

Cancer burden facing Asian Americans partly caused by racism

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The *Journal of the National Cancer Institute (JNCI)* published a commentary today on the significant cancer disparities facing Asian Americans. The article is authored by seven researchers from across the country who participated in the U.S. Food and Drug Administration (FDA) Oncology Center of Excellence "Conversations on Cancer" held

on July 29, 2021. The virtual "conversation," the first by the FDA, focused on the unfair cancer burden impacting Asian Americans. The lead author of the commentary is Moon Chen, associate director for community outreach and engagement with the UC Davis Comprehensive Cancer Center.

In percentage terms, Asian Americans are the fastest-growing U.S. [racial group](#) for the past three censuses, yet data aggregation obscures distinctions within subgroups of the more than 24 million Asians living in the United States. The JNCI commentary illustrates the harmful impacts this is having on Asian American communities.

Chen said the neglect of Asian American cancer inequities stems from multiple factors. They include historical prejudices against Asian Americans and the myth of Asian Americans as the model healthy minority, compounded by language and cultural barriers as well as racism.

"Asian Americans are unique as the first U.S. population to experience cancer as the leading cause of death," said Chen. "Bigotry against Asian Americans, pervasive since the 19th century, but especially during the COVID-19 pandemic, is only exacerbating the cancer disparities that are costing Asian Americans their lives."

High rates of certain cancer in Asian Americans

The authors cite a disproportionate rate of certain cancers affecting Asian Americans including:

- Cancers due to infectious origin such as the human papillomavirus. For example, Vietnamese American women experience the highest U.S rates of cervical cancer.
- High rates of liver cancer caused by chronic hepatitis B virus

(HBV) infection rates in Asian and Southeast Asian Americans, including Hmong Americans.

- Nasopharyngeal cancers, occurring in the upper part of the throat behind the nose, affecting Chinese Americans at high rates.
- Stomach cancers, which have the highest rates among Korean Americans.
- Lung cancer among never-smokers that disproportionately affects Asian American women at a rate of more than twice that of non-Hispanic white women.

The authors note an "infinitesimal proportion" of the National Institutes of Health (NIH) budget funded Asian American research even though the population is experiencing the highest percentage increases of any U.S. racial population for the past three decades. Between 1992 and 2018, only 0.17% of the total budget of the NIH funded research on Asian Americans. A portfolio analysis of grants funded by the National Cancer Institute's Division of Cancer Control and Population Sciences showed a very limited number of studies focused on Asian Americans, with none at the time addressing the causes of cancer.

Asian Americans are also underrepresented in clinical trials. According to the commentary, only 1% of clinical trials emphasize racial and ethnic minority participation as a primary focus. Only 5 such trials focus on Asian Americans as compared with 83 for African Americans and 32 for Hispanics.

"Classifying Black Americans and Hispanic Americans as underrepresented minorities in [clinical trials](#) is helpful, but it is regrettable that our national policy excludes designating Asian Americans as underrepresented minorities, as documented by data in this commentary," said Chen. "There is a myth that Asian Americans don't get cancer, but that is far from the truth."

What needs to happen to equalize cancer inequities

To rectify inequities, the authors recommend a call to action:

1. Disaggregate data for Asian American subgroups (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam). The commentary calls for a separate focus on Native Hawaiians and other Pacific Islanders.
2. Assess the impact of lived experiences and historical trauma. The authors state that culturally competent oncology care is required to improve access to health insurance/health care. They assert it is also needed to address language and cultural barriers that prevent Asian Americans from getting the medical help they need.
3. Listen to community voices. Rich diversity and unique experiences within Asian American communities are best understood and appreciated by listening to and partnering with patients and community advocates. Research must ensure community representation, buy-in and engagement.

"It is also important to focus on the impact of racism on [cancer](#) disparities and prioritize funding resources. Otherwise, we will not take the necessary steps forward for achieving health equity for Asian Americans," Chen added.

More information: Moon S Chen et al, Charting a Path Towards Asian American Cancer Health Equity: A Way Forward, *JNCI: Journal of the National Cancer Institute* (2022). [DOI: 10.1093/jnci/djac055](https://doi.org/10.1093/jnci/djac055)

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