

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 cancer is detected early and treated, the rate of survival increases. Forms of cancer treatments include surgery, radiation and chemotherapy.

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 community, 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 morbidity and mortality rates.

JAPANESE AMERICANS

According to the 2006 American Community Survey, there are about 829,767 Japanese alone that live in the U.S. Japanese Americans are one of the smallest Asian American ethnic groups as they only make up 6% of the Asian population in the U.S. Almost 40% of Japanese Americans entered the U.S. before 1990, while only 20% entered from 1990 to 1999 and 40% entered from 2000 or later. About 60.2% of Japanese are native in the U.S., 29.3% are not U.S. citizens, 10.4% are naturalized U.S. citizens and 39.7% are foreign born.¹ This adds a layer of complexity to health data, as some Japanese Americans and Japanese immigrants have differing years of residency in the U.S. Concentrations of Japanese are in big metropolitan cities in California, Hawai'i, New York, Washington, and Texas.¹

Population, 2006 Census	Japanese ¹
California	300,355 (36.2%)
Hawai'i	194,208 (23.4%)
New York	39,350 (4.7%)
Washington	38,628 (4.7%)
Texas	18,581 (2.2%)

As for English proficiency, 25.4 % of Japanese said they speak English less than "very well", and 54.5% said they spoke only English at home, as compared to 23.3% of Asians that speak only English at home.¹ The high English proficiency shows the distinct difference between Japanese Americans and other Asian Americans, in which many Japanese American

families have been in the U.S. for generations. The link between English language proficiency and educational attainment is clearer when you see that only 6.5% of Japanese has an education attainment of less than a high school diploma. In comparison to other Asian ethnicities such as Asian Indian (9.7%), Chinese (8.3%), Filipino (18.4%), Korean (8.8%), and Vietnamese (27.8%), this percentage is considerably lower.¹

Moreover, as compared Japanese Americans to other Asians (10.7%), the poverty rate is low among Japanese. In 2006, the poverty rate for Japanese and all ages was 9.1%, with a concerning 7.3% poverty rate for Japanese who are 65 and older.¹

Thus, it is important to study the Japanese American community differently than other Asian American groups. For example, their westernized living, dieting style and high awareness of importance of mammogram screening are associated with high breast cancer incidence rates in Japanese Americans. On the other hand, the high breast cancer incidence rate in other Asian American communities may be due to the language barriers and cultural taboos that stop them from getting mammogram screenings.²

PREVALENCE AND RISK FACTORS

For both men and women, cardiovascular disease is the leading cause of death for all racial groups in the U.S. except Asian Americans and Pacific Islanders, who have cancer as a leading cause of death.³ Furthermore, when data is disaggregated by subgroups within Asian American communities, different groups are more affected by certain cancers. Some important cancer facts for Japanese Americans include:

- As compared to the other Asian subgroups, Japanese men and women have the highest mortality rates for colorectal cancer.⁴
- As compared to the other Asian subgroups, Japanese women have the highest incidence rate for breast cancer.⁴
- In California, Japanese American men are less physically active and more overweight (BMI \geq 25) than four other Asian subgroups: Chinese, Filipino, Korean, and Vietnamese.²

Cancer Incidence and Mortality Rates in Japanese and Non-Hispanic Whites, 1998-2002*⁴

Incidence	Japanese	Non-Hispanic White	Mortality	Japanese	Non-Hispanic White
All Sites Males	422.4	587.0	All Sites Males	173.7	241.3
Prostate	115.0	170.0	Lung	39.5	72.2
Colorectum	75.9	65.6	Colorectum	25.8	24.6
Lung	49.8	89.2	Stomach	16.6	5.8
Stomach	29.3	9.9	Prostate	15.2	27.7
Bladder	22.9	43.0	Pancreas	12.2	12.6
All Sites Females	342.4	448.5	All Sites Females	117.0	171.7
Breast	126.5	145.2	Lung	19.7	44.5
Colorectum	51.9	47.6	Colorectum	15.3	17.3
Lung	24.7	59.0	Breast	15.1	27.8
Endometrium	20.4	26.0	Pancreas	10.6	9.5
Stomach	15.0	4.3	Stomach	10.2	2.8

* Rates are average annual per 100,000 age-adjusted to the 2000 U.S. standard population for the SEER areas: Atlanta, Detroit, Seattle/Puget Sound, CA (Los Angeles, Greater Bay Region, remainder of State), CT, HI, IA, KY, LA, NJ, NM, UT

CANCER AND JAPANESE MEN

Colorectal cancer is cancer that starts in either the colon or the rectum. Colorectal cancer incidence and mortality rates are the highest among Japanese Americans, compared to other Asian subgroups and non-Hispanic white men.⁴ In Japan, colorectal rates are far higher than in any other Asian country, which may reflect the change in the “Westernized” diet, lifestyle and work environment.²

Top 5 Cancer Incidences for Japanese American men in the U.S. from 1998-2002:⁴

1. Prostate
2. Colorectal
3. Lung
4. Stomach
5. Bladder

Stomach cancer is the fourth most common cancer worldwide in 2002. It is a disease with a high death rate (~800,000 per year) making it the second most common cause of cancer death worldwide after lung cancer. It is more common in men and in developing countries.⁵ A high intake of salt and nitrite/nitrate rich foods, such as cured meat and fish and pickled vegetables, may have a role in the high rates of stomach cancer.²

Stomach cancer killed 9.6 per 100,000 Asian American and Pacific Islander men a year, compared to non-Hispanic white men mortality rate of 4.5 per 100,000. Asian Americans on average have higher stomach rates than non-Hispanic whites.⁶ Japanese Americans men especially have the highest stomach cancer mortality rate

among all Asian American races except Korean American men.⁴ In addition, the high incidence rate of stomach cancer is not only common in Japanese Americans, but also very widespread in Japan at 3rd and 5th rank among men and women.²

Prostate cancer is cancer that starts in the male reproductive organ that helps to make and store seminal fluid. It is one of the most common types of cancer in men and it tends to develop in men over age of fifty. Many men never have symptoms and do not go through therapy.

The incidence of prostate cancer in the Asian American and Pacific Islander community is 89.7 per 100,000 as compared 145.3 per 100,000 of non-Hispanic white men.⁶ Although prostate cancer has higher incidence and mortality rate among non-Hispanic whites, it is still a major cause of death among Asian Americans and Pacific Islanders. Both Japanese and Filipino American men have the highest incidence and mortality rate within the Asian population, which is double the rate for Korean Americans' incidence and mortality rate.⁴ The cause of the prostate cancer is unknown, but a man's risk of developing prostate cancer is related to his age, genetics, race, diet, lifestyle, medications, and other factors.

CANCER AND JAPANESE WOMEN

Breast cancer incidence (126.5 per 100,000) and mortality (15.1 per 100,000) rates are quite high in Japanese American women as compared to other Asian American races. The rates are almost catching up with non-Hispanic whites rates.⁴ Asian women, who commonly have low breast cancer rates in their native countries, typically experience increasing breast cancer incidence after immigrating to the U.S. Issues such as westernized diet and having children later in ages are associated with increased risk of breast cancer.²

Top 5 Cancer Incidences for Japanese American women in the U.S. from 1998-2002:⁴

1. Breast
2. Colorectal
3. Lung
4. Endometrium
5. Stomach

Colorectal cancer is listed as second in incidence ranking within the Japanese community, but their incidence and mortality rates are the highest compared to other Asian American women.⁴ Research suggests that Japanese Americans have higher colorectal cancer rate due to a more westernized and acculturated lifestyle than other Asian ethnic groups.²

Endometrium cancer is a cancer that starts in the lining of the uterus (womb). Although the exact cause of endometrial cancer is unknown, increased levels of estrogen appear to play a role. Most cases of endometrial cancer occurs after menopause (between the ages of 60-70), but a few cases may occur before age 40. Among the Asian subgroups, Japanese Americans have the highest incidence of endometrium in the U.S. with 20.4 per 100,000 cases.

SCREENING AND PREVENTION

Currently, Asian Americans, Native Hawaiians and Pacific Islanders have lower cancer screening rates compared with Whites.² 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 that can develop into cancer.

Examples of available screening tests and vaccines include:

For Men and Women

- Fecal occult blood test (FOBT) for colorectal 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

Colorectal cancer is an important cancer to highlight due to the high rates within the Japanese community. Colorectal cancer is the second most common cancer for Japanese American men and women. A study in California showed that although screening rates among Japanese Americans are higher than most other Asian ethnic groups, the screening rates are quite low at only 48.1% for men and 53.8% for women.²

In California, all Asian subgroups, with the exception of Filipinos, fall significantly below the overall cervical cancer screening rate (86.2%), however the rates for Japanese women are somewhat higher than the other groups.⁷

Many Japanese women are very aware and proactive to get their mammogram. In California, they have the highest mammogram screening rate compared to non-Hispanic white and other Asian subgroups. Researchers suggest that Japanese women's higher mammogram screening rate may be associated with the higher breast cancer incidence rate.²

In addition, although Japanese Americans have higher education attainment, we cannot neglect that the cancer screening rate is 10% to 20% lower when examining Japanese patients with English proficiency versus Japanese patients with limited English. For example, in California, the rate of Japanese women who report a Pap test is lower for those with limited English proficiency (60.1%) versus those who are English proficient (78.7%).⁷

Besides language, cultural views may become barriers for Japanese to participate in cancer screening. Language access and a culturally competent health care system are necessary to further promote healthy living, along with risk reduction and detection methods to not just the Japanese community, but 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. The prevention of obesity reduces the risk for many of the most common cancers, such as colon, postmenopausal breast and uterine cancers. A diet rich in fruits and vegetables lowers the risk of getting cancers of the stomach, lung, colon and prostate. Also, with studies on the risky connection between salt-preserved and pickled foods and stomach cancer, it is recommended to not consume high amounts of those foods. It is estimated that 20 to 30 percent of these cancers—some of the most common cancers in the U.S.—may be related to being overweight and/or lack of physical activity.⁸

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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