



# Cancer Facts

## Asian Americans and Cancer

### WHO WE ARE

We call ourselves Asian American and reflect persons whose familial roots originate from many countries, ethnic groups and cultures of the Asian continent. These include (but are not limited to) Asian Indian, Bangladeshi, Bhutanese, Burmese, Cambodian, Chinese, Filipino, Hmong, Indonesian, Japanese, Korean, Laotian, Malayan, Mien, Nepalese, Pakistani, Sri Lankan, Thai, and Vietnamese.<sup>(1)</sup> Seventy percent of us are immigrants who entered the United States during one of three distinct immigration waves: before 1975, between 1975-1979, and 1980

or later.<sup>(2)</sup> Among our specific Asian groups, about one-half or more of foreign-born Asian Indians, Chinese, Japanese, and Vietnamese entered the United States in the 1990s. Most of us still live in large metropolitan areas and an estimated 40% live in California, 10% in New York, and 6% in Texas.<sup>(3)</sup>

In 2009, we numbered 14.1 million persons living in the United States and as a group, we account for 5% of the nation's population.<sup>(3)</sup> And we are growing in number and represent an increase of 63% from the 1990 census, thus making us the

fastest growing of all major racial/ethnic groups in America.<sup>(4)</sup> Further, compared with the non-Hispanic/Latino white population, we have a larger proportion of younger people and college graduates. Chinese-Americans are the largest of our sub groups (4.9 million), followed by Filipinos (2.8 million), Asian Indians (2.5 million), Vietnamese (1.5 million), Koreans (1.4 million), and Japanese (1.2 million).<sup>(4)</sup> We live in all 50 states in the U.S. but our numbers are largest in California, New York, Hawaii, Texas, and New Jersey.<sup>(5)</sup>

### Causes/Etiology

- Studies have found an association between foreign birth, language used at home, and lower rates of cancer screening in Asian Americans.<sup>(6)</sup>
- Hepatitis B immunization reduces the incidence of liver cancer, yet historically Asian American youth have reported much lower vaccination levels (26-29%) than other Californian youth (73%).<sup>(7-9)</sup>
- Breast cancer risk increases with increased body size and hormone therapy in Asian American women.<sup>(10)</sup>
- Lauderdale and Huo reported that among the Asian subgroups, Asian Indians are at the highest risk for breast, cervix, uterus, ovary, esophagus, and myeloma, but have the lowest risk for colon, lip, stomach, and lung.<sup>(11)</sup>

### Screening

- Southeast Asian women have higher incidence of invasive cervical cancer and lower Pap testing frequencies than most other ethnic groups in the U.S.<sup>(12)</sup>

- In 2002, Vietnamese American women had a higher rate of cervical cancer and lower Papanicolaou (PAP) test utilization when compared with non-Hispanic/Latino white women. A significant number of Vietnamese American women have never heard of the Pap smear test.<sup>(13-15)</sup>
- Only two-thirds of Korean American women have reported receiving a Pap test in the last three years.<sup>(16)</sup>
- Among Asian Americans, Korean Americans are least likely to undergo most screenings, including endoscopy, fecal occult blood test (FOBT), Pap smears, and mammograms.<sup>(16)</sup>
- Despite a lack of financial barriers, Asian American women were less likely to undergo breast cancer screening.<sup>(17)</sup>
- Only 10.4% of Japanese American males had a fecal occult blood test (FOBT) screening in 2007, compared to 20.4% of non-Hispanic/Latino white males.<sup>(18,19)</sup>
- Studies suggest that the length of time spent in the United States is a significant predictor of colorectal cancer screening (CRC) in different Asian American subgroups. Asian American immigrants who have lived in the United States for less than 15 years, are less likely to undergo CRC screening.<sup>(20)</sup>

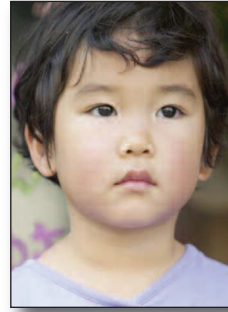
ORTHOBIOTECH

These ICC Cancer Fact Sheets were updated through an educational grant from Ortho Biotech.

**ICC**  
INTERCULTURAL  
CANCER COUNCIL

Project Director  
Nicholas K. Iammarino, PhD, CHES

Research Assistants  
Mohammed Ansar Ahmed  
Prem Ramkumar



## Patient/Provider Communication

- A significant number of Filipino, Chinese, and Asian Indian women do not know where or do not feel the need to get a mammogram.<sup>(17)</sup>
- Many Chinese American women have low knowledge of breast cancer and mammography screening guidelines, as well as perceived low susceptibility to the disease.<sup>(20)</sup>
- Recent studies have found a link between the use of English language and cigarette smoking among Asian Americans. Asian men who have high English proficiency are less likely to be smokers than Asian men with lower English proficiency. Conversely, Asian women with high English proficiency are more likely to be smokers than Asian women with lower English proficiency.<sup>(21-24)</sup>

## Disparities

- Among Asian Americans, colorectal cancer is the second most common diagnosed cancer, and it is the third highest cause of cancer-related mortality.<sup>(25)</sup>
- In 2005, cancer incidence rates among Chinese Americans were consistently among the lowest. However, Chinese Americans had the highest mortality rates for lung and bronchial cancer compared to other Asian subgroups in California.<sup>(26)</sup>
- Recent studies have found that chronic Hepatitis B Virus (HBV) infection in the Asian American population is largely unrecognized.<sup>(27)</sup>
- The higher rates of liver cancer mortality among Asians overall, and particularly among Vietnamese American and Korean American men and women, is likely associated with a higher prevalence of chronic hepatitis B infection.<sup>(18)</sup>
- The incidence rate of stomach cancer for Korean American men is over 5 times higher, and Korean American females is over 7 times higher, than non-Hispanic/Latino whites.<sup>(18)</sup>
- Vietnamese American men in California have the highest incidence and death rates from liver cancer of all the Asian ethnic groups. Their incidence rate is more than 7 times higher than the incidence rate among non-Hispanic/Latino white men.<sup>(18)</sup>
- The incidence rate for cervical cancer among Vietnamese American women was nearly twice as high as that for non-Hispanic/Latino white women.<sup>(18)</sup>

- Although Asian Americans are at lower risk for cancers of the lung, colon and rectum, breast, and prostate, they have higher rates of cancers related to infectious conditions, particularly tumors of the cervix, stomach, liver, and nasopharynx.<sup>(18)</sup>
- Filipino Americans have the highest incidence rate for prostate cancer at 109.9 per 100,000 and thyroid cancer at 10.8 per 100,000 among the Asian subgroups.<sup>(26)</sup>
- Vietnamese American women have two times as high the incidence of cervical cancer than non-Hispanic/Latino white women. They are also more likely to develop cervical cancer than any other Asian American subgroup.<sup>(16)</sup>
- Hmong have higher rates for hepatic, gastric, cervical, and nasopharyngeal cancers among the Asian subgroups in California. They are also diagnosed for leukemia and non-Hodgkin lymphoma at a later stage.<sup>(28)</sup>
- Vietnamese Americans have the highest rates of liver cancer (33.3 per 100,000) and for lung/bronchial cancers (51.6 per 100,000) among all Asian subgroups.<sup>(26)</sup>
- Korean American (36%) and Vietnamese American men (32%) have at least two times the smoking rate of California adults in general (15%).<sup>(29)</sup>

## Outcomes

- From 2000 to 2004, Asian American men and women were three times more likely to have, and more than twice as likely to die from liver cancer as non-Hispanic/Latino whites.<sup>(30)</sup>
- In 2005, Filipino Americans had the highest mortality of breast cancer (17.3 per 100,000), prostate cancer (17.5 per 100,000), and thyroid cancer (1.3 per 100,000) among all Asian subgroups in California.<sup>(26)</sup>



- Japanese Americans have the second highest mortality rate for all sites combined among the Asian subgroups at 138.9 per 100,000, and they have the highest mortality rates for colorectal cancer (20.5 per 100,000) and uterine cancer (2.5 per 100,000) compared to the other Asian subgroups.<sup>(26)</sup>
- Korean American men have the highest death rate of lung cancer among all Asian subgroups.<sup>(16)</sup>
- Korean Americans have the highest cancer mortality rate among all Asian subgroups at 146.1 per 100,000. Stomach cancer incidence and mortality rate was highest among Korean Americans. However, Korean American women have the lowest incidence rate for breast cancer at 49.1 per 100,000.<sup>(26)</sup>
- Liver cancer mortality rate is the highest among Vietnamese Americans (20.8 per 100,000).<sup>(25)</sup>

## References

1. Asian American Network for Cancer Awareness, Research and Training. Who Are Asian Americans? Available at: <http://www.aancart.org/whoareasianamericans.html>. Accessed September 2010.
2. Department of Commerce. Bureau of the Census. *We the American Asian*. Washington, DC: US Government Printing Office: 1993.
3. U.S. Census Bureau. State and County QuickFacts 2009. Updated August 2010. Available at: <http://quickfacts.census.gov/qfd/states/00000.html>. Accessed November 2010.
4. U.S. Census Bureau. Nation's Population One-Third Minority. Updated 2006. Available at: <http://www.census.gov/newsroom/releases/archives/population/cb06-72.html>. Accessed September 2010.
5. CDC Office of Minority Health. Asian American Populations. Available at: <http://www.cdc.gov/omhd/Populations/AsianAm/AsianAm.htm>. Accessed September 2010.
6. Kandula NR, Wen M, Jacobs EA, Lauderdale DS. Low Rates of Colorectal, Cervical, and Breast Cancer Screening in Asian Americans Compared with Non-Hispanic Whites: Cultural Influences or Access to Care? *Cancer*. 2006;107(1):184-92.
7. McPhee SJ, Nguyen T, Euler GL, et al. Successful Promotion of Hepatitis B Vaccinations among Vietnamese American Children Ages 3 to 18: Results of a Controlled Trial. *Pediatrics*. 2003;111:1278-88.
8. California Department of Health Services, Immunization Branch. *Fall 2001 Seventh Grade Assessment Results*. Sacramento: California Department of Health Services. 2002.
9. Shepard CW, Simard EP, Finelli L, Fiore AE, Bell BP. Hepatitis B Virus Infection: Epidemiology and Vaccination. *Epidemiol Rev*. 2006;28:112-25.
10. Wu AH, Yu MC, Tseng CC, Pike MC. Body Size, Hormone Therapy and Risk of Breast Cancer in Asian-American Women. *Int J Cancer*. 2007;120(4):844-52.
11. Lauderdale DS, Huo D. Cancer Death Rates for Older Asian-Americans: Classification by Race Versus Ethnicity. *Cancer Causes Control*. 2008;19(2):135-46.
12. Taylor VM, Jackson JC, Yasui Y, et al. Evaluation of an Outreach Intervention To Promote Cervical Cancer Screening among Cambodian American Women. *Cancer Detect Prev*. 2002;26(4):320-27.
13. Nguyen TT, McPhee SJ, Nguyen T, Lam T, Mock J. Predictors of Cervical Pap Smear Screening Awareness, Intention, and Receipt among Vietnamese-American Women. *Am J Prev Med*. 2002;23(3):207-14.
14. Miller BA, Kolonel LN, Bernstein L. *Racial/Ethnic Patterns of Cancer in the United States 1988-1992*. Bethesda, MD: National Cancer Institute; 1996. NIH Pub. No. 96-4104.
15. Schulmeister L, Lifsey DS. Cervical Cancer Screening Knowledge, Behaviors, and Beliefs of Vietnamese Women. *Oncol Nurs Forum*. 1999;26(5):879-87.
16. Trends in SEER Incidence and U.S. Mortality Using the Joinpoint Regression Program, 1975-2004 with up to Three Joinpoints by Race and Sex: Liver and Intrahepatic Bile Duct Cancer: Bethesda, MD: National Cancer Institute. 2007; Available at: [http://seer.cancer.gov/csr/1975\\_2004/results\\_merged/sect\\_14\\_liver\\_bile.pdf](http://seer.cancer.gov/csr/1975_2004/results_merged/sect_14_liver_bile.pdf). Accessed September 2010.
17. Wu T, West B, Chen Y, Hergert C. Health Beliefs and Practices Related to Breast Cancer Screening in Filipino, Chinese and Asian-Indian Women. *Cancer Detect Prev*. 2006;30(1):58-66.
18. McCracken M, Olsen M, Chen MS Jr, et al. Cancer Incidence, Mortality, and Associated Risk Factors Among Asian Americans of Chinese, Filipino, Vietnamese, Korean, and Japanese Ethnicities. *CA Cancer J Clin*. 2007;57(4):190-205.

19. Ahmedin J, Siegel R, Ward E, Murray T, Xu J, Thun M. Cancer Statistics 2007. *CA Cancer J Clin.* 2007;57:43-66.
20. Kwong SL, Chen MS Jr, Snipes KP, Bal DG, Wright WE. Asian Subgroups and Cancer Incidence and Mortality Rates in California. *Cancer.* 2005;104(12):2975-81.
21. Lee-Lin F, Menon U, Pett M, Nail L, Lee S, Mooney K. Breast Cancer Beliefs and Mammography Screening Practices among Chinese American Immigrants. *J Obstet Gynecol Neonatal Nurs.* 2007;36(3):212-21.
22. Tang H, Shimizu R, Chen MS Jr. English Language Proficiency and Smoking Prevalence among California's Asian Americans. *Cancer.* 2005;104(12):2982-88.
23. Song YJ, Hofstetter CR, Hovell MF, et al. Acculturation and Health Risk Behaviors Among Californians of Korean Descent. *Prev Med.* 2004;39(1):147-56.
24. Fu SS, Ma GX, Tu XM, Siu PT, Metlay JP. Cigarette Smoking among Chinese Americans and the Influence of Linguistic Acculturation. *Nicotine Tob Res.* 2003;5(6):803-11.
25. Choi S, Rankin S, Stewart A, Oka R. Effects of Acculturation on Smoking Behavior in Asian Americans: A Meta-Analysis. *J Cardiovasc Nurs.* 2008;23(1):67-73.
26. Lin SY, Chang ET, So SK. Why We Should Routinely Screen Asian American Adults for Hepatitis B: A Cross-Sectional Study of Asians in California. *Hepatology.* 2007;46(4):1034-40.
27. Wong ST, Gildengorin G, Nguyen TT, et al. Disparities in Colorectal Cancer Screening Rates among Asian Americans and Non-Latino Whites. *Cancer.* 2005;104(12):2940-47.



28. Mills PK, Yang RC, Riordan D. Cancer Incidence in the Hmong in California, 1988-2000. *Cancer.* 2005;104(12):2969-74.
29. Cancer Prevention and Control Program, University of California, San Diego, Tobacco Control Successes in California: A Focus on Young People, Results from the California Tobacco Surveys, 1990-2002. Tobacco Control. Surveys and Program Evaluations from Outside UCSF. 2003.
30. Butler LM, Mills PK, Yang RC, Chen MS Jr. Knowledge and Vaccination Levels in California Hmong Youth: Implications for Liver Cancer Prevention Strategies. *Asian Pac J Cancer Prev.* 2005;6(3):401-03.

Information provided by the  
**Intercultural Cancer Council**

713.798.4614 • 713.798.3990 (FAX)

Email: [icc@uh.edu](mailto:icc@uh.edu) • Website: <http://iccnetwork.org>

Cancer Fact Sheets may be downloaded in printable Adobe Portable Document Format (pdf) from:  
<http://iccnetwork.org/cancerfacts>