expanded our outreach to their families, disabled, or recovering patients. Our PREMIER June 2020, of the Mobile Cancer Conferences and Workshops saw hundreds of participants from all walks of life. It was an EXCELLENT turn out and for many it was their first time ever participating in a workshop on their cell phones.

Mobile Cancer Conferences and Workshops

As the world was evolving into a “virtual” world, so were the 50 Hoops BRANDS, "African Americans In Clinical Trials” and the African American HEALTH MATTERS patient education series. The 2020 Mobile Cancer Conferences and Workshops (MCCaW) consisted of a series of eight (8) events utilizing our national networks of churches and medical doctors from coast-to-coast. As with the live events, 50 Hoops featured panels, roundtables, and live discussions with patients, churches and stakeholders about various CANCERS and COVID-19, both dramatically affecting minorities.

And now, especially during the COVID-19 Pandemic it was important to offer expert and authoritative tips on how underserved minority communities can adapt to both the urgency of the Pandemic and do so without interrupting their medical (cancer) needs. And, more importantly, how and which trials in which they should consider participating.

In this 2020 Premier of MCCaW, there were virtual exhibitors, open discussions and information about diseases and clinical trials including Prostate, Multiple Myeloma, Breast, Lung, and Colon Cancers. To this was added strategic discussions about new COVID-19 safety guidelines and vaccines under development! All had a serious impact on African American communities.

African Americans in Clinical Trials 2020

With the onset of COVID-19, many in our African American audience had the opportunity to access workshop, ask questions and, through Virtual Exhibitors had access to (non branded) educational resources available from Sponsors and Disease organizations. Each Workshop was uniquely different, presenting a variety of Cancer and COVID topics, discussions about safety, risk factors for Cancer and other diseases that may be affecting their IMMEDIATE health.

African American HEALTH MATTERS

African American Health Matters (MCCaW) encompassed our regular cancer and general health series related to diseases that critically affect our African American communities. The Mobile Cancer Conferences and Workshops focused upon cancer education, screening, treatment options, and post-cancer treatments amidst the COVID-19 Pandemic. It also focused upon specific COVID-19 issues that many minority communities were experiencing.
50 Hoops’ Networks from across the country, listened to Specialists in Cancer and COVID, and contributed significantly to the conversation.

50 Hoops PREMIERED our NEW VIRTUAL Chapter of African Americans In Clinical Trials (AACT) I, II with incredibly eager participation from our partner physicians, researchers, medical professionals, patients, caretakers, cancer survivors and advocates with whom we’ve worked with over the past 22 years.

The AACT Workshops were not formal, but casual, as in a church with round tables. Guests were welcome to have lunch or dinner while they listened, and we think this contributed to the participation of African American individuals, who may have trepidations about participating comfortably and feeling free to join the discussion.

For the first experience, 50 Hoops was not looking for thousands to attend. We were looking for hundreds of African American families, listening from their homes, cars and phones, and not only learning, but also having a VOICE in the “making” of the discussion. This we did. Over 500+ totaled attended the AACT series.
AACT Theme: “What Clinical Trials mean to African Americans during the COVID-19 Pandemic?”

“African Americans In Clinical Trials”

AACT I - CAST of CHARACTERS in order of appearance

Panel of Doctors
SCENE I: The Disease
Script:
(a) Overview of disease, (b) focus on treatment options currently available
Time: 3-5 minutes

Virtual Exhibitors
SCENE II: The Trials
Script:
(a) Disease represented, (b) how different from current treatment options, (c) why seeking African Americans? (d) benefits
Time: 3-5 minutes

National Network Coordinators
SCENE III: The Questions
Script:
Panel Leader:
2-3 minutes
(a) Introduce self, (b) statement of TRUTH (c) Ask 2 questions for tomorrow’s for Virtual Exhibitors
Network Coordinators
(a) introduce self: title, organizations, affiliations
Time: 1-2 minutes

“African Americans In Clinical Trials”

AACT II - CAST of CHARACTERS in order of appearance

Virtual Exhibitors
SCENE I: Script:
Answer first question “START-UP Answer”
Virtual Exhibitors select which exhibitor introduce self, trial, answer question
Time: 1-2 minutes

Audience Q&A
SCENE II: Script
Following first answer by VE question from audience re VE trials or trials in general
Questions limited to
Time: 10 – 20 seconds

National Network Coordinators
SCENE III: Script
In addition to their own questions, questions related to each Panel’s scripted SCENE: challenge/truth/solution.
(a) Introduce name, city, organization (b) question
Goal questions may be duplicated in the poll for audience opinions.
Time: 20 – 30 seconds

Panel of Doctors
Medical support, observations, drug comparisons for audience understanding of medical significance (perspective)

SCENE III
MATCHMAKING
EMAIL addresses ONLY for network coordinators/virtual exhibitors exchange
OVERVIEW: AACT Series 2020

Panels of National Network Coordinators represented our African American communities’ stakeholders, health ministries, patients, and caregivers who introduced themself and the area of country/state they covered in partnership with 50 Hoops.

We wanted the nation to know who they were as we continued educating our communities virtually. Network Coordinators’ and their patient constituencies had a chance to speak more during Q&A where they ASKED and ANSWERED questions of the doctors and Virtual Exhibit Partners.

The second day featured a panel of doctors and medical specialists from across the country to take (non-biased) questions specifically about the impacts of particular diseases including COVID 19. There was a lot to cover and we expected and received many questions.

Both days focused on Cancer Survivors: Prostate, Breast, Colon, Lung, Multiple Myeloma and other cancers as we talked about "African Americans in Clinical Trials: What clinical trials mean to us during this Pandemic"

| Introduction of Panel of Stakeholders: THE CHALLENGE |
| Introduction of Panel of Survivors, Patients and Specialists: THE TRUTH |
| Introduction of Panel of Caretakers and Black Health Ministries and Ministers: THE SOLUTION |
| Introduction of Panel of Doctors/Specialists will be on hand for medical questions/answers |
OBJECTIVES:

ABOUT THE SEGMENTS:

AACT 2020 MATCHMAKING SEGMENT taken from 50 Hoops’ Accredited Continuing Education Workshop: “Community Advocacy MATCHMAKING”

For this segment, African Americans In Clinical Trials borrowed from 50 Hoop’s Accredited Continuing Education Workshop because of the need to train Medical Professionals involved in clinical trials HOW to reach the African American communities represented in a virtual atmosphere. The Panel, instead of medical doctors, consisted of 50 Hoops National Network Coordinators from Washington, D. C. to Oakland, CA. The Network Coordinators were both leaders of Faith-based organizations’ Health Ministries to those within Medical Institutions that have strong outreach programs targeted to their African American communities. Panels challenged Researchers, and gave them tips and ideas of reaching the varied African American communities and highlighting the cultural differences of communicating within their states and regions.
THE Panel Addressed

The Challenge:

1. **Describe your involvement in the community**, church, professional or medical organizations and tell what you have observed over the years as OPINIONS (good and bad) about clinical trials.

2. **Describe the problems (as you see them) in recruiting** African Americans (addressed by African American speakers) and Hispanics (addressed by Hispanic speakers). Why you think these stereotypes about clinical trials exists. Where the biggest barriers exist, (as YOU see them) to enrolling minorities into trials.

3. **What are the key factors (you think) should be considered** when recruiting within YOUR network/community and under what circumstances do you think they would be receptive to both education and recruitment. (Give examples of scenarios)

**YOUR Viewpoint** of why YOU think your constituents, friends, networks do not participate in clinical trials. * What do you know factually, * What have you “heard?” * What’s a part of the cultural hesitation from your own background?

The Truth:

1. **Describe your involvement in the community**, church, professional or medical organizations and tell how you personally (or professionally) understand why there is hesitancy. Give your reasons (personal reasons, any facts, articles, research).

2. **What is it that Clinical Trials ARE NOT doing** to recruit minorities? Is it big money or is it the health of the country/world? Is it important to get our (African American) DNA into clinical trials? Or is everyone making excuses as to WHY they can’t recruit African Americans?

3. **Why do you think emphasis should be placed on EDUCATING** our constituencies as a “preliminary” to asking them to join a trial, and how best to do this. Why culturally sensitive materials are necessary for our population, and why they should see more information about clinical trials available to the community.

**YOUR Viewpoint** of what are some of the reasons (from a cultural standpoint) your network is hesitant to actively seek trials (i.e. lack of access–computer, transportation, lack of funds – child care, day off work, etc., lack of information/education, etc.)?

The Solution:

1. **Describe your involvement in the community**, church, professional or medical organizations and tell how you personally can impact establishing a link to your constituencies for better disease therapy and clinical trials education.

2. **What are some of the steps site investigators could take** to build trust, educate, NETWORK and begin to recruit African Americans and Hispanic/Latino Americans into important trials (i.e. come speak to my network, church, organization). How can they help
communities within your network to arrange for site nurses or investigators to come and offer educational materials and information about ongoing clinical trials? How can materials be more culturally sensitive, visually, verbally? WHY you think this would work.

3. Acting as a Navigator for your own Network, What do you think would be the best way for Site Investigators to recruit (African Americans or Hispanics) NOW in YOUR community? Utilize African American/Hispanic Doctors in trial recruitment partnership?

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ALL Panels: Solution

What kinds of networking (meeting with community leaders, church leader, etc.) would be helpful for an assigned member of the site management/marketing team for clinical trials? Why this is important in establishing trust within the African American and Hispanic Community, understanding that there are many components within each community.

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August 2020 African Americans in Clinical Trials

Panel of Stakeholders: THE CHALLENGE
Panel of Survivors, Patients and Specialists: THE TRUTH
Panel of Caretakers and Black Health Ministries and Ministers: THE SOLUTION

50 Hoops’ Network Coordinators
(Teaching the Researcher)

SEGMENT taken from 50 Hoops’ Accredited Continuing Education Workshop: Community Advocacy MATCHMAKING

Network Coordinator Panels represented a wide range of local and regional African American community viewpoints and geographic influences. They addressed the three components for HOW TO GET African Americans In Clinical Trials. Each Panel posed two questions to the RESEARCHERS to kick off the August Mobile Conferences and workshops.

AACT I, Scene III: National Network Coordinators

Panel of Stakeholders: The CHALLENGE- Deacon Harold Goodman
Panel of Survivors and Cancer Specialists: The TRUTH- Ms. Shelia Patterson
Panel of Caretakers and Health Ministries: The SOLUTION- Dr. Maisha Standifer
Mobile Cancer Conferences and Workshops

Audience Demographics included:

- Patients, physicians,
- Medical specialists, Sponsors and supporters,
- Medical partners,
- Ministers and health ministries,
- CARETAKERS and their families,
- Community Stakeholders and leaders
- 50 Hoops Network Coordinators,
- 50 Hoops staff, friends,
- 50 Hoops' 20th Anniversary Hall of Fame honorees,
- 50 Hoops Board members and our own family and friends.

MCCaW Speaker lineup (and Bios) for 2020:

50 Hoops’ National Network Coordinators lineup (and Bios) for 2020:
Panel #1- Community Stakeholders – THE CHALLENGE

Ms. Danita Brown, Cancer Survivor
Brown Missionary Baptist Church Health Ministry

Dr. Angela Hill, Associate Professor Clinical Practice
University of South Florida Health

Mr. Rick Thornton, Cancer Survivor
Prostate Cancer Advocate

Panel #2- Cancer Survivors – THE TRUTH

Ms. Valarie Worthy, RN
Cancer Survivor
Patient Navigator, Office of Health Equity
Duke Cancer Institute

Ms. Virginia Bradford, RN
Cancer Survivor
Kentucky African Americans Against Cancer, Emeritus
Kentucky Black Nurses Association

Panel #3- Caretakers, Health Ministries – THE SOLUTION

Ms. MeShayle Lester
Health Ministry, College Park Baptist Church

Ms. Janikkaa Sherrod
Kentucky Cancer Program, University of Louisville
James Graham Brown Cancer Center
Coordinator, Kentucky African Americans Against Cancer
African Americans In Clinical Trials:

HOW MATCHMAKING WAS DONE

Virtual Exhibitors were MATCHED with Network Coordinators/Stakeholders to begin outreach.

Those Network Coordinators who agreed, helped assist their constituencies in understanding these clinical trials within their network by agreeing to send emails and information about trials to help outreach with that disease.

Other support offered: forwarding links to patient literature, notifying network of special patient educational webinars etc. It will be up to both parties of the match to continue developing ideas for the relationship. 50 Hoops will follow-up end of year for status of success (reports from those matched with success and/or obstacles to their matches).

2020 ONGOING PROBLEM: With so much happening around us, we are still discovering how to get screened and treated for cancer, along with the increases in COVID-19 cases.

Both days in August focused on Cancer Survivors: Prostate, Breast, Colon, Lung, Multiple Myeloma and COVID-19 as we talked about "African Americans in Clinical Trials: What clinical trials mean to us during this Pandemic"

GOALS REACHED: TEACHING RESEARCHERS HOW TO REACH YOUR AFRICAN AMERICAN COMMUNITY WITH THEIR CLINICAL TRIALS BY CHALLENGING THEM WITH THESE QUESTIONS:

• WHAT IS THE CHALLENGE WE HAVE IN OUR COMMUNITY IN RECRUITING AFRICAN AMERICANS FOR TRIALS?

• WHAT IS THE TRUTH THAT RESEARCHERS AND CLINICAL TRIALS NEED TO DO BETTER TO REACH US AND EDUCATE US MAKE DECISIONS ABOUT JOINING YOUR TRIAL?

• WHAT IS THE SOLUTION: WHAT ARE SOME OF THE THINGS (YOU THINK) CLINICAL RECRUITERS CAN DO TO BETTER EDUCATE AND RECRUIT US RIGHT NOW?
The Lectures’ ultimate goal was to allow Clinical Trials Researchers to develop a dialogue with community stakeholders about clinical trials. This meant that community leaders were teaching Investigators about the various African American sub-cultures and how they differ from region to region, community how best to reach minorities with clinical trials and education. Simultaneously, for Clinical Professionals there will be vast opportunities to outreach to other minority community components with Education about clinical trials. Once begun their network expands on its own.

**Some QUESTIONS ASKED from Lesson Plan:**

1. What is needed from a person who enters trial (healthy or with disease)? (i.e. blood, injections, in-person follow-ups, tele-visit follow-ups?) Explain simple 1-2-3.
2. Do I have to have insurance! If so, how is my insurance (Medicare) charged? If not what kind of paperwork is required?
3. Does the study pay me for my participation? If not, why not?
4. What are you/ YOUR ORGANIZATION investing into our African American communities to educate them about this trial locally and nationally so we will participate?

**Examples:**

(a) **Online LIVE:** seminars directed to African Americans to educate and explain the disease and how trial affects us?

(b) Your **Web Page:** Are there easily accessible links that show that African Americans are a part of your outreach, and not just ONE picture (token) representation on your whole site?

(c) OR **Targeted link on Web Page:** If you don’t have one, have you thought about creating a link where people can see diversity on a recruitment brochure?

   For example, using African American Cancer Survivors who are educated, join and speak about the trial?

   Of course they would have to be paid a small stipend, and NOT ASKED to do it free.

5. Will there be anything put into my body? If so, what, why and how will it affect me (theoretically)
6. Will I get results of your ongoing study and how many African Americans are enrolled?

**Theme:** “SOLUTIONS THAT STICK!”
September 2020 African Americans in Clinical Trials

AACT I, Scene I: The SOLUTIONS THAT STICK!

Dr. Kevin Sneed Senior Associate Vice President, Dean College of Pharmacy, He is also a Principle/Founder of he WE-CARE program, a University of South Florida Health cross collaboration of multiple stakeholders (national) who serve as a MODEL Workgroup Enhancing Community Advocacy and Research Engagement in Minority Populations. Dr. Sneed is a tenured Professor and founding Dean of the USF College of Pharmacy. He also serves as a Senior Associate Vice-President for USF Health.

Ms. Cassandra Harris: A veteran national stakeholder and master networker. Ms. Harris was well placed in key positions with the National Black Leadership Initiative On Cancer (NBLIC), a prominent national African American patient outreach organization, where she held many offices and worked to develop content for many events. Ms. Harris has continued her national networking, and it’s an honor to have Ms. Harris as part of the 50 Hoops’ family for over a decade. Her strategic outlook at African Americans participating in Clinical Trials and her wide reach to advocacies, churches, and key stakeholders allow her wide exposure to both the problems and solutions of recruiting African Americans into clinical trials. NOTE: Ms. Harris was recently administratively involved with the MD Anderson Cancer Center Vaccine. As part of the agreement, 50 Hoops and all our networks will be a part of this information outreach. Ms. Harris will speak briefly on its impact of her work on increasing participation in clinical trials.

They have all worked within their networks (academia, medical centers, health ministries, physician networks, student groups, patient advocates and community stakeholders) to educate and create a positive atmosphere for African Americans and other minorities to learn about and join clinical trials.

Dr. Thomas Britt, both MD and PhD, Dr. Britt is the Chair of the Chicago Coalition of National Black Leadership on Cancer. Has developed a Medical Student and Community Stakeholder Model for teaching the importance of African Americans in Clinical Trials to health-related majors and those in internships. Author of articles on reaching African American men in clinical trials. Dr. Britt plays a significant role in Chicago and as part a key stakeholder in both the NBLIC and 50 Hoops’ families. His work with students, exemplifies his commitment to educating the NEXT GENERATION of medical professionals about importance of Clinical Trials within our communities. Nationally renowned lecturer, his writing on the impact on exercise and nutrition on cancer is far-reaching within and outside of his student network.
Ms. Danita Brown: Health Ministry Director of the Brown Missionary Baptist Megachurch conducts both live and online health events. Thousands are invited and hundreds attend their cancer events. Ms. Brown steers a strong patient-centered group of volunteers and church workers who have their fingers on the pulse of the Southaven Mississippi and Memphis, TN communities bi-state African American communities with ALL forms of cancer patients.

Maisha N. Standifer, PhD, MPH Dr. Standifer: Director, Health Policy, David Satcher Health Leadership Institute, at Morehouse University. She worked previously with the We Care initiative at USF and was actively involved in grant-writing and with the patient and medical education activities. Her visionary 20th Century look at the “future of African Americans In Clinical Trials,” is both unsettling yet reassuring. Dr. Standifer was with the “P20” grant a few years ago, which was the seed concept and premise upon which We Care was built by Dr. Kevin Sneed.

Dr. Robin Skrine MD, Private Practice
Dr. Skrine was the medical director of The Breast Center at Hillcrest Baptist Medical Center in Waco before starting her own practice in 2008. Dr. Skrine is a member of the American Cancer Society, American College of Surgeons, American Society of Breast Surgeons and Association of Women Surgeons. Dr. Skrine is a board-certified surgeon specializing in breast care and surgery. After receiving her Doctor of Medicine, Dr. Skrine completed an internship in general surgery at Thomas Jefferson University Hospital.
MATCHMAKING REPORT CARDS
2020 Network Coordinator Reports

August Network Coordinator Panels: REPORTS 1-2 minutes each

Deacon Harold Goodman,
Allen Temple Health Ministry

Ms. Shelia D. Patterson,
Cancer Survivor
Oak Cliff Bible Fellowship
Church Health Ministry
Comprehensive Cancer Support Group

MS. MeShayle Lester
Health Ministry, College Park Baptist Church

Mr. Rick Thornton,
Cancer Survivor
Prostate Cancer Advocate

Dr. Angela Hill,
Associate Professor
Clinical Practice
University of South Florida Health

Ms. Virginia Bradford
RN
Cancer Survivor
Kentucky African Americans Against Cancer, Emeritus
Kentucky Black Nurses Association
Multiple Myeloma Clinical Study

Dr. Irene Ghobrial, Lead Investigator, The Promise Study

Dr. Ghobrial is the principal investigator for the Multiple Myeloma breakthrough, The Promise Study. She received her MD in 1995 from Cairo University School of Medicine, Egypt. She completed her Internal Medicine training at Wayne State University, Mich., and her Hematology/Oncology subspecialty training at Mayo Clinic College of Medicine, Minn. She joined Dana-Farber in the field of Waldenstrom’s macroglobulinemia and multiple myeloma in 2005. She is conducting research in the area of homing and migration of B cells and novel therapeutic agents in Waldenstrom’s macroglobulinemia and multiple myeloma.

PROSTATE CANCER
Combat Prostate Cancer Racial Disparity with a Novel Biomarker Signature

Ganesh V. Raj, MD PhD, Professor
Departments of Urology and Pharmacology

Ping Mu, Ph.D., Assistant Professor
Deborah and W.A. "Tex" Moncrief, Jr.
Scholar Department of Molecular Biology

Dr. Jeffrey Gahan, UT Southwestern Medical Center

Dr. Jeffrey Gahan is an assistant professor in urology at UT Southwestern medical center and is the chief of robotic surgery at the North Texas VA. He attended Baylor College of Medicine for medical school and completed his residency at the University of Miami. He completed a robotics and minimally invasive fellowship at UT Southwestern. He specializes in the treatment of kidney cancer, prostate cancer and benign diseases of the ureter and kidney. He has clinical research interests clinical outcomes of prostate cancer treatment in high-risk African-American men.

Dr. Harlan Pinto, Stanford University

Lung Cancer

Dr. Harlan Pinto, MD is an Associate Professor of Medicine at Stanford University. He’s a Medical Oncologist with over 37 years of experience in the medical field, working with the VA Medical Center in Palo Alto, CA. He graduated from Yale University School of Medicine medical school in 1983. His practice areas include Esophageal Cancer, Cervical Esophageal Cancer and Para-nasal Sinus and Nasal Cavity Cancer. He was featured in Castle Connolly’s America’s Top Doctors for five years and is Board Certified in both Internal Medicine and Medical Oncology.

Dr. Ashish Kamat, MD Anderson Cancer Center

COVID-19

Dr. Kamat is Professor of Urologic Oncology and Cancer Research at MD Anderson Cancer Center; Associate Cancer Center Director, RFHNH in Mumbai, and President of International Bladder Cancer Group (IBCG). Dr. Kamat has over 275 publications, is listed in ‘Who's Who in Medicine’ and ‘Best Doctors in America’, and has won the ‘Compassionate Doctor Award’ from patient groups.
The Challenge: By end of Segment panel had:

- Developed and identified their own community’s populations and identified current ways they make their HEALTH decisions to participate in clinical trials, if any.

- Identified need to ASSESS PARTICIPANT SUBGROUPS (community leaders, African American and Hispanic physicians, underserved, caretakers, elderly, health ministries, patient groups, clinicians, policy makers, administrators). WHO ARE THEY?

The Truth: By end of Segment panel had:

- Identified Resources that would help Clinical Trial Sites understand how to recruit in specific local African American and Hispanic communities.

- Looked at How they (Trial Sites) can develop INTERVENTIONS: methods of receiving information about educational opportunities and ways of distributing information and education about clinical trials.

The Solution: By end of Segment panel had:

- Identified ways to MEASURE OUTCOMES: Challenge Site Investigators to get involved. Commit to 60 days or working with them to introduce them to your constituency.

- And then measure their recruitment outcomes (over 60 – 90 days). Name specific ways an organization can interface with (through YOU or your network) to outreach their constituencies for educating trial participants, presenting FACTS about disease, trial and how to participate.

- Established a CALL TO ACTION (CTA) Plan for Site Investigators who are sincere about pursuing opportunities within the African American and Hispanic American communities. To be part of the Coalition for 6 months, and to explore and document ways to increase minority and underserved participation in trials.

- Identified Partnering Health Ministries, Community organizations and Stakeholders who will provide distribution of clinical trial materials, and work directly with Investigators to make available resources for increased awareness among their constituencies.

There were Virtual Exhibitors who give you information on clinical trial, links and ways to share information. There'll be presentations about Cancer, important Clinical Trials, Disease information.
Each Virtual Exhibitor let Network know what cities they need assistance in. The panels of Network Coordinators identified themselves and agreed to help them outreach to their communities. This information was sent to their coalitions regarding African American patient seminars, new patient literature, etc. Now, It will be up to both parties of the match to continue the relationship.

In addition to the Modules, there are three Segments of RESOLUTION for Stakeholders that allowed researchers to LISTEN and answer any and all questions this minority audience may have to say. We emphasized that this is the only way researchers can learn is to let THEM (Stakeholders) tell YOU their concerns and/or fears.

**Modules**
1- AACT I module is about understanding the disease and current treatment options. AACT II is the Clinical Trials information Module seeks to help the audience understand the trial in relation to the first module.
2- AACT II module was about Community Advocacy MATCHMAKING, which means making direct, committed connections between the clinical trials representative and Network Coordinators.

**NOTE:** This segment is taken from 50 Hoops’ Accredited, Continuing Education “Community Advocacy MATCHMAKING” Workshops.

**Segments for RESOLUTION And GAINING TRUST**

**THE CHALLENGE:** Key factors to consider when recruiting African Americans into clinical trials?

**THE TRUTH:** What are trials NOT doing. And why education should be priority

**THE SOLUTION:** Steps Researchers should take to get more African Americans into trials

**TO: CLINICAL RESEARCHERS: ALERT!! CHEAT SHEET**

For Example:
Continue to reach out to underserved through participation in patient education events they trust, such as workshops, seminars directed to African Americans to educate and explain the disease and how trial affects us? Once connected you need to stay relevant in some way to the network/communities. If possible, one or our 50 Hoops’ Network Coordinator what they suggest, give him/her your own ideas and work together to gain trust quickly and recruit—aggressively using visual testimonials (reimbursed) from African Americans who ACTUALLY join the study. 50 Hoops can also help, here.

When Researchers were “Matched” in August with Coordinators, they and the Virtual Event Researchers assigned each made a 3-minute report in September about result of match and recruitments in that community. Progress, more matches and more recruitment candidates will quickly follow. We want to move forward with helping you recruit.
We suggested to Researchers that their trial should be easily accessible with links that show that African Americans who are actually part of the trial outreach and not actors. Note: and not just ONE picture (or token) representation on the trials whole site! And, if you think African American's don't notice, you're mistaken—especially in today's racial unrest. And, that their web page is the only image they may have of you and how important they are to your outreach.

September African Americans in Clinical Trials
SOLUTIONS THAT STICK!

SEPTEMBER BROUGHT the second part in two-Acts as “African Americans In Clinical Trials” presented “Recruiting African Americans: Solutions that STICK!” The third and fourth workshops featured leading stakeholders, universities, medical hospitals and mega church leaders talking about ways they are training their communities with disease and clinical trials information. From Medical Doctors and Academia to Patient Advocate to Major Stakeholders, these National Stakeholders are at the top of their game in-patient and clinical outreach.

See links to MATCHMAKING reports and Clinical Research sites:
http://africanamericanhealthmatters.com/SEPTEMBER%20MCCAW%20Clinical%20trials%20link%20s%20PRESENTATIONS.pdf
September was devoted EXCLUSIVELY to the Reporting on MATCHMAKING SUCCESSES of Network Coordinators and Clinical Researchers.

**TOPIC:** African Americans in Clinical trials:  
**THEME:** The **NEW COMMUNITY ADVOCACY**  
**DISCUSSION:** SOLUTIONS THAT STICK!  
Here's an OVERVIEW of September Workshop:

The fourth day of the AACT Workshop presented overviews from 50 Hoops’ National Stakeholders who have proven work records within their networks. From academia, medical centers, health ministries, physician networks, student groups, and patient advocacy community leader ALL were committed. Each began the process of continuously educating their constituencies about diseases and clinical trials to create a positive atmosphere for African Americans and other minorities to learn more and join important clinical trials.

Network Coordinators from across the country gave their MATCHMAKING REPORTS  
(See Addendum for LINKS)

_Cassandra Harris, MD Anderson_ gives report on **CANCER Clinical Trials MATCHMAKING SUCCESS**

_Dr. Kevin Sneed, University of South Florida Health_ discusses **COVID-19 Clinical Trials MATCHMAKING SUCCESS**

_Ms. Shelia Patterson_ gives report on **Faith-Based CANCER Coalition Contacts with Multiple Myeloma and Cancer Trials, Also how working with UT Southwestern Medical Center could enhance her coalition outreach.**
INTRODUCTION:

Cancer in African Americans: “Navigating the CORONA Zone” Mobile Cancer Conferences and Workshops were a series of four (4) presentations by our national medical panels with open patient discussions with African American leaders, churches and stakeholders about CANCERS affecting us.

And now, especially during the COVID-19 Pandemic it was important to offer expert and authoritative tips on how underserved minority communities can adapt to both the urgency of the Pandemic without interrupting their medical needs and more importantly, participate in important clinical trials.

50 Hoops’ partners of African American churches continued to support our outreach. The Mantra is “God’s Got This!” And HE does. That being said, not only are both Ed and Pat Preacher’s Kids, more than 98% of all of 50 Hoops’ events have been held in Black Churches across the country. Having began our first 50 Hoops event at the Potter’s House of Dallas, this was a fitting beginning for our premier.
Elder Richard Fields, The Potter’s House of Dallas

Elder Fields became a member of The Potter’s House in October 1998. He serves as a PMT (usher). In June 2014, he was ordained as an Elder of The Potter’s House. In addition, Elder Fields serves as the Internal Director of the “G3” (Golden, Gifted, Generation) Ministry. This ministry caters to people over 50 years of age.

Pastor Lawrence Robinson, Senior Associate Pastor

The Potter’s House of Dallas

In this capacity, he is responsible for overseeing the pastoral staff and assists in developing and maintaining the organization’s outreach ministries. He serves as a board member of The Potter’s House International Pastoral Alliance (PHIPA), which consists of more than 600 pastors around the globe who are mentored by Bishop T.D. Jakes. In addition to his work at The Potter’s House, Pastor Robinson is active in the community and serves on the board for Training for Excellence designed for caregivers of people with Alzheimer’s disease and dementia.
50 Hoops PREMIERED our NEW VIRTUAL Mobile Cancer Conferences and Workshops (MCCaW) with incredibly eager participation from our partner physicians, researchers, medical professionals, patients, caretakers, cancer survivors and advocates with whom we’ve worked with over the past 23 years.

FIRST, MCCaW was not a WEBINAR. With the first gathering of our national churches, patients, stakeholders and Network Coordinators, it was more like a “Family Reunion with Speakers.” It was casual, as 50 Hoops has done in churches, and though the audience was mostly at home, it was the same as if they were sitting at comfortable round tables, facing and talking with other participants—except this was NATIONAL.

Our first event offered great excitement with Ministers offering Invocation and Benediction (Our network knows that 50 Hoops founders are preachers’ kids). And, we wanted to feature our medical experts on Cancer with brief presentations and leave plenty of time to open up for (LIVE) questions.

Guests were welcome to have lunch or dinner while they listened, and we think this contributed to the participation of African American individuals, who may have trepidations about participating comfortably and feeling free to join the discussion.

For the first experience, 50 Hoops was not looking for thousands to attend, rather, for hundreds of African American families, listening from their homes and cars. However, they were not only listening and learning, but having a VOICE in the “making” of the discussion. This we did, with hundreds of African Americans attending the Premier MCCaW series.

We’re all in this together is the Mantra America has been hearing for the past months as we begin to move through the COVID-19 Pandemic. We’re all in this together was the also the Mantra of our African American patients and community leaders as we explored Cancer in African Americans and COVID-19.

OVERIVEW

Panels of Physicians from our medical partners from Duke Cancer Center, MD Anderson, Howard University Medical and other Cancer Centers, discussed CANCER and COVID-19.

In June we began to explore together: GUIDELINES for Navigating the CORONA ZONE- The ABC’s of Decisions versus our Safety.
STEPS 1-2-3 WAYS AFRICAN AMERICANS WITH CANCER CAN OUTLAST THIS PANDEMIC.

Answers to the question: “How do I prioritize cancer SCREENING for MY cancer?” included:

- SOLUTIONS TO STAYING SAFE WHILE making screening, treatment appointments a priority during COVID-19
- SAFETY MEASURES for those with compromised immune systems during this time.
- FINALLY, how can African American communities with cancer patients OUTLIVE this PANDEMIC!

Some of our PREMIER guests included, Dr. Thomas Polascik, Duke Cancer Center: Prostate Cancer (Research) who discussed Duke’s initial screening in research (i.e. Duke’s Prostate Cancer bio marker research—what it is and why it will be better than the standard PSA. He gave links for more information. Also,

Dr. Ray Page, Director of Research, Center for Cancer and Blood Disorders in Fort Worth Texas. Dr. Page was on the national ASCO COVID-19 National Task force that wrote the guidelines for cancer centers to protect cancer patients.

Because of the onset of the COVID-19 Pandemic, 50 Hoops revised all of it’s live-in-person events to Live Virtual events to accommodate the social distancing advised by the CDC.

- To hold Live, Participatory, Mobile Cancer Conferences and Workshops with our doctors from across the United States in panel discussions just like the live 50 Hoops events. And to make it possible for our African American audiences to attend and participate from their mobile phones, tablet, laptop or computer.

- To focus on various cancers in the African American communities across the country, including Prostate, Breast, Multiple Myeloma, Kidney and Lung Cancers (most at risk during the Pandemic).

- To allow participants, patients and community leaders to have a chance to ask questions during the Q&A, and during the post event, to give THEIR own “Survival Testimonial.”
Each activity used live streaming technology (ZOOM) to deliver patient education to African American audiences nation-wide. African American participants, many whom have never participated in a Zoom Lecture Series had the opportunity to access Virtual workshop, ask questions and through Virtual Exhibitors have access to (non branded) educational resources available from Sponsors and Disease organizations. The Lectures will provided panels of doctors, Q&A and Researchers presenting clinical trials information about various diseases including Cancer, High Blood Pressure, Diabetes and others. Participant joined from mobile phones, tablets, computers and laptops.

50 Hoops Presents: African American Health Matters: “Mobile Cancer Conferences and Workshops”

The Series: Mobile Cancer Conferences and Workshops was designed exclusively to reach 50 Hoops’ National network of African Americans, churches, medical partners, stakeholders, community leaders, patients, caretakers and families with information about Cancer in African Americans and “Navigating the CORONA Zone” or COVID-19. Live Virtual (ZOOM Meetings) Workshops will be held.

The series focused upon screening, treatment, treatment options, post-cancer treatments amidst the COVID-19 Pandemic. Each MCCaW Workshop was uniquely different and presented a variety of Cancer topics, discussions about safety, risk factors for Cancer and other diseases that may affect their IMMEDIATE health. Participant can join from Mobile, tablets, computers and laptops.

African American communities from coast to coast, stakeholders, health ministries, patients, and caregivers were allowed to introduce themselves, the area of country/state their networks encompassed cover for 50 Hoops. We wanted the nation to know who they are and how to continue educating our communities virtually. Network Coordinators had a chance to speak more during Q&A where Coordinators will both ASK and ANSWER questions of the doctors and Virtual Exhibit Partners.

The second day featured WHAT are the CANCERS most venerable during COVID-19: Respiratory diseases! Doctors from across the country were available, in addition to our panel and took (non-biased) questions specifically about the impacts of particular cancer patients including COVID 19.

Dr. Robin Skrine, Dr. Thomas Polascik, and Dr. Jason Porter Q&A DISCUSSION: (1) How do I prioritize cancer SCREENING for MY cancer? (2) SOLUTIONS TO STAYING SAFE WHILE making treatment appointments Chemo, Radiation, Surgery, and Brachytherapy during COVID-19 (3) SAFETY MEASURES for those with compromised immune systems during this time.

Both days focused on Cancer Survivors: Prostate, Breast, Colon, Lung, Multiple Myeloma and navigating doctor appointments through COVID-19 Pandemic.
Cancer in African Americans and COVID-19

Navigating CANCER in the "CORONA ZONE"

The June Premier Workshops kicked off with an OPEN DISCUSSION OF THE DIFFICULTIES OF GETTING SCREENED, TREATMENTS AND POST-CANCER APPOINTMENTS during the PANDEMIC.

Why “NAVIGATING THE CORONA ZONE?” “Navigating the “CORONA ZONE”, is a term the Founders’ Ed and Pat Sanders’ 9-year old grandson came up with when his father, a cancer patient ventured out of the house on appointments: “Daddy, be careful! You’re going into the CORONA ZONE!” What is the Corona Zone? Anyplace OUTSIDE of the safety of your home or office (bubble) where there are other people.

Thursday: June 25th Program Overview

PREMISE OF MCCaW PREMIER:
THIS HAS BEEN A DIFFICULT TIME FOR MANY OF US, AS THE WORLD CHANGES. THIS EVENT, MCCaW was designed TO REUNITE THE 50 HOOPS’ FAMILY NATION-WIDE IN A SERIES OF WORKSHOPS ON VARIOUS CANCERS WE EXPERIENCE. AND, MAKING IT even MORE RELEVANT AND IMPACTFUL IS THE current CORONA VIRUS Pandemic WHICH MAKES IT EVEN MORE DIFFICULT for Cancer screenings, treatment and follow up patients TO NAVIGATE.

There was an informal (unmuted) PRE-EVENT DISCUSSION ABOUT CANCER IN AFRICAN AMERICANS and COVID-19. It was a casual (unmuted) discussion with a powerful and highly skilled Medical Doctor, Dr. Doris Browne, as the PRE-EVENT FACILITATOR.

PRE EVENT CANCER AND COVID-19 Discussion: Q&A
Dr. Doris Browne, National Medical Association
1. WHAT are the RISK factors for persons with Cancer?
2. Which cancer groups are more at risk?
3. What we can do to better protect ourselves?

PANEL

Dr. Robin Skrine, Private Practice, Breast Cancer Surgeon
Breast Cancer
Friday: June 26th Program Overview:

**SPECIAL GUESTS:**

**Dr. Ray Page**, President, Director Research, Center for Cancer and Blood Disorders, Ft Worth, TX. A national expert on cancer center guidelines to protect cancer patients during COVID, he is one of the few physicians on the ASCO COVID19 task force that has written all the guidelines for cancer centers to consider using in order to protect cancer patients. **GUIDELINES ABC; STEPS 123**

**Dr. Ahmed Ali**, Director, Hematology, Howard University Medical Center, D.C. –**WAYS AFRICAN AMERICANS WITH CANCER CAN OUTLAST THIS PANDEMIC**

Added Risks to cancer patients; Solutions for those going through treatment, extra precautions recommended, **Clinical Trials: Need them with our DNA**

**Dr. Ray Page, D.O., PhD.**, President & Director of Research, Center for Cancer and Blood Disorders in Fort Worth, TX

**COVID-19 Pandemic Safety for Cancer Patients and those most at RISK**

**Dr. Ahmed Ali, Hematologist**, Howard University Hospital

**COVID 19 and African Americans**
The year’s finale was an open Roundtable discussion about African American patient education during a pandemic and how both Faith-based Health Ministries and Teaching Hospital Community Outreach programs are changing their outreach strategies to accommodate more underserved and hard to reach African Americans, who are most at risk.

The first day of the Finale featured FDA (Federal Drug Administration) Community Outreach director and the National Medical Association’s Auxiliary efforts to keep African Americans SAFE and our DNA included in clinical trials today! Cancer treatment updates, new information about cancer affecting African American youth.
SPECIAL Guests:
1. Federal Drug Administration (FDA): how is the FDA working with Community leaders to outreach African American populations for advisories for community input.
2. National Medical Association Research (NMA): MOST WANTED: Research for Healthy African Americans to contribute to national Clinical Trial database to protect our (cultural) DNA in trials.

Ms. Tracy Gray, Federal Drug Administration (FDA)

Dr. Randall C. Morgan, Jr. M.B.A. Executive Director, Executive Director of the W. Montague Cobb/National Medical Association (NMA) Health Institute

Dr. Stephen Olufemi Sodeke Professor of bioethics in the College of Arts and Sciences at Tuskegee University. He is resident bioethicist at the Center for Biomedical Research. He served as associate and interim director of the National Center for Bioethics in Research and Health Care
November Highlights

DISCUSSION: “MOST WANTED:”

November ... “MOST WANTED” brought an Open Roundtable discussion about African American patient education during a pandemic and ways both Faith-based Health Ministries and Teaching Hospital Community Outreach programs are changing their outreach strategies to accommodate more underserved and hard to reach African Americans, who are most at risk.

1. How are African American faith-based health ministries (especially those with significant Cancer, Alzheimer’s, diabetes and heart patient members) getting the MOST WANTED resources needed to keep pace with the shifting new norm in (virtual) patient education and outreach during the COVID-19 pandemic?

2. MOST WANTED: What are the “MOST WANTED” resources in African American churches to meet the growing need for assessable, real-time health information?

3. How CAN African American Church Health Fairs (DURING THE PANDEMIC) create MOST WANTED AND NEEDED information and resources for its members?

4. NAVIGATING up to date screening, disease testing AND CURRENT EDUCATION related to the most critical diseases within your congregation?

AFRICAN AMERICAN FAITH–BASED OUTREACH

MeShayle Lester, College Park Baptist Church

Is a software analyst for a global marketing group? Her sole client is a healthcare company that supports healthcare professionals with research and products to help patients live healthier lives. MeShayle has earned a Masters in Information Systems Management and is continuing her post-graduate studies. Outside of the corporate world, she serves pastors and leaders with consulting, design and technical training. She is an ordained minister and serves at College Park Baptist Church under the leadership of Rev. Carver Adams, alongside her husband, Rev. Don Lester—a four-year prostate cancer survivor
Deacon Harold Goodman, Chairperson of the Health Education Ministry of the United Men Ministry, 50 Hoops™ and TANCIT National Network Coordinator for Oakland.

Deacon Harold Goodman has been a driving force in the preparation for “There’s A New Cancer In Town.” His dedication to the Allen Temple Health Ministry is profound and singular in the way he approaches his task as the leader of this project. In spite of multiple challenges to overcome, his mindset is not only to accomplish the goal, but also to do it with EXCELLENCE! 50 Hoops, the Multiple Myeloma Research Foundation (MMRF) and our sponsors wish to thank Deacon Harold for all the work and coordination he’s done in leading the TANCIT national premier in Oakland and bringing it to Allen Temple. And his team: Wilma Roundtree and Nubia Esmeralda King.

Sheila D. Patterson, Cancer Survivor

Sheila D. Patterson is an ovarian and breast cancer survivor. God answered her prayers by allowing her surgeons to remove all of the cancer and not require any chemo or radiation. The Lord Informed her that Cancer Awareness was her new ministry for His glory. She is a member of Oak Cliff Bible Fellowship Church Breast Cancer Support Group, co-facilitates a Comprehensive Cancer Support Group at OCBF, collaborates with the Cancer Program at Charlton Methodist, is the Women’s Healthcare and Wellness Chairman for the Alpha Xi Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated, a member of the American Cancer Society, National Coalition for Cancer Survivorship, and Susan G. Komen Race for the Cure.

Deborah Salone Parish

Deborah Salone Parish entered the Non-Profit sector in June of 2000, with the American Cancer Society where she began as the Program Coordinator for the “We Care About Kids” Program. She later became the Metro Area Manager for the Mabel Meshack White South Dallas office of the American Cancer Society. She was primarily responsible for outreach in the southern sector of Dallas with the mission of saving lives through research, advocacy, education and service. Deborah’s Affiliations; Member of True Lee Missionary Baptist Church, Alpha Kappa Alpha Sorority, Inc., Alpha Xi Omega Chapter, Bertrand Neighborhood Association, Breast Cancer Advisory Coalition, Coalition of Non-Profits to help the South Dallas and Southern Dallas Communities.

Danita Brown, TANCIT Network Coordinator, Brown MBC Cancer Coalition

Danita Brown is a breast cancer survivor, whose amazing story has been told on TBN, the Loretta McNary TV Show, BG Magazine, and Ordinary People. A popular speaker, Danita has been a ministry leader for the Brown Missionary Baptist Cancer Support Ministry since 2008. She retired as a teacher at Treadwell Izone Elementary School in 2015. She has a Master’s Degree in Education from Christian Brothers University in Memphis, and a Bachelor’s Degree from Le Moyne Owen College Memphis. She is active in her community and American Cancer Society.
SPECIAL FOCUS:

- Facilitated by Dr. Doris Browne, former President of the National Medical Association, 50 Hoops’ own Medical Advisor, Dr. Jason Porter, both an Oncologist and Hematologist, discussed and took questions about surviving COVID-19.
- Dr. Porter himself, had contracted COVID-19 from a patient, and was back at work (virtually), yet recovering. With the surge in COVID-19 cases and overcrowding of many hospitals across the nation, He shared his personal experiences, and should a patient contract the virus. First, follow your doctor’s instructions. However, Dr. Porter shared with the audience some very interesting personal, PRACTICAL, and medical insights into ways we can help OURSELVES and our loved ones relieve symptoms if we contract COVID with overflowing hospitals.
- The final November MCCaW Workshop featured TUSKEGEE Clinical Trials: Author, Professor and Lecturer Dr. Stephen Sodeke talked about Tuskegee clinical trials TODAY, and as they move into the 21st Century. Tuskegee Institute focused on their new image in the 21st Century. The Audience had a chance to ask your questions and voice their opinions.
The New Community Advocacy OUTREACH in TEACHING HOSPITALS

DISCUSSION WITH TEACHING HOSPITALS AND UNIVERSITIES Q&A LEADERS
Teaching hospital/medical center NETWORK COORDINATORS: Dr. Maisha Standifer, Dr. Kevin Sneed, Dr. Tom Britt, Val Worthy, Ms. Janikka Sherrod, Ms. Cassandra Harris, Mr. Tim Upshaw

1. HOW ARE TEACHING HOSPITALS AND MEDICAL CENTERS WITH STRONG African American COMMUNITY outreach populations (in cancer, and other chronic diseases) GETTING THE ATTENTION of their underserved communities while keeping pace with the shifting new norm in patient education?

2. What is the MOST wanted resource in terms of MAINTAINING your reach and OUTREACH to your local African American communities and through what channels do you outreach (churches, classes, COMMUNITY work, etc.)?

Dr. Kevin Sneed Senior Associate Vice President, Dean College of Pharmacy, He is also a Principle/Founder of the WE-CARE program, a University of South Florida Health cross collaboration of multiple stakeholders (national) who serve as a MODEL Workgroup Enhancing Community Advocacy and Research Engagement in Minority Populations. Dr. Sneed is a tenured Professor and founding Dean of the USF College of Pharmacy. He also serves as a Senior Associate Vice-President for USF Health.

Ms. Cassandra Harris:
Ms. Harris is a veteran national stakeholder and master networker. Ms. Harris was well placed in key positions with the National Black Leadership Initiative On Cancer (NBLIC), a prominent national African American patient outreach organization, where she held many offices and worked to develop content for many events. Ms. Harris has continued her national networking, and it’s an honor to have Ms. Harris as part of the 50 Hoops’ family for over a decade. Her strategic outlook at African Americans participating in Clinical Trials and her wide reach to advocacies, churches, and key stakeholders allow her wide exposure to both the problems and solutions of recruiting African Americans into clinical trials. NOTE: Ms. Harris was recently administratively involved with the MD Anderson Cancer Center Vaccine. As part of the agreement, 50 Hoops and all our networks will be a part of this information outreach. Ms. Harris will speak briefly on its impact of her work on increasing participation in clinical trials.

Dr. Thomas Britt, Chair of the Chicago Coalition of National Black Leadership on Cancer (NBLIC)
Dr. Britt is both an MD and PhD, Dr. Britt is the Has developed a Medical Student and Community Stakeholder Model for teaching the importance of African Americans in Clinical Trials to health-related majors and those in internships. He’s author of articles on reaching African American men in clinical trials. Dr. Britt plays a significant role in Chicago and as part a key stakeholder in both the NBLIC and 50 Hoops’ families. His work is in educating the NEXT GENERATION of medical professionals about importance of Clinical Trials within our communities. Nationally renowned lecturer, his writing on the impact on exercise and nutrition on cancer is far-reaching within and outside of his student network.
Dr. Maisha N. Standifer
Dr. Standifer: Director, Health Policy, David Satcher Health Leadership Institute, at Morehouse School of Medicine. She worked previously with the We Care initiative at USF and was actively involved in grant writing and with the patient and medical education activities. Her visionary 20th Century look at the “future of African Americans In Clinical Trials,” is both unsettling yet reassuring. Dr. Standifer was with the “P20” grant a few years ago, which was the seed concept and premise upon which Dr. Kevin Sneed built We Care.

Dr. Angela Hill
Dr. Angela Hill is the Professor and Associate Dean of Clinical Practice at the USF College of Pharmacy. Her specialty areas of practice include, geriatrics, psychiatry, neurology, and substance abuse. She is the pharmacy consultant at the USF Health Neuroscience/Byrd Alzheimer's Institute; and serves as the project manager for WE-CARE, a community-based participatory research entity, coordinating activities within the community to recruit, retain, and educate minorities on research participation. Dr. Angela Hill was a pioneer in providing pharmacy services in Memory Disorder Clinics in the State of Florida including medication evaluations for patients with neurological disorders. She is the recipient of numerous awards, including the “Living Legacy” award from the Alzheimer’s Project.

Valarie Worthy, MSN, RN, Patient Navigator Manager, Office of Health Equity Duke Cancer Institute
Valarie Clark Worthy has been a registered nurse for over 33 years and employed by Duke University Health Systems for 14 years. A 16-year breast cancer survivor, she understands the importance of early detection and is passionate about getting that message out to the community. In 2003, she helped organize a local chapter of Sisters Network Incorporated, a survivorship organization for African-American women with breast cancer. A recipient of numerous awards, Valarie received the American Cancer Society’s 2012 Lane Adams Quality of Life Award, which recognizes the unsung heroes of cancer care and are referred to as the “warm hand of service.” The award brings to light the critical role that outstanding caregivers play in the healing process. In addition to her work with the American Cancer Society, Duke, and Sisters Network Triangle NC, Valerie is active in health Ministry in Durham North Carolina at the River Church.

Janikaa Sherrod, MPH, Kentucky Cancer Program
Janikaa Sherrod joined Kentucky Cancer Program at the University of Louisville James Graham Brown Cancer Center, as a Cancer Control Specialist in 2013. She is responsible for overseeing the health equity initiatives: Kentucky African Americans Against Cancer and Harriett B. Porter Cancer Education and Research Endowment. Kentucky Cancer provides cancer prevention and evidence-based early detection programs through education, service, and community-based research. She works on several federal and state initiatives for the African American and Hispanic communities. Ms. Sherrod has a MPH in Behavioral Sciences and Health Management.
Assessed NEEDS Fulfilled

 Mobile Cancer Conferences and Workshops

The Mobile Cancer Conferences and Workshops fulfilled the needs assessed in its Premier of 50 Hoops Virtual presence as follows:

- **Addressed new, specific cancer topics** from Multiple Myeloma and Lymphoma, Prostate, Breast and Lung Cancer, including “SAFE Cancer Care Maintenance” education—meaning our audiences learned about the diseases, and treatment options and need to keep abreast of new findings, and screenings, during the COVID-19 Pandemic.

- To create new, develop existing, and utilize our networks to **learn telemedicine and new mobile-accessible advances for accessing resources** (without a computer, or traveling).

- Conduct customized disease-specific surveys and to continue to resonate with our communities through technology— from simple and complex—and to continue to make our African American community a part of the cancer discussions of the 21st century.

**Specific Needs Addressed:**

As a **Virtual “(Continuing) Patient Education” Event, The Mobile Cancer Conferences and Workshops:**

1. Increased Understanding of diseases and clinical trials and how to safely access during COVID-19 Pandemic.
2. Provided national and local resources to online (underserved) attendees with only mobile phones for communications.
3. Encouraged the seeking of knowledge through understanding how to access specific disease education resources.
4. Provided a common meeting place where they can ask their own medical questions LIVE and talk with physicians and medical researchers.

The OVERWHELMING success of many of 50 Hoops’ projects has more than shown the needs, “sustainability” and flexibility of our concepts for African Americans and underserved. MCCaW validated that Virtual Education is significant for the underserved African American population, where some may be shy of “writing/spelling” yet able to SPEAK their questions, as well as write their questions in the CHAT.

...Interactive Workshop on your Mobile, Tablet or Computer!
Mobile Cancer Conferences and Workshops

OUTCOMES SUMMARY

Based upon our Surveys, 50 Hoops continued to improve:

1) Accessibility to doctors (on panel)
2) Interest in follow-up to get resources (we made it easy for those who normally are not online, and with only Mobile devices, by asking if they wanted resources emailed or mailed (type of disease) for follow-up.
3) We showed (visually) how audiences could ACCESS online with their Mobile devices, links for follow-up information.
4) We showed (through pre-event educational sessions with each city’s constituents who needed) the ease of using their phones for listening/watching the workshops, collecting live data?
5) We showed them the Simplicity of answering surveys and polls for our collection of data regardless of their background knowledge of virtual workshop participation.
6) We saw the Effectiveness of Call To Action, with those who volunteered to bring in other family members and friends.
7) We validated the MCCaW Sustainability: Asking * who will join again and who will be community/medical host for their city if a doctor is selected to be a speaker? Host must invite at least 20 people to join with reservations. Competition for host can be done.
8) We provided (commercially sponsored) incentives for participants similar to our live 50 Hoops’ events.

The African American Health Matters Conferences provided direct community contacts with organizations that have patients who are interested in obtaining resources to access clinical trials education in a variety of settings through multi-levels of community venues and communications mediums. Through community-based networks and disease-related projects clinical participants can expand their outreach to minorities for medical educational resources left behind by “Community Advocacy” Education Segment.

The final MATCHMAKING REPORTS were made FROM “AFRICAN AMERICANS IN CLINICAL TRIALS” series, and audiences were given with a “VISION” of continuing patient and clinical education across the country.

QUESTION: What have researchers and Network Coordinators learned from the experience of MATCHMAKING During the Mobile Cancer Conferences and Workshops?
ADDENDUM

WOW! That was awesome! ...what a fantastic event! I cannot wait to see where we can go with this. That was honestly one of the best health events like this I have experienced!

Ed, Pat, Great information shared!! I enjoyed it and learned a lot! It WAS NOT boring!!

Thank you and Ed. You can breathe now!!! Led
Great job 50 Hoops Team!! Tanya U

...(Our) team would be honored to be a part of your virtual program. Thank you!!! IG
50 Hoops, great workshop!!! Gloria JS

Pat thank you and Ed so much VB
my first time on zoom, this was great, thank you so much be blessed, stay well WJ

Thank you very much, great talk. EJ
Thank you everyone for a great and informative presentation! KI

Great information! Thank you! JS
Thank you for great information!!! MJ

Great presentations! AH

See the MCCaW June Workshop videos at: https://www.youtube.com/watch?v=b13nuJe1ziY

Confirmed Participating Cities for the 2020 “Mobile Cancer Conferences and Workshops”

Dallas, Fort Worth, Birmingham, Atlanta, DC, Oakland, Memphis, Southaven, Los Angeles, Philadelphia, Houston, St. Louis, Detroit, Indianapolis, Boston, Chicago New Orleans, Austin, Miami, Cleveland, Tampa, Raleigh, Louisville, Greensboro, Tulsa, Little Rock, Buffalo
Thank you, Ed and Pat for a very informative and interesting workshop. NL

Thank you for the great presentations. VS

Future, need more info on multiple myeloma. RT

Thanks everyone! CF

Bonita Kitt: Thank you for the information and blessings.

Thank you! A great YEAR! LR
FINDINGS: Wednesday, August 12th

The majority, 63% said that they learned of it from 50 Hoops; 19% were guests, 16% learned of it from other and 2% learned of it from Linked-In.

The majority, 84%, were at home; 12% were in an office, 2% were in a car and the same percentage, 2%, were with family and friends.
Have you ever...

**Attended a Prior 50 Hoops Event?**

- Yes: 63%
- No: 37%

The majority, 63%, had attended a prior 50 Hoops event and 37% had not.

**AACT I Scene**

**Level of Health if Had Lung Cancer**

- Level-10: 33%
- Level-1: 33%
- Level-8: 17%
- Level-5: 17%

There was a tie, 33% of the respondents said that their health was excellent and 33% said that their health was poor if they had lung cancer. It was a tie, again, with 17% who felt that their health was at level 8 and 17% who felt that their health was at level 5, if they had lung cancer.
The majority, 66%, had excellent health if they had Multiple Myeloma; there was a tie, 17% at level 6 and 17% were at level 2 if they had Multiple Myeloma.

The majority, 67%, had excellent health if they had prostate cancer; 33% had almost the same level, level 9, if they had prostate cancer.
The majority, 66%, had a level 10, (excellent) if they had COVID-19. Then 17% had a level 7, and 17% had a level 1.

AACT Scene II

The majority, 34%, would be extremely likely to join a clinical study on Multiple Myeloma; 13% were a less than extremely likely, level 8 and level 7, and level 1, who were not at all likely to consider joining a clinical study. Also 9% were at levels of 5 and 6 and even 3 in terms of considering a clinical study on Multiple Myeloma.
The majority, 31%, would be extremely likely to join a clinical study on prostate cancer. Then 15% of those who were at a level of 8 would consider joining a prostate cancer clinical study; 10% were at level 1, would not at all consider it and 10% were at level 6 and level 7. Then 6% would be at levels 9, 4, 3, and 5.

The majority, 33%, were at level 8 in considering joining a clinical study on lung Cancer; 24% were at level 1%, would not at all consider joining a clinical study on lung cancer. There were 14% who were at the level 5, mid-point in considering joining a study on lung cancer; 9% were tied at levels 6 and 9; 5% were also tied at levels 7 and 4 in considering joining a clinical study on lung cancer.
The majority, 42%, were at level 10, would be extremely likely to join a clinical study on COVID-19; 13%, were at level 1, not at all likely to consider joining a clinical study on COVID-19. Then 10% were tied at level 5, the midpoint level, and at level 4%; 6% were at levels 7, 6, and 9; 3% were tied at levels 8 and 3.

AACTI/Scene III
Based upon the Panel presentations, which disease do you think your community would be most interested?

The majority of the community were most interested in the COVID-19 panel presentation.
Based upon the Clinical Study’s presentations, which disease do you think your community would be most interested?

The clinical study most of interest to the community was also COVID-19.

Of the diseases and clinical studies discussed today, how would you rate:

 Interest in Joining a Clinical Study in Multiple Myeloma (giving plasma)

- May be interested
- Would not be interested
- Very interested

The majority, 61%, may be interested in joining a clinical study in Multiple Myeloma; 30% would not be interested and 9% would be interested.
The majority, 46%, may be interested in joining a clinical study in prostate cancer; 42% would not be interested and 12% would be interested.

The majority, 45%, may be interested in joining a clinical study in lung cancer; 43% would not be interested and 12% would be interested.
The majority, 55%, may be interested in joining a clinical study in Multiple Myeloma; 26% would not be interested and 19% would be interested.
FINDINGS: Thursday, August 13th

ACCT II Scene 1

The majority, 85% did have a church, club or network interested in hearing more about clinical Studies in African American communities and only 15% said no they did not.

On a scale of 1-10, would you be willing to:

**Participate in Clinical Studies that Used Your Insurance?**
*(10=Extremely likely; 1=Not at all)*

- Level-5: 36%
- Level-10: 29%
- Level-9: 14%
- Level-8: 7%
- Level-7: 14%
The majority, 36%, said that they were at level 5, the midpoint, in participating in a clinical Study that used their insurance. The next largest group, 29%, would be extremely likely to participate; 14% were at both level 9 and level 7 in participating and 7% were at level 8.

On a scale of 1-10, would you be willing to:

The majority, 36%, would be extremely likely to participate in a clinical study for African Americans that helps discover a cure for a disease; 21% were tied at levels 8 and 5; 14% Indicated that they were at level 9 in terms of likelihood of participating and 7% indicated that they were at level 7.
The majority, 29%, would be at level 9 in terms of the likelihood of giving blood or plasma as part of a clinical study to save their child, parent or community; 14% said that they would equally at levels 10, extremely likely, 8, 7, and 3.
The majority were tied with 19% at level 10, extremely likely, at level 5, the midpoint, and level 1, not at all likely to join a clinical trial with injection as part of the treatment; 15% were at level 3 in their likelihood of joining; 8% were at level 7 and 8% were at level 2; 4% were at levels 9, 8, and 4.
The majority, 36%, were at level 10, extremely likely, to join a trial where you take on or more pills as part of a cure or treatment; 16% were at level 8; 12% were at level 5, midpoint. There were 8% at levels 9, 6, 3, and 7. Only 4% were at level 1, not at all likely to join a trial where you take on or more pills as part of a cure or treatment.
The majority, 76%, were interested in receiving COVID-19 clinical studies vaccine results and 24% said that they would not be interested.

The majority, 29%, were at the level 9 of participating in a clinical trial that would be beneficial to them by improving treatment or discovering a cure; 14% were at levels of 10, 8, 7, 6, and 3.
The majority, 60%, rated McCaW as excellent; 36% found it very interesting; and 4% found that it kept their attention.

**Evaluation Ratings of McCaW**

The majority, 58%, said prostate cancer; 19% said Lung cancer; 15% said Multiple Myeloma and 8% said COVID-19.

**Be Willing to Participate in a Zoom Information Meeting About Clinical Trials?**

100% said Yes.

**Speaker Topics Enjoyed the Most**

The majority, 58%, said prostate cancer; 19% said Lung cancer; 15% said Multiple Myeloma and 8% said COVID-19.
Poll 4: CTA
Willing to get at least 4 other people to join the next McCaW?

There were 62% who said yes, they would contact 4 other people to join the next McCaW; 27% said that they would probably do; 11% said maybe.

Reach Participants

The majority, 86%, said that the best way to reach participants was email; 7% said either and 7% said cellphones.
“African Americans In Clinical Trials” (AACT) I, II
The NEW COMMUNITY ADVOCACY:
Recruiting African Americans: SOLUTIONS THAT STICK!

September 24th-25th Polling Data Report
This is the second part of an exciting series. The first part, held in August 2020, was entitled, “African Americans in Clinical Trials. It included a discussion of various forms of cancer, multiple myeloma, prostate and lung, and COVID-19 and introduced the audience to related clinical trials. These trials ranged from adhering to safety precautions related to COVID-19 to matchmaking and connections made.

September ushered in a second, two-day series, entitled, “African Americans In Clinical trials: Recruiting African Americans: Solutions that STICK!” Over the course of two-days, this conference featured leading stakeholders, universities, medical hospitals and mega church leaders presenting on the ways they were training their communities about diseases, i.e., cancers and COVID-19, and clinical trials.

This is a report of the polling data from each of the two-day September series. These data are the responses to questions about what participants feel will work in their communities and what they thought of each session. Overall, on the first day, September 24th, 93% found the session to be excellent and very interesting and on the second day, September 25th 100% found the session to be excellent and very interesting.
Poll 1. During the Introduction

How Did You Hear About This Event?

- 50Hoops: 73%
- Other: 20%
- Guest: 7%

The majority, 73%, heard about it from 50Hoops; 20% heard about it from other and 7% were guests.
The majority, 73%, were at home during the event 20% were at their office and 3% were in their car and 3% were with friends and family.
The majority, 83% said yes, they have attended a previous 50 Hoops event in person or online; only 17% had not.
The majority, 47%, said excellent in terms of the solutions that stick panel. The next, highest rating was level 9 at 19%, level 8 at 13%, level 7 at 9%, level 5 at 6% and level 4 at 3%.
2) Were There Solutions That You Think Would Work in Your Community?

The majority, 53%, said maybe, there were solutions that would work in their community; 47% said yes, there were solutions that would work.

3) The majority, 83%, said yes, they have attended a previous 50 Hoops event in person, or online; only 17% had not.
The majority, 63%, said all of the above; 28% said church, 6% said none of the above and 3% said the medical center patient outreach.
Poll3: AACT I

1)

Based Upon Your Hearing With Multiple Myeloma Matchmaking Reports How Effective Do You Think They'll Be?

The majority, 52%, said excellent ideas; 48% said, has potential.
The majority, 58%, said excellent ideas; 42% said, has potential.
Based Upon Your Hearing with Lung Cancer Matchmaking Reports How Effective Do you Think They'll Be?

The majority, 55%, said excellent ideas; 45% said, has potential.
The majority, 51%, said excellent; 42% said very interesting and 6% said kept my attention.
The majority, 88%, said yes, they would be willing to participate in a Zoom information meeting about information on Clinical Trials and only 12% said no.
The majority, 51%, said that they would be willing to get at least 4 other people to join the next MCCaw workshop; 47% said maybe and 3% said probably and 3% said no.
The majority, 67%, said that the best way to reach others about the upcoming 50 Hoops events was email, and 33% said either/both (email and cellphone).
September 25th

Poll 1: AACT II

What Do You Think Are the Benefits of Clinical Trials for African Americans?

- African Americans should try to have their own DNA: 75%
- There could be some benefits: 19%
- None: 6%

The majority, 75%, said that African Americans should try to have their own DNA into any medicines for the diseases that have a high rate of disease in their; 19% said that there could be some benefits and only 6% said none.
The majority, 94%, said that they liked the idea of individual leaders knowing what motivates their communities; 3% said some were good; and 3% said not sure.
The majority, 79%, said that they thought the Mobile Cancer Conferences and African American was excellent and the remaining 21% said very interesting.
The majority, 97%, said that yes, they would be willing to participate in a Zoom information meeting about information on a clinical trial and only 3% said no.
The majority, 66%, said probably, to continue to send information. Invitation; the next highest group, 28% said maybe, they should continue to send information, invitations; 3% said probably not, but continue to send information, invitation and 3% said no time, but continue to send information, invitation.
The majority, 62%, said emails, 38% said either/both.