

Emerging Cancer Health Disparities in Asian Americans

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Asians are the most rapidly growing racial/ethnic group in the US



UCSF

From U.S. Census





From US Census

Ethnicity and national origin of the Asian American population, US, 2017





% who speak English less than very well, by AAPI ethnicity, US, 2017



From AAPI Data, based on ACS 2017 1 year file



% in poverty, by AAPI ethnicity, US, 2017



From AAPI Data, based on ACS 2017 1 year file



Highest educational attainment, by AAPI ethnicity, US, 2017



From AAPI Data, based on ACS 2017 1 year file



Asian Americans have the largest income spread

U.S. Asians have a wide range of income levels

Median annual household income, 2015



These two groups also have the highest and lowest income of entire U.S. population



Unique & heterogeneous cancer patterns



Cancer Disparities: Unique & Unequal Patterns

- Cancer: Leading cause of mortality for 4 decades (in most Asian American populations)
- Among the highest incidence in the world for cancers of infectious origin
 - Liver (Southeast Asians)
 - Gastric (Koreans)
 - Cervical (Vietnamese)
- Higher incidence relative to other populations: NPC, never smoker lung cancer, thyroid
- Rapidly increasing incidence trends: breast, uterine, thyroid cancers
- Low cancer screening rates
- Unique healthcare access barriers



Lung cancer is a leading cause of cancer mortality among AA populations

Rank (based on age-adj mortality rate) & % (of all cancer deaths) of top 5 cancer sites, 1990-2008

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Male (rank)	Asian Indian	Chinese	Filipino Japanese		Korean	Vietnamese
1	Lung 19.0%	Lung 28.13%	Lung 30.7%	Lung 23.9%	Lung 22.8%	Lung 28.1%
2	Colorectal 8.3%	Liver 11.7%	Colorectal 10.8%	Colorectal 13.1%	Stomach 14.6%	Liver 22.3%
3	Prostate 8.1%	Colorectal 10.4%	Prostate 8.9%	Prostate 8.9%	Liver 12.9%	Colorectal 7.9%
4	Pancreas 7.0%	Stomach 6.5%	Liver 7.6%	Stomach 8.8%	Colorectal 11.0%	Stomach 6.5%
5	Leukemia 6.3%	Pancreas 5.9%	Pancreas 5.7%	Pancreas 8.4%	Pancreas 7.4%	Pancreas 4.4%
Female						
(rank)	Asian Indian Chinese		Filipino	Japanese	Korean	Vietnamese
1	Breast 19.8%	Lung 22.2%	Breast 19.5%	Lung 21.4%	Lung 18.5%	Lung 21.7%
2	Ovary 9.7%	Breast 11.8%	Lung 18.1%	Colorectal 12.9%	Stomach 11.6%	Breast 10.3%
3	Lung 9.3%	Colorectal 11.9%	Colorectal 9.0%	Breast 10.7%	Colorectal 11.4%	Colorectal 9.6%
4	Colorectal 6.8%	Pancreas 7.2%	Pancreas 6.7%	Pancreas 9.6%	Pancreas 8.2%	Liver 9.3%
5	Pancreas 5.9%	Stomach 5.4%	Ovary 6.0%	Stomach 6.5%	Liver 7.2%	Stomach 6.3%

Thompson CA, et al. The burden of cancer among Asian Americans: a report of national mortality trends by Asian ethnicity CEBP 2016



CANCER EPIDEMIOLOGY, BIOMARKERS & PREVENTION | RESEARCH ARTICLE

Integrating Electronic Health Record, Cancer Registry, and Geospatial Data to Study Lung Cancer in Asian American, Native Hawaiian, and Pacific Islander Ethnic Groups

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August 2021



A multilevel, integrative approach





Cohort description – Female lung cancer cases (n=3867)





OXFORD

JNCI J Natl Cancer Inst (2021) 00(0): djab143

doi: 10.1093/jnci/djab143 First published online 4 August 2021 Article

Incidence of Lung Cancer Among Never-Smoking Asian American, Native Hawaiian, and Pacific Islander Females

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January 2022



Incidence rates of lung cancer among females, who never smoke by race/ethnicity

	<u>AAIR</u>	<u>95% CI</u>							
AANHPI	17.1	(14.9, 19.4)							
NHPI	15.2	(10.2, 21.2)				•			
Native Hawaiian	16.7	(10.5, 24.3)				•			
Pacific Islander	~								
Asian American	17.5	(15.0, 20.2)							
Chinese American	22.8	(17.3, 29.1)				-		•	
Filipinx American	20.1	(14.1, 27.1)					•		
Japanese American	6.4	(3.6, 10.0)		•					
Other Asian (single group)	20.3	(13.4, 28.5)					•		—
Asian multiple	22.2	(16.1, 29.3)					•		-
Non-Hispanic White	10.1	(9.0, 11.3)			-				
Black	~								
Hispanic	8.5	(5.7, 11.8)			•				
Non-AANHPI multiple races	~								
Unknown/Missing	18.1	(15.9, 20.4)					•		
			0	5	10	15	20	25	30
	Age-adjusted incidence rate (per 100.000)								

DeRouen et al., JNCI 2021

Elucidating lung cancer etiology among Asian American females, who never smoked



- Identify the attributable risk of known, putative, and suspected multilevel risk factors for lung cancer among Asian American females, who never smoked
 - a) genetic ancestry
 - b) individual-level exposures
 - c) contextual-level risk factors including the social environment and indoor and outdoor air pollution
- Characterize mutational landscape of lung tumors & identify associated multi-level risk factors

Funded by National Institute of Minority Health and Health Disparities

Study design: population-based case-control study

- 600 lung cancer cases
 - All Asian American ethnic groups (including multiple race), female, never smoker
 - Ages 21-90 at diagnosis
 - Diagnosed in past 18 months, no other history of cancer
 - Residence of Greater Bay Area counties, LA, Orange, San Diego, Sacramento
 - Next-of-kin interviews available
- 600 matched (age group, Asian ethnicity) controls
 - All Asian American ethnic groups (including multiple race), female, never smoker
 - Ages 21-90 at recruitment
 - No history of cancer
 - Residence of Greater Bay Area counties, LA, Orange, San Diego, Sacramento



What does participation involve?

- Complete epidemiologic survey (30-45 min)
 - Online, by phone, by paper
 - English, Mandarin, Cantonese, Vietnamese, Tagalog, Korean
- Provide saliva sample
- Provide authorization to access tumor tissue (lung cancer cases only)







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