

It is the mission of CAMS to improve the health status of Chinese Americans and to promote excellence in health care for all



CHINESE AMERICAN MEDICAL SOCIETY

美国中华医学会

CAMS NEWSLETTER

New Beginnings Gala on May 7th

Alex Ky, MD

We are so excited to finally have our in-person Gala with CAIPA after 2 challenging years with Covid 19. It will be a time to remember and celebrate life and those we lost. More than ever we will savor the opportunity to appreciate our colleagues and gather to break bread and dance again. Dr Danny Fong, our past President will join me to emcee this New Beginnings Gala. There are some exciting items for auction and we look forward to seeing everyone!

Federation of Chinese Medical Societies Biennial Conference October 15, 16

Sam Kao, MD

The FCMS Bi-annual Scientific Meeting will be held in San Francisco, and is cosponsored by Chinese Medical Societies of the Bay Area including Chinese American Physicians Society, Chinese Community Health Care Association, Chinese Hospital Medical Staff, and the Jade Health Care Medical Group. More details inside on page 10.

CAMS Annual Scientific Meeting Nov 5,6

Cynthia X. Pan, MD and Benjamin Lee, MD

We are actively planning for November 5, 6, 2022, to host our Conference virtually, out of an abundance of caution due to the ongoing COVID pandemic. The theme will be *“Championing Medicine & Public Health for Our Communities.”* We will cover COVID as well as non-COVID topics with innovative presentations. We have confirmed prominent speakers from across the country. More details on page 3.

Inside this issue

- CAMS Gala.....1
- President’s Corner.....2
- Mentorship Career Week.....2
- Program Committee.....3
- Highlights of Annual Scientific Meeting Lectures3
- Research Committee.....7
- Wellness Committee.....7
- ABC of Pandemic Stress.....8
- Federation Chinese Medical Societies Conference10
- Publications Committee.....10
- In Memoriam, Samuel Yeh MD DSc 11
- Doctor Survey about Dementia....12
- Study—Counseling Chinese Cancer Patients13

President's Corner, Victor Chang, MD

I would like to start by thanking Dr. Yick Moon Lee and the officers for 2020-2021 for their extraordinary leadership and creativity during the Covid 19 outbreak.

We will be holding our first Gala since 2019 on May 7, 2022. I hope you will consider attending and celebrating the arrival of spring.

We are planning new activities that I will describe in forthcoming issues of the newsletter. Your thoughts and participation are critical for success!

Mentorship—CAMS APAMSA— Lillian Xie and Steven Cai, MD

On October 9th, 2021 hundreds of pre-medical and medical students gathered virtually to attend the 2021 Asian Pacific American Student Association (APAMSA) Regional Conference. CAMS invited a diverse range of distinguished Residency Program Directors to interact with participants in moderated panels. Students enjoyed listening to advice and having an open discussion with directors

Later in the week, CAMS and APAMSA co-hosted two more workshops related to professional development: Barriers to Care for Asian Patients and What Else Can You Do with Your Medical School Degree. Both of these workshops were particularly helpful for students exploring other aspects of medicine, including social determinants of health and career path flexibility. The first workshop (Barriers to Care) cemented the importance of patient sensitivity and cultural competency when practicing with immigrant populations. We had four insightful practitioners share their insight on navigating conversations related to chronic illness and the concept of mortality as well as on balancing transparency and compassion in these conversations. Dr. Frank Fang, Dr. Hyoseong Nuna Kim, Dr. Wan Ling Lam, and Dr. Cynthia X. Pan offered their collective expertise and knowledge with APAMSA students across the country during the virtual panel. In the second workshop, (What Else Can You Do), Dr. Vivian S. Lee, Dr. David Shih, and Dr. Thomas Tsang spoke about applications of medicine in establishing healthcare services alongside direct clinical practice. Dr. Lee spoke about a systems-based approach towards tackling health inequities and her contributions in co-founding Verily Health Platforms. Dr. Shih, as the Chief Medical Officer of Rendr and as a co-founder of CityMD, talked about his motivations in support of the shifting paradigm towards value-based care. Dr. Tsang was heavily involved as a Chief Medical Officer in several companies across the country and in government advisory positions, before co-founding Valera Health. These panels provided unique learning opportunities for current medical students nationwide. CAMS has been a strong supporter of APAMSA, and has consistently provided mentorship. APAMSA is thankful for our long-standing partnership, united in our shared mission against racism and health inequities.

CAMS Program Committee

Cynthia X. Pan, MD and Benjamin Lee, MD

The Program Committee is responsible for organizing and implementing the prestigious CAMS Annual Scientific Conference and sponsoring the popular RX for Long Life Series. Program Committee members are dedicated to scholarship, leadership, and lifelong learning. In November 2021, we successfully delivered the Conference on a virtual platform for the second year in a row. We featured eminent speakers including NAM President Dr. Victor Dzau and noted geriatrics researcher Dr. Xinqi Dong. We are actively planning for November 2022, when we will continue to host our Conference virtually, out of an abundance of caution due to the ongoing COVID pandemic. The theme will be *“Championing Medicine & Public Health for Our Communities.”* We will cover COVID as well as non-COVID topics. We are excited to offer innovative presentations on topics such as optical health and impact on heart health, nutritional science, and advances in lung cancer care. We have confirmed prominent speakers from across the country.

The Program Committee is working on further innovative ideas which we will report in the next Newsletter. We present in the next few pages brief bullet point summaries of lectures from the conference prepared by the moderators Benjamin Lee MD, James Tsai MD, Mary Lee-Wong MD, Cynthia X. Pan MD, and Ning Lin, MD.

Highlights of the 2021 Annual Scientific Meeting

“Long-Covid (PASC – Post-Acute Sequelae of SARS-CoV-2)”

Helen Y. Chu, MD, MPH

Associate Professor of Medicine and Epidemiology, University of Washington

- WHO definition: usually three months from the onset of the COVID-19 with symptoms that last for at least two months and cannot be explained by an alternative diagnosis
- Risk factors: severe illness, hospitalization, more common in women than men
- Fatigue, brain fog, shortness of breath, and sleep difficulties are most common symptoms. Mechanism unclear but felt to be possibly due to an immunologic mechanism
- Treatment – multidisciplinary care testing (echo, PFTs, tilt table testing, psychiatry)
- Prevention – studies suggest that incidence of PASC is lower in patients with breakthrough infection. In addition, patients with PASC shown to have improvement in symptoms after vaccination.

Current research efforts – RECOVER study – 4-year study with targeted 15,000 subject accrual to characterize the incidence and prevalence of sequelae of SARS-CoV-2 infection, describe the spectrum of clinical symptoms, and define biological mechanisms underlying pathogene-

Check for our events : <https://camsociety.org/>

“National AANHPI Physician Leadership During the COVID-19 Pandemic”

Winston F. Wong, MD, MS

Chair, National Council of Asian Pacific Islander Physicians

Scholar-in-Residence, UCLA Kaiser Permanente Center for Health Equity

1. During the early COVID-19 pandemic period (March – May 2020), Chinese patients had the highest mortality rate among all racial groups (Chinese Americans were 1.5 times more likely to die than Whites).
2. Disparities in health outcomes among Chinese patients persisted even after adjusting for age, other demographics, and co-morbidities.
3. In some metropolitan areas, one-half of all COVID-19 deaths were among Asian Americans (and placed enormous clinical burden on Asian Pacific Islander clinicians who cared for these patients in their local communities).
4. The COVID-19 pandemic exposed racial and ethnic disparities in health care, resulting in disproportionate burden of disease among Asian Pacific Islander population.
5. The COVID-19 pandemic has amplified and escalated Anti-Asian sentiments as evidenced by rise in anti-Asian hate crimes and acts of racism.

“Improving Adult Immunization in the context of COVID-19”

Litjen (L.J) Tan, MS, PhD

Chief Policy and Partnerships Officer, Immunization Action Coalition

Co-Chair, National Adult and Influenza Immunization Summit

1. The majority of US adults are missing at least on recommended vaccine. An estimated 26 million doses of recommended vaccines were missed.
2. Assess vaccination status, identify vaccines needed, recommend needed vaccines, offer vaccines, document vaccinations given, measure vaccination rates.
3. COVID-19 vaccines and other vaccines, (including influenza) may be co-administered at SAME time so can give COVID-19 boosters and other appropriate vaccinations at the SAME time .
4. Spacing of Vaccine Doses: two different vaccines may be given simultaneously at SAME time, but in anatomically separated sites (>1 inch); but can also give more reactive vaccines in separate arm. Deltoid of arm but also anterolateral thigh also can be used to vaccinate. Some exceptions for certain vaccines and certain risk groups PCV13 and Menactra (asplenia, HIV infection)
5. Most injectable live vaccine pairs need to be separated Eg: Yellow fever and another live vaccine needs to be separated by 30 days

CAMS Scientific Award Lecture

“From Afong Moy to SR 201: Moving the Needle on Chinese Health Equity”

XinQi Dong, MD, MPH

Director, Institute for Health, Health Care Policy and Aging Research
Henry Rutgers Distinguished Professor of Population Health Sciences
Rutgers University, New Brunswick

1. Important landmarks and people in Chinese American history include: Afong Moy (a woman with small bound feet of 4”, exotic dressing, who was showcased across the US); CEA or the 1882 Chinese Exclusion Act; Roundups (genocide against Chinese people); Wang Qing Fu – the Chinese MLK, spoke up for Chinese rights (Chinese-American activist, journalist, and one of the most prolific Chinese writers in the San Francisco press of the 19th century); Senate Apology in 10/10/2011- a formal Senate apology for the 1882 Chinese Exclusion Act.
2. Reflect back into Chinese history and remember the fundamental cultural traditions that impact health and wellbeing of Chinese populations: Filial Piety, Collectivism, and Harmony.
3. Health care professionals should engage in ongoing cultural competency training, by augmenting cultural competency training with cultural humility training.
4. There are serious consequences of elder abuse: increased emergency visits, hospitalizations, metabolic syndrome; and mortality.
There are multiple screening tools for Elder Abuse:
Vulnerability Abuse Screening Scale (VASS)
https://medicine.uiowa.edu/familymedicine/sites/medicine.uiowa.edu.familymedicine/files/wysiwyg_uploads/VASS.pdf
Hwalek-Sengstock/Elder Abuse Screening Test (H-S/EAST)
https://medicine.uiowa.edu/familymedicine/sites/medicine.uiowa.edu.familymedicine/files/wysiwyg_uploads/HS_EAST.pdf
Elder Abuse Screening Instrument (EASI)
https://medicine.uiowa.edu/familymedicine/sites/medicine.uiowa.edu.familymedicine/files/wysiwyg_uploads/EASI.pdf
5. For depression screening in Chinese elders, use PHQ9 rather than GDS (Geriatric Depression Scale); PHQ9 are better for detecting psychosomatic symptoms, more common in Chinese pts who have depression, who tend to express somatic symptoms (rather than psychological ones).

Keynote Wilson Ko MD Memorial Leadership Lecture
“Tackling the Parallel Pandemics of COVID-19, Mental Health, and Burnout, and Inequity: Being Asian American.”

Victor Dzau, MD

President, National Academy of Medicine

Vice Chair, National Research Council

1. The lack of strong, coordinated federal response, poor testing strategy, and politicization of public health measures contributed to the very large number of COVID-19 cases and deaths in the United States
2. COVID-19 disproportionately affected Asian Americans. Data has shown that Asian American have higher COVID-19 case fatality rates than other racial/ethnic groups, but such data are sparse and the vulnerability of AAPI has been under-appreciated.
3. Anti-Asian racism dates back to the 1850s, but has manifested in a dramatic increase in anti-Asian hate crimes during the pandemic. The AAPI community needs to stand in solidarity with other communities of color to fight for a common cause
4. The COVID-19 pandemic has aggravated mental health disorders and clinician burnout, and Asian Americans are less likely to seek mental help than other racial/ethnic groups.
5. Both external (work culture, EHR, rules/regulations) and individual (personal values, social support) factors affect clinician well-being and resilience. The NAM has developed programs to create a positive work environment, improve the usability and relevance of health IT, and reduce stigma associated with mental health disorders to help prevent the parallel pandemic of clinician burnout crisis.
6. East Asian American white-collar professionals are the racial group least likely to be promoted into leadership roles. One reason is stereotypes about good leaders, with US based executives scoring high on expressiveness, assertiveness, and loudness. How to overcome this will require learning from others. (Lee TH, Volpp KG, Cheung VG, Dzau VJ. Diversity and Inclusiveness in Health Care Leadership: Three Key Steps. Commentary. NEJM Catalyst. June 7, 2021, DOI:10.1056/CAT.21.0166)

Research Committee

John R. Lee, MD and Wenhui Li, PhD

In 2022, the CAMS Research Committee has been off to a great start with several journal clubs focused on improving care of Chinese Americans.

In January, Dr. Jennifer Tsui, Associate Professor of Population and Public Health Sciences at University of Southern California, and Dr. Su Wang, Medical Director at Cooperman Barnabas Medical Center, led off the series and present their article on assessing health related social needs among Chinese American primary care patients in New Jersey using self-administered screening tools in English and Chinese. (PMID: 34123992).

In March, Dr. Cynthia Pan, Division Chief of Geriatrics at NYPH-Queens, and Ms. Sandy Stokes, Founding Director of the Chinese American Coalition for Compassionate Care (CACCC), presented their article focused on the development and feasibility of a novel tool called Heart to Heart cards to facilitate discussion about advance care planning in Chinese American populations. (PMID: 33499666).

In April, William Tsai PhD, an Assistant Professor of Psychology at NYU, presented his article on the importance of culture and community for the recruitment and retention of Chinese American immigrants. (PMID: 33963414), and his research on expressive writing by Chinese patients. All of these articles led to great discussion about how research can improve the care of Chinese Americans. The Research Committee is looking forward to kicking off another series of meetings this summer.

Wellness Committee

Cynthia X. Pan, MD and James Tsai, MD

The CAMS Wellness Committee acknowledges the importance of promoting emotional and physical well-being in the physician and healthcare professional workforce in the post-COVID era. During the past year, the Wellness Committee has organized a myriad of virtual wellness and stress reduction courses for the CAMS membership. The Wellness Committee has also collaborated with the Social Committee on upcoming virtual and in-person events.

Our Rx for Long Life series is an evening lecture series cosponsored with CAIPA, Healthfirst, Charles B Wang Community Health Center, and Maimonides Medical Center. This year, the series covered important topics such as Building Resilience with Relationship Centered Communication with Dr. Calvin Chou, Suicide Prevention with Dr. Christine Moutier, and Asian Disharmony with Dr. Warren Ng. More exciting topics are planned for the future !

ABC of Coping with Pandemic Stress

Dr. Cynthia X. Pan, who is a palliative care physician, medical educator, and was a COVID patient in March 2020, shares her ABCs for coping with pandemic stress

A: Acknowledge, Accept, Ask

A1: ACKNOWLEDGE our emotions. Acknowledge the pain, suffering, uncertainty. Also acknowledge the joys, learnings, and solidarity. Don't forget the sadness, anger, frustration, shame, guilt, and vulnerability. Often, these emotions are "elephants in the room" – they fill the room but no one wants to name them. When the first COVID surge arrived, I felt so scared. Together with my team, we acknowledged the fear, bravery, uncertainty, and took care of our COVID patients. Now, having had our 3rd or 4th surge (I can't keep track anymore), we acknowledge our exhaustion and burnout. I acknowledge to myself that things will not be normal the way they used to be. I'm not the same person I was. And that's all right.

A2: ACCEPT reality and let go of what I cannot control. In life, there are internal and external factors. Often, we get frustrated by external things like budget cuts, pandemic surges, or people refusing to wear masks or get vaccinated. We forget the internal factors that we can harness to help us manage the frustrations and stress. From my palliative care experiences, I learned that each patient has his/her perspective and 'story.' My job is to get to know them as people, understand their perspectives, give them information in digestible chunks, and offer my medical recommendations. The rest is up to them. I don't try to control them. I accept them for who they are and the choices they make, even if I don't agree. I apply this acceptance principle to my family members too. This realization has given me incredible freedom, peace of mind, and capacity for love.

A3: ASK for information, updates, and assistance! As doctors, we have perfectionist tendencies and high expectations of ourselves. We are taught that we should know it all and may feel ashamed to ask for help or escalate concerns. This harms our own wellbeing, and harms patient care if we hesitate to escalate clinical concerns. When we struggle, we need to acknowledge that we are having a hard time, and ask for help. This requires a culture change in the healthcare system. Certainly, this was against the grain for me, growing up as Chinese American, with the hidden curriculum of "don't make waves, keep your head low and do your work." Every year in July, I welcome our new interns, fresh out of medical school and starting residency training. I remind them that to err is human, and it's important to ask for help and feedback from their supervising faculty. Medical training can be the toughest time of their lives, with so much to learn and do. As their medical director, I tell them that my goal is to help make these years some of the most meaningful ones as well.

ABC of Coping with Pandemic Stress

B: Breathing and Basics

B1: BREATHING: Breathing is something we take for granted. When I was sick with COVID, I became short of breath and could not take deep breaths. I panicked, which exacerbated my breathing. I had to dig deep into my toolkit. I used my Transcendental Meditation skills and slept in a prone position. As I was recovering, I found the Art of Living Foundation. It offered useful breathing and meditation workshops, which helped me with my ‘pulmonary rehabilitation.’ It was so effective that I shared it with the CAMS membership. Another useful way to think about breathing is the Boxed Breathing method. These breathing exercises can be done at home, with our children, or at the beginning of a meeting to help everyone feel centered.

B2: BASIC needs must be met: sleep, exercise, hydration, nutrition. Before I was sick with COVID, I was burning the candle at both ends: going to bed late and getting up early for meetings; not eating healthy; not prioritizing my exercise. I came across the concept of Maslow’s hierarchy of needs. It comprises a 5-tier model of human needs, depicted as a pyramid. From the bottom upwards, the needs are: physiological (food and clothing), safety (job security), love and belonging (friendship), esteem, and self-actualization. For example, I believe in the importance of psychological counseling and peer support. However, if I’m exhausted and hungry, I’m not likely to engage in counseling of any kind. We must ensure our basic needs are met first. It’s a personal, professional, and workplace responsibility.

C: Calm, Community, Compassion

C1: Stay CALM, especially in times of crisis. In the past 2 years, we faced so much uncertainty, sadness, death and dying. Staying calm prevents the “fight or flight” response and uses our cognitive abilities to cope with difficult situations. Using our breathing techniques can further keep us calm.

C2: COMMUNITY- In March 2020, I found solidarity and community in my hospital and CAMS colleagues, fighting the pandemic together. I appreciate that the COVID pandemic helped us build a true community that supports one another. We all know what we endured. Now, it’s more important than ever to build communities and connections!

Check for our events : <https://camsociety.org/>

ABC of Coping with Pandemic Stress

C3: COMPASSION – My illness reaffirmed my commitment to compassion. Having been ill made me a better doctor and see things from a patient’s perspective. I found my True North: as a doctor, 3 things truly mattered to me: 1) Take care of my patients; 2) Take care of myself; and 3) Take care of each other. When something doesn’t go right, instead of blaming or judging, I try to take a compassionate stance. For example, when my kids did not get a good grade, instead of getting mad or criticizing them, I try to be compassionate, sit down, talk to them, and ask what happened. I tell them that no matter what, I love them unconditionally. Failure is part of success. Most importantly, I hold compassion for myself! I let go of the judging and negative self-talk. I remind myself that I AM good enough, my house doesn’t need to be perfect, and the laundry can be done tomorrow.

Looking back, the COVID-19 pandemic was a full-on storm! Just like a storm, it brought silver linings. It helped me find my True North and realize what really matters in life. Looking forward, I treasure the small moments, random acts of kindness, and using these ABCs to cope and thrive post-trauma.

Federation of Chinese Medical Societies Biennial Conference

Sam Kao, MD

The Fall FCMS Bi-annual Scientific Meeting will be held on October 16 and 17, 2022 in San Francisco, and is cosponsored by Chinese Medical Societies of the Bay Area including Chinese American Physicians Society, Chinese Community Health Care Association, Chinese Hospital Medical Staff, and Jade Health Care Medical Group. Chairperson Gordon Fung MD has been leading the way with an active Program Committee. One highlight will be the Chinese Hospital Medical Staff Annual Awards Gala on Saturday night. It will be a hybrid conference to create opportunities for those who come in person to enjoy the sights and sounds of San Francisco.

Publications Committee

Victor Chang, MD

Volunteers are welcome to join and contribute to features such as news, opinions, articles, letters, and with design and layout as we prepare future issues.

In Memoriam: Dr. Samuel D. J. Yeh MD, ScD



in

Born in Kunming, Yunnan, China to a devout Christian family, Dr. Yeh was the eldest of fourteen children. Dr. Yeh graduated from the National Defense Medical Center in Shanghai, China in 1948, and became a Chief Resident in Taipei, Taiwan. Dr. Yeh earned his doctorate in biochemistry from the School of Public Health at the Johns Hopkins University and began his career at Memorial Sloan Kettering Cancer Center 1963. At his retirement in 2007, he was Associate Professor of Medicine at Weill Medical College of Cornell University, and a physician in Nuclear Medicine, Endocrinology and Clinical Medicine at Memorial Sloan-Kettering Cancer Center.

Dr. Yeh was one of the three cofounding physicians at the Chinatown Health Clinic along with Dr. John Li, and served as a volunteer physician for thirty eight years and later, on its board and foundation.

Dr. Yeh served as President of the Chinese American Medical Society in 1980. In his Presidential Address, he reviewed the recent history of medicine in China, the terrible deficiencies in the first half of the 20th century, the contributions of Chinese American physicians, the contributions of American physicians who brought back lessons for Western medicine, and urged all members to work together. Dr. Yeh received the CAMS Service Award in 1983, the Emily Dunning Barringer Award Gouverneur Hospital in 1990, CAMS Annual Scientific Award in 1993, and the CAMS Special Community Service Award in 1998, and was a leader in other medical organizations. His wife, Marion, was a devoted and tireless volunteer at many CAMS events. Dr. Yeh was the recipient of numerous lifetime achievement awards including the Distinguished Alumnus Award from the John Hopkins University Alumni Association (2016). A life long learner, even in retirement, he continued to take notes on the latest research in nuclear medicine and cancer research and attended the CAMS Annual Scientific Meetings through 2019.

He is survived by his beloved wife of sixty two years, Marion Huang Yeh, his 2 daughters and three grandchildren. Memorial contributions may be made to the Chinatown Health Clinic Foundation, New York City; the Church of the Epiphany, New York City or the organization of your choice.

Doctor Survey about Dementia Care

Researchers at NYU Langone Health are conducting a research study titled *Adapting the KAER Framework to Support Early Diagnosis and Treatment of Dementia in Asian Americans*. Dr. Stella Yi from the Department of Population Health at NYU Langone Health is the Principal Investigator.

The purpose of this study is to learn more about how you care for people living with memory loss. We ask about how people with memory disorders (such as dementia, or Alzheimer's) come to your attention. We are interested in whether you refer individuals and families between medical providers and community based organizations and how these connections might be made stronger. We are also interested in your opinions about the usability and acceptability of tools for community-based organizations might use to increase awareness and early detection of cognitive impairment and dementia in diverse Asian-American communities.

You are being invited to take part in this study because you are a healthcare provider serving Asian American (e.g. East, Southeast, and South Asian Americans) communities in New York City.

To be eligible, you must be:

- 1) Adult 18 years and over
- 2) Healthcare providers serving patients of Asian American ethnicity
- 3) Able and willing to provide consent

Participation in this study involves completing a one-time anonymous online survey. It will take about 15 minutes to complete the survey. Questions are asked about community-clinical referrals for cognitive impairment and dementia and to rate the usefulness of select provider materials.

Participation in this study is voluntary. You may choose not to participate or exit the survey at any time without penalty. You may skip any question you do not wish to answer for any reason. If you have any questions about this study, please contact the Program Manager for this study, Jennifer Zanowiak, at Jennifer.Zanowiak@nyulangone.org or 646-501-3502.

If you are interested in participating in this study, click on <https://redcap.link/bwpqweab>.

Study Information: Counseling for Chinese Cancer Patients

By Florence Lui, PhD

With my colleague and mentor Dr. Jennifer Leng, I have been working on a project to culturally adapt **Meaning-Centered Psychotherapy (MCP)**—a humanistic-existential counseling intervention first developed by Drs. William Breitbart and Shannon Poppito at Memorial Sloan-Kettering Cancer Center to improve quality of life in advanced cancer—for Chinese cancer patients. We have completed the first iteration of our adaptation and are now enrolling patients into a pilot trial. This has been both rewarding and challenging work. Below are a few themes and related questions that undertaking this project has raised. I hope these issues will resonate with CAMS members and would love to hear your responses and thoughts. I also hope you will consider referring those in your network (patients, family members, or friends) to participate in our study (see last paragraph for details).

Human beings crave and need meaning in our lives.

Mental health stigma in the Chinese community is real and pervasive

Caring for patients across or within cultures is rarely a one-size-fits-all proposition.

Patients may be eligible if they are:

- Over 18 years old
- Of Chinese descent
- Speak Mandarin
- Have advanced cancer of any type
- Reside in New York State

Patients may be able to join our study to receive specialized support and counseling. Your involvement will allow us to find ways to help Chinese patients cope with cancer. Study participants will receive a total of **\$100** for completing the study and will receive **6 free 60-minute counseling sessions**, delivered by videoconference or telephone by a trained psychologist.

For more information, please contact:

Miss Chloe Chan
Memorial Sloan-Kettering Cancer Center
(917) 692-9569



SAVE THE DATE
CAMS & CAIPA

NEW BEGINNINGS GALA
05.07.22 | PIER 60 CHELSEA PIERS

Check for our events : <https://camsociety.org/>