



Cancer Facts

Native Hawaiians/Pacific Islanders and Cancer

WHO WE ARE

As Native Hawaiians and Pacific Islanders of Polynesian, Micronesian and Melanesian ancestry, we total only 0.1 percent of the U.S. population. Our small subgroup includes more than 25 diverse peoples with distinct variations in historical backgrounds, languages, and cultural traditions. Three of our largest Pacific Islander groups make up about three-fourths of the total Pacific Islander population under U.S. jurisdiction. These groups – Native Hawaiians (with over 100,000 people), Samoans, and Guamanians – together account for 74% of our Pacific Islander population. (1)

Besides those living in Hawaii and the continental U.S., the rest of us reside in areas of the Pacific, including the six U.S. associated Pacific Island jurisdictions: Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Republic of Belau, and the Federated States of Micronesia that comprise the four

states of Chuuk, Yap, Kosrae and Pohnpei.(2)

Not all of us have chosen to remain in our native homelands. Population forecasts suggest that while the Native Hawaiian population continues to steadily increase, the population of Native Hawaiians in Hawaii is slowly decreasing due to the increasing cost of living and limited economic opportunities. We have migrated in significant numbers to California, Washington, Texas, New York, Florida, and Utah. (2)

As an aggregate group, Native Hawaiians and Pacific Islanders remain socio-economically disadvantaged and underserved in access to health and social services. This is a significant and common factor in the disparity among U.S. groups with higher mortality and lower survival rates from cancer. In addition, Pacific Islanders have significantly elevated rates of health-related high-risk behaviors such as smoking, high consumption of alcohol, and obesity,

as well as diets that are high in calories, cholesterol saturated fat, salt, and protein. Other factors contributing to significant health barriers for us include decreased access to, or lack of, cancer prevention and control programs, the inability or lack of cancer prevention and education programs to effectively disseminate information and treatment to our populations, inadequate data collection, and the lack of cultural sensitivity on the part of non-indigenous health care professionals.(3)

With the exception of Native Hawaiians residing in Hawaii, we have little in the way of systematic data collection on cancer incidence and mortality for the remainder of us who live in the other Pacific islands and our cancer surveillance and databases are rudimentary at best. Because our surveillance and health infrastructure are often lacking, our cancer burden remains unknown or unstable due to small numbers. (3)

Causes/Etiology

- Among people who smoke less than 30 cigarettes per day, Native Hawaiians are more likely to develop lung cancer than members of other ethnic groups, with exception to African Americans.(4, 5)
- Native Hawaiian and Filipino women are likely to develop breast cancer at an earlier age than women of other ethnic groups. They are also more likely to be diagnosed at a later stage, more likely to have markers of more aggressive cancer, and more likely to die from the disease compared to other ethnic groups.(6)
- In a recent study, researchers found that 34% of Native Hawaiian men smoked, compared with 23% of non-Hispanic/Latino white men in Hawaii, and that 28% of Native Hawaiian women smoked, compared to 16% of non-Hispanic/Latino white women in Hawaii.(7)
- In the Republic of the Marshall Islands, cancer is the second leading cause of death, possibly as a consequence of previous nuclear testing in the area. The risk is estimated to be 9% above the natural baseline.(8)

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Screening

- Breast carcinoma is the number one cause of cancer-related mortality among Asian American and Pacific Islander women, yet these women have the lowest cancer screening and early detection rates of all ethnic groups.⁽⁹⁾
- In a recent study, Native Hawaiian women aged 45-75 had significantly lower annual and biennial mammography testing compared to non-Hispanic/Latina white women.⁽¹⁰⁾
- In Chuuk State, it is estimated that approximately 500 Pap smears are done each year, reaching less than 5% of the 12,400 women over 20 years of age who are eligible for such screening.⁽¹¹⁾
- In 2002, Guam reported only 29% of men over the age of 40 reported undergoing a prostate-antigen screening (PSA) test compared to 54% of the U.S. general population. Furthermore, only 13% of adults over the age of 50 had a fecal occult blood test [FOBT] in the past 2 years compared to 30% in the U.S., and 31% of adults aged 50+ had a sigmoidoscopy or colonoscopy versus 49% in the U.S.^(12,13)
- Very limited cancer control research has been conducted on Tongans even though they are the fourth largest Pacific Islander group in the United States. The only study to evaluate use of cancer prevention services found extremely low rates of mammography screening in a convenience sample of Tongan women.⁽¹⁴⁾

Patient/Provider Communication

- As recently as 2003, the Pacific Island's only oncologist resided in Guam.⁽¹³⁾
- Cancer burden in Hawaii is impacted by lack of regular physical activity, poor diet, and most importantly tobacco use.⁽¹⁵⁾
- The most recent Hawaii Behavior Risk Factor Surveillance System (BRFSS) data suggest that over 720,000 adults eat fewer than five servings of fruits and vegetables per day, more than half of this number do not engage in regular physical activity and are overweight, and 189,000 are smokers.⁽¹⁵⁾
- As of 2003, hospitals in the US Associated Pacific could not offer clinical treatment trials because they did not meet the criteria for conducting trials.⁽¹⁶⁾

- Breast cancer is the most common cancer among Samoan women. In regional surveys, 42% of Samoan women 40 years and older had never heard about mammography. For Samoan women, important predictors for obtaining a mammogram include access to care, knowledge about risk factors and screening guidelines, psychosocial factors, and culture-specific beliefs.⁽²⁶⁻²⁸⁾

Disparities

- Among Native Hawaiian women in Hawaii, 123 of every 100,000 deaths were from breast, stomach, cervical or lung cancer, compared to the 82 of every 100,000 deaths for non-Hispanic/Latino white women.⁽⁷⁾
- Native Hawaiians have one of the highest lung cancer mortality rates compared to other ethnic groups in the United States.⁽¹⁵⁾
- Pacific Islanders have a higher incidence of cancer of the stomach, liver, and intrahepatic bile duct than any other ethnic group. Pacific Islander men have a higher mortality rate from liver and bile duct cancer compared to non-Hispanic/Latino whites.^(24, 25)

Outcomes

- Breast, stomach, and lung cancer deaths occurred in Native Hawaiian men at a rate of 145 for every 100,000 deaths, compared to the 117 for every 100,000 deaths in non-Hispanic/Latino white men.⁽⁷⁾
- Native Hawaiians have the highest incidence rates of breast and lung cancer and highest mortality from breast, lung, and colon cancer of any ethnic group in the state of Hawaii.⁽¹⁷⁾



- Native Hawaiian men with testicular cancer are more likely to be diagnosed at a later stage and more likely to die of their illness compared to the non-Hispanic/Latino whites.⁽¹⁷⁾
- Among women with breast cancer, Pacific Islanders are more likely to be diagnosed with advanced disease or larger tumors (>2 cm).⁽¹⁸⁾
- Liver cancer incidence and death rates are more than twice as high in Pacific Islanders than in non-Hispanic/Latino whites.⁽¹⁹⁾
- Pacific Islander women are less likely to survive five years after a cancer diagnosis than non-Hispanic/Latino white women.⁽¹⁹⁾
- Despite the fact that the state of Hawaii has the lowest cancer mortality rate in the nation, Native Hawaiians experience cancer mortality second only to that of African American/black males and Native Alaskan females.⁽²⁰⁾
- Cancer is the leading cause of death for Pacific Islanders living in the United States.⁽²¹⁾
- A study in Guam revealed that Chamorros had significantly higher mortality rates than those of the U.S. average for patients diagnosed with cancer of the lungs, colon, breast, prostate, mouth, and nasopharynx.⁽²²⁾
- The 5-year survival rate following diagnosis with all types of cancer is 47% for Native Hawaiians, compared to 57% for non-Hispanic/Latino whites and 55% for all races combined.⁽²³⁾
- Of patients diagnosed with cancer, Pacific Islander men have a lower five-year survival rate than non-Hispanic/Latino whites.⁽²⁴⁾
- Areca (betel) nut is the fourth most commonly used substance of abuse in the world after tobacco, alcohol and caffeine.⁽²⁹⁾ The adverse health effects associated with areca (betel) nut use include oral and oropharyngeal cancer.⁽³⁰⁾ In a study of cancer trends in Guam from 1971 to 1995, a continued high incidence of oral cancer particularly among Chamorro people was reported among habitual users of betel nut.⁽³¹⁾

- A survey conducted in Saipan school district high schools reported that the majority of the students claimed regular use of Areca (betel) nut. When an oral examination was performed on these students, oral diseases such as oral leukoplakia and oral sub mucous fibrosis were detected.⁽³²⁾
- Cancer is the second leading cause of death in American Samoa. In 2002, the leading cause of cancer death was cancers of the lung and respiratory tract (19%), followed by liver cancer (12%), prostate (11%), stomach (10%), colon(9%), and breast (8%).^(33, 34)
- For the years 1997-2001, in the Republic of Palau, the most common cancer was cervical cancer (23%), followed by lung (17%), prostate (9%), liver (8%), and breast (6%).⁽³⁵⁾
- Native Hawaiians are more likely to smoke (26%) compared to other ethnicities in Hawaii (14-17%) and more likely to be overweight (60%) compared to other ethnicities in Hawaii (41-48%).⁽³⁶⁾

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