

## Hispanics/Latinos and Cancer

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 the disease. (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 evokes 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, the fear of cancer 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. (Mettlin, 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* (*H. pylori*) infection 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).

- **Incidence and Mortality**
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## **Incidence and Mortality**

- **An estimated 67,000 new cases of cancer and 22,100 cancer deaths will occur among Hispanics in 2003.** (O'Brien et al., 2003).
- **Hispanics have a lower incidence of and a lower death rate from all cancers combined and from the four most common cancers** (breast, prostate, lung and bronchus, and colon and rectum) than do non-Hispanic whites. (O'Brien et al., 2003).
- However, **Hispanics have a higher incidence of and a higher mortality from cancers of the stomach, liver, uterus, and gallbladder**, reflecting in part greater exposure to specific infectious agents and lower rates of screening, as well as dietary patterns and possible genetic factors. (O'Brien et al., 2003).
- **Cancer occurrence can vary among Hispanic/Latino groups** because of regional, behavioral, or genetic differences. Further, Hispanics' risk of cancer can differ based on whether they are US or foreign born, their country of origin or heritage, degree of acculturation, and socioeconomic status. (American Cancer Society, 2003).
- **In 2000, cancer was the second leading cause of death for Hispanics** after heart disease. In 2000, cancer caused 20% of the deaths among Hispanics-Latinos, while heart disease was the cause in 24%, or 21,160 deaths among Hispanic-Latinos that same year. (American Cancer Society, 2003).
- **Between 1996 and 2000, Hispanics/Latinos of both sexes had lower rates of new cases of invasive cancer per year than did African Americans or whites** and higher rates than Asian Americans/Pacific Islanders and American Indians/Alaska Natives. (National Cancer Institute, 2002).
- Also between 1996 and 2000, **Hispanics/Latinos had lower mortality rates from cancer** each year than did African Americans, whites, and American Indians/Alaska Natives, but higher rates than Asian Americans and Pacific Islanders. (National Cancer Institute, 2002). Among Hispanic adults, **cancer is the second leading cause of death.** (American Cancer Society, 2003).
- According to Surveillance, Epidemiology, and End Results (SEER) Program data for 1988 to 1992, **the most commonly diagnosed cancers among Hispanic men and women were the same as those for whites:** prostate, breast, lung and bronchus, and colon and rectum. Incidence rates for all four leading sites were lower among Hispanics than among whites. Other cancers commonly diagnosed among Hispanics include cancers of the urinary bladder and stomach in men and cancer of the uterus in women. (Parker et al., 1998).
- **Cancers of the stomach, liver, and uterus are more common in developing countries, most notably in Central and South America.** In the US, the incidence and mortality rates of stomach, uterus, liver, and biliary tract cancers are higher among Hispanics than among

non-Hispanic whites and are especially high among first-generation migrants to the US. (American Cancer Society, 2003).

## **References and Resources**

American Cancer Society. (2003). *Cancer facts & figures for Hispanics/Latinos 2003–2005*. Atlanta, GA: American Cancer Society.  
<http://www.cancer.org/downloads/STT/CAFF2003HispPWSecured.pdf>. Cited August 6, 2003.

American Diabetes Association. (2003). The diabetes assistance & resources (DAR) program.  
<http://www.diabetes.org/main/community/outreach/latinos/dar.jsp>. Cited September 23, 2003.

American Heart Association (AHA). (2003). *Tobacco industry's targeting of youth, minorities, and women*. Dallas, TX: AHA. <http://www.americanheart.org/presenter.jhtml?identifier=11226>. Cited August 5, 2003.

Centers for Disease Control and Prevention (CDC). (1998, last reviewed April 2003). *Hispanics and tobacco*. Atlanta, GA: CDC. [http://www.cdc.gov/tobacco/sgr/sgr\\_1998/sgr-min-fs-hsp.htm](http://www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-fs-hsp.htm). Cited August 5, 2003.

Centers for Disease Control and Prevention (CDC). (2002). Obesity still on the rise, new data show. <http://www.cdc.gov/nchs/releases/02news/obesityonrise.htm>. Cited September 15, 2003.

Centers for Disease Control and Prevention (CDC). (2003). Obesity trends: 1991–2001 prevalence of obesity among US adults, by characteristics.  
[http://cdc.gov/nccdphp/dnpa/obesity/trend/prev\\_char.htm](http://cdc.gov/nccdphp/dnpa/obesity/trend/prev_char.htm). Cited September 15, 2003.

Collins, R.L., and McNair, L.D. (2003). *Minority women and alcohol use*. Bethesda, MD: National Institute of Alcohol Abuse and Alcoholism. Available at  
<http://www.niaaa.nih.gov/publications/arh26-4/251-256.htm>. Cited August 7, 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.

Grady, M.L. (ed.). (1998). *Research Activities*, no. 217 (July). Rockville, MD: Agency for Healthcare Research and Quality. <http://www.ahrpr.gov/research/jul98/ra3.htm#head6>. Cited August 5, 2003.

Huerta, E.E. (2003). Cancer statistics for Hispanics, 2003: Good news, bad news, and the need for a health system paradigm change. *CA: Cancer Journal for Clinicians* 53:205–207.  
<http://caonline.amcancersoc.org/cgi/content/full/53/4/205>. Cited August 26, 2003.

Intercultural Cancer Council. (2001). *Hispanics/Latinos & cancer*. Houston, TX: Intercultural Cancer Council. <http://iccnetwork.org/cancerfacts/cfs4.htm>. Cited August 6, 2003.

Kaiser Permanente. (2001). *A provider's handbook on culturally competent care: Latino population*. Oakland, CA: Kaiser Permanente National Diversity Council.

Management Sciences for Health. (2003). The provider's guide to quality & culture. [www.erc.msh.org](http://www.erc.msh.org).

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

National Cancer Institute. (2002). Cancer health disparities. <http://www.cancer.gov/newscenter/healthdisparities>. Cited July 29, 2003.

National Cancer Institute. (2003). Examples of unequal treatment and unequal access to care. [http://crchd.nci.nih.gov/chd/disparities\\_examples.html](http://crchd.nci.nih.gov/chd/disparities_examples.html). Cited September 24, 2003.

National Institutes of Health. (2001). *Voices of a broken system: Real people, real problems*. President's Cancer Panel: Report of the chairman 2000–2001. National Cancer Institute. [http://156.40.135.142:8080/webisodes/pcpvideo/voices\\_files/PDFfiles/PCPbook.pdf](http://156.40.135.142:8080/webisodes/pcpvideo/voices_files/PDFfiles/PCPbook.pdf). Cited September 25, 2003.

National Women's Health Information Center. (2003). *Frequently asked questions about health problems in Hispanic American/Latino women*. Washington, DC: US DHHS, Office on Women's Health. <http://www.4woman.gov/faq/latina.htm>. Cited July 30, 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.

O'Brien, K., Cokkinides, V., Jemal, A., et al. (2003). Cancer statistics for Hispanics. *CA: Cancer Journal for Clinicians* 53:208–226.

Parker, S.L., Davis, K.J., Wingo, P.A., et al. (1998). Cancer statistics by race and ethnicity. *CA: Cancer Journal for Clinicians* 48(1):31–48.

Pew Hispanic Center. (2002). *Hispanic health: Divergent and changing*. Washington, DC: Pew Hispanic Center. [http://www.pewhispanic.org/site/docs/pdf/health\\_pdf\\_version.pdf](http://www.pewhispanic.org/site/docs/pdf/health_pdf_version.pdf). Cited August 7, 2003.

Pleis, F.R., and Coles, R. (2002). Summary health statistics for US adults: National health interview survey, 1998. *Vital Health Statistics* 10(209). Atlanta, GA: National Center for Health Statistics.

Smedley, B.D., Stith, A.Y., and Nelson, A.R. (eds.). (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: National Academies Press, Institute of Medicine of the National Academies.

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

Talamantes, M., Lindeman, R., and Mouton, C. (2003). Ethnogeriatric curriculum module: Health and health care of Hispanic/Latino American elders. Stanford University.  
<http://www.stanford.edu/group/ethnoger/hispaniclatino.html>. Cited September 23, 2003.

US Census Bureau. (2002). Health insurance coverage: 2001.  
<http://www.census.gov/hhes/hlthins/hlthin01/hi01t3.html>.  
Cited July 21, 2003.

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.