

CANCER

Cancer is when abnormal cells spread and may form tumors. If the spread is not controlled, cancer can invade other parts of the body and it can result in death. There are more than 100 different types of cancer. Most cancers are named for the organ in which they start. It is also important to know that not all cancers come from tumors. For example, leukemia is cancer in the bone marrow and blood. If detected early and treated, your rate of survival increases. Forms of cancer treatments include surgery, radiation, and chemotherapy.¹

Cancer occurs in all cultures, regardless of class, ethnicity, religion, gender identity or sexual orientation. Cancer may be the result of environmental factors such as chemicals, radiation, tobacco smoke, and viruses. Lifestyle choices can also be risk factors for cancer, such as alcohol and tobacco use, unprotected sun exposure, poor nutrition, and physical inactivity. For the Asian American, Native Hawaiian, and Pacific Islander communities, other factors like acculturation, poverty, access to education, low cancer screening rates, late diagnosis, and lack of culturally sensitive educational and prevention programs continue to have an affect on cancer incidence and death rates.

TONGAN AMERICANS

Tongans are the fourth most populous Pacific Islander group in the United States. According to the U.S. Census, 398,835 Native Hawaiians and other Pacific Islanders lived in the U.S. in 2000 and 27,713 were Tongan (alone). Tongans were relatively young with the median age of 23 years and lived with an average family size of 5. Approximately 73% of Tongans who were over the age of 5 spoke a language other than English at home. Only 65.3% of Tongans graduated from high school. While the total U.S. population median income was \$50,046, the median Tongan family income was \$46,261.² In 2000, there were an estimated 12,111 Tongans (alone) who lived in California which over half lived in the San Francisco Bay Area. Of those in California, approximately 44% were at the 200% of the federal poverty level.³ Utah had the second largest Tongan population with 6,500 Tongans.²

Due to recent history of Tongan migration to the U.S. from the independent nation of Tonga, there is little published

research regarding the Tongan community in the U.S. In the 1950s, Mormon, Catholic and Protestant missionaries were instrumental in encouraging Tongan immigration for educational and economic opportunities.⁵ Over the years, many Tongans settled in California, Hawai'i, and Utah, which have the largest Tongan populations.⁴

Family and church obligations played a central role in the daily lives and the building of community for Tongans. Tongan households are usually large and include many generations and relationships. Tongans have a concept "tauhi vaha'a," which means, "if I take care of you, you take care of me." This concept defines the important role of Tongan families helping each other. Tongans also are dedicated to the church, as it is the center for community interaction and provides an opportunity to meet and socialize with Tongan immigrants from other villages. Usually weekends are often filled with Tongan community and church activities.

Tongan (alone) Population in the U.S., U.S. Census, 2002² and 2006⁴

State	2000	2006
California	12,111	16,780
Utah	6,587	6,056*
Hawai'i	3,993	3,167
Texas	1,130	1,454
Total Tongans	27,713	36,666
Total Native Hawaiian and Other Pacific Islander	398,835	426,194

*2006 American Community Survey (ACS) did not have data on Utah. This is a 2005-2007 ACS population estimate for Utah.

CANCER AND THE HEALTHCARE SYSTEM

For immigrant communities, there are several barriers to receiving health care. It is important and relevant to observe poverty and income rates, education, and immigration status when trying to understand health care challenges affecting Tongan communities.

Information on the incidence and mortality rates among Pacific Islander women is nearly nonexistent. In fact, there are only a handful

of published studies on Tongans and disaggregated Tongan statistics. Recently, Miller et al (2008) reported on cancer incidence, mortality and stage distributions among Asians and Pacific Islanders residing in the U.S. and compared statistics with the non-Hispanic white population. These researchers searched through and disaggregated the Surveillance Epidemiology and End Results (SEER) data to find cancer statistics among the Tongans.

Cancer Incidence and Mortality in Tongans from 1998-2002⁶

	Incidence	Tongans	Non-Hispanic Whites	Mortality	Tongans	Non-Hispanic Whites
Male	All cancers	428.8	587.0	All cancers	-*	241.3
	Lung	107.0	89.2	Lung	-*	72.2
	Prostate	85.0	170.0	Prostate	-*	27.7
Female	All cancers	504.7	448.5	All cancers	-*	171.7
	Breast	118.0	27.8	Breast	-*	27.8
	Endometrium	91.2	26.0	Endometrium	-*	4.2

Rates are average annual per 100,000 age-adjusted to the 2000 U.S. standard population for the following SEER areas: Atlanta, Detroit, Seattle/Puget Sound; and the states of California, Connecticut, Hawai'i, Iowa, Kentucky, Louisiana, New Jersey, New Mexico, and Utah. *Rates are not available in SEER.

CANCER IN TONGAN MEN

Lung cancer prognosis is usually poor, with overall survival rates of about 16% at five years. It is the second most common cancer in both U.S. men and women.⁷ In fact, it is one of the top two cancers among Pacific Islander men. The diagnosis rate within the Tongan population is 107.0 per 100,000 compared to non-Hispanic white men at 89.2 per 100,000.⁶

Prostate cancer is one of the most prevalent types of cancer in men and it tends to develop in men over the age of 50. Unfortunately, many men never have symptoms and go undiagnosed until they are in an advanced stage of prostate cancer. The incidence of prostate cancer within the Tongan men is 85.0 per 100,000, which is half of the incident rate among non-Hispanic white population. Prostate cancer is one of the top cancers among Tongan men and 30% of the diagnoses were distant or at an advanced stage.⁶

CANCER IN TONGAN WOMEN

Breast cancer is the leading cancer for most female Asian American, Native Hawaiian, and Pacific Islander communities.⁶ For Tongan women, 118 per 100,000 are diagnosed with breast cancer. It is the second highest rate compared to three other Pacific Islander subgroups. Approximately, one third of the cases were diagnosed within the regional area of the breast, while over a third of the diagnoses were found at a distant or advanced stage.⁶

Endometrium cancer, which is also known as uterine cancer, forms in the lining of the uterus. It is usually found in women who are going through menopause. Incidence rates among Tongan women are astonishing: 91.2 per 100,000, which is the highest rate compared to 11 other Asian American, Native Hawaiian, and Pacific Islander subgroups and 26.0 per 100,000 non-Hispanic white women.⁶

SCREENING AND PREVENTION

Currently, Asian Americans, Native Hawaiians, and Pacific Islanders have lower cancer screening rates compared with non-Hispanic whites.¹ Cancer screenings can detect cancer early on before the disease advances and potentially help avoid serious complications and death. Besides screening, there are vaccines that prevent certain viruses, which can develop into cancer. Examples of available screening tests and vaccines include:

For Men and Women

- Fecal occult blood test (FOBT) for colon and rectum cancers
- Hepatitis B Virus (HBV) vaccine prevents HBV disease and liver cancer.

For Women

- Breast self and clinical exams
- Mammograms for breast cancer
- Pap smears tests for cervical cancer.

For Men

- Prostate specific-antigen (PSA) test for prostate cancer

Currently, there are only a couple of studies that concentrate on Tongans in California and their knowledge and perceptions of cancer. One of those studies looked at Tongan Americans' breast cancer knowledge, attitude and screening rates. Out of 303 Tongans surveyed, 25.7% ever had a clinical breast examination, 25.1% ever had a mammogram, and only 40.4% ever performed a breast self examination. As for having yearly clinical breast examinations and mammograms, only 12.9% of Tongan women had yearly clinical breast examinations and 10.2% had yearly mammograms. Barriers including cost, language, and lack of knowledge to screening were identified by Tongans.⁸

Another Tongan study looked at the perception, prevention, and causes of cancer. Tongans believed that there was little that they could do to prevent cancer, there was no cancer cure, and that cancer leads to an early death. Few Tongans did not know what caused cancer and others mentioned that heredity, weaknesses in the body, and smoking were causes of cancer. With the lack of knowledge about cancer and fatalistic view of cancer there is a strong indication that more cancer information needs to be disseminated to the Tongan community.⁹

Cultural views may become barriers for Tongans to participate in cancer screening. As a consequence, health care is often sought only when there are symptoms and not on preventative care. Language access and a culturally competent health care system are necessary to further promote healthy living, along with prevention and detection methods to all communities of color.

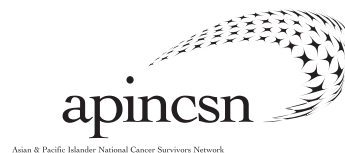
Prevention plays an important role in reducing cancer risk, as well as other chronic diseases such as diabetes, heart disease, and obesity. A diet rich in fruits and vegetables lowers the risk of getting cancers of the stomach, cervical, colon, and prostate. The prevention of obesity reduces the risk for many of the most common cancers, such as colon, postmenopausal breast, and uterine cancers. It is estimated that 20-30% of these cancers — some of the most common cancers in the United States — may be related to being overweight and/or lack of physical activity.

There are several ways to reduce cancer risk.

- Reduce and eliminate tobacco use
- Eat plenty of fruits and vegetables (2-8 Servings).
- Have a high fiber diet
- Increase physical activity
- Maintain a healthy weight
- Talk to your doctor about cancer and other chronic disease screenings.

For more information, contact:

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