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
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>1</td>
</tr>
<tr>
<td>METHODS</td>
<td>2</td>
</tr>
<tr>
<td>PARTICIPANT CHARACTERISTICS</td>
<td>3 - 4</td>
</tr>
<tr>
<td>COVID-19 &amp; CANCER</td>
<td>5 - 7</td>
</tr>
<tr>
<td>CANCER DIAGNOSIS</td>
<td>8 - 9</td>
</tr>
<tr>
<td>CANCER TREATMENT EXPERIENCE</td>
<td>10 - 13</td>
</tr>
<tr>
<td>SOCIAL NETWORKS &amp; SUPPORT</td>
<td>14 - 16</td>
</tr>
<tr>
<td>CANCER SURVIVORSHIP RESOURCES</td>
<td>17 - 18</td>
</tr>
<tr>
<td>HEALTH &amp; HEALTH BEHAVIORS</td>
<td>19 - 22</td>
</tr>
<tr>
<td>CONCLUSION</td>
<td>23</td>
</tr>
<tr>
<td>KEY PARTNERS</td>
<td>24 - 25</td>
</tr>
<tr>
<td>PROMOTIONAL PARTNERS</td>
<td>26</td>
</tr>
</tbody>
</table>
ACKNOWLEDGMENTS

PROJECT SPONSORS

Bristol Myers Squibb
Genentech
NYC Pride
Syros Pharmaceuticals

OUT: THE NATIONAL CANCER SURVEY

PRINCIPAL INVESTIGATORS

NFN Scout, MA, PhD
Bethany Rhoten, PhD, RN

ADVISORY COMMITTEE MEMBERS

Denise Batts
Lauren B. Beach, JD/PhD
E. Dawn Capone, M.Ed., LPC
Ronda Copher, PhD
Don Dizon, MD
Jason Domogauer, MD, PhD
William Jesdale, PhD
Nina Kennedy
Knoll Larkin, MPH
Phoenix A. Matthews, PhD
André D. Singleton

NATIONAL LGBT CANCER NETWORK

STAFF & INTERNS

NFN Scout, MA, PhD
Harold Abrams
Clarke Dalton
Gabe Glissmeyer
Jessica Jordan
Aurea Kasberg
Reece Lyerly, MS, MPH
Bryce Moore
Kk Naimool
Valeria Servigna
Michelle Veras, MPH
Alice Wu


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

### Gender Assigned at Birth

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>63%</td>
<td>37%</td>
</tr>
</tbody>
</table>

### Gender Identity

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

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

### Sexual Orientation

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

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

### Race/Ethnicity

- **85%** White Non-Hispanic
- **6%** Hispanic
- **4%** Multi-Racial Non-Hispanic
- **3%** Black Non-Hispanic
- **2%** Another Racial Identity

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

### Age

**MEAN = 59**

- **11%** 71 years or older
- **38%** 61-70 years old
- **33%** 51-60 years old
- **11%** 41-50 years old
- **5%** 31-40 years old
- **2%** 30 or younger
**STATE**
All states represented, except North Dakota.

**TOP 5 STATES**
- California
- Florida
- New York
- Texas
- Pennsylvania

**URBANICITY**
- 39% urban
- 46% suburban
- 15% rural

**HEALTH INSURANCE**
- 97% YES
- 3% NO

**DISABILITY**
- 36% YES
- 64% NO

>> 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**
- 41% graduate school
- 17% some college
- 39% college degree
- 3% high school or less
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

<table>
<thead>
<tr>
<th>Before COVID-19</th>
<th>Since the start of the COVID-19 pandemic in March 2020</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>socially connected</td>
<td>74%</td>
<td>more socially connected</td>
</tr>
<tr>
<td>neither</td>
<td>11%</td>
<td>no change</td>
</tr>
<tr>
<td>socially isolated</td>
<td>15%</td>
<td>more socially isolated</td>
</tr>
</tbody>
</table>

### Optimism About Health

<table>
<thead>
<tr>
<th>Before COVID-19</th>
<th>Since the start of the COVID-19 pandemic in March 2020</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>optimistic</td>
<td>71%</td>
<td>more optimistic</td>
</tr>
<tr>
<td>neither</td>
<td>15%</td>
<td>no change</td>
</tr>
<tr>
<td>pessimistic</td>
<td>14%</td>
<td>more pessimistic</td>
</tr>
</tbody>
</table>

---

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.
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.
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

- 2% 20 years or younger
- 6% 21-30 years old
- 12% 31-40 years old
- 25% 41-50 years old
- 33% 51-60 years old
- 19% 61-70 years old
- 3% 71 years old or older

CURRENTLY HAVE CANCER: 23%

70% of those with cancer are currently receiving treatment

30% more than one cancer diagnosis

TYPES OF CANCER

TOP 5 CANCERS

- Breast cancer
- Non-hodgkin’s lymphoma
- Skin cancer (including basal, squamous or melanoma)
- Colorectal cancer
- Anal cancer

PERSON WHO DELIVERED CANCER DIAGNOSIS

24% primary care provider
30% oncology health provider
*46% someone else
*Urologist
Dermatologist
Gynecologist
Surgeon
RESPECTFULNESS OF CANCER DIAGNOSIS
How respectful or disrespectful was the notification of your cancer diagnosis?

<table>
<thead>
<tr>
<th></th>
<th>Respectful</th>
<th>Neither</th>
<th>Disrespectful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>81%</td>
<td>9%</td>
<td>10%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>YES</th>
<th>71%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>29%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>YES</th>
<th>84%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>16%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reason for Not Having Cancer Screenings</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>didn't know about screenings</td>
<td>40%</td>
</tr>
<tr>
<td>not brought up by health care provider</td>
<td>35%</td>
</tr>
<tr>
<td>not old enough for screenings guidelines</td>
<td>30%</td>
</tr>
<tr>
<td>not brought up by health care provider</td>
<td>33%</td>
</tr>
<tr>
<td>didn't know about screenings</td>
<td>16%</td>
</tr>
<tr>
<td>did not complete recommended screening</td>
<td>8%</td>
</tr>
<tr>
<td>did not see health care provider</td>
<td>5%</td>
</tr>
<tr>
<td>could not afford a health care provider</td>
<td>5%</td>
</tr>
</tbody>
</table>

Surgeon said he had good news and bad news. Bad news: you have cancer. Good news: you don’t have much hair to lose.
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.

WELCOMING ENVIRONMENT AT CANCER TREATMENT CENTER

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

89% welcoming
8% neither
3% unwelcoming

Once I found a competent colorectal surgeon, everything was excellent. Getting there, however, was painful, demeaning, and expensive.
PROVIDERS AWARE OF LGBTQI+ IDENTITY

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)

- 33% allied, complementary and alternative health professionals
- 47% administration and reception staff
- 70% nursing professionals
- 97% medical professionals

>> 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?

14% more welcoming
81% no change
5% more unwelcoming

>> 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?

87% safe
9% neither
4% unsafe

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.
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.

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?

- 12% Yes
- 88% No

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?

- *48% Important
- 39% Neither
- 13% Unimportant

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

- *84% All or most primary care providers
- *87% cis male
- 81% cis female
- 68% gender expansive

- *85% All or most nurses
- *88% cis male
- 82% cis female
- 69% gender expansive

- *83% All or most healthcare support staff
- *86% cis male
- 80% cis female
- 66% gender expansive

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.
SATISFACTION WITH CANCER TREATMENT EXPERIENCE
How satisfied or dissatisfied were you with your overall cancer treatment experience?

92% satisfied
2% neither
6% dissatisfaction

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

82% NO
18% YES

“I wish my urologist had given me fertility options and told me I would never be able to ejaculate again.”
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+?

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>all or most people</td>
<td>85%</td>
</tr>
<tr>
<td>half or less</td>
<td>15%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>two or less close friends</td>
<td>33%</td>
</tr>
<tr>
<td>three to six close friends</td>
<td>45%</td>
</tr>
<tr>
<td>seven or more close friends</td>
<td>12%</td>
</tr>
</tbody>
</table>

**SEEN AS LGBTQI+ IN PUBLIC**
In general, how often do people identify you as LGBTQI+ or not LGBTQI+ in public?

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>mostly LGBTQI+</td>
<td>40%</td>
</tr>
<tr>
<td>neither</td>
<td>45%</td>
</tr>
<tr>
<td>mostly NOT LGBTQI+</td>
<td>15%</td>
</tr>
</tbody>
</table>

**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?

85% safe
8% neither
7% unsafe

*5% cis male
8% cis female
14% gender expansive

“My Tribe, to this day, are my rock. My family, not at all. But having the Tribe with me made all the difference in the world. I owe each of them so much.”
STRENGTH OF SOCIAL NETWORK
Prior to being diagnosed with cancer, how would you describe the strength of support provided by your social network?

- 6% weak
- 15% neither
- 79% strong

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

- 11% weaker
- 45% no change
- 44% stronger

PRIMARY SUPPORT PEOPLE (continued)

Who was your primary support people, select all

- 64% friend
- 59% current partner
- 38% sibling
- 29% parent
- 15% former partner
- 9% someone else

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?

- 92% comfortable
- 3% neither
- 5% uncomfortable

PRIMARY SUPPORT PEOPLE
Did you have primary support people during your cancer?

- YES: 90%
- NO: 10%
IMPORTANCE OF WELCOMING ENVIRONMENT
How important or unimportant is it to you to access LGBTQI+ welcoming cancer survivor social support?

- 62% important
- 8% unimportant
- 30% neither

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)

- 78% in person
- 61% virtual
- 53% via group
- 47% via peer to peer direct connection
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

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>83%</td>
<td>9%</td>
<td>8%</td>
</tr>
</tbody>
</table>

ABLE TO FIND RESOURCES FOR LGBTQI+ CANCER SURVIVORSHIP
During my cancer treatment, I could find helpful information about being a LGBTQI+ person with cancer

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>34%</td>
<td>53%</td>
</tr>
</tbody>
</table>

ABLE TO ACCESS RESOURCES NEEDED TO MAINTAIN HEALTH
I am able to access the resources I need to maintain or improve my health.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>86%</td>
<td>9%</td>
<td>8%</td>
</tr>
</tbody>
</table>

“It’s important to note that these statistics are based on a survey of cancer survivors and may not reflect the experiences of everyone with cancer. It’s also important to note that these statistics are based on a survey of cancer survivors and may not reflect the experiences of everyone with cancer. It’s also important to note that these statistics...”

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>45%</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>86%</td>
<td>14%</td>
</tr>
</tbody>
</table>
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

“I’m TIRED of reading articles about having sex after chemo induced menopause that are all about “overcoming your lack of libido to please your sex-starved husband after he’s been your caretaker for months”-- NO! What if I need to understand how to navigate a post-cancer sex life WITH NO DICKS INVOLVED??"
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?

- **29%** very good
- **35%** good
- **23%** fair
- **7%** excellent
- **6%** poor
- **5%** cis male
- **8%** cis female
- **13%** gender expansive

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?

- **68%** higher
- **25%** same
- **7%** lower

Tobacco

100+ Cigarettes in Lifetime
Have you smoked 100 or more cigarettes in your life?

- **53%** YES
- **47%** NO

*Have previously used tobacco products*
EVER RECEIVED LGBTQI+ TAILORED TOBACCO RESOURCES
Have you ever received resources to help you stop using tobacco that were developed for LGBTQI+ individuals?

<table>
<thead>
<tr>
<th>YES</th>
<th>7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>93%</td>
</tr>
</tbody>
</table>

IMPORTANCE OF TAILORED TOBACCO RESOURCES
How valuable would tobacco resources developed for LGBTQI+ individuals be to you?

<table>
<thead>
<tr>
<th>*38% valuable</th>
<th>62% not valuable</th>
</tr>
</thead>
</table>

*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.

<table>
<thead>
<tr>
<th>none</th>
<th>66%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 drinks/day</td>
<td>28%</td>
</tr>
<tr>
<td>3-4 drinks/day</td>
<td>5%</td>
</tr>
<tr>
<td>5+ drinks/day</td>
<td>1%</td>
</tr>
</tbody>
</table>

EVER RECEIVED LGBTQI+ TAILORED ALCOHOL RESOURCES
Have you ever received resources related to alcohol consumption developed for LGBTQI+ individuals?

<table>
<thead>
<tr>
<th>YES</th>
<th>12%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>88%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>46% valuable</th>
<th>54% not valuable</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>78% higher</th>
<th>21% same</th>
<th>1% lower</th>
</tr>
</thead>
</table>

46% valuable
54% not valuable
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.)?

- 19% More than 150 min/wk
- 38% Less than 30 min/wk
- 17% 30-90 min/wk
- 25% 90-150 min/wk

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?

- 72% VALUABLE
- 28% NOT VALUABLE

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?

- 58% Less than 5 days
- 21% 5-15 days
- *21% More than 15 days

EVER RECEIVED LGBTQI+ TAILORED MENTAL HEALTH RESOURCES
Have you ever received resources related to mental health developed for LGBTQI+ individuals?

- 30% YES
- 70% NO

* Demographic data:
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.”
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/](https://cancer-network.org/programs/support-groups-for-survivors/).
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 LGBTQI+ 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 LGBTQI+ people globally. This partnership helped us elevate the voices and experience of Black LGBTQI+ cancer survivors. Look for the release of a special report on these experiences in the Fall of 2021.
KEY PARTNERS
## PROMOTIONAL PARTNERS

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

### 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.
- Kwen 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