SWOG Latin America Initiative
NEWSLETTER
Strengthening Relationships for Latino Patients with Cancer
VOLUME FIVE | ISSUE ONE | WINTER 2026

SWOG CANCER RESEARCH NETWORK
THE HOPE FOUNDATION FOR CANCER RESEARCH

LETTER FROM THE SLAI COORDINATING TEAM

Dear Readers,

We are pleased to share the latest updates from the SWOG Latin America Initiative (SLAI). This fall, we hosted a dynamic and well-attended symposium during the SWOG Group Meeting, bringing together investigators from across Latin America and the United States. This symposium focused on breast cancer, an area of significant need and scientific opportunity in the region.

I had the fortune to be joined by Dr. Paula Cabrera, a leader in breast cancer in the region who serves as the SWOG principal investigator at our member site in Mexico, the *Instituto Nacional de Cancerología* (INCan), where she is also section chief of hematology and oncology.

Our symposium opened with Dr. Cabrera's overview of high-risk breast cancer in Latin America, highlighting emerging trends, gaps in care, and opportunities for meaningful research collaboration. This was followed by two presentations from SWOG experts. Dr. Lajos Pusztai, chair of the breast committee, outlined research opportunities within the NCTN network, emphasizing the value of international participation in shaping practice-changing clinical trials. Dr. Lynn Henry, co-chair of the symptom

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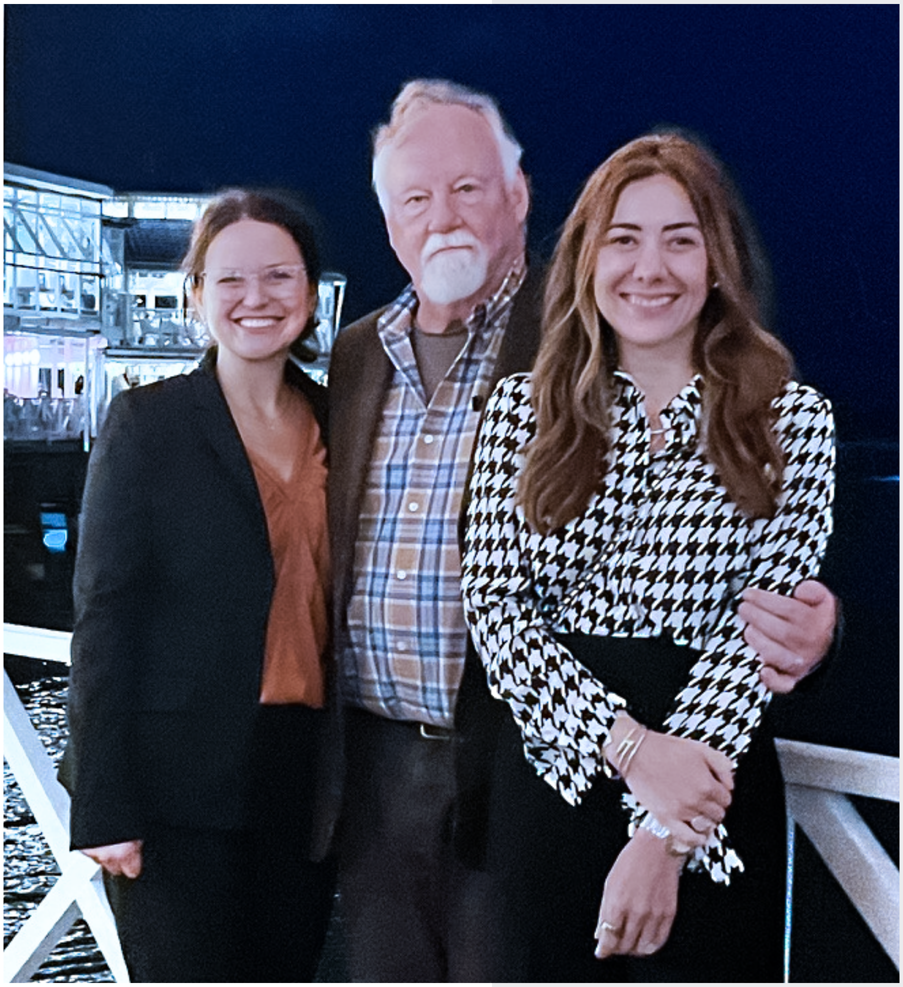
The SLAI Coordinating Team: Dacia Christin, MPH; John Crowley, PhD; Mariana Chávez Mac Gregor, MD



LETTER FROM PAGE 1

management and survivorship committee and longtime supporter of the SLAI, discussed NCORP's role in breast cancer research and how community-based networks can expand trial access.

These presentations led to a lively round-table discussion on current and future collaborative priorities, allowing SLAI investigators to share local experiences, challenges, and visions for impactful research leadership. As one outcome, the SWOG site in Chile identified capacity to participate in S2212, a trial already accruing in Mexico, expanding breast cancer research with the NCTN in the region.

The second portion of the symposium spotlighted SLAI sites and country-specific updates. Dr. Tatiana Vidaurre, the SWOG principal investigator at the *Instituto Nacional de Enfermedades Neoplásicas* (INEN) in Peru and breast cancer expert, provided an overview of SWOG activities at INEN. Updates from other SLAI sites followed, describing breast cancer patterns, clinical research capacity, and local patient needs. A unifying theme emerged: despite resource variability and regulatory hurdles, scientific enthusiasm and regional engagement remain strong.

We also appreciated participation from colleagues across other NCTN network groups. Dr. Shannon Puhalla from NRG and Stacy Reeves, an Alliance staff member, have been valued collaborators in supporting Latin American sites' participation in NRG-BR009, A012303, and A022101.

> Our symposium opened with Dr. Cabrera's overview of high-risk breast cancer in Latin America, highlighting emerging trends, gaps in care, and opportunities for meaningful research collaboration.

We are also pleased to report that after a two-month pause, SLAI sites reopened in early September once the NCI confirmed that these member institutions were not impacted in this grant cycle under new federal directives. This ensures the continuity of our mission and reinforces the value of Latin American participation within the NCTN. Scientific momentum continues across the region.

We also want to use this newsletter to recognize INCan for an important milestone: they have earned a seat on the SWOG Board of Governors—an achievement reserved for institutions that maintain an average annual accrual of 25 patients per year over three years. This milestone is particularly meaningful given the more limited number of protocols available to sites outside of the U.S., making sustained accrual a testament to the exceptional dedication of our research teams.

Beyond breast cancer, the SLAI continues to advance research collaborations across disease areas. Dr. Monty Pal serves now as the SWOG GU liaison for international accrual and is leading monthly meetings with SLAI's GU investigators to strengthen trial participation and strategy.

We hope you enjoy this newsletter, which highlights our activities, members, and initiatives. We extend our deepest thanks to every investigator, research coordinator, clinical team member, and institutional leader whose commitment makes this work possible. We are also grateful for the steadfast support of The Hope Foundation, SWOG leadership, and the SWOG Network Operations Center, whose partnership continues to drive meaningful progress.

Thank you for your continued interest in and support of the SLAI. We look forward to another productive year of collaboration and discovery.

Warm regards,

Mariana

Mariana and the SLAI Team

SLAI UPDATES

Even with challenges this year, SWOG staff and the SLAI sites have worked steadily to keep momentum—activating network group studies and continuing enrollment across the network.

As noted in previous newsletters, cooperative groups can add non-U.S. member sites to only a subset of the protocols available to U.S. sites. Despite having access to fewer protocols, international member sites are still expected to meet SWOG membership requirements, including maintaining an average accrual of 10 patients per year.

Within these constraints, SWOG makes every effort to expand protocol availability to Latin American member sites by inviting them to evaluate studies that may be feasible to open internationally. However, before non-U.S. member sites can be added, SWOG must coordinate internally to confirm there are no barriers related to legal agreements, data management, partners outside of SWOG, and more. Even for trials without network or NCI-level restrictions, adding international sites can take time as SWOG assesses its capacity to accommodate country-specific requests to make the trial more feasible outside of the U.S.

In parallel, each country operates within a distinct regulatory and clinical environment, and sites may encounter challenges to opening trials they initially believed were feasible. Lengthy regulatory timelines can delay activation—sometimes long enough that a trial closes before approvals are obtained. In other cases, changes in disease management practices, such as time windows for certain procedures or drug availability, can make a trial no longer viable.

A unique challenge this year noted in the "Letter to the Readers" on page 1, SWOG paused all accrual at non-U.S. member institutions for two months while the NCI ensured group memberships complied with current directives, and additional time was needed to fully resume operations in Latin America.

Despite these challenges, SLAI sites continued enrolling to open studies during the 10 months they were allowed to enroll and activated several new trials in 2025. In total, the SLAI sites accrued around 100 participants from January through mid-December of 2025!

As shown in the tables, ten studies are currently open in Latin America, with many more studies in the process of activation in the region. Most enrollments came from the *Instituto Nacional de Cancerología in Mexico* and the *Instituto Nacional de Enfermedades Neoplásicas* in Peru. Both institutions handily met SWOG's accrual goals for its member sites. The SLAI coordinating team recognizes the team effort from all the Latin American teams, the SWOG staff and investigators, and so many of our partners who make international scientific collaborations possible! Thank you!

STUDIES OPEN TO LOCAL ACCRUAL AT LATIN AMERICAN SWOG INSTITUTIONS IN 2025

STUDIES	DISEASE COMMITTEE	COUNTRIES
S1501	Palliative care	Peru
S1703	Cancer care delivery/Breast	Peru, Uruguay
S1802	GU	Chile, Colombia, Mexico
S1827	Lung	Chile, Colombia, Mexico
S2010	Symptom mgmt & survivorship	Peru, Mexico, Uruguay
S2104	GI	Mexico, Uruguay
S2212	Breast	Mexico
S2312	GU	Mexico
NRG-BR009	Breast	Chile, Colombia, Mexico, Uruguay
EA8134	GU	Mexico

STUDIES IN LOCAL ACTIVATION PROCESS AT LATIN AMERICAN SWOG INSTITUTIONS IN 2025

STUDIES	DISEASE COMMITTEE	COUNTRIES
S1501	Palliative care	Chile
S1703	Cancer care delivery/Breast	Chile
S2209*	Myeloma	Colombia
S2212	Breast	Chile
S2308**	Lymphoma	Colombia, Mexico, Peru
S2312	GU	Chile
A012303	Breast	Chile, Colombia, Mexico, Peru, Uruguay
A022101	GI	Chile, Colombia, Mexico
CCTG-PR269	GU	Chile, Colombia, Mexico, Uruguay
EA2185	GU	Peru
EA4232	Lymphoma	Colombia, Mexico
NRG-BR009	Breast	Peru

*Pending contract revision, expected by publication

**Pending protocol revision, expected by publication

> “Differences in access to care and clinical infrastructure influence treatment decisions and can shape research questions that matter to patients beyond one country.”

A LATIN AMERICAN PERSPECTIVE IN THE SWOG LEAP-D COURSE:

TRIAL DEVELOPMENT FOR DOSE OPTIMIZATION IN RENAL CELL CARCINOMA

My name is Dr. Regina Barragán-Carrillo, and I am a medical oncologist at the Instituto Nacional de Cancerología in Mexico, which is a member of SWOG. I was selected as the SWOG Latin America Initiative candidate for the 2025 SWOG Leadership and Project Development (LeaP-D) Course, formerly known as the Early-Stage Investigator Training Course. I completed a postdoctoral fellowship at City of Hope, where I met Dr. Sumanta “Monty” Pal, who encouraged me to apply and guided the early development of this proposal.

The proposal addresses a question relevant to care in resource-limited settings. In Mexico, most patients with metastatic clear cell renal cell carcinoma receive tyrosine kinase inhibitors in the first-line setting, and nivolumab is commonly used in the second line for immunotherapy-naïve disease. The study aims to evaluate whether a reduced fixed dose of nivolumab at 120 mg every two weeks can provide meaningful disease control where the standard 240 mg dose is often unaffordable or inconsistently available. Retrospective data from India and Latin America have reported activity with reduced dosing, although prospective evidence is limited. Early pharmacokinetic studies also demonstrated PD-1 receptor saturation at reduced dose levels and antitumor activity across a range of exposures, raising a practical

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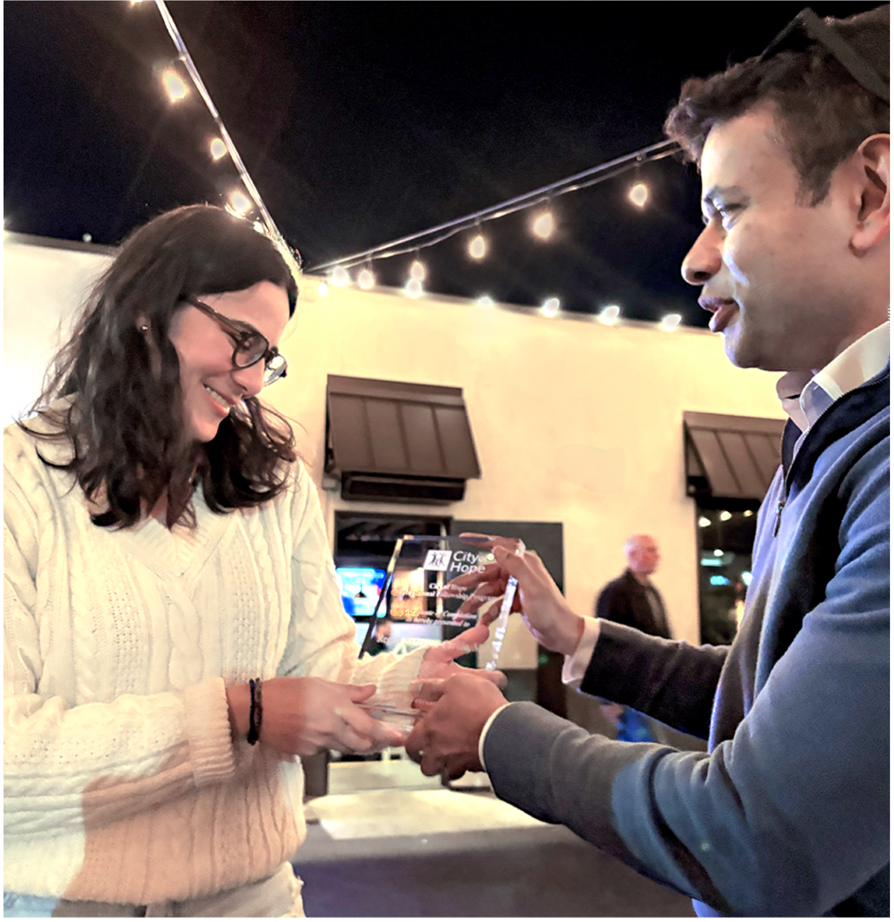
Drs. Regina Barragán and Sumanta “Monty” Pal



BARRAGÁN FROM PAGE 4

question about whether current dosing reflects biological necessity or historical convention. A lower-dose regimen, if effective, could provide a scalable option for health systems with limited access to immunotherapy.

The initial concept was developed with Dr. Pal, whose mentorship helped define the study objectives and refine the early version of the design. We began by identifying a clinical issue that is distinctive in Mexican patients with metastatic renal cell carcinoma and looked for a feasible intervention that could work within the structural context of the SLAI network. In discussions with Dr. Pal, we reviewed the specific barriers faced by Mexican patients, including the low proportion who receive immunotherapy, and identified a suitable niche for a dose-optimization strategy. The proposal was later presented to the genitourinary committee, which raised concerns about feasibility and accrual within a randomized design. This feedback informed the work completed during the course and contributed to a revised focus on pragmatic implementation across non-US participating sites. Statistical revisions were completed with guidance from Dr. John Crowley, who recommended shifting from a two-arm non-inferiority trial to a single-arm study evaluating four-month progression-free survival as a binary outcome. This approach reduced the expected sample size from approximately 360 to 67 participants and aligned the study with anticipated accrual. As of today, funding is under review by international organizations, as the proposed approach may reduce drug use and expand access to treatment for more patients.

Although SWOG is based in the US, the inclusion of investigators from other regions can help ask and answer treatment questions that might otherwise be missed. Differences in access to care and clinical infrastructure influence treatment decisions and can shape research questions that matter to patients beyond one country. This particular trial couldn't be funded through SWOG because it isn't feasible to run in the U.S., but SWOG's mentorship, committee input, and statistical guidance were still central to getting the design to a place where it could move forward. More broadly, sites outside the U.S. can also boost accrual for some network group trials that struggle to enroll domestically, helping the network complete high-priority studies and deliver practical guidance for patients everywhere.

TRIALS SHAPED BY A BROAD RANGE OF CLINICAL REALITIES TRAVEL FURTHER

WANT TO LEARN MORE?

Join us to learn more about the GU landscape in Latin America and collaborations with the GU committee at the SWOG Latin America Symposium on Friday, May 1, 2026 during the SWOG spring group meeting.

Unable to join in person? A virtual option will be available when group meeting registration opens in February 2026.

All SWOG members are invited!

> “SLAI sites will not only boost accrual, but also help ensure that the trial population reflects a representative patient population, increasing external validity of the results internationally.”
>
> — DR. MARC HOFFMANN, SWOG STUDY CHAMPION FOR EA4232

SWOG’s own Drs. Alex Herrera, Luis Malpica, and Marc Hoffmann at the GELL meeting in Cuenca, Ecuador, in November.

EA4232 BECOMES FIRST LYMPHOMA STUDY OPEN TO SLAI SITES

EA4232 marks an exciting milestone as the first lymphoma study approved for participation at some SLAI sites! This phase III trial will explore whether high-dose chemotherapy followed by autologous stem cell rescue can improve outcomes compared with observation alone in patients with peripheral T-cell lymphoma who achieve a complete response after initial treatment.

Bringing this study to the region took teamwork. One of the biggest hurdles was limited access to FACT accreditation, the gold-standard that confirms cellular therapy programs meet quality requirements for cellular therapy and cord blood banking. Because the accrediting organization cannot prioritize institutions in Latin America, Drs. Marc Hoffmann and Luis Malpica designed a survey to evaluate transplant practices and capabilities. The survey data were reviewed by members of the study committee, and appropriate SLAI sites were offered the opportunity to participate. Thanks to these efforts, Colombia and Mexico are working towards activation, and Peru may join at a later stage.

Momentum is building. At the Latin American Study Group of Lymphoproliferative Diseases *(Grupo de Estudio Latinoamericano de Linfoproliferativos [GELL])* meeting in Cuenca, Ecuador, November 14-15, 2025, Dr. Hoffmann introduced

CONTINUED ON PAGE 8

WANT TO LEARN MORE?

Please see an earlier article about GELL and the beginning of the discussions about collaborations in the SWOG lymphoma committee in [the summer 2024 edition of the SLAI Newsletter](#).

SWOG Latin America Initiative
NEWSLETTER
Strengthening Relationships for Latino Patients with Cancer
VOLUME THREE | ISSUE TWO | SUMMER 2024

SWOG
THE HOPE FOUNDATION FOR CANCER RESEARCH

LETTER FROM THE SWOG EXECUTIVE OFFICER FOR INTERNATIONAL AFFAIRS

Dear Readers,

As we reflect on the recent activities of the SWOG Latin America Initiative (SLAI), we are filled with gratitude for your continued interest and support. In this newsletter we are excited to highlight areas of current work, future plans, and give you a summary of the topics discussed during our SLAI spring symposium in Seattle.

This year’s symposium centered around a theme of profound importance: health resource utilization, costs, and financial toxicity in cancer care. The enthusiasm and engagement from our audience underscored the relevance of this topic, particularly for our members in Latin America. We were honored to have Dr. Federico Augustovski join us virtually from Argentina, shedding light on cancer care delivery in the region. Dr. Veena Shankaran’s exceptional summary of health resource utilization, equity, and financial toxicity in the US provided valuable insights. The symposium also featured Dr. Tatiana Vidaurre’s presentation on Peru’s National Cancer Control Plan and Dr. Scott Ramsey’s exploration of

Dr. Marianna Chavez Mac Gregor

“To further advance our field and make a meaningful impact on the millions of Hispanic patients in the US, it is crucial to develop more inclusive protocols that specifically address cancers relevant to Hispanic and other minority populations.”

tradition, we spotlighted one of our partner sites, this time celebrating our colleagues in Uruguay. In addition to finding information about some of the symposium themes in this newsletter, we encourage SWOG members to sign in to the SWOG website to watch the recording of the symposium on swog.org/spring-2024-group-meeting-recordings. This symposium was testament of the power of collaboration; we welcomed investigators from both local institutions and across Latin America, and the hybrid format allowed our international research teams to participate remotely in future events.

Beyond the symposium, we have been focusing our efforts on several fronts. A productive collaboration with GI committee leaders has led to the creation of a GI interest working group with representatives of Peru, Mexico, Chile, and Uruguay. We are particularly proud of Dr. Iván Lyra, whose concept received support to move forward. Dr. Lyra will further develop this promising idea during the SWOG early-stage investigator training course. We’re also expanding our research horizons beyond solid tumors. Under Dr. Luis Malpica’s leadership, we’re exploring the possibility of engaging in lymphoma

FROM CUBA TO URUGUAY:

MEET MIGDACELYS ARBOLAEZ, A PASSIONATE LEAD ONCOLOGY RESEARCH PROFESSIONAL FOR SWOG

When you meet Migdacelys Arbolaez, two things stand out: her calm precision and her deep passion for clinical research. Today she is the lead oncology research professional for the SWOG site in Montevideo, Uruguay—but her path began in Cuba more than 20 years ago.

Migdacelys trained as a *químico farmacéutico* (Bachelor in Pharmaceutical Sciences), a five-year program in Cuba. She didn't choose her first job: assignments were allocated based on academic ranking. One of the best options in her year of graduation was an opening in clinical trials. She chose it almost by chance, but it soon became a vocation. She found she loved research—especially clinical research.

In Cuba, she worked mainly on oncology trials, especially breast cancer, as part of a provincial monitoring team in Santa Clara, about 162 miles from Habana. Monitoring shaped her instinct for precision and rigor: she always looks for what is missing or inconsistent, operating by the rule "If it isn't written, it doesn't exist."

In 2020, just before COVID-19 lockdowns, she migrated with her family to Uruguay. For a time, it was unclear whether she would be able to return to clinical research. Then, in 2021, a contact forwarded her a teaching-and-coordination position linked to a single clinical trial at the Hospital de Clínicas, one of the SWOG sub-affiliate sites. She applied, was selected, and signed a two-year contract.

That role became a turning point. As her contract ended, the principal investigator recommended her to Dr. Mauricio Cuello, SWOG's country principal investigator and the hospital's academic director at the time, who was building a new clinical research unit at the hospital. She then became a foundational member of a structured unit capable of supporting multiple high-quality clinical trials, including SWOG studies.

She has since coordinated several NCI network group trials—

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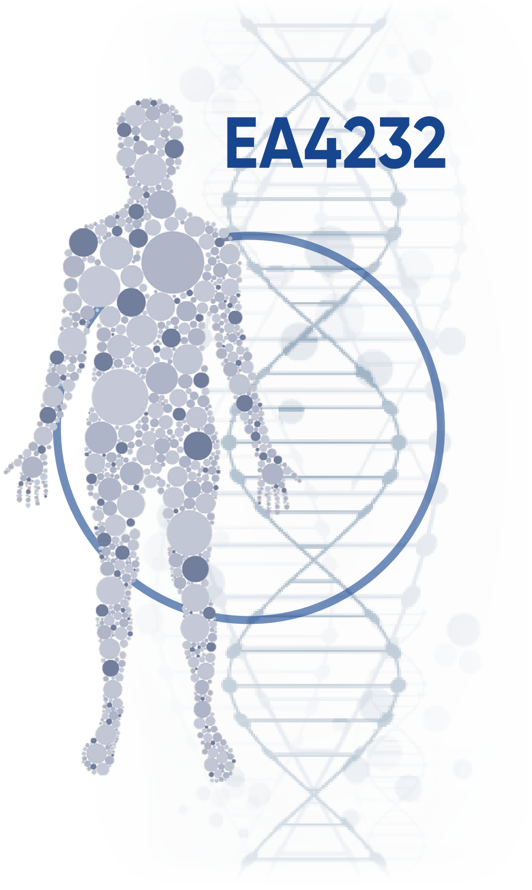
Migdacelys Arbolaez, SWOG lead oncology research professional in Uruguay

> For her, poor science is not necessarily a flawed protocol; a missed assessment or incorrect data point can distort results that patients and clinicians rely on.



EA4232 FROM PAGE 6

EA4232 to a group of Latin American hematologists—many from non-SWOG-affiliated sites. The response was positive, and several physicians plan to refer eligible patients to participating SWOG institutions. As Dr. Hoffmann put it, "SLAI sites will not only boost accrual, but also help ensure that the trial population reflects a representative patient population, increasing external validity of the results internationally."

Initiatives like this showcase the power of regional collaboration, and the type of support that can help deliver better outcomes for patients more quickly. We're grateful for Dr. Malpica's steady leadership, Dr. Hoffmann's engagement, and the Latin American physicians who are helping make this study possible.

And stay tuned: several additional hematologic cancer trials are nearing final approvals for SLAI participation. More to come in future editions!

ARBOLAEZ FROM PAGE 7

S1703, S2010, S2013, S2104, BR009—and additional regenerative medicine and cell therapy studies. Her Cuban experience, though mainly a paper-based system, translated seamlessly into Uruguay's electronic workflows, helping her manage complex operations, communicate with investigators, and navigate regulatory processes.

One anecdote she shares involves informed consent. Uruguay's approach to patient protection was new to her: multiple consent forms, frequent updates, and insistence on separate permissions for minor changes. In one SWOG study with optional biospecimen submission, no local patients agreed to participate, unlike in other Latin American sites where most agreed. For her, this underscores how each society perceives research and risk differently.

Migdacelys loves her role because it is, in her words, "very close to quality." She often cites a principle that marked her early training: "bad science is not ethical." For her, poor science is not necessarily a flawed protocol; a missed assessment or incorrect data point can distort results that patients and clinicians rely on. Whether she is reviewing a visit schedule, checking that an imaging study was ordered on time, or working through adverse event classifications with investigators, she sees each action as part of an ethical obligation to generate reliable evidence.

> Monitoring shaped her instinct for precision and rigor: she always looks for what is missing or inconsistent, operating by the rule "If it isn't written, it doesn't exist."

Her daily routine—handwritten task lists, aligning clinical visits with protocol schedules, coordinating evaluations, ensuring data entry, and tracking ethics submissions—reflects this ethic of precision.

Outside of work, she is a mother, partner, and new Montevideo homeowner. She and her husband recently bought an apartment near the Rambla, a lively pathway through Montevideo on the Rio de la Plata, where they now live with their two sons, aged three and thirteen. Weekdays are packed with commuting, homework, cooking, and bedtimes.

Personal downtime is rare; her dream indulgence involves quietly watching a series of her own choosing (and would not include *Paw Patrol!*). Still, she and her husband observe a Saturday-night ritual: once the children are asleep, they pause for a few hours and enjoy a film or conversation together.

Looking back, she says migrating meant starting over, but she acknowledges how fortunate she feels to not have had to abandon who she was professionally. Being able to continue in clinical research in Uruguay is something she describes with one word: gratitude. As long as she can contribute to ethical, high-quality trials, she is happy to keep doing exactly what she does now.

> “The *Club de la Mama* contributes to a need cancer systems often overlook: understanding the human and emotional component through the patient perspective.” — DR. TATIANA VIDAURRE

CLUB DE LA MAMA:

A SURVIVOR-LED BRIDGE BETWEEN CARE AND RESEARCH

On October 19, 2006, a small group of women gathered at Peru’s National Institute of Neoplastic Diseases (INEN) with a bold aspiration: no woman with cancer should face diagnosis and treatment alone. The moment coincided with “The Peruvian Week against Cancer” (*Semana Perú contra el Cáncer*) and a runway event called “Always Beautiful INEN” *(Siempre Bellas INEN)*, where patients and survivors walked to be celebrated in their cancer journey.

“Always Beautiful INEN,” an annual runway event organized by the *Club de la Mama*

Within this context, the *Club de la Mama* was born, Peru’s first structured peer-counseling initiative for patients with cancer. Although the club’s name translates as “Breast Cancer Club,” reflecting its origins, they support patients with all cancers. From the beginning, the club set out to offer emotional, educational, and social accompaniment led by volunteers who knew the cancer journey from the inside out.

The club’s founder, Dr. Tatiana Vidaurre, describes the idea as emerging from a place where medicine and personal history meet. Cancer had already shaped her family: her father died of the disease, and her mother survived breast cancer. In clinic, she felt the same gap. Treatment alone wasn’t enough. Patients needed reassurance, hope, and guidance from lived experience.

What began with about 20 women has become a national network and includes 17 chapters across Peru and more than 800 trained volunteers, largely survivors who return to accompany newly diagnosed patients through their fears, the side effects, and the practical hurdles of care. Members and former patients describe peer support as an emotional lifeline, a kind of credibility no brochure can provide. For Teresa Tenorio Alarcón, her advocacy lets her show others that “you can live well with cancer” and help others “change pain into love and hope.”

Importantly for clinical trial and

CONTINUED ON PAGE 10

CLUB DE LA MAMA FROM PAGE 9

outcomes researchers, the club's impact has been documented. In a qualitative study authored by Vidaurre *et al.* [1], members reported meaningful psychosocial gains: reduced anxiety and depression, increased self-esteem, and strengthened support networks. These outcomes aren't "soft." They shape adherence, retention, and the ability of patients to sustain long treatment paths, the conditions that allow clinical trials and standard therapies to succeed.

Volunteers accompany patients in the hospital, help them navigate paperwork, share practical strategies for treatment, and provide an emotional anchor. Luzmila Tincahuallpa Mesa, for example, supports patients arriving at INEN, located in Lima, from provinces without family nearby, helping them find their way through the system. Alongside this one-to-one support, the club runs empowerment and self-esteem workshops, nutrition and healthy-living activities, and broad prevention and education campaigns. It has also played a strategic role in moments of crisis—such as the COVID-19 pandemic—providing emotional and logistical continuity to minimize delays in cancer care.

Through its community activities, the club also brings to light real-world barriers—stigma, misinformation, and access challenges, particularly in rural and peripheral regions—creating valuable input for prevention research and policy design.

> What began with about 20 women has become a national network and includes 17 chapters across Peru and more than 800 trained volunteers, largely survivors who return to accompany newly diagnosed patients through their fears, the side effects, and the practical hurdles of care.

This is where the club's desire to partner with SWOG and research fits in. Vidaurre emphasizes that in the U.S., patient advocates are structurally embedded in cancer research: they review protocols, join committees, and are supported through formal resources and recognition. Peru can learn from that institutionalization, she says, by involving patient groups early in study design so research better reflects real needs. At the same time, she believes U.S. systems can learn from Peru's peer-counseling warmth and ability to build solidarity even with limited resources.

Practically, Vidaurre envisions training advocates in research basics—consent, patient rights, clinical pathways, and the essentials of trial participation—so they can support initial orientation and reduce confusion or fear. Collaboration grows, she notes, when both sides see mutual benefit: institutions offer training and partnership; advocacy groups bring trust, community reach, and lived expertise.

Vidaurre describes the club as filling a gap that cancer care infrastructure often under-addresses: understanding cancer's human and emotional component through patients' own voices. Looking forward, Vidaurre expects groups like *Club de la Mama* to become even more integrated into Peru's oncology infrastructure, not only as volunteers, but as a recognized complementary pillar of comprehensive care, prevention, and research. With its national footprint and survivor leadership, the club is already a bridge between specialized medicine and patient reality. The next step is to extend this into research: helping trials be more understandable, culturally grounded, and reachable for the patients they aim to serve.

Reference:

[1] Vidaurre-Rojas T, Carreño-Escobedo R, Navarro-Vasquez J, Castillo-Martell H, Bertani S. Harnessing sorority for breast cancer support: The INEN 'Club de la Mama' Experience in Peru. *Psycho-Oncologie* [Internet]. 2025 Sep 9 [cited 2025 Dec 8]; 19(3):4426. Available from: https://po.piscomed.com/index.php/PO/article/view/4426.

WANT TO LEARN MORE?

Sign into the SWOG website to view the full breast cancer discussion at the SWOG Latin America Symposium from Saturday, September 20, 2025, at the SWOG group meeting here: Fall 2025 SWOG Group Meeting Recordings

VOICES FROM VOLUNTEERS IN THE *CLUB DE LA MAMA* IN PERU

The *Club de Mama* is a patient-support organization in INEN, Peru (see article on previous page). Survivors and patients orient others on their cancer care journey, providing support, education and community. Here volunteers share how the club has changed their lives and those of the patients they serve.

THEY SUPPORT PATIENTS THROUGH:

- PATIENT SUPPORT
- EDUCATION
- WORKSHOPS
- SPECIAL EVENTS

We have a positive impact because we're patients too — we've felt the same pain they're feeling.
– ANA MARÍA PAYANO YNGA

I was diagnosed with uterine cancer in 2015 and was followed through 2018—treatment, chemo, radiotherapy, brachytherapy. Three people from the Club visited me; they gave me so much encouragement to keep going. That's why I decided to join the Club — out of gratitude. It's my turn to incentivize patients emotionally, spiritually in my second home — INEN.
– ANA MARÍA ADRIANZEN RAMOS

When a patient is sad, I approach them to give them a hug, full of love and hope.
– TERESA TENORIO ALARCÓN

Walking in Siempre Bellas (runway event for cancer patients) was beautiful. It really lifted my self-esteem.
– HEIDY LILIANA ALVARADO

Members of the *Club de la Mama* with Dr. Tatiana Vidaurre

I would like our work to be disseminated more on social networks so it touches more people who need it.
– HEIDY LILIANA ALVARADO

On days I don't work, I dedicate my time to supporting patients from 8am to 6pm. I support patients, give them things, and lead a workshop on Thursdays.
– TERESA LÓPEZ CASTILLO

I accompany patients, especially women who come from provinces without family support here.
– LUZMILA TINCAHUALLPA MESA