

ATLANTA AREA MULTIPLE MYELOMA SUPPORT GROUP, INC.

Northside Virtual MM Support Group

August 1, 2020

Introduction & News

Thank you to **Nancy B**, IMF Regional Director - Support Groups, who hosted the virtual meeting, with approximately 40 attendees. The meeting began with a guest speaker and then followed with an open discussion. We also welcomed **Carolyn T**, whose husband, **Peter** was recently diagnosed.

Guest Speaker

Thank you to **Stephanie Boyea** MS, RD, LD, Clinical Dietitian, at Hematology & Bone Marrow Transplant - Winship Cancer Institute of Emory University. Stephanie has worked with multiple myeloma (MM) patients at Winship for nine years. She met with us to discuss a nutritional approach for optimizing and protecting our immune system. Topics included diet, supplements, nutrition and COVID-19, and food safety.

The immune system is like law enforcement, with three lines of defense. First are surface barriers such as your skin and mucosal membranes. Next is the innate immune system, which is quick to respond, but to nothing specific or calculated. Finally, if the first two lines are not enough, the adaptive immune system steps in. This takes longer to occur because it is a much more calculated response. The immune system is a very complex network that consists of immune cells, proteins, receptors, antibodies, and organs that work together to defend, prevent, and limit infection, and to prevent long-term damage from harmful agents. While the immune system protects, it also causes inflammation, which is also harmful. The inflammatory response is a response to dietary and environmental toxins that produce free radicals. High levels of free radicals can lead to inflammation and oxidative stress and an imbalance with the antioxidants in your body, which help to combat the free radicals. Things that weaken the immune system include smoking, medications, age (decreased cell function), underlying medical conditions, pregnancy, malnutrition, and alcohol. The American Cancer Society is advising people not just to limit alcohol, but now discourages all alcohol consumption. Things that strengthen the immune system include adequate sleep, physical activity, stress management, and quality diet.

If we think of our immune system like a car engine, diet provides the fuel for our immune system, as gas provides the fuel for our car. If we put more gas in our car, it

does not make the car go faster or work more efficiently. So, just eating more does not help our immune system, rather it has to do with the long-term quality of the fuel that we're putting in our body. You can fuel your immune system with your diet, and the important factors that come into play include adequate energy, protein, and nutrient intake, minimizing inflammation, feeding the gut microbiome and hydration. An activated immune system increases the demand for energy. Things like infection, fever, wound healing, and inflammation increases demand, and the body meets this demand by diet and the body's reserves. If you're not consuming enough calories, you're not consuming enough energy to fuel the immune system. When humans are sick, we sometimes lose weight. This can occur not only because we are not eating enough but also because the body's immune system needs more energy during that time and will take it from your body's reserves if it is not available from your diet. It is important to remember that if you're losing weight regardless of whether it's intentional or unintentional, it will have an impact on the immune system which is also why slow weight loss (when intentional) is recommended.

It has been found that the Western diet which is high in sugar, trans fats, and saturated fats; and low in complex carbohydrates, fiber, micronutrients, anti-inflammatory nutrients (from fruits, vegetables, and whole grains), and omega-3s is a risk factor for metabolic-induced inflammation, which is a chronically activated innate immune system, leading to chronic inflammation. To avoid this chronic inflammation, we can change our diets to be plant-based and higher in antioxidants and anti-inflammatory agents by choosing a variety of vegetables, fruits, whole grains, beans, nuts, and seeds. The Mediterranean diet is a plant-based diet that also includes fish and healthy, plant-based fats and oils. This diet has been found to be associated with reduced risk of heart disease, cancer, Alzheimer's, and many inflammatory conditions. It is important to remember that plant-based diet does not mean a vegan diet or a vegetarian diet. It simply means that the majority of the diet plant-based, which is quite different from what the Western diet has become.

Protein is essential for building & repairing body tissue, and vital for fighting viral and bacterial infections. Inadequate dietary protein may lead to poor immunity. This is a reason why during treatment, you have probably been told to increase your protein. If the immune system can't get the protein it needs from your diet, then it looks to your body's reserves, and that's when we see muscle loss. The American Cancer Society and American Cancer Research encourages lean protein sources such as skinless chicken, lean beef, turkey, fish, beans, and soy, which are excellent protein sources that are low in saturated fat.

Gut health is very important for immunity. High fiber diets support gut microbes and help reduce inflammation. Most of the body's immune cells are in the intestine. Gut

microbes produce short chain fatty acids, which protect cells within the colon and which may help protect against inflammation throughout the entire body. So, it's important that we feed our gut well. Along with a high fiber diet, probiotics in foods containing good bacteria such as yogurt, kefir, kimchi, miso, tempeh, kombucha, and sauerkraut are beneficial. It's very interesting that these foods from around the world have been created to include these live organisms that are so beneficial for our body and that we've been using for centuries but not realizing how beneficial they are until fairly recently. Also important is prebiotics, which are non-digestible fibers that help feed good gut bacteria. Good prebiotic food sources are asparagus, bananas, garlic, onion, oats, beans, peas, and many others.

It is very important to stay hydrated always, and you've probably been reminded to stay hydrated especially during treatment. Hydration helps regulate body temperature and aids in eliminating bacteria. Studies have shown that when the body is dehydrated, the lymphatic system (tissues and organs that help the body get rid of unwanted substances), is less efficient. We need about 25 to 30 milliliters per kilogram of fluids daily. Signs of dehydration are dark yellow urine, thick saliva, dry mouth, dry eyes, and lack of skin elasticity. When you pinch your skin, it should snap right back. If you are dehydrated, your skin will stay pinched for more than a second when you release it. There are ways to stay hydrated beyond just drinking water. This is especially important if drinking the amount of necessary fluids is hard for you and interferes with getting the right amount of nutrition and calories. Some foods that are hydrating include soups, watermelon, cucumbers, canned fruit, shakes, smoothies, and oatmeal. For example, if you add half a cup of water to oatmeal that counts toward your fluid requirement. Anything that is liquid, at room temperature, and doesn't contain caffeine will hydrate. Also, clear sodas, juices, lemonade, sports drinks, popsicles, and jello can help with hydration. Try consuming half of your daily fluid requirements in the form of water and the other half in another form. Other tips for helping to stay hydrated are: carry a refillable water bottle, try flavored water, and use a reminder app such as Hydro Coach, WaterMinder, or Plant Nanny (there are many others).

Supplements are a popular topic. Some supplements that Stephanie hears about from patients in general that they take for immune health include Vitamins A, C, D, and E, Zinc, Selenium, Fish Oil, Mushrooms, Astragalus, Echinacea, Ginger, Garlic, Elderberry, Curcumin, and Probiotics. Some supplements that Stephanie hears about specifically from MM patients that they take for various reasons include Vitamins D and C, Zinc, Mushrooms, Glucosamine, Fish Oil, Astragalus, Echinacea, Garlic, Curcumin, Co-Q10, and Green tea.

Vitamin D is very popular right now. We are learning so much about it. It is a fat-soluble vitamin with sources from fish, egg yolk, fortified milk, and sunlight. Five to 30

minutes of sunlight between the hours of 10AM and 3PM, two times a week is sufficient for most people. Vitamin D is crucial to bone health and the recommended RDA is 600 IUs daily. A tolerable upper limit is 4,000 IUs but long-term intake at this dose can lead to hypercalcemia, which is elevated calcium levels in the blood, which is also sometimes seen when MM is progressing. It is important to have your primary care physician or your oncologist checking your vitamin D levels intermittently. Vitamin D in MM patients affects the bone's osteoclast activity and decreases pro-inflammatory cytokines. Cytokines are a protein released in the body as part of the immune response that causes inflammation. Studies suggest a higher rate of Vitamin D deficiency in MM patients and Vitamin D deficiency is found to be a predictor for poor overall survival in white patients, but not in African American patients.

Vitamin C plays a role in the growth and function of immune cells. Population data suggests that dietary intake of vitamin C is linked with reduced cancer risk and it may reduce cancer related mortality in men. Although dietary intake of Vitamin C is linked with reduced cancer risk, Vitamin C supplements do not appear to reduce cancer risk. The RDA for Vitamin C is 90 mg for men and 75 mg for women. Vitamin C food sources include citrus fruits, tomatoes, potatoes, and peppers. Certain populations that are at risk for vitamin C deficiency include anyone that smokes, people on dialysis, and anybody with an inadequate intake of fruits and vegetables. There are contraindications to Vitamin C including some chemotherapy, specifically Proteasome Inhibitors such as Velcade and Kyprolis, radiation, G6PD deficiency, excessive iron, and history of kidney stones. Stephanie encourages everyone to always talk with their medical team before supplementing.

Zinc is a mineral found in foods such as red meat, poultry, whole grains, beans, and nuts. Mild deficiency in Zinc has been associated with defects in immune response. Zinc has antiviral properties, so it is important to the immune system. Excess supplementation of Zinc can result in copper deficiency. A safe dose for Zinc is not to exceed 40 mg per day. When we see somebody with a Zinc deficiency, they usually present with typically decreased appetite, taste changes, and they may have a history of recurrent infections or prolonged infection. A study from 2018 with 34 Stage 1 MM patients all showed a significant decrease in Zinc levels compared to the control group. This may have to do with the increased oxidative stress and MM. When there is increased oxidative stress, there are not enough antioxidants in the body to help combat the free radicals or the inflammation.

Curcumin is the yellow pigment of the turmeric plant, commonly used for infection and inflammation, and is an antioxidant, anti-inflammatory, and cytotoxicity (cell death) for many cancer cell types, including MM. It may have synergistic effects when used in combination with an IMiD or Proteasome Inhibitor. Curcumin is not well absorbed

and consuming with fat and piperine can help absorption. There are contraindications to Curcumin including Revlimid and some forms of blood thinners.

We understand that obesity and diabetes are risk factors for developing severe cases of COVID-19. One theory is that high intake of saturated fats in high fat diets lead to chronic activation of the innate immune system, and leads to suppression of the adaptive immune system. The suppression of the adaptive immune system causes impairment of T and B-cell production and causes B-cell death. Low levels of T-cell and B-cell have been found in patients with severe cases of COVID-19. There are other interesting findings from studies of COVID-19 patients. Low Vitamin D levels appear to be an independent risk factor for COVID-19 infection and hospitalization. Some experts are suggesting supplementing 2,000 IUs of Vitamin D (vs. RDA of 600 IUs). There is currently no data to support Vitamin C supplementation, but some experts suggest supplementing with 200 mg of Vitamin C to prevent COVID-19 or 1-2gm daily at the onset of symptoms to aid in recovery. Vitamin K levels of COVID-19 patients were significantly reduced and associated with poor prognosis, but it is unknown if Vitamin K supplementation would improve outcomes. Be advised that in response to COVID-19, products are being marketed to boost immune function but there is currently no good evidence to support the prevention, treatment, or cure of COVID-19 or other viral infections. Nutritional recommendations related to COVID-19 include decrease intake of saturated fats and sugar, increase intakes of fiber, whole grains, unsaturated fats, fruits, vegetables, and fish. Also, request a Vitamin D level check and supplement appropriately. It also may be reasonable to take a Vitamin C supplement if you check with your medical team and do not have any contraindications for Vitamin C supplementation. Remember to supplement responsibly and always discuss your supplements with your entire medical team – physicians, pharmacists, and dieticians. Also, be aware of contraindications such as Vitamin C and Velcade, Green Tea and Velcade, and Turmeric, blood thinners, and Revlimid.

Obtaining food safely and keeping it safe is very important. Currently food handling and consumption have not been linked with COVID-19; however, it is always important to minimize food's exposure to bacteria. Ways to obtain groceries safely include: order online with pickup, order delivery. If you go into the store wear a mask, keep your distance, sanitize before, during, and after. For produce – only touch what you purchase, sanitize after touching, and rinse at home. After shopping immediately wash hands with soap and water for more than 20 seconds. Regularly disinfect kitchen counters and wash reusable grocery bags. Ways to obtain take-out and pick-up include having no-touch delivery, where service leaves food outside the door. There is low risk associated with COVID-19 being transferred from packaging, but always wash hands after handling packaging and avoid touching your face.

Foodborne illness or “food poisoning” is caused by bacteria, viruses, or parasites in the food you eat. To protect yourself, follow these five steps: Clean hands and surfaces often, don’t cross-contaminate, cook to safe temperatures, refrigerate promptly, and thaw properly. Additional information can be found at these websites.

www.fsis.usda.gov

<http://www.foodsafety.gov/>

<https://www.fda.gov/downloads/Food/FoodborneIllnessContaminants/UCM312761.pdf>

<https://foodsafety.ces.ncsu.edu/covid-19-resources/>

Stephanie answered questions for us as follows:

Q: How long should you keep leftovers? **A:** About 2-3 days. Also, when you reheat leftovers, you need to reheat to 165 degrees, to kill any bacteria. Also, after finishing the meal and letting it cool, you don't want to leave it out for more than two hours before refrigerating. Being in the refrigerator slows bacterial growth but does not prevent or eliminate it, and that is why you must reheat to 165 degrees.

Q: What is the proper way to thaw food? **A:** Thaw by running under cold running water or in the refrigerator. You can also thaw in the microwave and then cook immediately.

Q: What are your thoughts about taking Vitamin D2 versus Vitamin D3? What are the differences between the two? **A:** Vitamin D3 seems to be better absorbed and is slightly more like an active form of Vitamin D. It goes to the liver and then to the kidneys to activate.

Q: The multivitamins we use have 5000 UIs of D3. Is that too much? **A:** It may be appropriate for most people, especially in winter. There are lots of different opinions and approaches by doctors, and people absorb differently. If on that dose for more than 3 months, recommend having your levels checked by a doctor.

Q: How prepared are our primary care doctors or oncologists for discussing levels of Vitamin D to change dosages from 600 IUs to 2,000 IUs? **A:** It depends. Primary Care might be more prepared than oncologists. **Q:** When getting Vitamin D from the sun - what about sunscreen? Does that block it? **A:** You should get 5-30 minutes twice per week without sunscreen, exposing face, arms, and legs. **Q:** Can a blood test differentiate between your different levels of Vitamin D2 and D3? **A:** No, but a blood test can check the stored form and the active form of Vitamin D.

Q: What are the benefits of Vitamin B? **A:** There are many types of Vitamin B. Vitamin B6 and folate helps with growth of WBC. Vitamin B may help with peripheral neuropathy. Beware of taking too much, as taking too much can cause peripheral neuropathy. For immune help, take the RDA.

Updates & Discussion

Nancy asked if anyone has had a recent change in treatment. **Jim M.** spoke of significant changes in his health treatments. Currently his MM is in remission, and he has stopped MM treatment since he was diagnosed with colon cancer on June 23rd. Jim had emergency surgery and spent 3 nights in the hospital. This was caught early, and the cancer did not go through the colon wall and lymph nodes were clean. His symptoms started with pain in the afternoon and he thought he had appendicitis. He called his doctor and was told to go to the emergency room, and then by late night had emergency surgery. He warned everyone to not ignore gut pain or wait too long to have it checked. He is on a strict diet with no meat, chicken, or fish allowed. He recently had a DNA test and the results will help determine if he will need chemotherapy. Jim mentioned that he has been impressed with his doctors and they are working together. It is unknown if this secondary cancer is related to Revlimid use. **Dayo** is on Pomalyst and is very tired and asked for suggestions. **Libba** mentioned that when she was on Pomalyst she had to take a break from it because it wiped out her immune system. **Pamela** mentioned that she is preparing to start Pomalyst. Others mentioned that in general, you should always let your doctors know of side effects to drugs. They can help by lowering dosages, which can make big differences and help with your quality of life. **Jim** suggested tracking your side effects to address with your doctor. There is a myeloma tracker on myeloma.org. Track everything – diet, drugs, dosages, times, sleep, exercise, what you did and how you feel and ask doctors to help you feel better. **Gloria** mentioned that she has been experiencing diarrhea for 10 days. She contacted her primary care physician and a nurse sent her for a COVID-19 test, which was negative. Gloria wondered if she should notify her oncologist also. Others responded that she should notify her oncologist, but if not being treated, then going to the PCP is a good start. Gloria plans to discuss with her PCP again, since the issue continues. Someone mentioned that if you have diarrhea it can be due to a lot of different things. There is currently a Cyclospora outbreak in GA that is treated with antibiotics and found by a stool sample.

The meeting closed with a prayer from **Dana** and a reminder that we are all grateful for things that we can do today. Next month's meeting will be an open discussion and some research updates. Stay safe!

Submitted by Wendy R.

Everyone stay strong, stay safe, and stay home!

* * * * *

Southside Virtual MM Support Group

August 22, 2020

Next Meeting: Dr. Ajay Nooka (Invited). Dr. Nooka has ongoing laboratory (bench) research on multiple myeloma and African Americans and any differences there are between race/ethnic groups. Also, we will hear from **new members** and spend some time hearing from you about your own Myeloma journey. The question is “*What are two things you know now that you wish you had known – wish someone had told you about when you were going through it (lessons learned)?*” This question is for patients and caregivers alike. We will also review some myeloma highlights from the (virtual) 2020 annual ASCO (American Society of Clinical Oncology). Lastly, the **2020 Light the Night** (LLS) Campaign has just a few days left. Have you made your best efforts to participate?

Sharing good news. With COVID-19, social unrest, elections, and myeloma, we all have lots of negative stress. We asked folks to share some good news. **Vena** (with lung cancer and myeloma) was able to attend her **granddaughter’s wedding** -- socially distanced and CDC governed with masks: **Gloria** – was able to attend their **52nd continuous Family Reunion** celebration on July 17th – virtually. It occurred over 3 days, including karaoke and Sunday morning service, and was organized by technology capable young’uns. **Pat C.** was finally able to reach a human at IRS who could help her resolve a minor issue to receive her **\$1,200 stimulus check**. She wanted to share with others. That phone number is 1.800.919.9835.

Our guest speaker was a 17-year survivor and co-founder of the Northside Atlanta MM Support Group with Cathy, **Vinnie**. He was diagnosed in 2003 with smoldering myeloma. Since that time, Vinnie has taken Turmeric/curcumin to control his myeloma. Paulette remembered hearing him speak about his experiences back in 2009 when Gail was in the early stages of her myeloma and thought we should catch up with him and get updates. Thankfully, Vinnie accepted our invitation to share his experiences. Before we proceeded, and throughout, we emphasized that myeloma behaves differently in all of us and that these are Vinnie’s experiences. Others may have very different experiences.

Curcumin is the active ingredient of **turmeric** root. Curcumin is in very small quantities in the capsules of turmeric one might take (~2-3%), but curcumin provides the health benefits everyone is talking about. Some of those benefits include powerful anti-inflammatory properties and is a strong antioxidant. These are not FDA proven or regulated.

He attended weekend seminars to learn more about the disease and was seeking others with smoldering myeloma. He found a clinical trial at M.D. Anderson, cancer research institution/hospital in Houston, where they were using curcumin and its effectiveness in controlling smoldering or relapsed myeloma. He had a baseline bone marrow biopsy. He kept track of dosage and time of day for taking the curcumin. There was no funding for testing.

(SS) What is smoldering myeloma? Smoldering multiple myeloma (SMM) is an asymptomatic clonal plasma cell disorder. SMM is distinguished from monoclonal gammopathy of undetermined significance (MGUS) by a much higher risk of progression to multiple myeloma (MM). There have been major advances in the diagnosis, prognosis, and management of SMM in the last few years. These include a revised disease definition, identification of several new prognostic factors, a classification based on underlying cytogenetic changes, and new treatment options. Importantly, a subset of patients previously considered SMM is now reclassified as MM on the basis of biomarkers identifying patients with an $\geq 80\%$ risk of progression within 2 years. SMM has assumed greater significance on the basis of recent trials showing that early therapy can be potentially beneficial to patients. Studies in Iceland have shown that high

risk smoldering myeloma will probably advance to active myeloma in 18-24 months and should be treated. (Source: Rajkumar, S. V., Landgren, O., & Mateos, M. V. (2015). Smoldering multiple myeloma. *Blood*, 125(20), 3069–3075. <https://doi.org/10.1182/blood-2014-09-568899>).

Vinnie started curcumin with 1,000 mg and progressed to 3,000 mg taken three times a day. He watched his M-spike numbers decrease as curcumin dosage was increased. Curcumin should always be taken with piperine (black pepper) to help with absorption. Additionally, Vinnie was taking resveratrol (red wine abstract that is associated with heart health). There was no pharmaceutical money to support this study. There were no peer-reviewed publications with the results. There is a two-page handout which Vinnie will share with the group through Paulette.

Vinnie is a very focused, scientifically curious, and detail-oriented person, and has been involved and keeping impeccable notes throughout his journey with curcumin. He took curcumin before breakfast on an empty stomach, mid-day, and in the evening. He was also taking fish oil and flaxseed oil. For fish oil, 500 mg was the standard dosage from MD Anderson. When he found the clinical trial, enrollment was closed, so some of his participation was at his own expense and diligence. **GGM-What brand of Curcumin did you take?** Doctor's Best - <https://www.iherb.com/c/doctor-s-best> (note- Doctor's best was sold to a Chinese Company in 2016).

For those in the study who had relapsed, dosages of curcumin went up to 6,000 mg.

PMN- How often do you go to have your myeloma status monitored? Every 6 months to Kaiser. The SLiMCRAB criteria defines myeloma as 60% or more of plasma cells in the bone marrow as likely to progress to myeloma. Sheryl shared that she has used a seasoning for many years with curcumin on meats, poultry, fish, and vegetables. This is a very common ingredient used in East Indian recipes and curry dishes.

Nancy shared that her husband had 95% of his plasma cells engaged with myeloma—only 5 % normal cells. The Black Swan Initiative® includes smoldering myeloma studies in finding a cure for myeloma. **Sandy** was diagnosed in 1989 with smoldering myeloma based on an increase in her protein. She smoldered for about 5 years—until 1994, when her myeloma became active. **Alma** is currently a part of the CC220 Clinical Trial. One of the supplements she was instructed not to take among others, is turmeric.

Others reminded us of drug and supplement interactions of which we should be mindful. Green tea can reduce the effectiveness of Velcade if taken within 3-4 days of receiving drug; black cohosh recommended by primary care physician for female complaints should not be taken during the Clinical Trial; There are differing opinions among health professionals – pharmacists, physicians, nutritionists – about whether Vitamin D2 and D3 make a difference in how they work in our bodies. Vitamin D2 is more synthetic than D3. All Myeloma patients should know their Vitamin D levels. Just ask. Both myeloma and COVID-19 appear to have a positive correlation to normal Vitamin D levels.

Sheryl shared that her late husband was diagnosed in 2006. A bone marrow biopsy showed he had full-blown, fast progressing myeloma, with no evidence of smoldering.

Sheila was willing to share her myeloma journey with her husband Ulysses. In June 2019, there was a problem with kidney when the myeloma was noted. In October, he was on Revlimid-Kyprolis-Dex. They decided to wait until flu season was past to have the autologous stem cell transplant (ASCT), then COVID19 hit. They went forward with the ASCT during the pandemic at Emory Winship, and felt it was the right decision for them. Ulysses has p-deletion as a risk factor. He was hospitalized with no visitors allowed – which was great for them. He is in general good health, had no pain—no weakness. Post- transplant there was a change in his appetite, weight loss, with some weakness. Emory pushed the exercise, and he was willing to do the work. They were fortunate with supplies – had plenty of masks. Never a temperature. They requested an MRD (Minimal Residual Disease). Results showed MRD positive, meaning there was still

some disease present after the SCT. It informed next steps in treatment. They recommended Rev and Velcade as the next steps. Ulysses is working remotely – full-time-plus.

Sheryl, as a former caregiver offers a piece of advice to other caregivers. Please keep up your own health. Keep up your strength and mobility. Keep healthy. Walk – use the many videos available on Youtube.

Vinnie is now a part of a COVID-19, phase 3 Clinical Trial. He has never had COVID-19 but volunteered to be part of the solution. The study is sponsored by Pfizer and is one shot with a booster. Vinnie is truly one of our heroes in Clinical Trials. Thank you, Vinnie.

Light the Night. Only five weeks left (October 1). Please let others know what contributions the Leukemia and Lymphoma Society have made to you and others you know. There is no contribution that is too small and of course it is tax deductible. We can reach and surpass our goal of \$2,000 in this final push. Last year, we reached over \$3,500. Go to our fundraising page to show your support. **Checks** should have *Southside Atl MM Support* in subject line and can be mailed to: Leukemia and Lymphoma Society, P.O. Box 735317, Dallas, TX 75373-5317. Link:
<https://pages.lls.org/ltn/ga/Atlanta20/southsidemultiplemyelomasupportgroup>

ANNOUNCEMENTS/RESOURCES/UPCOMING MEETINGS

- **Vitamin D. for Myeloma** – for COVID-19. Get your Vitamin D levels checked. Watch Nutrition for immune system and inflammation. Also Zinc and Magnesium (AARP).
- **Study. African American Caregivers** over age 45. Brain Health & Alzheimer's. \$50 gift card. Saliva and finger prick blood samples from home. Taqiyya Alford Clinical Research Coordinator emory.ohicc@emory.edu. (404) 727-8421
- **Georgia CORE.** Seeking Members for Georgia Survivorship Advisory Council.
<https://www.georgiacancerinfo.org/cancer-news/georgia/gc3-survivorship-advocacy-council-looking-for-memb/714>
- **MMRF.** Groundbreaking Launch of Cure Cloud. Research initiative to use genome sequencing, capture data and get the right treatment at the right time – to get closer to precision medicine in the treatment of myeloma. Patients can get their own genome sequencing free of charge. Genomics are shared across cancers. <https://mmrfcurecloud.org/>
- **Please Vote.** AND Submit your **Census forms.**
- **Smart Patients.** Cover topics including medications, side effects, treatment options, Medicare & MM, personal experiences, Clinical Trials, and more. www.smartpatients.com

RESOURCES

1. Georgia COVID-19 Emotional Health -24/7 – 1.866.399.8938
2. Georgia Crisis/Access – Mental Health Line - 800.715.4225

Respectfully submitted, Gail