



# Cancer Facts

## Hispanics/Latinos and Cancer

### WHO WE ARE

We are called “Hispanic” or sometimes “Latino” to describe our ethnic background. However, as a population we are more accurately referred to as a mosaic of cultures. In reality, the various Hispanic subgroups reflect profound differences in ethnicities, cultures, and origins, and have remarkably few characteristics in common. For example our population covers the racial spectrum; as Hispanics we can be White, African American, Asian or Pacific Islander, or Native American. Moreover, our diversity extends to nationality, customs, heritage, lifestyles, and socioeconomic status. While

similarities among us do exist, particularly in language (Spanish) and religion (Catholic), we have deeply embedded dissimilarities in background and life experiences that influence our health. In practice, this means that one should use caution in making broad generalizations about the Hispanic/Latino population.

In 2009, Hispanics/Latinos numbered 48.5 million and made up 16% of the population.<sup>(1)</sup> By 2050, we will represent almost a quarter of the country’s population (over 100 million).<sup>(1)</sup> Yet, in 2004, the median income for our Hispanic households was \$36,000, which was considerably

lower than the \$48,000 median income for our non-Hispanic/Latino white counterparts. In the same year, our poverty rates were over three times higher (22% vs. 9%) when compared to non-Hispanic/Latino whites. In 2006, only 2% of the Hispanic population, 25 and older, completed a bachelor’s degree or higher.<sup>(2)</sup>

Nearly two-thirds of all Hispanics/Latinos in the U.S. are of Mexican origin (62.5%) and 9.6% of Puerto Rican origin, while people of Cuban origin, Central and South American origin, and other Hispanics/Latinos each account for 4.3%, 14.3% and 6.6%, respectively.<sup>(2)</sup>

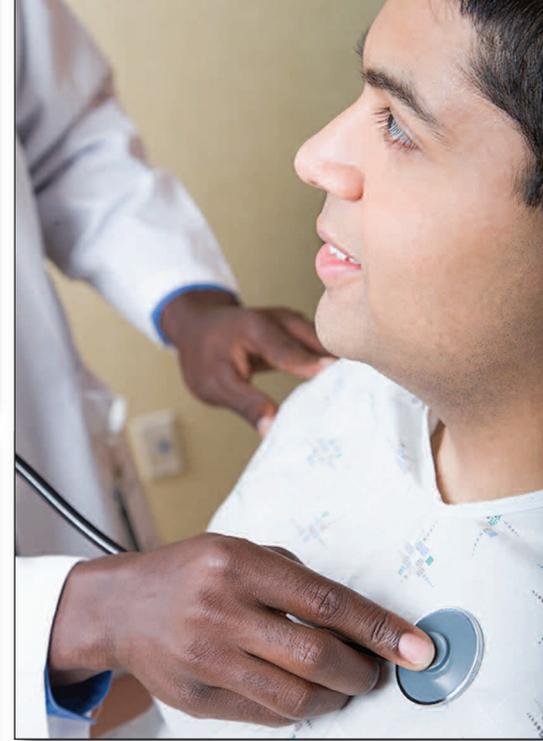
### Causes/Etiology

- The underuse of adjuvant therapy is evidenced in minority women diagnosed with early-stage breast cancer. In a large study of women in New York City, this treatment was underused in 23% of Hispanic/Latino women, compared to only 16% of non-Hispanic/Latino white women.<sup>(3)</sup>
- Hispanic patients are less likely to receive surgical resections for early-stage lung cancer than non-Hispanic/Latino whites.<sup>(4)</sup>
- Latinos are more likely to undergo lung resection at low-volume hospitals, after controlling for patient and hospital factors. In addition, hospital volume is inversely associated with inpatient mortality, suggesting a disparity that may not be accounted for by racial concentration or limited hospital choice.<sup>(5)</sup>
- Lesion thickness is the most important predictor of prognosis in melanoma patients. An analysis of melanoma incidence and mortality found that Hispanics/Latinos had a larger proportion of thick lesions than thin lesions. Only 43.9% of invasive melanomas in Hispanic/Latino males were less than 0.75 mm at diagnosis, compared to 53.7% of those in non-Hispanic/Latino white males.<sup>(6)</sup>

- A known risk factor for colorectal cancer is not consuming enough fruits and vegetables. Consumption of fruits and vegetables is particularly low among Latino men, with only 5-19% reporting consuming three or more servings of vegetables per day.<sup>(7)</sup>
- The increased incidence of gastric and liver cancer among Hispanics/Latinos may be partially explained by an increased risk of exposure to certain infectious agents such as Helicobacter (H. pylori) and the Hepatitis C virus.<sup>(8)</sup>

### Screening

- A national cancer survey found that only 53.5% of Hispanic/Latino men were aware of the prostate-specific antigen (PSA) screening test for prostate cancer. This is a significantly lower awareness than for non-Hispanic/Latino white men (75.4%).<sup>(9)</sup>
- Since Medicare began reimbursing colonoscopies for the average-risk population, disparities in screening rates between Hispanics/Latinos and non-Hispanic/Latino whites have increased, while disparities in screening rates for non-Hispanic/Latinos whites and African Americans have been reduced.<sup>(10)</sup>



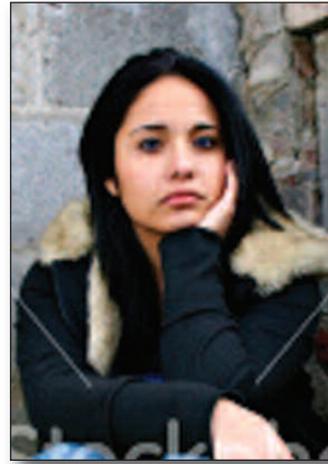
- In 2003, 66.1% of Hispanic/Latino women aged 40 and older had regular screening mammograms compared to 70.8% of non-Hispanic/Latino whites.<sup>(11)</sup>
- From 2000-2003, of the 74.7% of Hispanic/Latina women aged 18 and older who had a pap smear, 64.4% were uninsured, compared to 80.2% of non-Hispanic/Latina whites who had a pap smear of whom 59.3% were uninsured.<sup>(11)</sup>
- Lower acculturated Hispanic/Latino women are less likely to ever have received a Pap smear screening.<sup>(12)</sup>
- Hispanic/Latino women, who speak mostly Spanish and are not up-to-date with cervical cancer screening guidelines, are less likely to receive a recommendation for a Pap smear compared to those who are highly English proficient.<sup>(13)</sup>
- In a recent study of skin cancer awareness among high school students, Hispanic/Latino students were less aware than their non-Hispanic/Latino white peers of skin self-examination. Furthermore, they were also less likely than non-Hispanic/Latino white students to wear sunscreen, sun-protective clothing, and perceived themselves to be at lower risk for skin cancer than non-Hispanic/Latino white students.<sup>(14)</sup>

### Patient/Provider Communication

- In a survey of Latinas and non-Latinas referred for colposcopy, Latinas were significantly more likely to report fear of test results or an inability to communicate with their providers in Spanish as barriers to obtaining screening Pap testing.<sup>(15)</sup>
- Compared to non-Hispanic/Latino white physicians, Latino physicians were significantly less involved in clinical trials and found less value in them. This in turn, may influence their decision to refer patients to be enrolled in clinical trials.<sup>(16)</sup>
- Women who report not speaking English well have lower rates of screening for breast and cervical cancer. Moreover, these differences are not accounted for by being native to the U.S., having different social or demographic factors, and/or the length of residence in the U.S., which suggests a communication barrier to access.<sup>(17)</sup>
- The probability of having a screening mammogram is greater in women who have personal physicians, who seek health care at their physician's offices, and who have health care coverage. Hispanic/Latino women are less likely than non-Hispanic/Latina white women to have these protective factors.<sup>(18)</sup>

### Disparities

- The incidence of thick (>1.5 mm) melanomas is increasing at a higher rate among Hispanics/Latinos compared to non-Hispanic/Latino whites. For Hispanic/Latino males, the annual increase is 15.4% compared to 11.6% among non-Hispanic/Latino white males. For Hispanic/Latino females, the incidence of thick tumors is increasing at a rate of 8.9% per year as opposed to only 0.7% for non-Hispanic/Latino white females.<sup>(6)</sup>
- Hispanic/Latino and African American/black women are less likely to be diagnosed with early-stage breast cancer than non-Hispanic/Latino white women.<sup>(19)</sup>
- Women living below the poverty line are more likely to be positive for high-risk serotypes of the human papillomavirus (HPV), the causative organism for cervical cancer. Among these women, Mexican American ethnicity was most associated with increased prevalence of HPV.<sup>(20)</sup>
- Among women diagnosed with ovarian cancer, Hispanic/Latino women are less likely than non-Hispanic/Latino white women to receive recommended comprehensive surgery.<sup>(21)</sup>
- In a large retrospective analysis of melanoma patients, Hispanic/Latino patients were significantly more likely to have metastases at the time of diagnosis (16%) than non-Hispanic/Latino white patients (9%).<sup>(22)</sup>
- Cervical cancer incidence is the highest among Hispanic/Latino women when compared to all other ethnic groups. In 2004, the incidence rate among Hispanics/Latinos was 13.8 per 100,000 compared to 8.5 among non-Hispanic/Latino whites.<sup>(23-25)</sup>



- Hispanics have a higher age-specific mortality rate from skin cancer than non-Hispanic/Latino whites aged 45 years and younger.<sup>(26)</sup>
- In a survey to determine prostate cancer knowledge among uninsured men, Hispanic/Latino men were more likely to score lower than other ethnic populations.<sup>(27)</sup>
- Hispanic/Latino women presenting with breast cancer are more likely to have Stage IV disease, to have poorly differentiated tumors, larger tumors, and to have estrogen receptor-negative tumors compared to non-Hispanic/Latino white women. These factors all portend a poorer prognosis.<sup>(28)</sup>

## Outcomes

- The five most common types of cancers by incidence in Hispanic/Latino men are prostate, colon and rectum, lung and bronchus, urinary bladder, and non-Hodgkin lymphoma. The five most common cancers causing death in Hispanic/Latino men are lung and bronchus, prostate, colon and rectum, liver and intrahepatic bile duct, and pancreas.<sup>(25)</sup>
- The five most common types of cancers by incidence in Hispanic/Latino women are breast, colon and rectum, lung and bronchus, corpus and uterus, and non-Hodgkin lymphoma. The five most common cancers causing death in Hispanic/Latino women are breast, lung and bronchus, colon and rectum, pancreas, and ovarian.<sup>(25)</sup>
- The incidence rate of gastric cancer in Hispanic/Latino men (17.8 per 100,000) and women (10 per 100,000) when compared with non-Hispanic/Latino white men (10.8) and women (5.0) is higher.<sup>(25)</sup>
- The incidence rate of liver and bile duct cancer in Hispanic/Latino men (13.5 per 100,000) and women (5.8 per 100,000) is higher than that of non-Hispanic/Latino white men (7.2 per 100,000) and women (2.9 per 100,000).<sup>(25)</sup>
- The mortality rate for cervical cancer among Hispanic/Latino women is 3.3 per 100,000 compared to 2.6 per 100,000 for women of all races.<sup>(25)</sup>

- The incidence of esophageal and gastric cancer differs by histology between Hispanics/Latinos and other ethnicities. The incidence of squamous cell carcinoma is 48% higher among Hispanic/Latino men than among non-Hispanic/Latino white men, and the incidence of cardia adenocarcinoma was 20% higher among Hispanic/Latino women than among non-Hispanic/Latino white women.<sup>(29)</sup>
- In a study of adults over 50 years old, the rates of Hispanics/Latinos reporting sigmoidoscopy or colonoscopy within the past five years was only 27.9%, the lowest of all the ethnic groups studied compared to non-Hispanic/Latino whites (48.0%), African Americans/blacks (32.8%), Asian Americans (33.3%), and “other” (33.3%).<sup>(30)</sup>
- Among Mexican American and Puerto Rican women, cervical cancer incidence is two to three times higher than in non-Hispanic/Latino white women.<sup>(31)</sup>

## References

1. 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.
2. U.S. Census Bureau. The American Community-Hispanics 2004. Available at: <http://www.census.gov/prod/2007pubs/acs-03.pdf>. Accessed October 2010.
3. Bickell NA, Wang JJ, Oluwole S, et al. Missed Opportunities: Racial Disparities in Adjuvant Breast Cancer Treatment. *J Clin Oncol*. 2006;24(9):1357-62.
4. Wisnivesky JP, McGinn T, Henschke C, Hebert P, Iannuzzi MC, Halm EA. Ethnic Disparities in the Treatment of Stage I Non-Small Cell Lung Cancer. *Am J Respir Crit Care Med*. 2005;171(10):1158-63.
5. Neighbors CJ, Rogers ML, Shenassa ED, et al. Ethnic/Racial Disparities in Hospital Procedure Volume for Lung Resection for Lung Cancer. *Med Care*. 2007;45(7):655-63.
6. Cockburn MG, Zadnick J, Deapen D. Developing Epidemic of Melanoma in the Hispanic Population Of California. *Cancer*. 2006;106(5):1162-68.



7. Ramirez AG, Suarez L, Chalela P, et al. Cancer Risk Factors among Men of Diverse Hispanic or Latino Origins. *Prev Med.* 2004;39(2):263-69.
8. Jemal A, Murray T, Ward E, et al. Cancer Statistics 2005. *CA: Cancer Journal for Clinicians.* 2005;55:10-30.
9. McFall SL. Use and Awareness of Prostate Specific Antigen Tests And Race/Ethnicity. *J Urol.* 2007;177(4):1475-80.
10. Shih YC, Zhao L, Elting LS. Does Medicare Coverage of Colonoscopy Reduce Racial/Ethnic Disparities in Cancer Screening among the Elderly? *Health Aff.* 2006;25(4):1153-62.
11. American Cancer Society. Cancer Facts and Figures for Hispanic/Latinos, 2006-2008. Atlanta, Ga: 2006.
12. Shah M, Zhu K, Wu H, Potter J. Hispanic Acculturation and Utilization of Cervical Cancer Screening in the U.S. *Prev Med.* 2006;42(2):146-49.
13. De Alba I, Sweningson JM. English Proficiency and Physicians' Recommendation of Pap Smears among Hispanics. *Cancer Detect Prev.* 2006;30(3):292-96.
14. Fangchao M, Collado-Mesa F, Hu S, Kirsner RS. Skin Cancer Awareness and Sun Protection Behaviors in White Hispanic and Non-White Hispanic High School Students in Miami, Florida. *Arch of Dermatol.* 2007;143(8):983-88.
15. Del Carmen M, Findley M, Muzikansky A, et al. Demographic, Risk Factor, and Knowledge Differences Between Latinas and Non-Latinas Referred to Colposcopy. *Gynecol Oncol.* 2007(1);104:70-76.
16. Ramirez AG, Wildes K, Talavera G, Nápoles-Springer A, Gallion K, Pérez-Stable EJ. Clinical Trials Attitudes and Practices of Latino Physicians. *Contemp Clin Trials.* 2008 Jul;29(4):482-92.
17. Jacobs EA, Karavolos K, Rathouz PJ, Ferris TG, Powell LH. Limited English Proficiency and Breast and Cervical Cancer Screening in a Multiethnic Population. *Am J of Public Health.* 2005;95(8):1410-16.
18. Aldridge ML, Daniels JL, Jukic AM. Mammograms and Healthcare Access Among US Hispanic and Non-Hispanic Women 40 Years and Older. *Fam Community Health.* 2006;29(2):80-88.
19. Lantz PM, Mujahid M, Schwartz K, et al. The Influence of Race, Ethnicity, and Individual Socioeconomic Factors on Breast Cancer Stage at Diagnosis. *Am J Public Health.* 2006;96(12):2173-78.
20. Kahn JA, Lan D, Kahn RS. Sociodemographic Factors Associated with High-Risk Human Papillomavirus Infection. *Obstet Gynecol.* 2007;110(1):87-95.
21. Goff BA, Matthews BJ, Larson EH, et al. Predictors of Comprehensive Surgical Treatment in Patients with Ovarian Cancer. *Cancer.* 2007;109:2031-42.
22. Hu S, Soza-Vento RM, Parker DF, et al. Comparison of Stage at Diagnosis of Melanoma Among Hispanic, Black, and White Patients in Miami-Dade County, Florida. *Arch Dermatol.* 2006;142(6):704-08.
23. Detailed Guide: Cervical Cancer What Are the Key Statistics about Cervical Cancer? American Cancer Society. Available at: <http://www.cancer.org/Cancer/CervicalCancer/DetailedGuide/cervical-cancer-key-statistics>. Accessed October 2010.
24. Comparing Cervical Cancer by Race and Ethnicity. Center for Disease Control. Available at: <http://www.cdc.gov/cancer/cervical/statistics/race.htm>. Accessed October 2010.
25. Ries LAG, Melbert D, Krapcho M, et al., editors. SEER Cancer Statistics Review, 1975-2004. National Cancer Institute. Based on November 2006 SEER data submission. Available at: [http://seer.cancer.gov/csr/1975\\_2007/index.html](http://seer.cancer.gov/csr/1975_2007/index.html). Accessed October 2010.
26. Wong M, Tagawa T, Hsieh HJ, Shapiro MF, Boscardin WJ, Ettner SL. Differences in Cause-Specific Mortality Between Latino and White Adults. *Med Care.* 2005;43(10):1058-62.
27. Deibert CM, Maliski S, Kwan L, Fink A, Connor SE, Litwin MS. Prostate Cancer Knowledge among Low Income Minority Men. *J Urol.* 2007;177(5):1851-55.
28. Watlington AT, Byers T, Mouchawar J, et al. Does Having Insurance Affect Differences in Clinical Presentation Between Hispanic and Non-Hispanic White Women with Breast Cancer? *Cancer.* 2007;109(10):2093-99.
29. Wu X, Chen VW, Andrews PA, Ruiz B, et al. Incidence of Esophageal and Gastric Cancers Among Hispanics, Non-Hispanic Whites and Non-Hispanic Blacks in the United States: Subsite and Histology Differences. *Cancer Causes Control.* 2007;18(6):583-93.
30. Vlahov D, Ahern J, Vazquez T, et al. Racial/Ethnic Differences in Screening for Colon Cancer: Report from The New York Cancer Project. *Ethn Dis.* 2005;15(1):76-83.
31. Ramirez, A. G., & Suarez, L. Hispanic Cultures. In L. Breslow (Ed.), *Encyclopedia of Public Health* New York, NY: Macmillan Reference USA – Gale Group, 2001; 2:565-567.

Information provided by the

**Intercultural Cancer Council**

713.798.4614 • 713.798.3990 (FAX)

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

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