



AANCART Comes to Hawaii

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National AANCART

AANCART (Asian American Network for Cancer Awareness, Research, and Training) is a project of the Special Populations Network within the National Cancer Institute's Strategic Plan to Reduce Cancer-Related Health Disparities. It was formed in the year 2000 to address the disparity of cancer outcomes in Asian Americans by promoting cancer awareness and cancer research in the Asian American population and to train investigators for cancer research in the Asian American populations. The principal investigator of AANCART nationally is Dr. Moon Chen, who is Associate Director for Cancer Prevention and Control at UC Davis Cancer Center and Professor in the Department of Epidemiology and Preventive Medicine at UC Davis in Sacramento, California.

From his headquarters for AANCART at the UC Davis Cancer Center Dr. Chen coordinates the efforts of researchers at seven other leading cancer centers, including Dana-Farber Cancer Institute in Boston; Herbert Irving Comprehensive Cancer Center in New York City; Fred Hutchinson Cancer Research Center in Seattle; UCSF Comprehensive Cancer Center in San Francisco; Jonsson Comprehensive Cancer Center at UCLA; M.D. Anderson Cancer Center in Houston, Texas; and the Cancer Research Center of Hawaii. Collectively, about one-third of all Asian Americans in the United States live in the cities that host these centers.

While Asian Americans have a relatively low risk of cancer overall, their cancer death rate is climbing faster than that of any other racial group. In addition, they suffer disproportionately from several forms of the disease. For example, Asian Americans and Pacific Islanders are three times more likely than whites to die of liver cancer and twice as likely to die of stomach cancer. In some Asian groups, cervical cancer in women is up to five times as common as in whites.

AANCART's goals are to develop cancer awareness and prevention programs targeted to specific segments of the Asian American population, a group that encompasses more than 30 distinct ethnic groups and 800 different languages and dialects. In addition, the project seeks to increase the number of Asian Americans participating in clinical and prevention trials, train more Asian American health workers in community cancer prevention, and conduct research focused on reducing the burden of cancer among Asian Americans.

AANCART in Hawaii

Asian Americans make up 4.2% of the U.S. population according to the 2000 U.S. Census. They comprise 41.6% of Hawaii's population. Because of this large Asian American population in Hawaii, Dr. Chen asked Dr. Reginald Ho to develop an AANCART site in Hawaii which was begun in 2002.

The leading cause of death in the United States is heart disease, followed by cancer. However, for Asian American women, the leading cause of death is cancer. Vietnamese, Korean, and Chinese men have the highest liver cancer rate of any ethnic group in the U.S. Korean and Japanese men have the highest stomach cancer incidence of any ethnic group in the U.S. The cervical cancer incidence rate among Vietnamese women is more than two and a half times higher than rates for women of any other ethnic group. Filipino men and women have the highest incidence and Filipino women have the highest mortality from thyroid cancer of any ethnic group.

The uniquely high rates of these specific cancers occur mostly in the foreign-born Asian Americans, and they reflect the high rates of these cancers in their countries of origin. These cancers seem to decrease in incidence with each subsequent generation residing in the U.S. The Cancer Research Center of Hawaii and the Kuakini Research Foundation have done interesting transmigration studies tracking the prevalence of cancers in Japanese migrants in Hawaii through two generations. They have found that stomach cancer, which was high in incidence in Japan and also in the first generation of migrants to Hawaii, decreased in incidence in the second generation. However, breast cancer, which was of low incidence in Japan and low in incidence in the first generation immigrants, increased in incidence with each subsequent generation of Japanese women in the U.S., so that the second generation of Japanese women had incidence rates of breast cancer approaching that of white women.

Studies of health behaviors of some Asian American groups show them to have low awareness of cancer and to have high risk behaviors generally associated with high cancer mortality. Smoking rates in some groups of Asian men are very high. Some groups of Asian women have very low rates of cervical cancer screening. What is common among these Asian groups so identified is that they are mainly first generation immigrants to the U.S.

The AANCART site in Hawaii in 2002 conducted a study to determine which subgroup of the Asian population in Hawaii has the greatest risk for cancer disparity, and therefore, the greatest need for intervention. This study looked at the first generation, or foreign-born Asians in the state.

Hawaii has a very diverse population of Asian Americans, diverse not only from the point of view of origin from many Asian countries, but also diverse in acculturation and assimilation into the United States. The first generation Asians in Hawaii was studied to determine whether this subpopulation is at risk for greater mortality from cancer than the population of Hawaii as a whole.

Demographics of Asian Americans in Hawaii

Based on the 2000 U.S. Census, Hawaii has a total population of

1,211,537 residents, of which 503,868 are Asian. The migration of Asians to Hawaii began in the early 1800's, and a substantial number of Asians came to live in Hawaii over 100 years ago. The Chinese began their migration to Hawaii in 1823 when skilled workers arrived to help set up the sugar mills and reached substantial numbers by 1900. Many Japanese came to Hawaii beginning in 1868 as contract laborers in the sugar and pineapple plantations, and nearly all remained. The Korean community in Hawaii celebrated its centennial of immigration in 2003. The result of this early migration is that there are large numbers of Asian Americans in Hawaii whose families have been in Hawaii for more than three generations. By and large, this group of Asian Americans has assimilated into the U.S. and Hawaii cultures, particularly into the educational and economic systems, and it is expected that their health status would be comparable to that of the Hawaii population as a whole.

The U.S. Census 2000 also revealed that there were 176,707 Asians in Hawaii who were foreign-born and represented about 14.6% of the population. The Filipino population came to work in Hawaii's plantations in 1906 in substantial numbers. In 2000 there were 102,063 foreign-born Filipinos in Hawaii.

The Vietnamese migrated to the U.S. beginning in 1975 in what has been described as three waves. In 2000 there were 8775 Vietnamese in Hawaii, and virtually all had been born in Vietnam. In the 2000 Census Hawaii had 1788 individuals who had been born in Thailand and 1592 who had been born in Laos.

Migration of the Chinese, Japanese, and Koreans have continued in recent years. In 2000 there were 20,241 foreign-born Chinese in Hawaii, of whom 12,662 were born in Mainland China, 4596 were from Hong Kong, and 2983 were from Taiwan. There were also 20,590 foreign-born Japanese and 17,202 foreign-born Koreans in Hawaii in the 2000 Census.

On average, 5000 to 8000 immigrants enter Hawaii each year, the great majority from Asian countries. At any one time, 3% of Hawaii's population are recent immigrants, having arrived in Hawaii within the last five years. Furthermore, the U.S. Immigration and Naturalization Service estimates that Hawaii has more than 25,000 undocumented immigrants.

Cancer Status of Foreign born Asian Americans in Hawaii

To look at the cancer status of foreign-born Asian Americans in Hawaii, the Hawaii Tumor Registry (HTR) was consulted for this information. The HTR was started in 1960 and is a member of the Surveillance, Epidemiology and End Results (SEER) program of the National Cancer Institute.

Data from the HTR show that in the 10-year period from 1991 through 2000 there were a total of 6,251 foreign-born Asians diagnosed with cancer in Hawaii, 3232 men and 3019 women. The three most commonly diagnosed cancers were cancers of the prostate gland, the breast, and the lung.

The stage at diagnosis of the cancers was able to be retrieved for the foreign-born Asians and compared with the rest of the population in Hawaii. The data showed that cancers were diagnosed at a later stage in the foreign-born Asians than the rest of the population in Hawaii. Conversely, the cancers were diagnosed at an earlier stage for the rest of the population in Hawaii than in the foreign-born Asians.

Cancer in Filipinos

Because the largest population of foreign-born Asians in Hawaii was the foreign-born Filipinos (57.8% of foreign-born Asians in Hawaii), their numbers were large enough for more detailed scrutiny.

Cancers were diagnosed in distant stage in 24.8% of foreign-born Filipinos, whereas the number was 18.2% in Caucasians. Conversely, cancers were diagnosed in localized or in-situ stages in foreign-born Filipinos in 43.7% of cases, whereas in Caucasians in Hawaii the number was 57.0%. These data identify a disparity of cancer stage at the time of diagnosis for the first generation, or immigrant, population of Asians living in Hawaii. This information leads to a need to identify the factors leading to this disparity so that programs can be developed to help this population at risk.

Mission of AANCART-HAWAII

Based on this data, AANCART-HAWAII has taken on as its mission to serve the immigrant Asian American population in Hawaii and to promote cancer awareness, cancer research and training in this population. AANCART in Hawaii has been working with the Cancer Information Service Program (CIS), the American Cancer Society, and the Department of Health of the State of Hawaii to develop cancer awareness training programs for the first-generation Asian Americans in Hawaii. Other community organizations involved in this mission are the Kauai Filipino Community Council; Nurses, Advocates & Mentors, Inc.; Oahu Filipino Community Council; and the United Filipino Community Council Health Committee.

The first effort has been a demonstration project to teach Filipino community leaders about the nature of cancer, the causes of cancer, what can be done to prevent certain forms of cancer, and the importance of cancer screening. A Cancer 101 course was developed to not only teach these leaders about these cancer prevention messages, but also to train them to impart the information to the people in their communities. The first sessions were organized by Charlene Cuaresma, the Community Director of AANCART, and conducted in the Filipino Community Center in Waipahu and in Koloa, Kauai. The hope is to extend this outreach to the other immigrant Asian groups in Hawaii.

Dr. Reuben Guerrero is the Clinical Director of the project. He has been developing outreach efforts to the Filipino physicians' organization to work with AANCART in the dissemination of cancer awareness to the community and to develop research proposals addressing the cancer disparity in the population.

Dr. Abraham Nomura is the Research Director of the project. He is developing interest among the young research investigators in the Cancer Research Center of Hawaii to write competitive proposals for pilot project grants that are being made available by the NCI to reduce cancer health disparities in Asian American minorities.

Summary

There are 176,707 foreign-born Asian Americans living in Hawaii, according to the 2000 Census. Data from the Hawaii Tumor Registry show that foreign-born Asian Americans in Hawaii are diagnosed with cancer at a later stage than the white population in Hawaii. It is the intent of AANCART at the Cancer Research Center of Hawaii to address this disparity of cancer status of the foreign-born Asian American population in Hawaii.

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Our thesis is that cancer awareness in this population is at a lesser level and that cancer screening is done less frequently than in the white population. There are abundant studies in the U.S. medical literature to indicate that foreign-born Asian American males have a higher smoking rate than white males. Asian American women do not utilize Pap smear and mammography screening as frequently as white women. Language and cultural issues may also impact upon their ability and motivation to seek cancer prevention and cancer early detection services. These factors may be playing major roles in the disparity of cancer status in the foreign-born Asian American population in Hawaii.

The plan of AANCART-Hawaii is to address the above mentioned issues by developing demonstration projects to reach the foreign-born Asian American population in Hawaii with cancer awareness training programs. AANCART-Hawaii will be working in partnership with the Cancer Information Service, the American Cancer Society, the Department of Health, and the Asian American community groups to reach these populations with tobacco prevention awareness information and with programs to promote the use of cervical cancer screening, mammography, and colorectal screening according to guidelines recommended by major cancer organizations.

For more information on the Cancer Research Center of Hawaii, please visit its website at www.crch.org.

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