

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 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 incidence and death rates.

KOREAN AMERICANS

According to the American Community Survey conducted in 2005, there are approximately 1.4 million Korean Americans living in the United States, making them the fourth largest Asian American group. The majority of Korean Americans reside in California, New York, New Jersey, Illinois, Washington, and Texas.²

Korean Population in the United States, U.S. Census, 2000

State	Korean population
California	345,882
New York	119,846
New Jersey	65,349
Illinois	51,453
Washington	46,880
Texas	45,571
Other 44 states	401,891

The first Korean immigrants arrived in Hawai`i between 1903 and 1905 and worked as plantation laborers. Some 7,000 South Koreans immigrated during this time. Between 1924 and 1945, no immigrants were admitted, but there were approximately 10,000 Koreans living in Hawai`i and California. After the Korean War, there was a second wave of immigration, which peaked in the 1980s. Korean immigration to the U.S. has been increasing slowly since then.³ Korean immigrants tend to own small businesses and thus are self-employed; they are two times more likely to be self-employed than the national average.²

CANCER AND THE HEALTH CARE SYSTEM

For immigrant communities, there are several barriers to receiving health care. It is important and relevant to observe poverty and income rates, English proficiency, education, and immigration status when trying to understand health care challenges affecting Asian American communities. As a result of having self-owned small businesses and the high costs of health insurance, many Korean Americans are uninsured. The New York City Immigrant Health Report states that Koreans have among the highest uninsured rates, with 37% of all Koreans in New York City having no type of health insurance coverage.⁴ The lack of health care coverage is a barrier to preventive services, such as cancer screenings, and in seeking medical care. Moreover, over half of the Korean respondents to the Community Health Needs and Resource Assessment (CHNRA) were on some type of public health insurance, such as Medicaid, Medicare, Family Health Plus, or Prenatal Care Assistance Program.³

Poverty and low-income have been connected to high rates of death and disease while higher income has been related with better health status. In the U.S., 14.8% of Korean Americans are living in poverty.⁵ In California, Korean Americans have median family incomes more than \$10,000 below the median value for Asians combined. The ability to speak English impacts access to health information, public services (e.g. Medicaid, Medicare, and State Children's Health Insurance Program), effective communication with providers, and the capacity to understand and use medications properly. About 77% of Asian Americans speak a language other than English at home. About 78% of Korean immigrants are foreign-born and half the population has limited facility with English.⁶ Respondents from the CHNRA were more likely to learn about health information from media sources such as the internet (34%) and newspapers (32%) versus their health care provider (28%) — and English language proficiency may be a contributing factor for this. Access to health care coverage and culturally competent care are necessary in supporting quality of health.³

PREVALENCE AND RISK FACTORS

Compared to the general American population, cancers among Korean Americans are relatively uncommon; however, cancer was identified as a top health concern by respondents to the Korean CHNRA (59%).³

A report by the state of California collecting data on cancer cases from 2000 to 2002 found that Koreans have the highest rate of stomach cancer among the five largest Asian groups (Chinese, Filipino, Vietnamese, Japanese) as well as non-Hispanic Whites. The unusually high rate of stomach cancer may be related to the traditional dietary patterns in Korea, which include consumption of foods that are highly salted and rich in nitrites/nitrates, and the high affliction of the *Helicobacter pylori* virus among the population. Liver cancer incidence and death rates among Koreans residing in California are the highest of all the Asian ethnic groups in females and the second highest in males. This may be due to a high prevalence of hepatitis B infection in the Korean population. Koreans in California also have the highest proportion who report alcohol consumption in men (71%) and women (43%) among all Asian ethnic groups. In addition, colorectal and lung cancer are among the top five most commonly diagnosed cancers for Korean men and women in the United States.⁶

Age-adjusted Cancer Rates (per 100,000) by Cancer Site* and Asian American and Pacific Islander ethnic group, California, 2000-2002, California Cancer Registry

Incidence	Korean	Total Asian/Pacific Islander	Non-Hispanic White
All sites			
Males	359.2	364.3	560.8
Females	251.2	294.6	446.1
Breast	50.7	89.9	152.9
Colon and rectum			
Males	57.8*	51.5	59.1
Females	33.1	38.2	42.8
Lung			
Males	56.3	58.0	77.9
Females	26.1	28.5	57.6
Prostate	51.0	94.0	159.9
Stomach			
Males	54.6*	20.1	9.5
Females	27.5*	11.2	3.8
Liver			
Males	33.7*	23.8	6.8
Females	15.9*	8.8	2.5
Uterine cervix	11.4*	8.8	7.3

*The two highest rates for each gender-specific cancer site among the Asian ethnic groups

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

Mortality	Korean	Total Asian/Pacific Islander	Non-Hispanic White
All sites			
Males	204.1	160.0	225.4
Females	105.6	108.1	167.7

Breast	7.7	14.6	27.4
Colon and rectum			
Males	19.1*	18.0	21.3
Females	12.8	11.6	15.7
Lung			
Males	52.3*	44.7	64.0
Females	22.7	20.7	44.9
Prostate	7.1	11.9	27.0
Stomach			
Males	35.2*	12.5	5.0
Females	13.9*	7.1	2.6
Liver			
Males	26.6*	17.9	6.0
Females	11.5*	7.4	2.7
Uterine cervix	3.0*	2.7	2.0

*The two highest rates for each gender-specific cancer site among the Asian ethnic groups

CANCER AND KOREAN MEN

According to the McCracken study and the North American Association of Central Cancer Registries, **colorectal cancer** is the most common cancer type for Korean men.⁷ Among the five largest Asian American groups, Korean men have the second highest incidence and death rates from colorectal cancer, comparable with those of non-Hispanic White males. Low screening rates may contribute to these higher rates, since colorectal cancer screening may reduce the incidence of colorectal cancer by removal of pre-cancerous polyps.⁶

Lung cancer is another health problem affecting Korean men, who have the highest lung cancer death rates among the five Asian ethnic groups, although the incidence rate is the third largest. About 36% of Korean men are current smokers, the highest smoking prevalence among all Asian American ethnic groups examined.⁶

Stomach cancer incidence rates (per 100,000) for Korean men (54.6) are nearly twice that of Vietnamese men (28.1) and over five times higher than that of non-Hispanic White men (9.5). The stomach cancer death rate was also the highest among Korean males in California compared to the four other Asian ethnicities. Worldwide, Korea has the highest incidence of stomach cancer for males. The high salt and nitrite/nitrate content of their diet and high affliction of the *Helicobacter pylori* virus among the population have attributed to its development.⁶

Liver cancer incidence and mortality rates among Korean males residing in California are the second highest of all the Asian ethnic groups. The incidence of liver cancer in South Korean men ranks third worldwide. Liver cancer is another killer due to the hepatitis b virus and high binge drinking rates.⁶

CANCER AND KOREAN WOMEN

Cervical cancer incidence is the second highest for Korean women among the five largest Asian ethnic groups. Death rate from cervical cancer is also the second highest. Only two-thirds of Korean women report receiving a Pap test in the last three years. Overall, when compared to other Asian Americans, Koreans have the lowest prevalence of nearly every type of screening examined: endoscopy, fecal occult blood test (FOBT), Pap smears, and mammograms.⁶

Breast cancer is the leading cancer in each female Asian American and Pacific Islander group with the exception of Laotian women.⁸ Korean women have the lowest incidence (50.7/100,000) and death rate for breast cancer (7.7/100,000) when compared to other Asian American and White women.

Stomach cancer incidence rates for Korean females (27.5/100,000) are nearly twice as high as Vietnamese females (14.5) and over seven times higher than non-Hispanic White females (3.8). The stomach cancer death rate was also highest among Korean females in California, compared to the four other Asian ethnicities. In general, the highest stomach cancer rates worldwide are found in Asia and parts of South America.⁶

Liver cancer is among the top four cancer causes of death in Korean women, and their rates exceed the liver cancer mortality rate for non-Hispanic White women. Liver cancer is the fifth leading cancer in Korean women.⁸

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 test for cervical cancer.

For Men

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

Currently, Asian Americans have lower cancer screening rates compared to Whites.⁹ Low screening rates of the Korean population have prevented the detection and treatment of cancers. 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.¹⁰ 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.¹¹

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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