

Cancer and AAPIs

Cancer is the second leading cause of death in the US. In 2003, an estimated 1,334,100 people in the US are expected to be diagnosed with cancer, and 556,500 are expected to die from cancer. (American Cancer Society, 2003). One-half of new cancer cases occur in people aged 65 years and over. (US DHHS, 2000).

Between 1990 and 1996, the lung and bronchus, prostate, female breast, and colon and rectum were the most common cancer sites for all racial and ethnic populations in the US. Together, they accounted for approximately 54% of all newly diagnosed cancers. (US DHHS, 2000).

To many, cancer embodies the fear of pain, suffering, and death (Sontag, 1977). Prevention and early detection are key elements in control, but unlike other chronic diseases such as heart disease and diabetes, cancer evokes a fear that creates barriers to the utilization of health care services. Successful cancer prevention and treatment efforts must be tailored to address the distinct health beliefs and behaviors of different cultural groups.

Although the specific causes of most cancers are not well understood, **cancer is thought to be caused by three factors: environmental exposure, viral agents, and genetic predisposition.**

Environmental factors include lifestyle behaviors such as cigarette smoking and improper diet. Smoking has been linked to cancer of the lung, mouth, bladder, and other organs. Diets high in fat and low in fiber have been linked to cancer of the colon. Excess alcohol intake has been associated with cancer of the esophagus, tongue, and pharynx. (Metzlin, 1992).

Viral infections have been implicated in a growing number of cancers. The human papillomavirus is thought to play a causal role in the development of cancer of the cervix. Those who carry the hepatitis B virus have a greatly increased risk of liver cancer. *Helicobacter pylori* has been shown to be related to stomach cancer, and the Epstein-Barr virus is related to cancer of the nasopharynx. (Nomura et al., 1991).

The third cause, genetic predisposition, appears to account for only 2% of the cancer incidence. (Desmond, 1987).

Recommendation

Help your clients modify their behavior to:

- Eliminate cigarette smoking
- Modify diet and alcohol intake
- Avoid exposure to other environmental or occupational carcinogens
- Prevent exposure to hepatitis B virus
- Undergo testing to detect early-stage cancer and maximize positive treatment outcomes
- Report symptoms of cancer for which there are no screening tests

(Jenkins and Kagawa-Singer, 1994).

Individual Cancers

Liver Cancer

- **Both US and Asian-born AAPIs (men and women) have the highest rates of liver cancer.** This has been linked to higher rates of hepatitis B among AAPI populations. (Kaiser Permanente, 1999). AAPI men also have the highest death rates for liver cancer. (National Cancer Institute, 2003).

Colorectal Cancer

- **AAPIs have lower rates of colorectal cancer than the white population.** However, rates may increase as Asians become increasingly acculturated and adopt a more American diet. (Kaiser Permanente, 1999).

Breast Cancer

- Breast cancer is **the most common cancer among Chinese, Filipino, and Hawaiian women.** (APIAHF, 2003). One study showed that 22% of Chinese women use herbal remedies when diagnosed with breast cancer. (ICC, 2001).
- **Being born or living in the western US raises the breast cancer risk for AAPIs.** A case control study on the effects of migration on breast cancer risk among Chinese, Japanese, and Filipinos living in California showed that Asian Americans born in the West have a 60% higher breast cancer risk factor than those born in the East. Furthermore, this risk doubles after a decade of residence in the West. (Zeigler et al., 1993).

Pertinent Fact: Breast Cancer Treatment Disparities

Compared with white women, AAPI women with breast cancer are more likely to undergo mastectomy than breast-conserving surgery, according to a 2002 study of women in the San Francisco Bay area of California. Researchers from the Minnesota Center for Health Care Ethics in Minneapolis found that 63% of Chinese women, 59% of Japanese women, 55% of Filipino women, and 55% of other AAPI women underwent mastectomy, versus 42% of white women. Furthermore, compared with white women, Chinese women were less likely to be given radiation therapy after breast-conserving surgery or hormone therapy for tumors that are responsive to estrogen, according to a team led by Dr. Angela Prehn. This difference did not hold for other AAPI women.

The researchers concluded that “differences in breast carcinoma (cancer) treatment patterns for Chinese, Japanese and Filipino women compared with white women underscore the importance of looking at treatment patterns separately for Asian/Pacific Islander subgroups.” They added that “the reasons for these racial/ethnic treatment differences remain unclear, although in this study they were not due to differences in tumor and socioeconomic characteristics.”

More research is needed to elucidate the cultural differences that may influence treatment choices for breast cancer so that all women have a better opportunity to receive therapeutically effective treatment. (Reuters, 2002).

Cervical Cancer

- **Cervical cancer is the most common cancer among Vietnamese women.** Their cervical cancer rate is more than two and a half times higher than that of any other racial or ethnic group in the US. (Parker et al., 1998).
- Research indicates that compared with other racial groups, **Southeast Asian women tend to have more severe cervical cancer**, due to late diagnosis, and are less likely to follow up with treatment. (Carey and Gjerdingen, 1993).

Stomach (Gastric) Cancer

- Although the incidence of stomach cancer among the general US population is decreasing, it is **still the most common malignant neoplasm among Asians in China, Japan, and Korea**, with the highest rates in Japan and Korea. (Kaiser Permanente, 1999).
- **Both Chinese and Japanese Americans have higher rates of stomach cancer than white Americans.** Filipino Americans have a lower incidence than the general white population. (Kaiser Permanente, 1999).

Lung Cancer

- The **lung cancer rate among Southeast Asians is 18% higher** than that among white Americans. (ICC, 2001).
- **Lung cancer is the most common cancer among Chinese, Hawaiian, Korean, and Vietnamese men.** (Parker et al., 1998). Lung cancer is also the most commonly diagnosed cancer among American Samoan men and the second most diagnosed cancer among American Samoan women. (Kaiser Permanente, 1999).

Prostate Cancer

- **Asian Americans have lower rates of prostate cancer** than African Americans or whites. (Kaiser Permanente, 1999).
- **Prostate cancer is the most common cancer among Filipino and Japanese men.** (Parker et al., 1998).

References and Resources

Alagiakrishnan, K., and Chopra, A. (2001). Health and health care of Asian Indian American elders. In *Curriculum in ethnogeriatrics: Core curriculum and ethnic specific modules*.
<http://www.stanford.edu/group/ethnoger/asianindian.html>. Cited July 30, 2003.

Alternative Medicine. (2003a). How alternative medicine can help you: Acupuncture.
<http://www.alternativemedicine.com/AMHome.asp?cn=Catalog&act=SearchProductXML&crt=CategoryKey=26%26StartPage=1%26PageSize=901&Style=\AMXSL\TherapyDetail.xml>. Cited July 23, 2003.

Alternative Medicine. (2003b). How alternative medicine can help you: Herbal medicine.
<http://www.alternativemedicine.com/AMHome.asp?cn=Catalog&act=SearchProductXML&crt=CategoryKey=46%26StartPage=1%26PageSize=901&Style=\AMXSL\TherapyDetail.xml>. Cited July 23, 2003.

Alternative Medicine. (2003c). How alternative medicine can help you: Qigong.
<http://www.alternativemedicine.com/AMHome.asp?cn=Catalog&act=SearchProductXML&crt=CategoryKey=63%26StartPage=1%26PageSize=901&Style=\AMXSL\TherapyDetail.xml>. Cited July 23, 2003.

American Cancer Society. (2003). Cancer facts and figures 2003.
<http://www.cancer.org/downloads/STT/CAFF2003PWSecured.pdf>. Cited July 29, 2003.

Asian and Pacific Islander American Health Forum (APIAHF). (no date). Asian and Pacific Islander women: Chronic disease. <http://www.apiahf.org/programs/cdf.html>. Cited July 29, 2003.
Asian and Pacific Islander American Health Forum (APIAHF). (2001). Asian Pacific Islander National Cancer Survivors Network: Facts on Asians & Pacific Islanders.
<http://www.apiahf.org/programs/cancerfacts.html>. Cited July 22, 2003.

Beasley, R.P. (1988). Hepatitis B virus: The major etiology of hepatocellular carcinoma. *Cancer* 61:1942–1956.

Beasley, R.P., and Hwang, L.Y. (1984). Hepatocellular carcinoma and hepatitis B virus. *Seminars in Liver Diseases* 4:13–121.

Beasley, R.P., Lin, C.C., Hwang, L.Y., and Chien, C.S. (1981). Hepatocellular carcinoma and hepatitis B virus: A prospective study of 22,707 men in Taiwan. *Lancet* 2:1129–1132.

Carey, P., and Gjerdingen, D. (1993). Follow-up of abnormal Papanicolaou smears among women of different races. *Journal of Family Practice* 37(6):583–587.

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<http://erc.msh.org/quality&culture>

Centers for Disease Control and Prevention (CDC). (1991). Hepatitis B virus: A comprehensive strategy for eliminating transmission in the United States through universal childhood vaccination. *Morbidity and Mortality Weekly Report* 40:1–25.

Centers for Disease Control and Prevention (CDC). (1998). Tobacco Information and Prevention Source (TIPS): Major conclusions of the Surgeon General's Report. Atlanta, GA: CDC, http://www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-aag.htm. Cited August 20, 2003.

Centers for Disease Control and Prevention (CDC). (2003). Cervical cancer and Asian and Pacific Islander populations: Vietnamese American women. <http://www.cdc.gov/cancer/nbccedp/cc-strategies/vietnamese.htm>. Cited July 30, 2003.

Desmond, S. (1987). Diet and cancer: Should we change what we eat? Medical Staff Conference, University of California, San Francisco. *Western Journal of Medicine* 146:73–78.

Heckler, M.M. (1985). *Report of the secretary's task force on black and minority health*. Vol. 1, *Executive summary*. Washington, DC: US Department of Health and Human Services.

Intercultural Cancer Council (ICC). (2001). Asian Americans and cancer. <http://www.iccnetwork.org/cancerfacts/cfs3.htm>. Cited July 30, 2003.

Ireson, C.R. (2002). Metabolism of the cancer chemopreventive agent curcumin in human and rat intestine. *Cancer Epidemiology, Biomarkers and Prevention* 11(1):105–111.

Jenkins, C., and Kagawa-Singer, M. (1994). Cancer. In Zane, N.W.S., Takeuchi, D.T., and Young, K.N.J. (eds.). *Confronting critical health issues of Asian and Pacific Islander Americans*. Thousand Oaks, CA: Sage, pp. 105–147.

Kagawa-Singer, M. (1988). Bamboo and oak: Differences in adaptation to cancer by Japanese American and Anglo-American cancer patients. Unpublished doctoral dissertation, University of California, Los Angeles.

Kagawa-Singer, M. (1993). A review of the cross-cultural literature on psychosocial cancer care. Unpublished manuscript.

Kaiser Permanente. (1999). *A provider's handbook on culturally competent care: Asian and Pacific Island American population*. Oakland, CA: Kaiser Permanente National Diversity Council.

Lam, N.S. (1986). Geographical patterns of cancer mortality in China. *Social Science and Medicine* 23:241–247.

*Reducing Health Disparities in Asian American and Pacific Islander Populations:
A Provider's Guide to Quality & Culture Seminar*
<http://erc.msh.org/quality&culture>

Li, FP and Pawlish, K. (2003). Cancers in Asian-Americans and Pacific Islanders: Migrant studies. Chinese American Medical Society, <http://www.camsociety.org/issues/fredli.htm>. Cited August 20, 2003.

McKinney, M. (2002). Chinese fish sauce may up esophageal cancer risk. http://www.medformation.com/mf/news.nsf/ReutersNews/Chinese_fish_sauce_may_up_esophageal_cancer_risk. Cited July 30, 2003.

McPhee, S.J., Bird, J.A., Davis, T., Ha, N.-T., Jenkins, C.N.H., and Le, B. (1997a). Barriers to breast and cervical cancer screening among Vietnamese-American women. *American Journal of Preventive Medicine* 13:205–213.

McPhee, S.J., Bird, J.A., Ha, N.-T., Jenkins, C.N.H., Fordham, D., and Le, B. (1996). Pathways to early cancer detection for Vietnamese women: Suc Khoe La Vang! (Health is gold!). *Health Education Quarterly* 23(Suppl):S60–S75.

McPhee, S.J., Stewart, S., Brock, K.C., Bird, J.A., Jenkins, C.N.H., and Pham, G.Q.P. (1997b). Factors associated with breast and cervical cancer screening among Vietnamese American women. *Cancer Detection and Prevention* 21(6):510–521.

Mettlin, C. (1992). Research in cancer prevention and detection. *Current Issues in Cancer Nursing Practice Updates* 1(4):1–10.

Mettlin, C., and Dodd, G.D. (1991). The American Cancer Society guidelines for the cancer-related checkup: An update. *Cancer* 41:279–282.

Miller, B.A., et al. (eds.). (1996). Racial/ethnic patterns of cancer in the United States 1988–1992. NIH Pub. No. 96-4104. Bethesda, MD: National Cancer Institute.

Muir, C., et al. (1987). *Cancer incidence in five continents*. Vol. 5. Lyon: International Agency for Research on Cancer.

National Cancer Institute. (2003). Cancer health disparities. <http://www.cancer.gov>. Cited July 29, 2003.

Nomura, A., et al. (1991). *Helicobacter pylori* infection and gastric carcinoma among Japanese Americans in Hawaii. *New England Journal of Medicine* 325:1132–1136.

Palafox, N. (1997). Proceedings of the forum: Cancer crisis among Asian Pacific Islanders as articulated by Asian Pacific Islanders, hosted by the Congressional Asian Pacific Caucus. Washington, DC, April 28.

Parker, S., Davis, K.J., Wingo, P.A., Rise, L.A.G., and Heath, C.W. (1998). Cancer statistics by race and ethnicity. *CA: A Cancer Journal for Clinicians* 48(1):31–48. <http://caonline.amcancersoc.org/cgi/reprint/48/1/31.pdf>. Cited July 30, 2003.

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A Provider's Guide to Quality & Culture Seminar*
<http://erc.msh.org/quality&culture>

Pham, C.T., and McPhee, S.J. (1992). Knowledge, attitudes, and practices of breast and cervical cancer screening among Vietnamese women. *Journal of Cancer Education* 7(4):305–310.

Phipps, E., Cohen, M.H., Sorn, R., and Braitman, L.E. (1999). A pilot study of cancer knowledge and screening behaviors of Vietnamese and Cambodian women. *Health Care for Women International* 20:195–207.

Reuters. (2002). Mastectomy more likely for Asian cancer patients.
<http://www.bromenmedicalgroup.com/HealthNews/reuters/NewsStory1226200222.htm>. Cited July 30, 2003.

Ro, M. (2001). *Overview of Asian and Pacific Islanders in the United States and California*. Washington, DC: Center for Policy Alternatives.
http://www.communityvoices.org/Uploads/om3gfk55hhzyvrn00n4nerbf_20020828090003.pdf. Cited August 4, 2003.

Schottenfeld, D., and Fraumeni, J.F. Jr. (eds.). (1991). *Cancer epidemiology and prevention*. Philadelphia: W.B. Saunders.

Schulmeister, L., and Lifsey, D.S. (1998). Cervical cancer screening knowledge, behaviors, and beliefs of Vietnamese women. *Oncology Nursing Forum* 26(5):879–887.

Sontag, S. (1977). *Illness as metaphor*. New York: Random House.

Tosomeen, A.H., Marquez, M.A., Panser, L.A., and Kottke, T.E. (1996). Developing preventive health programs for recent immigrants: A case study of cancer screening for Vietnamese women in Olmsted County, Minnesota. *Minnesota Medicine* 79(5):46–48.

US Department of Health and Human Services (US DHHS). (2000). *Healthy people 2010: Understanding and improving health*, 2nd ed. Washington, DC: US Government Printing Office.

Wisner, B.A., Moskowitz, J.M., Chen, A.A., et al. (1998). Rates and independent correlates of Pap smear testing among Korean-American women. *American Journal of Public Health* 88(4):656–660.

Yi, J.K. (1994). Factors associated with cervical cancer screening behavior among Vietnamese women. *Journal of Community Health* 19(3):189–200.

Yi, J.K. (1998). Acculturation and Pap smear screening practices among college-aged Vietnamese women in the United States. *Cancer Nursing* 21(5):335–341.

Yu, D.D. (1999). *Clinician's guide to working with Asians and Pacific Islanders living with HIV*. San Francisco: Asian and Pacific Islander Wellness Center.

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A Provider's Guide to Quality & Culture Seminar*
<http://erc.msh.org/quality&culture>

Zane, N.W.S., Takeuchi, D.T., and Young, K.N.J. (eds.). (1994). *Confronting critical health issues of Asian and Pacific Islander Americans*. Thousand Oaks, CA: Sage.

Ziegler, R.G., et al. (1993). Migration patterns and breast cancer risk in Asian American women. *Journal of National Cancer Institute* 85(22):1819–1827.