Increase in Cancer Rates Among Filipino Men in Hawaii

Marc T. Goodman PhD, MPH*
Lynne R. Wilkens MSPH, DrPH**

Most descriptive and epidemiologic studies conducted in Hawaii have shown wide variation in the incidence and mortality for cancer and other diseases by ethnic group. These data have been useful in generating hypotheses regarding cancer etiology and the provision of health services. Historically, Filipinos living in Hawaii have experienced lower rates of cancer than have the other population groups. From 1975 through 1984, Filipino men had the lowest overall rates of cancer compared with the other major ethnic groups in Hawaii (Figure 1). In the latter half of the 1980s however, the cancer rates among Filipino men began to rise and by the late 1990s their overall cancer incidence exceeded that of all other non-white ethnic groups. By contrast, cancer incidence among Filipino women continued to remain among the lowest of the five major ethnic groups throughout the period 1975-2000 (Figure 2).

What are the reasons for this dramatic change in cancer incidence among Filipino men? Although we do not have any information on cancer risk factors at the Hawaii Tumor Registry, we speculate that tobacco smoking has contributed importantly to the relatively high rates of cancer among Filipino men. Filipino men are the only ethnic group who did not experience a leveling or downturn in lung cancer incidence during the past decade (Figure 3). Even Native Hawaiian men, who have had the highest rates of lung cancer among the major ethnic groups during the past quarter century, have had a reduction in their incidence of lung cancer. These data suggest that Filipino men are not quitting smoking to the same extent as other men.

Prostate cancer rates have also contributed to the recent rise in cancer incidence among Filipino men (Figure 4). Although the rates of prostate cancer rose among all ethnic groups during the 1990s as a result of PSA testing, prostate cancer rates among Filipinos in 1995-2000 were the highest among all non-white ethnic groups. Furthermore, the rates of regional and distant prostate cancer were higher among Filipinos than other ethnic groups, indicating that they are not taking advantage of available screening to detect prostate cancer at its earliest stages (Figure 5).

The cancer statistics for Filipino men indicate an urgent need to target this group in our statewide cancer prevention and control efforts. Coordinated messages to reduce cancer risk behaviors, such as tobacco smoking, and to increase the utilization of cancer screening services are necessary to alter this disturbing trend in incidence. The statewide Comprehensive Cancer Control planning spearheaded by the Department of Health should provide us with the framework and infrastructure to identify gaps in cancer care and outcome and to prioritize areas of need. Stemming the rise in cancer incidence among Filipino men is certain to be a primary challenge in the coming years.

References
Figure 1.— Overall Cancer Incidence Rates, Men Age-Adjusted to US 2000 Standard Population

Figure 2.— Overall Cancer Incidence Rates, Women Age-Adjusted to US 2000 Standard Population
Figure 5.— Distribution of Stage at Prostate Cancer Diagnosis, Men, 1995-2000

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