APIAHF
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM

FILIPINO AMERICANS & CANCER HEALTH BRIEF

CANCER

Cancer is a group of related diseases in which 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 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.

State	Filipino Population[2]
California	1,100,767
Hawai`i	182,767
New York	107,418
New Jersey	105,806
Texas	95,436
Florida	74,826

FILIPINO AMERICANS

According to the American Community Survey Reports in 2004, there are about 2,148,227 Filipino Americans that live in the United States, which is the second largest Asian ethnic group[2]. The majority of Filipino Americans reside in California and Hawai`i, but the Filipino population is increasing in various parts of the country.

The ability to speak English impacts access to health information, public services (i.e. Medicaid, Medicare, and State Children's Health Insurance Program), effective communication with providers, and the ability to understand and use medications properly. About 77% of Asians speak a language other than English at home[2]. *Filipinos also have a fairly low English proficiency rate of 21%*[3].

CANCER AND THE HEALTHCARE SYSTEM

Poverty and low- income have been connected to high rates of death and disease while higher income has been related with better health status. Low-income levels also affect health care coverage. Ten percent of non-elderly Filipinos have Medicaid or other type of public health insurance and 14% of non-elderly Filipinos are uninsured[4]. The lack of health care coverage is a barrier to preventive services, such as cancer screenings. Without health insurance, people cannot seek medical care. In a 2001 study, there were 42 uninsured participants and 11 of them were Filipino[5]. The uninsured poorly managed their chronic illnesses because they lacked the information and resources to help control their illnesses. Access to health care coverage is necessary in supporting quality of health.

PREVALENCE AND RISK FACTORS

For the Filipino community, colorectal cancer is considered to be one of the leading causes of cancer death[6]. Lung and stomach cancer also affect both Filipino men and women. Mortality rates are higher in Filipinos than in Whites for liver and stomach cancers[7]. This is because of low cancer screening rates and the adoption of Westernized diets and behaviors, which contribute to cancer risk among the Filipino community.

CANCER AND FILIPINO MEN

Colorectal Cancer is the third most common cancer type for Filipino men. Overall, the Filipino community has the lowest screening rates for colorectal cancer and also has the second poorest five-year survival rates for colon and rectal cancers of all U.S. ethnic groups (second to American Indians)[8].

Prostate Cancer is the most commonly diagnosed cancer among Asian American men and Filipino men have the highest incidence and death rates from this cancer[9]. Higher prevalence of prostate specific-antigen (PSA) testing is associated with higher incidence rates. The prevalence of PSA testing within the past year among Filipino men (46.1%) was intermediate among the Asian ethnic groups and lower than Whites (57.7%)[10].

Lung Cancer is another health problem affecting Filipino men, who have the second-highest incidence rate and the highest death rate from this disease among Asians[9]. The high mortality rate of Filipino men may be attributed to the duration and intensity of smoking. In California, 25% of Filipino men are current smokers, which exceed the state average of 19% for adult men[3].

Liver Cancer ranks fifth in morality and incidence for Filipino men among other Asian American and Pacific Islanders[11]. Filipino men have a much higher incidence rate of 17.2% compared to White men who have an incidence rate of 6.7%[3]. Filipino men also have a high morality rate from the disease (11.3%) than in White men (6.1%)[3].

Age-adjusted cancer rates (per 100,000) by Cancer Site* and Asian American Ethnic Group, California, 2000 to 2002**

Cancer Incidence

Filipino[12]	All Sites	Breast	Colon and Rectum	Lung	Prostate	Stomach	Liver	Uterine Cervix
Male	369.2		48.4	71.9*	113.3*	7.2	16.8	
Female	281.6	102.4*	29.0	25.5		5.0	5.4	8.5

*The 2 highest rates for each gender-specific cancer site among the Asian ethnic groups. **California Cancer Registry, 2000-2002

CANCER AND FILIPINO WOMEN

Breast Cancer for Filipino women is the second-highest cancer incidence rate of Asian American women. More importantly, Filipino women have the highest breast cancer death rate. One key factor that may contribute to this disease is the percentage of overweight women in the Filipino community, which is the highest of all the ethnic groups studied. Being overweight or obese is a risk factor for breast cancer after menopause[13]. There are 33.5% of Filipino women, who are overweight, which is higher than any other Asian ethnic group[14].

Colorectal Cancer is ranked to be the second most common cancer for Filipino women and only 25% of Filipino women reported colorectal cancer screening (blood stool test within the past 12 months or sigmoidoscopy/colonoscopy within the past five years)[10].

Lung Cancer is the leading cause of cancer death in most racial/ethnic groups[15]. There is an 18% incidence rate for lung cancer in Filipino women[7].

Liver Cancer is among the top five cancers in incidence among most Asian American and Pacific Islander groups. In a study conducted in the San Francisco Bay Area, incidence rates for liver cancer from 1990 to 2004 have not changed for the Filipino community[11]. The liver cancer incidence rate is higher for Filipino women (5.1%) compared to White women (2.6%)[3]. Overall, Filipinos have higher liver cancer mortality rates in comparison to Whites[7]. The mortality rate for Filipino women is 3.9% compared with White women who have a mortality rate of 2.7%[3].

Cervical Cancer incidence among Filipino women is higher than in Whites. Only 48% of Filipino women in Los Angeles reported cervical cancer screening the previous two years[10]. Factors that account for low rates of cervical cancer screenings are lack of access to care and lack of English proficiency.

Age-adjusted cancer rates (per 100,000) by Cancer Site* and Asian American Ethnic Group, California, 2000 to 2002**

Mortality

Filipino[12]	All Sites	Breast	Colon and Rectum	Lung	Prostate	Stomach	Liver	Uterine Cervix
Male	150.1		16.6	49.8*	15.5*	4.1	12.0	
Female	97.7	17.5*	9.3	17.5		3.2	4.2	3.1

* The 2 highest rates for each gender-specific cancer site among the Asian ethnic groups. **California Cancer Registry, 2000-2002

SCREENING AND PREVENTION

Cancer screenings can detect cancer early on before the disease advances. Cancer screenings also help to decrease mortality and incidence rates. There are vaccines that prevent 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, Asian Americans have lower cancer screening rates compared with Whites[16]. Uninsured Filipinos have a low rate of cancer screenings and in particular, uninsured Filipinas have one of the lowest rates for mammography[17].

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, lung, 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 to 30 percent 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[19].

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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REFERENCES

[1] Ponce, N., Tseng, W., Ong, P., Shek Y.L., Ortiz, S., & Gatchell, M. (2009) *The State of Asian American, Native Hawaiian and Pacific Islander Health in California Report.* Retrieved April 28, 2009 from University of California Asian American and Pacific Islander Policy MRP
Web site: http://www.aasc.ucla.edu/policy/State_AANHPI_Health.pdf

[2] U.S. Census Bureau (2006). Selected Population Profile in the United States. *American Community Survey.* Retrieved March 25, 2009 from Web site: http://factfinder.census.gov

[3] U.S. Census Bureau (2007, February). The American Community-Asians: 2004. *American Community Survey Reports.* Retrieved March 25, 2009 from,
Web site: http://www.census.gov/prod/2007pubs/acs-05.pdf

[4] Harle, M.T., Dela Cruz, R.F., Veloso, G., Rock J., Faulkner J., & Cohen, M.Z. (2007). The Experience of Filipino American Patients with Cancer. *Oncology Nursing Forum,* 34(6): 1170-1175.

[5] Becker, G. (2001). Effects of Being Uninsured on Ethnic Minorities' Management of Chronic Illness. *Western Journal of Medicine,* 175 (1): 19-23.

[6] Miller, B.A.& Kolonel, L.N. (1998). Racial/ Ethnic Patterns of Cancer in the United States, 1988-1992. National Cancer Institute (U.S.) Cancer Control Research Program. Bethesda, MD: U.S. Dept. of Health and Human Services, National Institutes of Health.

[7] Kagawa-Singer M., Pourat N., Breen N., Coughlin S., McLean T.A., McNeel T.S.,& Ponce N.A. (2007). Breast and Cervical Cancer Screening Rates of Subgroups of Asian-American Women in California. *Medical Care Research and Review,* (6):706-730.

[8] The Henry J. Kaiser Family Foundation (2008). Health Coverage and Access to Care Among Asian Americans, Native Hawaiians and Pacific Islanders. *Race/ Ethnicity Heath Care Program* Retrieved March 18, 2009 from,
Web site: http://www.kff.org/minorityhealth/upload/7745.pdf

[9] American Cancer Society (2007). Cancer Hits US Asian Groups Differently. Retrieved March 25, 2009 from American Cancer Society, Web site: http://www.cancer.org/docroot/NWS/content/NWS_1_1x_Cancer_Hits_US_Asian_Groups_Differently.asp

[10] McCracken, M., Olsen, M., Chen, M.S., Jemal, A., Thun, M., Cokkinides, V., Deapen, D., & Ward, E. (2007). Cancer Incidence, Mortality, and Associated Risk Factors Among Asian Americans of Chinese, Filipino, Vietnamese, Korean, and Japanese Ethnicities. *American Cancer Society Journal CA: A Cancer Journal for Clinicians,* 57:190-205. Retrieved February 25, 2009 from Web site: http://caonline.amcancersoc.org/cgi/content/abstract/57/4/190

[11] Chang, E.T., Keegan, T.H., Gomez, S.L., Le, G.M., Clarke, C.A., So, S.K., & Glaser, S.L. (2007). The Burden of Liver Cancer in Asians and Pacific Islanders in the Greater San Francisco Bay Area, 1990 Through 2004. *American Cancer Society,* 109 (10): 2100-2108.

[12] Cockburn M, Deapen D. (2005). California cancer incidence and mortality data by Asian ethnic groups, California Cancer Registry, 2000–2002, in American Cancer Society (ed). Analysis of CCR Data by Asian American Ethnicity for Years 2000–02. Los Angeles, CA: Los Angeles Cancer Surveillance Program, University of Southern California.

[13] American Cancer Society (2009). *What Are the Risk Factors for Breast Cancer?* Retrieved March 25, 2009 from American Cancer Society
Web site: http://www.cancer.org/docroot/CRI/content/CRI_2_4_2X_What_are_the_risk_factors_for_breast_cancer_5.asp

[14] Miller, B.A., Chu, K.C., Hankey, B.F., & Ries, L.A. (2008). Cancer Incidence and Mortality Patterns Among Specific Asian and Pacific Islander Populations in the U.S. *Cancer Causes Control,* 19 (3): 227-256.

[15] National Cancer Institute (2008). *Cancer Trends Progress Report-2007 Update: Fruit and Vegetable Consumption.* Retrieved March 18, 2009 from
Web site: http://progressreport.cancer.gov/doc_detail.asp?pid=1&did=2007&chid=71&coid=707&mid=

[16] Maxwell, A.E., Bastani, R. & Warda U.S. (2000). Demographic Predictors of Cancer Screening Among Filipino and Korean immigrants in the United States. *American Journal of Preventative Medicine,* 18 (1), 62-68.

[17] Kandula, N.R., Wen, M., Jacobs, E.A., & Lauderdale, D.S. (2006). Low Rates of Colorectal, Cervical, and Breast Cancer Screening in Asian Americans Compared With Non-Hispanic Whites Cultural Influences or Access to Care? *American Cancer Society,* 107 (1): 184-192.

[18] National Cancer Institute (2008). *Cancer Trends Progress Report-2007 Update: Weight.* Retrieved March 18, 2009 from Web site: http://progressreport.cancer.gov/doc_detail.asp?pid=1&did=2007&chid=71&coid=709&mid=

[19] National Cancer Institute (2007). *What is Cancer?* Retrieved March 25, 2009 from,
Web site: http://www.cancer.gov/cancertopics/what-is-cancer.