

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.

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 the lack of culturally sensitive educational and prevention programs continue to have an effect on cancer incidence and death rates.

Samoan Americans

According to the 2006 American Community Survey, there are currently 73,385 Samoans alone living in the United States. This makes Samoans the second largest Native Hawaiian and Pacific Islander (NHPI) group, comprising 17% of the total NHPI population. In the periods following 1990, 22.5% entered America from 1990-1999 and 24.7% after 2000. Today, high concentrations of Samoans reside in California and Hawai'i. About 85% of Samoans are native to America, 15.3% are foreign born, 9% are naturalized U.S. citizens, and 6.4% are non-U.S. citizens.¹

Language access remains a major issue for Samoans. The U.S. Census Bureau reports that approximately 18.2% of Samoans speak English less than "very well."¹ Therefore, cancer remains a poorly understood topic by the Samoan population.

The U.S. Census Bureau also shows that only 6.8% of Samoans managed to attain a bachelor's degree and an even smaller percentage of Samoans (4%) managed to receive a graduate or professional degree.¹ As a result, lower statistics of higher education cause the misunderstanding of various topics, including diseases.

High poverty rates continue to deny Samoans equal access to healthcare. The poverty rate for all Samoan families is 18.9%. This percentage is a little less than double the total poverty rate for all American families (9.8%).¹

Cancer and the Healthcare System

Cancer is the leading cause of death for Samoans in the United States (Tanjasi, 2006).² The diagnosis of the disease is made at younger ages and in more advanced stages in American

Samoans than in non-Latino Whites.³ The leading five cancers in Samoan men occur in the prostate, lung, liver, stomach, and colorectum. The leading five cancers in Samoan women occur in the breast, endometrium, lung, colorectum, and cervix uteri.⁴

Cancer Incidence Rates in Samoan Men, 1998-2002 (Table 1.1)

| | |
|-------------|-------|
| All cancers | 566.7 |
| Prostate | 144.1 |
| Lung | 111.9 |
| Liver | 54.5 |
| Stomach | 53.0 |
| Colorectum | 43.1 |

Cancer Incidence Rate in Chinese Women, 1998-2002 (Table 1.2)

| | |
|--------------|-------|
| All cancers | 472.0 |
| Breast | 102.5 |
| Endometrium | 66.1 |
| Lung | 56.9 |
| Colorectum | 38.6 |
| Cervix Uteri | 18.1 |

*Data from "Cancer and mortality patterns among specific Asian and Pacific Islander populations in the U.S.", By: Barry A. Miller, Kenneth C. Chu, Benjamin F. Hankey, Lynn A.G. Ries⁴

There is not a lot of research available on Samoans and specific cancers, but one particular study reveals the importance of examining the influence of cultural views on the health of the people. According to this study, disease prevention and self-care are not fundamental aspects of the Samoan culture and therefore affects the high incidence rates within the population. *Fa'aSamoa* (the Samoan way of life) is a vital constituent of the Samoan people. In addition to the aforementioned disparities--poor language skills, education, and socioeconomic statuses--modesty and pride are also characteristic of the group and actually inhibit people from being screened for cancer. Since Samoans are modest, they are often reluctant to share personal information with their doctors.⁵ Additionally, since strength is demonstrated by a high tolerance for pain, going to the doctor is considered weak. Therefore, pride is another obstruction to their good health.⁶ As a result, prostate and breast cancer are the leading cancers for men and women.⁴

Within *fa'aSamoa*, *matai* (chiefs) and *faiifeau* (pastors) are two central figures that maintain great influence on the people. A study found that Samoan church goers were unfamiliar with the benefits of early screening, but willing to learn more about it if education incorporated *fa'aSamoa* and was performed by a pastor.⁷ A Samoan man states,

*"The problem with getting people to seek treatment is that they need to be told by someone of authority and respect like a pastor or chief before they even consider going. Otherwise, they will do what they please until it becomes too late. This has been the mode of operation of our people."*⁵

If researchers and health experts could find a way to include these governing leaders in cancer control programs, they could change this "mode of operation" and, in turn, teach Samoans how to govern their own health. Such a transition would reduce cancer incidence rates drastically.

The American Samoa Community Cancer Network identifies a few other approaches to lowering incidence and mortality rates in the Samoan population:

- Establish a network infrastructure with partnering agencies
- Foster and facilitate cancer education programs to increase cancer awareness
- Create programs and opportunities to develop Samoan researchers
- Increase the number of research grants addressing cancer in American Samoa
- Establish a culturally-appropriate process to support scientifically rigorous research that is respectful of American Samoan cultural beliefs, practices, and customs.⁸

Screening and Prevention

Currently, Asian Americans, Native Hawaiians, and Pacific Islanders have lower cancer screening rates compared with non-Hispanic whites.⁹ 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.

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

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
- Apply sunscreen/sunblock
- Talk to your doctor about cancer and other chronic disease screenings

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References

1. U.S. Census Bureau, American Fact Finder: 2006 American Community Survey. Accessed January 12, 2010. <http://factfinder.census.gov>
2. **Tanjasiri (ask Dorothy for Reference)!**
3. Mishra SI, Luce-Aoelua P, Wilkens LR. Cancer among American Samoans: site specific incidence in California and Hawaii. *Intl. Journal of Epidemiology*. 1996;24:713–721
4. 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.
5. Seumaninoa Puaina, BS, Daniel F. Aga, MEd, DPA, Daniel Pouesi, and F. Allan Hubbell, MD, MSPH. Impact of traditional Samoan lifestyle (*fa'Samoa*) on cancer screening practices. *Cancer Detect Prev*. 2008; 32: S23-S28.
6. McPhearson C, McPhearson L. *Samoan medical beliefs and practice*. Auckland, New Zealand: Auckland University Press; 1990.
7. Aitaoto, Nia , Braun, Kathryn L. , Dang, Ka'ohimanu L. and So'a (lei) , Tugalei (2007) 'Cultural Considerations in Developing Church-Based Programs to Reduce Cancer Health Disparities Among Samoans', *Ethnicity & Health*, 12: 4, 381 — 400
8. National Cancer Institute. *American Samoa Community Cancer Network*. Accessed January 12, 2010. <http://crchd.cancer.gov/cnp/pi-tofaeono-abstract.html>
9. Ponce, N. Tseng, W., Ong, P., Shek Y.L., Ortiz, S. and 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 and Pacific Islander Policy MRP Web site: www.aasc.ucla.edu/policy/State_AANHPI_Health.pdf.