APIAHF

Health Brief

ASIAN AMERICANS, NATIVE HAWAIIANS & PACIFIC ISLANDERS IN CALIFORNIA AND CANCER

CANCER

Cancer is defined as a group of related diseases characterized by out-of-control growth and spread of abnormal cells. If the spread is not controlled, abnormal cells may invade other parts of the body, and this can result in death. Cancer may be the result of external and internal factors. Environmental exposures include chemicals, radiation, tobacco smoke, and viruses. Some internal factors are hormones, immune conditions, and inherited genetic mutations. Lifestyle choices can also be risk factors for cancer, such as alcohol and tobacco use, certain sexual and reproductive practices, the use of exogenous estrogens, unprotected sun exposure, poor nutrition, and physical inactivity. Cancer is treated with surgery, radiation, chemotherapy, hormones and immunotherapy. Cancer can be cured is detected and treated promptly, and can be prevented by risk-reducing lifestyle changes (National Cancer Institute, 2007).

Cancer occurs in all cultures, regardless of class, ethnicity, religion, gender identity or sexual orientation. Factors such as acculturation, poverty, access to education, certain occupations, living conditions - including conditions where exposure to environmental toxins is most common, low cancer screening rates, late diagnosis, and lack of culturally sensitive educational and prevention programs continue to place a toll on the cancer morbidity and mortality rates for Asian Americans, Native Hawaiians and Pacific Islanders (AAs & NHPIs).

PREVALENCE AND RISK FACTORS

California has the greatest number of AAs & NHPIs living in the state, boasting of about 3.7 million (American Cancer Society, 2007). In California, cancer is the **second leading cause of death for AA & NHPI men** and the **number one leading cause of death for AA & NHPI women.** Moreover, a greater percentage of both AA & NHPI men and women die from cancer than any other ethnic group.

Lung cancer is the predominant cancer affecting AAs & NHPIs, and is the number one cause of cancer death for the overall AA & NHPI population (McCracken, 2007). Cigarette smoking is the most important risk factor for lung cancer. In the U.S., 80-90% of lung cancer deaths are due to smoking (CDC, Lung Cancer: Risk Factors). Other risk factors include second-hand smoke, exposure to occupational and/or environmental toxins, radiation exposure, air pollution and tuberculosis.

- **Vietnamese men and women have the highest incidence rate of lung cancer** compared to all other AA & NHPI subgroups (72.8/100,000 and 37.8/100,000, respectively), which can be attributed to the prevalence of smoking in this population.
- Although Filipino men have the second highest incidence rate of lung cancer, they have the highest mortality rate from this disease, which may be attributed to duration and intensity of smoking.
- Among cigarette smokers in California and Hawai'i, Native Hawaiians and other Polynesians are more susceptible to and have higher incidence rates of lung cancer (263.9/100,000) than Whites, Japanese Americans, and Latinos.

Prostate cancer is the most commonly diagnosed cancer among men of all AA & NHPI subgroups, and Filipino men have the highest incidence and death rates from this cancer of all AAs & NHPIs.

Although the types of cancers affecting AAs & NHPIs in California are the same for the rest of the country, both cancer incidence and death rates for the top cancer types are much higher for AA & NHPI Californians relative to the general U.S. AA & NHPI population.

Most Commonly Diagnosed Cancers for AAs & NHPIs in U.S. and California, 2004*

Cancer Types	Incidence		Death	
	U.S.	CA	U.S.	CA
Prostate	79.8	85.8	11.4	12.3
Female Breast	79.7	87.8	12.6	14.2
Lung & Bronchus	36.7	37.1	26.3	27.8
Colon & Rectum	36.4	38.0	11.2	13.0
Corpus & Uterus, NOS	15.6	16.3	-----	-----
Liver & IBD	13.5	15.0	10.2	11.6
Stomach	12.8	14.0	7.0	6.8
Non-Hodgkin Lymphoma	11.9	13.4	4.5	5.3
Ovary	8.7	9.8	4.6	4.9

*U.S. Cancer Statistics (USCS) Data, 2004

Incidence Rate (per 100,000) of Top Five Most Commonly Diagnosed Cancers in Females in California by Ethnic Group, 2000-2002*

Filipino	Japanese	Chinese	Vietnamese	Korean
Breast 102.4	Breast 102.8	Breast 75.1	Breast 55.5	Breast 50.7
Colon & Rectum 29.0	Colon & Rectum 50.2	Colon & Rectum 41.5	Lung 37.8	Colon & Rectum 33.1
Lung 25.5	Lung 22.8	Lung 29.8	Colon & Rectum 33.0	Stomach 27.5
Uterine & Cervix 8.5	Stomach 14.0	Stomach 10.2	Liver 15.8	Lung 26.1
Liver 5.4	Liver 8.1	Liver 7.6	Stomach 14.5	Liver 15.9

*California Cancer Registry, 2000-2002

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Incidence Rate (per 100,000) of Top Five Most Commonly Diagnosed Cancers in Males in California by Ethnic Group, 2000-2002*

Filipino	Japanese	Chinese	Vietnamese	Korean
Prostate 113.3	Prostate 103.7	Prostate 80.4	Lung 72.8	Colon & Rectum 57.8
Lung 71.9	Colon & Rectum 64.4	Lung 52.3	Liver 54.3	Lung 56.3
Colon & Rectum 48.4	Lung 41.1	Colon & Rectum 52.2	Prostate 65.4	Stomach 54.6
Liver 16.8	Stomach 27.0	Liver 23.3	Colon & Rectum 39.1	Prostate 51.0
Stomach 7.2	Liver 9.3	Stomach 18.3	Stomach 28.1	Liver 33.7

*California Cancer Registry, 2000-2002

NATIVE HAWAIIANS & PACIFIC ISLANDERS

According to U.S. Census data, about 100,000 Pacific Islanders reside in Southern California. Within this figure, Southern California is home to 17,885 Guamanians/Chamorros, and represents extremely underserved populations with regards to health and cancer care services. In the only study of Chamorros in Southern California, only 37% ever performed a breast self-exam, 93% ever had a clinical breast exam, and 77% ever had a mammogram (Tanjasiri et al., 2001). Southern California is also home to 5,012 Tongans. Tongans face considerable barriers to care (such as lower insurance coverage and higher language barriers), with baseline screening rates of only 40% for women who had ever performed BSE, 26% who had received CBE, and 25% who had obtained a mammogram (Tanjasiri et al., 2002). In a study with Tongans residing in San Mateo, California and Salt Lake City, Utah researchers also found that socioeconomic and environmental factors, including exposure to toxins in the environment and lack of insurance, affected cancer rates in this community (McMullin et al., 2008).

There continues to be a lack of current, published information about cancer in NHPI communities, including populations residing in the United States. Moreover, while California has the largest population of Native Hawaiians outside of Hawaii, minimal current health data on this population is available. Nevertheless, research groups and NHPI community organizations, including WINCART (Weaving an Islander Network for Cancer Awareness, Research and Training) and the Center for Cancer Disparities Research at Cal State Fullerton, are working to address cancer disparities in NHPI populations in California and throughout the nation.

CANCER AND AA & NHPI WOMEN

Asian American females are the first American population to experience cancer as the leading cause of death; it has been the number one killer of Asian American women since 1980 (AANCART). **Asian American women with breast cancer are more likely to receive a diagnosis at a later stage** and have larger tumors at diagnosis as compared to non-Hispanic White women in the U.S. (President's Advisory Commission on Asian Americans and Pacific Islanders, 2003). AA & NHPI women also have the second highest risk for cervical cancer in California (California Cancer Facts and Figures, 2001).

- Japanese women have the highest incidence rate of breast cancer while Filipino women have the highest mortality rate due to this cancer type. One factor that may contribute to the latter is the percentage of overweight Filipino women.
- Vietnamese women have the highest incidence and death rates for cervical cancer for all AAs & NHPIs, which may be associated with low rates of Pap test screenings.
- Korean women have the lowest screening rate for cervical cancer and the second highest incidence and mortality rates from the disease

CANCER AND THE HEALTH CARE SYSTEM

Cultural, linguistic, and provider barriers prevent many AAs & NHPIs from accessing the health care system. Other barriers suggested in a report by the Institute of Medicine may be due to the health seeking behaviors of patients and the health provider behavior in the clinical encounter (Hawaii Cancer Facts and Figures, 2003). In fact, the American Cancer Society has found that Asian Americans tend to see doctors as a last resort, lowering their chance of detecting cancer at its earliest stage (American Cancer Society, 2000).

Socioeconomic status is also a significant and common factor in cancer-related disparities seen among different racial/ethnic groups in the U.S. Native Hawaiians and Pacific Islanders are socio-economically disadvantaged and underserved in terms of access to health and social services, resulting in poorer health outcomes (Association of Asian Pacific Community Health Organizations, 2004).

- **The uninsured rate is 6% higher for AAs & NHPIs** as compared to Non-Hispanic Whites in California, which may be explained by differences in income, employment, and access to insurance programs. (AAPCHO, 2004)
- Per capita income for AAs & NHPIs is lower than Non-Hispanic Whites in California. Conversely, a larger proportion of AAs & NHPIs were in poverty compared to their Non-Hispanic White counterparts. Hmong and Cambodians have the lowest income at $5,263 and $8,534, respectively, and the highest poverty rates at 53% and 41%, respectively.

SCREENING AND PREVENTION

Screening reduces mortality both by decreasing incidence and by detecting a higher proportion of cancer at early and more treatable stages. Examples of available screening tests include breast self-exams, clinical breast exams, and mammograms for breast cancer, PSA test for prostate cancer, fecal occult blood test (FOBT) for colon and rectum cancers, and pap smear tests for cervical cancer. Also, the Hepatitis B Virus (HBV) vaccine prevents HBV disease and its serious consequences like liver cancer.

Minority women and women with low socioeconomic levels are significantly less likely to receive preventive care such as mammography and Pap test screening. A significantly greater proportion of higher-income Asian women (77%) reports having a Pap test within the last three years compared to lower-income Asian women (59%). Yet, even with among higher-income women, three-year Pap test rates for Asians (77%) and NHPI

women (78%) lag well behind other groups (Babey, 2003). **Overall, AA & NHPI women in California have the lowest rates of colorectal cancer screening, mammography and Pap utilization compared to all ethnic groups. AA & NHPI men have the lowest rates of colorectal cancer screening and PSA testing compared to their male counterparts in other ethnic communities.**

Another study looking at Pap smear use among minority women in California found that access factors, such as lack of a usual source of care of health insurance, are important barriers to cervical cancer screening. The study concluded that culturally sensitive interventions and educational campaigns that promote access to healthcare and screening awareness would have a positive impact on Pap smear use, especially among recent immigrants (De Alba et al., 2004).

RESOURCES

For more information on cancer in AA/NHPI communities, contact:

- American Cancer Society (ACS)
  800-227-2345, www.cancer.org
- Asian American Network for Cancer Awareness, Research, and Training (AANCART)
  (916) 734-1191, http://www.aancart.org/
- Asian Tobacco Education Cancer Awareness and Research (ATECAR)
  (215) 787-5434, http://www.temple.edu/cah/
- Cancer Information Services (CIS)
  (800) 422-6237; (800) 332-8616 (TTY) http://cis.nci.nih.gov/
- 'Imi Hale, Native Hawaiian Cancer Network
  (808) 597-6558, http://www.imihale.org/index.htm
- Intercultural Cancer Council (ICC)
  (713) 798-4617, www.iccnetwork.org
- National Cancer Institute (NCI)
  http://www.cancer.gov/
- Weaving an Islander Network for Cancer Awareness, Research and Training (WINCART)
  (714) 278-4592, http://wincart.fullerton.edu/
- **Asian & Pacific Islander National Cancer Survivors Network**
  Asian & Pacific Islander American Health Forum
  450 Sutter Street #600, San Francisco, CA 94108
  Tel: (415) 954-9988 Fax: (415) 954-9999
  Email: CDprogram@apiahf.org
  Website: www.apiahf.org/cancer.html

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