CANCER AWARENESS ALL SHOULD HAVE REGARDING MINORITIES

The majority of these comments are derived from the American Cancer Society (ACS), The largest non government, nonprofit cancer research and teaching cancer organization in the US. Additional information has been gleaned from The National Cancer Institute(NCI part of the National Institutes of Health)- the largest governmental cancer teaching and research organization in the world. The comments that follow are for an overview of the problem. Much more extensive information can be obtained by visiting the ACS at http://www.cancer.org/ and NCI at http://www.cancer.gov/

Overview

Certain groups in the United States are not doing as well as others when it comes to preventing and surviving cancer. Many such disparities are apparent among certain minority populations such as Native Americans, African Americans and Hispanics/Latinos. The reasons why cancer adversely affects these groups are largely related to issues such as poverty, access to health care, and other socioeconomic factors.

Without getting into the technical aspects of epidemiology, suffice it to say that accurate studies of minorities can be difficult for a number of reasons (see the whole PDF to delve in deeper) which states "Cancer occurrence and survival are influenced by economic, social, and cultural factors. Socioeconomic status, as measured by income and education, is the most critical factor affecting health and longevity. It influences the prevalence of underlying risk factors for cancer, access to health insurance, preventive care, early detection, and treatment. Cultural factors, including language, beliefs, values, and traditions, may also influence behaviors, beliefs about illness, and approaches to medical care. Other factors, including environment, genetics, previous and current health status, and psychosocial factors, also exert considerable influence on the cancer burden in the Hispanic population." We must also consider that the Indian Health Service has registered 565 tribes in the United States with enormous variation in size and culture among the approximately 2.9 million Native Americans in the country. Also—also statistically Hispanic Latino is often grouped together is studies of the risk the stage the type and the survival of cancers Hispanic and Latino are NOT the same word"

Nonetheless, many of the issues causing certain cancers to be more prevalent among minority groups can be addressed. Increasing awareness of existing cancer disparities and strategies to eliminate them is one key way to tackle the problem – and that was the goal of National Minority Cancer Awareness Week, observed April 13-19 this year.

To better understand cancer disparities, American Cancer Society researchers continuously analyze and report on cancer statistics and trends in the United States. They publish their findings in an ongoing series of reports, titled *Cancer Facts & Figures*. This is the large PDF I was referring to which is the best one source collection of crucial data , questions and answers. There is also and excellent article by the NCI entitled Cancer Health Disparities which is also a source for my comments

http://www.cancer.gov/aboutnci/organization/crchd/cancer-health-disparities-fact-sheet#4

Recent data shows that many racial and ethnic minority groups in the U.S. still have higher death rates from cancer than whites: For example

- The cancer death rate among African American men is 27% higher compared to non-Hispanic white men.
- The death rate for African American women is 11% higher compared to non-Hispanic white women.
- African Americans have the highest incidence rates of colorectal cancer of any racial or ethnic group.
- Hispanics have higher rates of cervical, liver, and stomach cancers than non-Hispanic whites.
- Liver cancer incidence and death rates among Asian/Pacific Islanders are double those among non-Hispanic whites.

However, there also has been progress and some improvements:

- The death rate for African Americans, when looking across all cancers, has been declining since the early 1990s, as is the case for whites.

- Anti-tobacco efforts appear to have had a positive effect on African Americans, with the death rates for lung and other smoking-related cancers decreasing more rapidly among blacks than whites. This has brought the cancer death rate among African Americans closer to that among whites, though the gap is still large.

- Hispanics are the least likely of any major racial or ethnic group to be diagnosed with or die from lung cancer.
- Asian Americans and Pacific Islanders have the lowest overall rates of cancer incidence and death of all racial and ethnic groups.
- Although cancer deaths have declined for both Whites and African Americans/Blacks living in the United States, African Americans/Blacks continue to suffer the greatest burden for each of the most common types of cancer
- American White women have the highest incidence rate for breast cancer, although African American/Black women are most likely to die from the disease
- African American/Black men have the highest incidence rate for prostate cancer in the United States and are more than twice as likely as White men to die of the disease
- The National Cancer institute is pursuing a variety of programs and initiatives to address cancer health disparities. In 2001, the Center to Reduce Cancer Health Disparities (CRCHD) was established to serve as the cornerstone of NCI's efforts to reduce the unequal burden of cancer in our nation

- Survival rates are improving for African Americans as well as for virtually all racial or ethnic groups. However, racial or ethnic differences still persist. African American, American Indian and Alaskan native, and Hawaiian native patients tend to have higher Relative Rates of cancer death than the other groups. American Indians and Alaskan natives generally exhibited the highest RRs of cancer death, except for colorectal cancer in males.

Conclusions "Survival rates in patients with cancer have improved in recent years, but racial or ethnic differences in survival rates and in RRs of cancer death persist. Additional studies are needed to clarify the socioeconomic, medical, biological, cultural, and other determinants of these findings Cancer is the second leading cause of death, accounting for about one-fourth of all deaths in the United States. Just recently, there has been real progress in reducing cancer mortality, with declines in breast, prostate, and colorectal cancer. The data show that black men have higher incidence, higher mortality, and lower survival from all cancers combined than white men. Cancer incidence among black women, however, is lower than among white women. Despite the lower incidence, black women have higher mortality and therefore lower survival than white women. These differences in cancer experience represent opportunities to better understand cancer and thereby to make progress against this disease for everyone, regardless of their initial risk. The distribution of stage at diagnosis for whites, blacks, and Hispanics shows that, for whites, ***cancers are found at an earlier stage***, but earlier stage is not the whole explanation.

There are still other factors, including diet, that play a role in cancer. Being overweight has also been identified as a risk factor as well alcohol and sexual behaviors. Another risk factor is smoking, and the prevalence of smoking varies greatly by race and ethnicity.

Four major conclusions emerge: First, progress against cancer is clear. There are not only great gains in fundamental knowledge of cancer and its risk factors and improvement in detection and screening technology, but also progress in reducing the cancer death rate. Second, to know best how to intervene both in general and for specific population groups, cancer prevention and control research must be carried out to complement basic and clinical research. Third, data on the cancer experience is crucial to working with specific populations. Studying the variation in cancer rates among populations-the epidemiology of cancer-provides clues to cancer's causes. Finally, to be able to produce the important data that we need for policy, research, prevention, and control, we need even more coordination than we have today-coordination between national, state, local, and especially private data resources. As our health care system changes, private sources of data will be even more important, and standardization of data across all components of the health care system will foster linkage and data comparability. Population-based information is crucial to understanding cancer. With it and with further research, we will be closer to seeing significant progress in narrowing the disparities in cancer experience and lowering the burden of the disease for all of us."

Cancer In Native Americans

"At the turn of the past century cancer was such a rare occurrence among Native Americans that, based largely on clinical observations, they were thought to be immune (1). Observers speculated that this was because of natural immunity, reliance on a more natural, healthy diet and lifestyle. Much has changed in these populations over the past 100 years. Today, cancer is the second-leading cause of death among these populations. Not only are incidence rates increasing, but so is their disparity in terms of survival. Native American populations suffer some of the poorest five-year survival rates from cancer. A number of factors are responsible for increasing cancer rates and disparities as will be briefly presented below.

The reasons for this are complex, involving cultural, economic, and genetic factors. The diversity of tribes in the U.S. presents challenges to the efficacy of epidemiological studies. More research is needed to improve access to healthcare for Native Americans, which will require providers to consider the varied cultural nuances specific to each tribe.

Native Americans represent both American Indian populations (those resident in the lower 48 States) and Alaska Natives. Not only does the term Native American represent two extremely broad groups, but it represents 565 federally recognized tribes. Each has its own distinct culture and cancer risk. There have been few studies regarding cancer patterns among individual US American Indian populations for a variety of reasons. Many of the studies published to date have focused on American Indian populations residing in the southwestern regions of the U.S., with fewer on tribal groups residing outside these regions. Studies demonstrate increasing cancer incidence overall and some unique patterns of site-specific cancers. While cancer incidence rates have risen, they remain, for the most part, lower or at the same level as rates in the general population."

The Report to the Nation on the Status of Cancer (2) provided an update on cancer among American Indians and Alaska Natives. It noted that overall rates for Native Americans were lower than for non-Hispanic whites from 1999 through 2004 for most cancers, but they were higher for cancers of the stomach, liver, cervix, kidney, and gallbladder. Not surprisingly the five most frequently diagnosed cancers among this population across the entire country included prostate, lung, colon and rectum, kidney, and bladder cancer. Among females the five most frequent cancers included breast, lung, colon and rectum, uterus, and kidney. *Regional analyses, however, revealed higher rates of cancer in the northern and southern Plains and Alaska. Especially important was their finding that for cancers of the breast, colon and rectum, prostate, and cervix, Native American populations were less likely to be diagnosed at localized stages*.

A further example of population heterogeneity is the finding in the Report that colorectal cancers were half as common among American Indian and Alaska Native populations as the general population, whereas they were equally as common among members of a Northeastern U.S. tribe. Despite an increasing number of publications describing cancer patterns among Native American populations over the past 20 years, a clear understanding remains somewhat elusive. As previously published the reasons for this are many and include tribal heterogeneity, population size, racial misclassification within population/registry databases, and differences in time periods examined. One of the factors in temporal differences in cancer incidence rates amongst Native American populations is age. Native American populations tend to be younger than the general population and therefore, since cancer is primarily a disease of aging, at lower risk of cancer. According to the Indian Health Service Native Americans born today have a life expectancy that is 4.1 years less than the U.S. all races population (73.6 years to 77.7 years, respectively)

A key research challenge in Native American communities is population size. According to the 2010 Census (10), “of the total U.S. population, 2.9 million people, or 0.9 percent, reported being American Indian and Alaska Native alone. In addition, 2.3 million people, or another 0.7 percent, reported American Indian and Alaska Native in combination with one or more other races.” Keep in mind that there are 565 federally recognized tribes, and that the 10 largest account for approximately 1.1 million. The vast majority of remaining tribes have populations below 5,000 with many having populations numbered in the hundreds. Thus, many individual tribes do not have sufficient population size to conduct epidemiologic research. There are no adequate solutions to these facts confounding our ability to understand the problem better

As with any population, culture and customs have a significant influence on perceptions. These perceptions play a role in risk behavior, risk modification, prevention, and treatment. Specific tribes need to be dealt with as unique entities with respect for customs, lineage (paternal versus maternal), linguistic nuances, region of the country, residence (urban versus rural), traditional versus "westernized" philosophy, economic and educational profiles, etc. Residence (reservation versus non-reservation) is a significant influence on the tribal community. Despite the focus of most research, less than a third of all Native Americans reside on reservation land (12). Differences between Native Americans and the more general non-Hispanic white populations have also resulted in significant differences in health disparities.

So What Do We See

According to data from Surveillance, Epidemiology and End Results (SEER), American Indian and Alaskan Native males and females, despite demonstrating similar to low incidence rates, had *the lowest survival rates for cancers of the breast, lung, and prostate and for all cancers combined* (13). *Disparities are also evident for other diseases. According to the Indian Health Service (IHS) Native Americans die at higher rates from alcoholism (552% higher), diabetes (182% higher), unintentional injuries (138% higher), homicide (83% higher) and suicide (74% higher). IHS contends that*

disparities exist for a variety of reasons including lower educational levels, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. They further assert that these issues are rooted in economic adversity and poor social conditions. The National Cancer Institute presents an excellent summary of ongoing research on cancer disparities among Native Americans. They cite that the reasons behind these disparities are varied and include cultural barriers, socio-economic factors, perceived risk, access to and utilization of screening and clinical services, etc. A reoccurring factor in many disparity studies is "culture." Culture has been evaluated by numerous researchers as a factor of socioeconomic status, but it is a complex term consisting of numerous individual and community factors

Native Americans are a truly unique group in these United States. They are the original inhabitants of our nation and represent an ancestry dating back thousands of years. For those working with Native American populations, success can best be assured by developing programs with significant input from native communities utilizing a community-based research participation model."

A FEW COMMENTS ON CANCER IN HISPANICS AND LATINOS
FROM
Cancer Facts & Figures for Hispanics/Latinos 2012-2014

According to 2010 data the US Census Bureau, 50.5 million Americans, or 16% of the total US population, identified themselves as Hispanic or Latino. Most cancer data in the US are reported for Hispanics as an aggregate group, which masks important differences that exist between Hispanic sub-populations according to country of origin. For example, a study of Hispanic adults in Florida found that the age-adjusted cancer death rate in Cuban men (327.5 per 100,000) was twice that in Mexican men (163.4 per 100,000).

Overall, about 1 in 2 Hispanic men and 1 in 3 Hispanic women will be diagnosed with cancer in their lifetime. The lifetime probability of dying from cancer is 1 in 5 for Hispanic men and 1 in 6 for Hispanic women. *Cancer is the leading cause of death among Hispanics, accounting for 21% of deaths overall and 15% of deaths in children*.

About 53,600 new cancer cases in men and 59,200 cases in women were expected to be diagnosed among Hispanics in 2012. Prostate cancer was expected to be the most commonly diagnosed cancer in men and breast cancer the most common in women. Cancers of the colorectum and lung will be the second- and third-most commonly diagnosed cancers in Hispanic men, while among women, cancers of the colorectum and thyroid will be second and third, respectively.

Cancer facts such as these are presented in the updated edition of the American Cancer Society's Cancer Facts and Figures for Hispanics/Latinos . This publication provides updated cancer research facts about cancer among Hispanics/Latinos, including statistics on cancer occurrence, in-depth statistics on selected cancers, and

risk factor statistics for Hispanics/Latinos, as well as information about prevention, early detection, and treatment.

The current and previous editions of American Cancer Society's *Cancer Facts & Figures for Hispanics/Latinos* titles have been assembled in an electronic format (PDF) to make it easy for you to use them. In some cases, older editions of Cancer Facts & Figures publications are not available in PDF form."

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