CANCER DISPARITIES IN ASIAN AMERICANS:

PUBLIC POLICY VS PUBLIC HEALTH

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May 20, 2013

Conflict of Interest

- NCI P20-South Side Cancer Disparities Initiative
- AHRQ R24: Partnership for Healthier Asians
- NCI: Community Health Educator supplement
- CDC U54: Hepatitis B Education and Prevention
- President: Asian Health Coalition
- VP: National Council of Asian American Pacific Island Physicians
- Steering committee-National Viral Hepatitis Roundtable
- Executive board: American Cancer Society

Objectives

- Asian American Demographics and Immigration History
- Cancer among Asian Americans

- Colorectal cancer: Public health and public policy partnership

Who Lives In the Global Village?

If Only 100 people Lived In the World, There Would Be……

61 Asians
13 Africans
12 Europeans
9 Latin Americans
5 North Americans

Asian American Immigration History

- 1763-Filipinos in US-escapees from Spanish ships
- Early 1850's California Gold rush
- 1882-Chinese Exclusion Act
- 1922-Japanese made ineligible for citizenship
- 1942-46-Executive Order 9066-Japanese internment (> 2/3 were US citizens)
- 1965-Hart Cellar Act-abolished national origin quotas (Japan 185, China 105, other Asian 100)
- 1990-Immigration Act

Life magazine of December 1941

HOW TO TELL JAPS FROM THE CHINESE

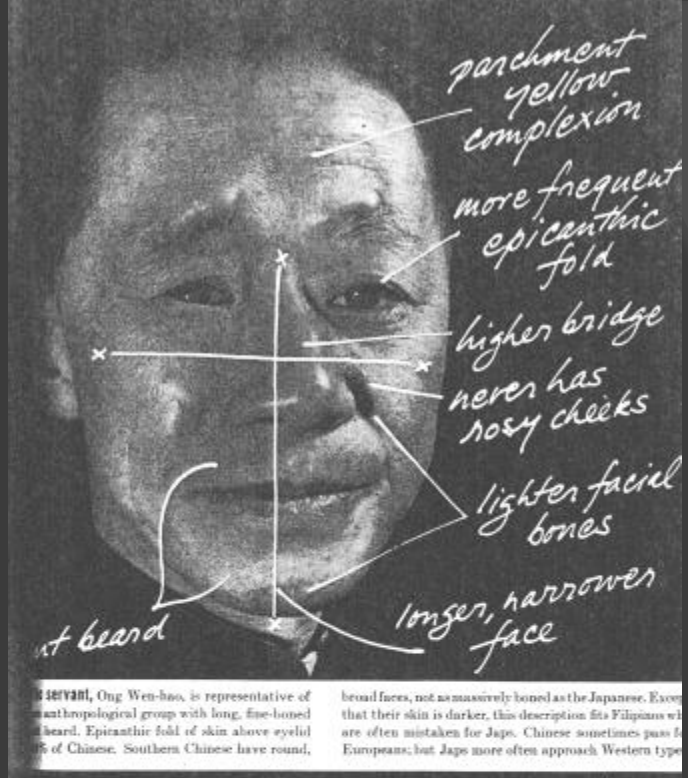
ANGRY CITIZENS VICTIMIZE ALLIES WITH EMOTIONAL OUTBURST AT ENEMY

In the first discharge of emotions touched off by the Japanese assaults on their nation, U. S. citizens have been demonstrating a distressing ignorance on the delicate question of how to tell a Chinese from a Jap. Innocent victims in cities all over the country are many of the 75,000 U. S. Chinese, whose homeland is our stanch ally. So serious were the consequences threatened, that the Chinese consulates last week prepared to tag their nationals with identification buttons. To dispel some of this confusion, LIFE here adduces a rule-of-thumb from the anthropometric conformations that distinguish friendly Chinese from enemy alien Japs.

To physical anthropologists, devoted debunkers of race myths, the difference between Chinese and Japs is measurable in millimeters. Both are related to the Eskimo and North American Indian. The modern Jap is the descendant of Mongoloids who invaded the Japanese archipelago back in the mists of prehistory, and of the native aborigines who possessed the islands before them. Physical anthropology, in consequence, finds Japs and Chinese as closely related as Germans and English. It can, however, set apart the special types of each national group.

CHINESE

Parchment yellow
More epicanthic folds
Higher bridge
Never rosy cheeks
Lighter facial bones
Longer face



JAPANESE

Earthy yellow
Less epicanthic folds
Flatter nose
Sometimes rosy cheeks
Heavy beard
Shorter face

Life magazine of December 1941

Asian American Immigration History

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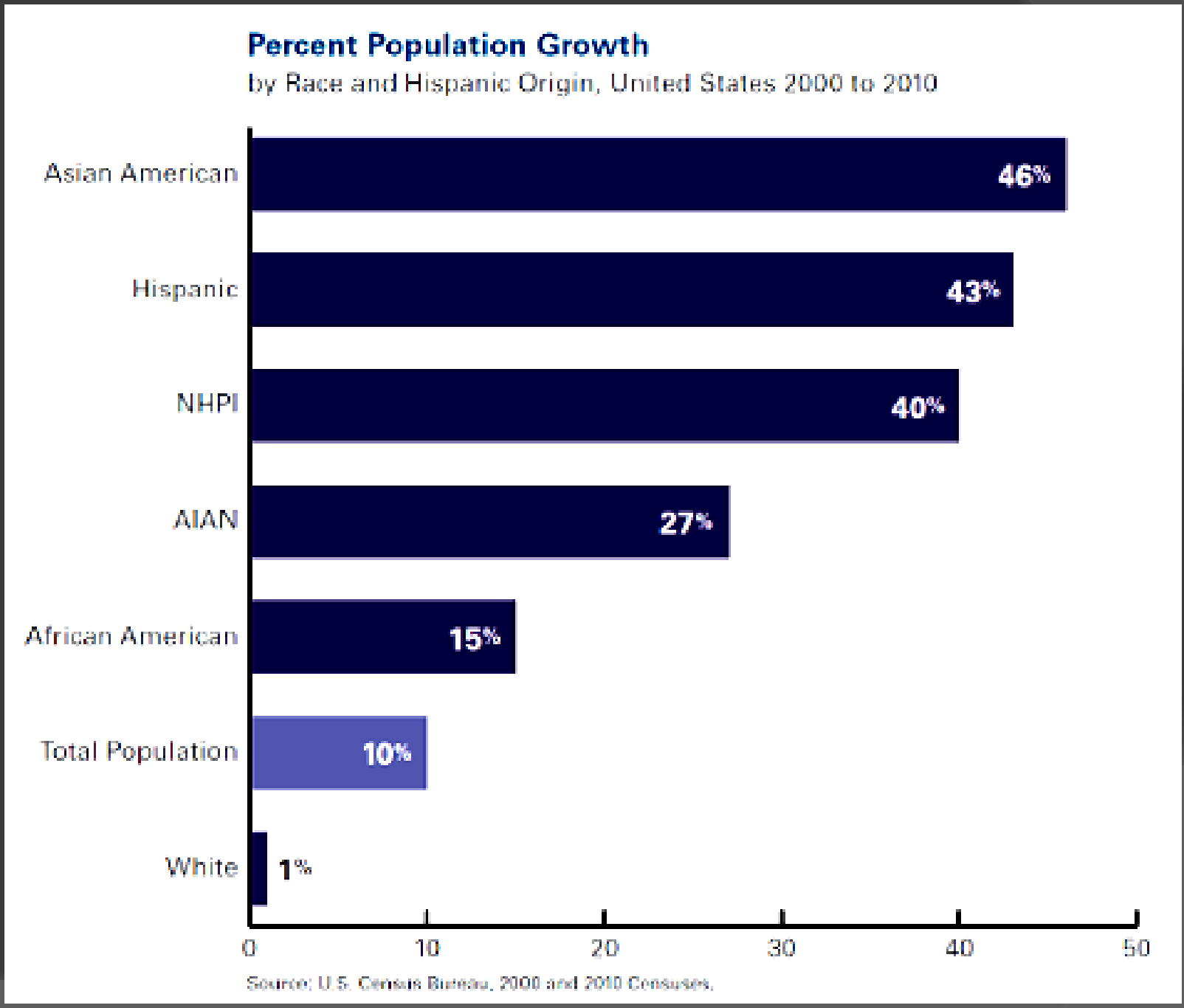

Percent Population Growth
by Race and Hispanic Origin, United States 2000 to 2010
Asian American
46%
Hispanic
43%
NHPI
40%
AIAN
27%
African American
15%
Total Population
10%
White
1%
0
10
20
30
40
50
Source: U.S. Census Bureau, 2000 and 2010 Censuses.

Health Care Goals

- Healthy People 2015→50% reduction in cancer mortality; 25% reduction in cancer incidence
- DHHS→Eliminate health disparities by year 2010

Problems for AAPI

- Paucity of Data for AAPI subgroups
- Marginal funding for AAPI
- Health care system
- Model minority status

Marginal funding for AAPI

- MEDLINE database-1966-2000
  - 10 million articles
  - 1499 (0.01%) directly involve AAPI health
- CRISP database-1986-2000
  - 150,369 federal health related grants
  - 342 (0.2%) for AAPI health

How do we translate ‘evidence based’ medicine into communities?

Journal of Asian American Health (JAAH)

Demographic Trends

- In 2010, > 70% 0f Asian Americans are foreign born*
- >35% are linguistically isolated

* Highest precentage for any racial/ethnic group

Health Care System and AAPI

- AAPI stand out as being one of the least well-served
- Asian Americans are least likely to:
  - Feel that their providers understand them
  - Be involved in medical decision making
  - Have confidence in their providers


2005 3 11

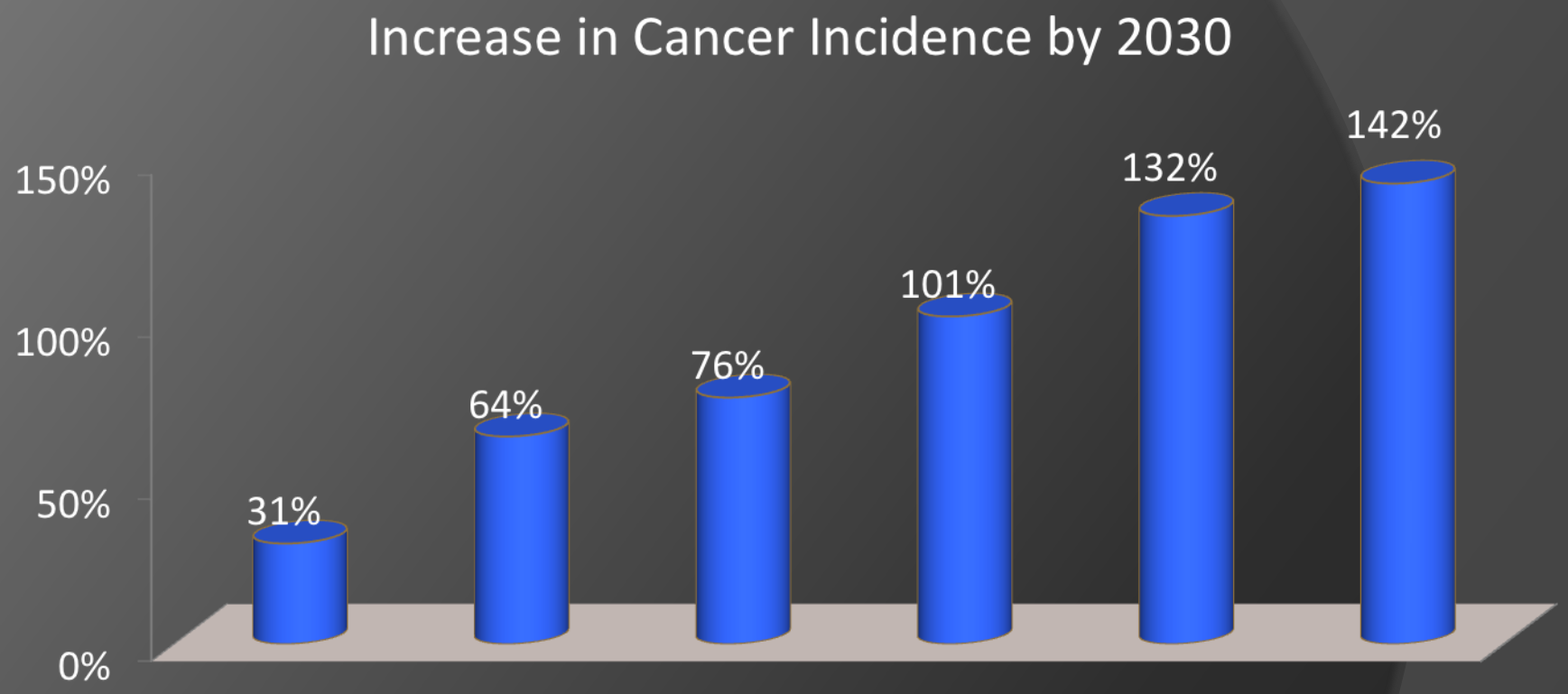
Model Minority

- African American-sick, poor, diabetes, cancer, disenfranchised, obese, violence, can’t understand
- Asian American-healthy, bird flu, smart, listens, skinny

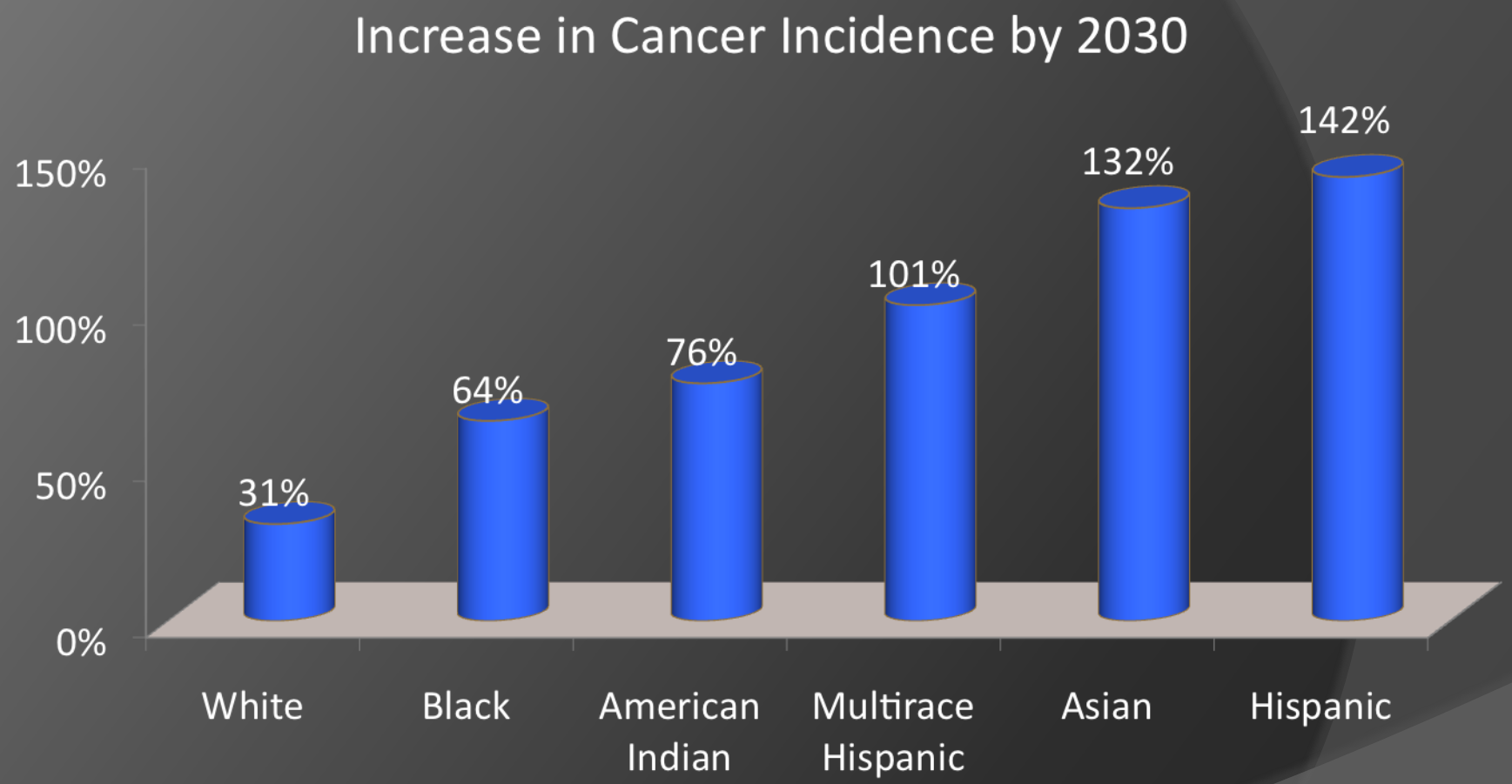
Cancer 2013

- 1.66 million new cancer diagnosed in 2013
- 580,350 cancer deaths
- 1600 deaths/day
- 1 in 4 deaths
- 226 billion –cost of cancer

WHO IS MOST AT RISK?



WHO IS MOST AT RISK?



Cancer and Asian Americans

1980's-Asian Americans were the first population to die from cancer as the #1 cause of death

In 2009

US-Born AAPI males	Foreign-born AAPI males	US-Born AAPI females	Foreign born AAPI females
Heart dz	Cancer	Cancer	Cancer
Cancer	Heart dz	Heart dz	Heart dz

Asian Americans and Cancer Risk Factors

- Chronic Hepatitis B Infection → LIVER CANCER
- H pylori infection and diet → STOMACH CANCER
- Epstein Barr (EB) virus → NASOPHARYNGEAL CANCER
- Human papilloma virus (HPV) → CERVICAL CANCER

Lifestyle factors(Migration effect) → BREAST CANCER
COLORECTAL CANCER

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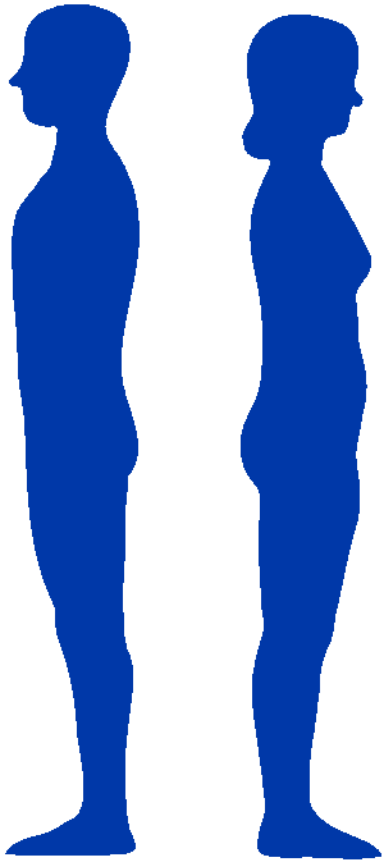
Estimated New Cancer Cases* in the US in 2013

Men 854,790		Women 805,500	
Prostate	28%	29%	Breast
Lung & bronchus	14%	14%	Lung & bronchus
Colon & rectum	9%	9%	Colon & rectum
Urinary bladder	6%	6%	Uterine corpus
Melanoma of skin	5%	6%	Thyroid
Kidney & renal pelvis	5%	4%	Non-Hodgkin lymphoma
Non-Hodgkin lymphoma	4%	4%	Melanoma of skin
Oral cavity	3%	3%	Kidney & renal pelvis
Leukemia	3%	3%	Pancreas
Pancreas	3%	3%	Ovary
All Other Sites	20%	19%	All Other Sites



*Excludes basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder.

Cancer Screening for Asian Americans How do we participate in public health?

- Nasopharyngeal cancer – no screening
- Liver cancer – no screening coverage in US
- Stomach cancer – no screening guidelines in US

- Breast cancer – 64%
- Cervical cancer – 75%
- Colorectal cancer – 47%

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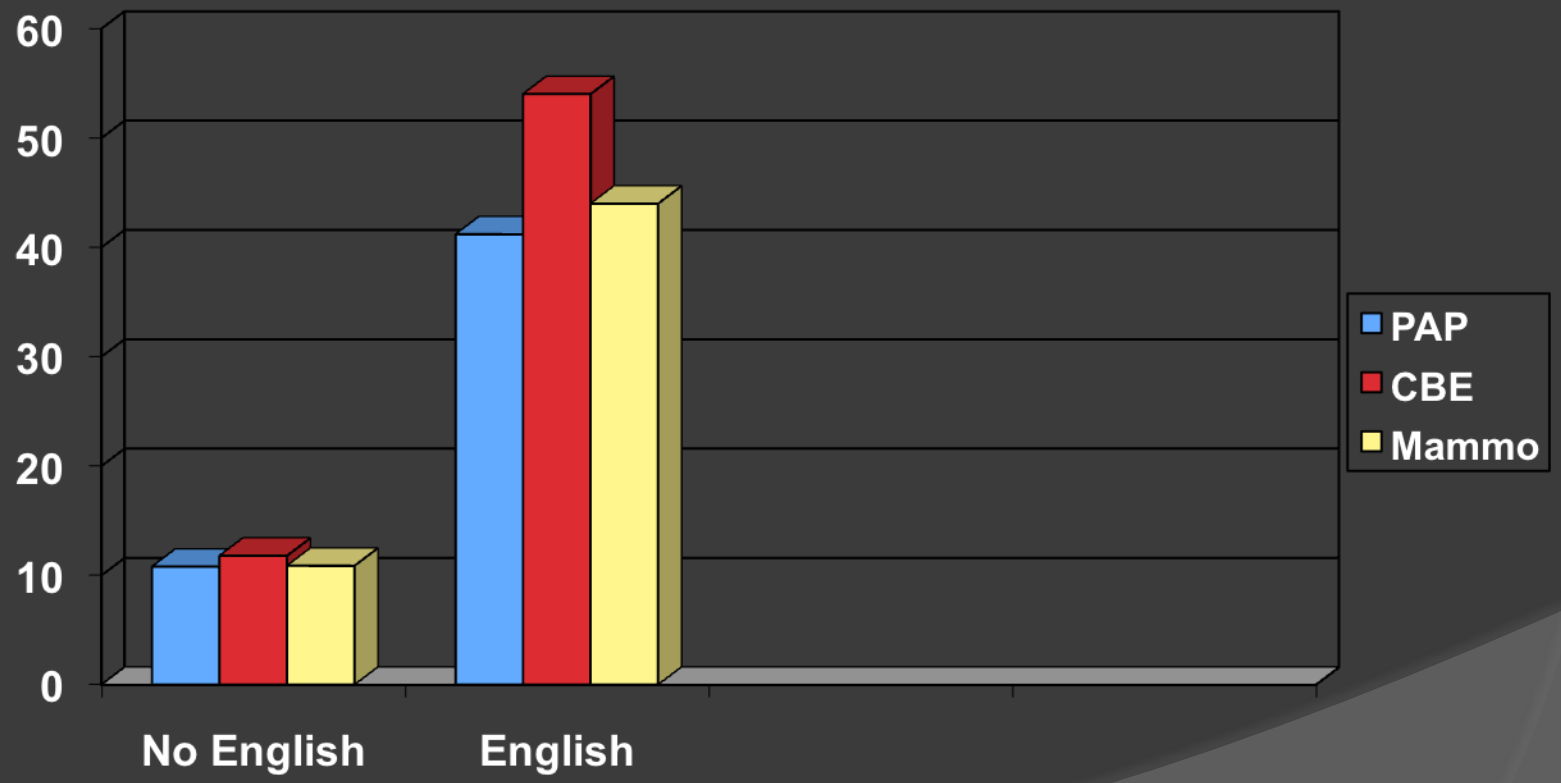
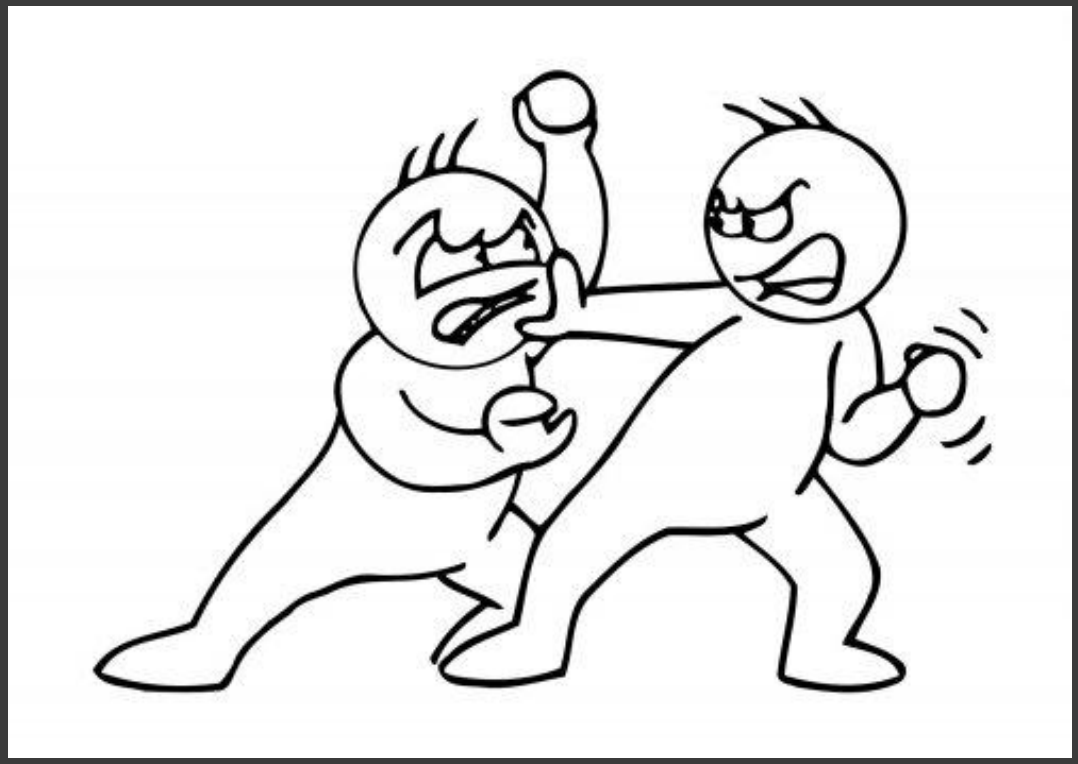
LEP and cancer screening



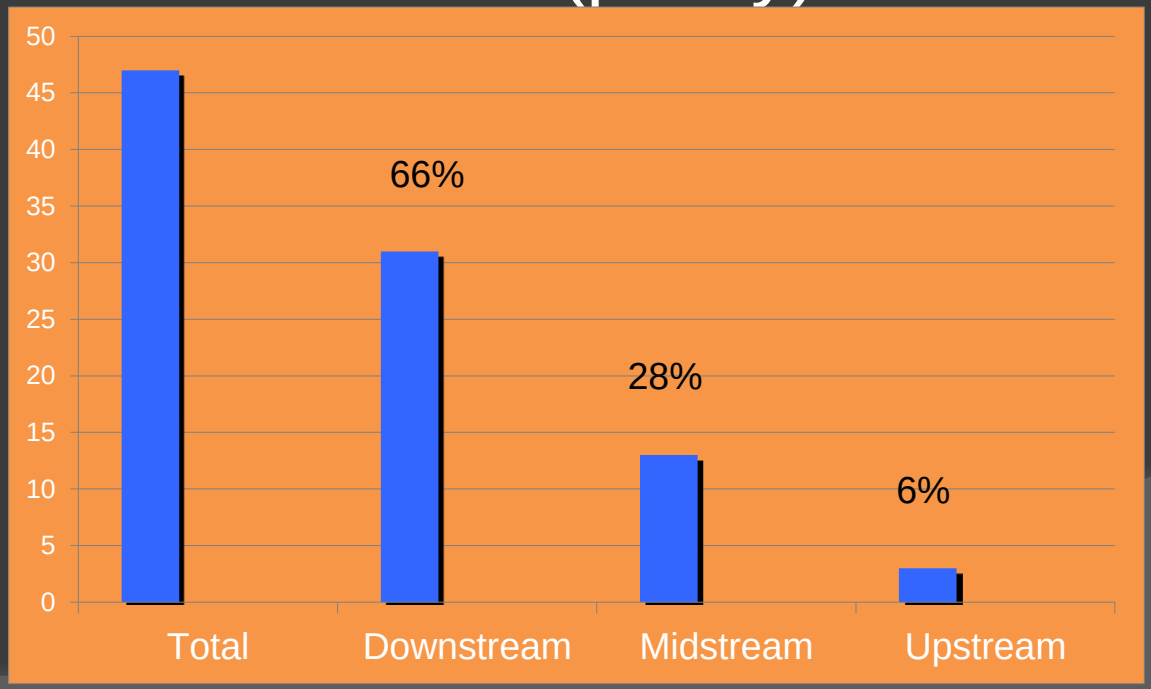
Jacobs, et al, Am J Public Health 2005

Public Health vs Public Policy



Public Health Interventions to Policy

- Downstream-individuals, communities
- Midstream-organizations
- Upstream-regulations, access, economic incentives (policy)

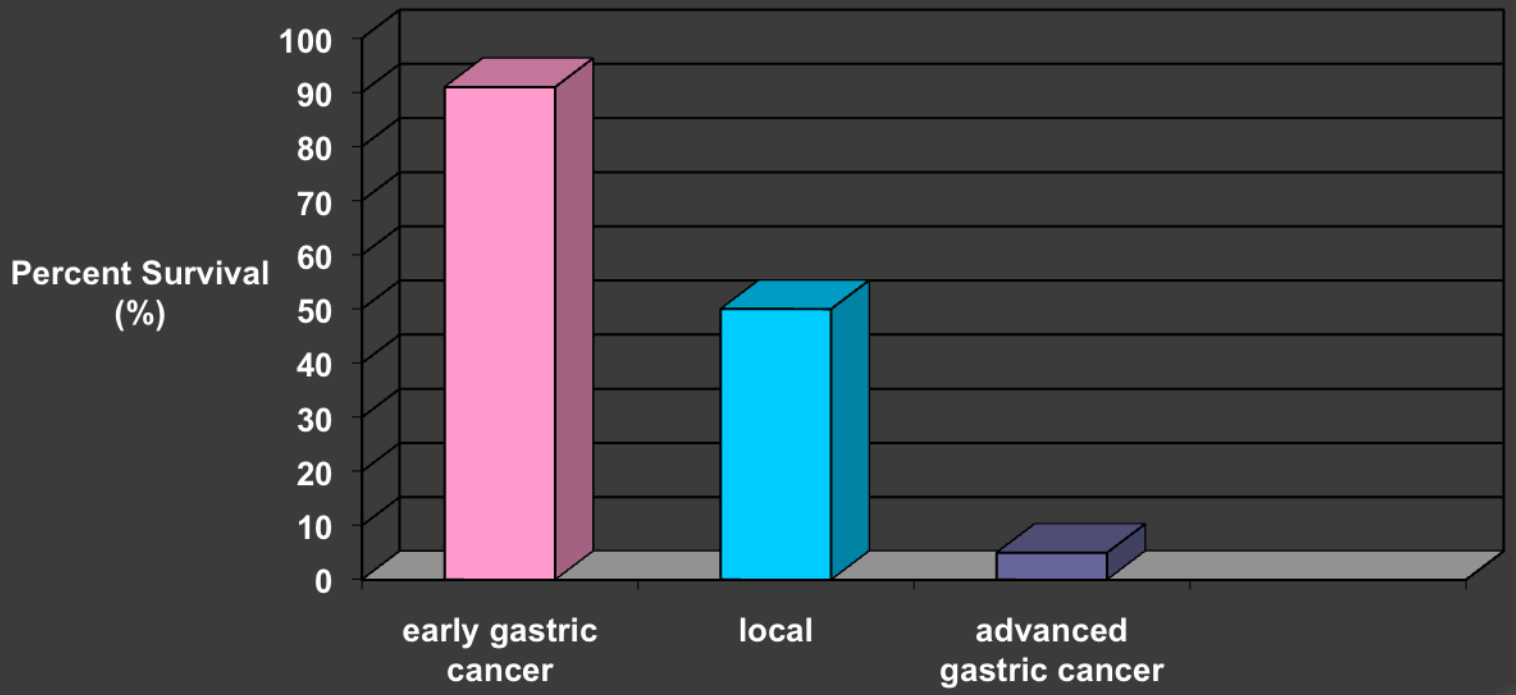


Brownson et al. Prev Chronic Dis 2010

Gastric Cancer

- 2nd most common Worldwide
  - 10% all cancers, 12.1% cancer deaths
- Koreans have the highest prevalence worldwide
- Ranks in the top 10 cancers among Koreans, Vietnamese, Japanese
- Early detection decreases mortality

In the US, less than 10-20% of all gastric cancers are found in the early stages → 15% survival



ACA and SCREENING POLICY

The Affordable Care Act requires health plans and encourages state-based Medicaid programs to cover those clinical preventive services recommended by the U.S. Preventive Services Task Force (USPSTF) graded ‘A’ or ‘B’.

- Gastric cancer screening
  - No current recommendations
  - Will this become a covered service?

Barriers to Screening for Gastric Cancer: Evidence of Benefit

- No randomized controlled trials reported showing a decrease in mortality
- Failure to identify early gastric cancer in the US is most likely due to:
  - Low incidence (in majority population)
  - Lack of risk stratification
  - Lack of aggressive screening

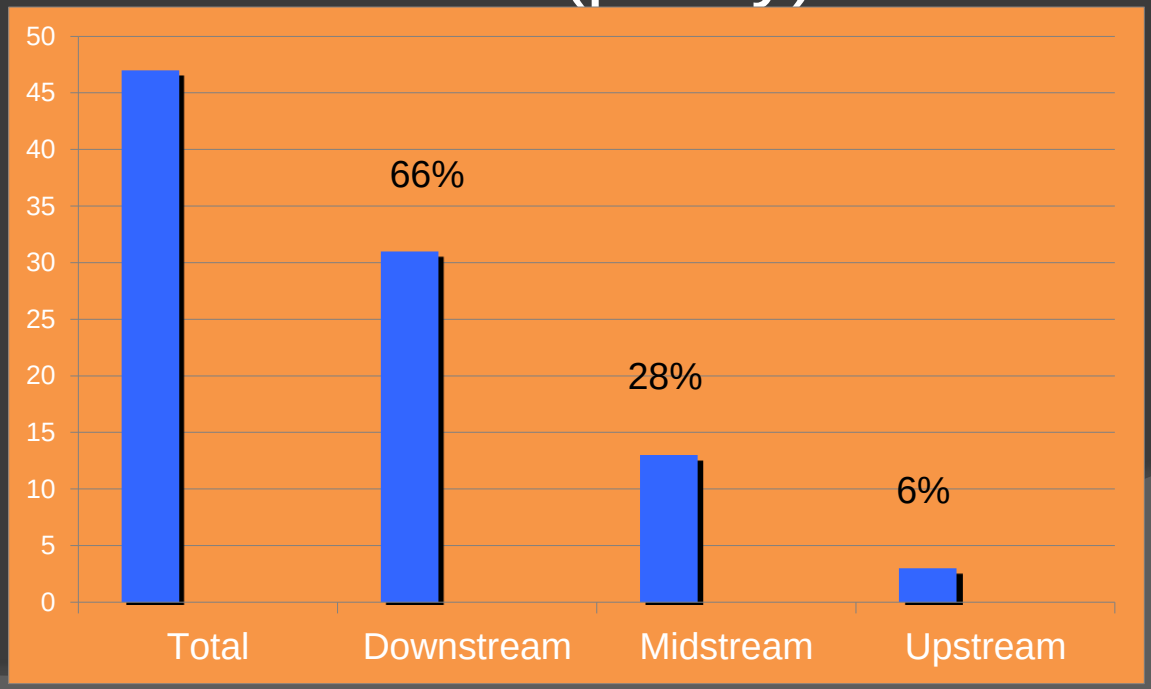
Gastric Screening Guidelines The future?

ASGE 2010

- ‘suggest screening EGD for new US immigrants from high-risk regions- especialy with a family history’

Public Health Interventions/Outcomes

- Downstream-individuals, communities
- Midstream-organizations
- Upstream-regulations, access, economic incentives (policy)



Prev Chronic Dis 2010

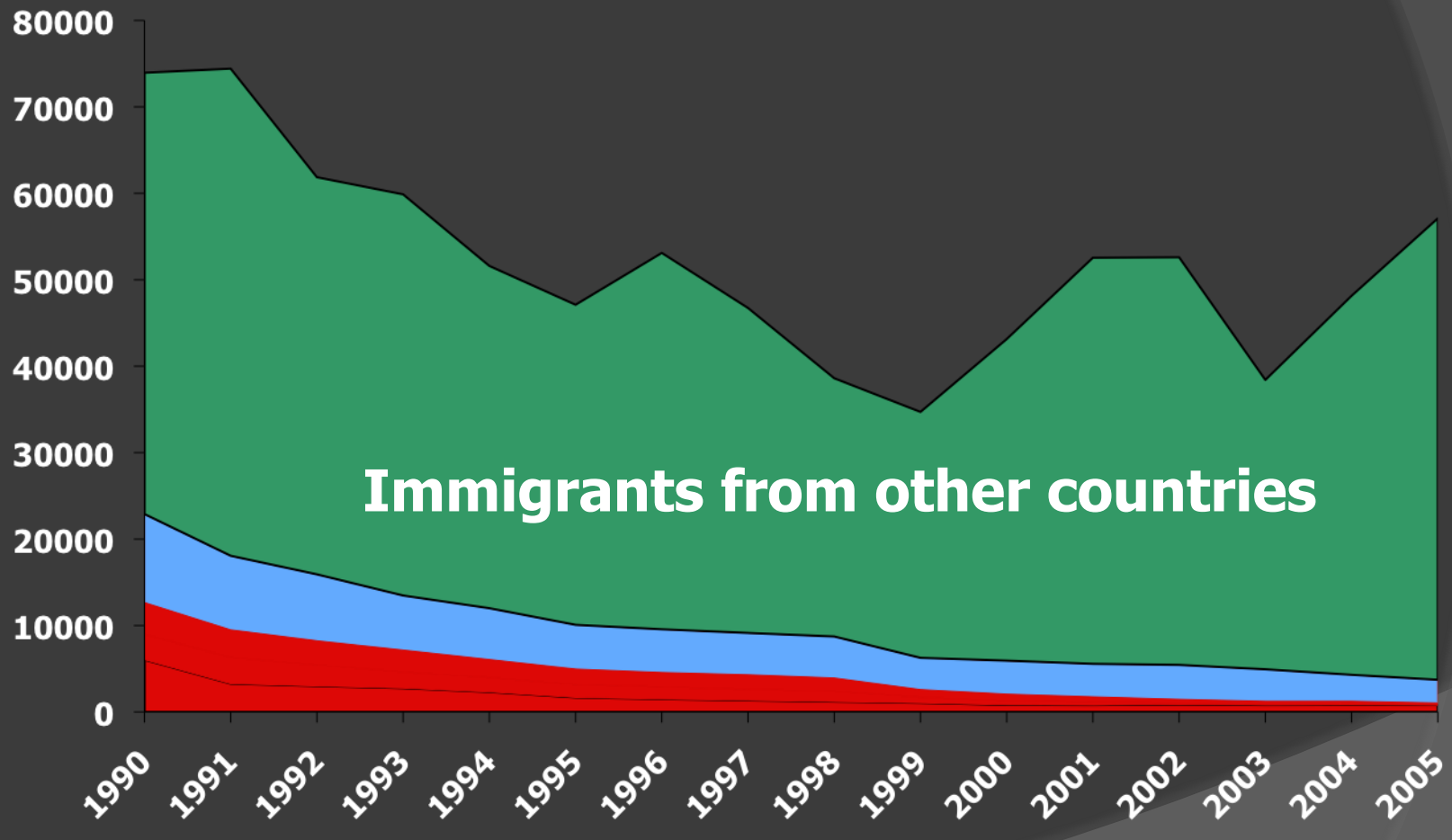
Chronic Hepatitis B (CHB) & Asians

~400 million infected worldwide	**75% are from Asia**
>1.3 million infected in US	> **50% are AAPI**
Prevalence is 0.3% for the general population in US	Prevalence is **5-15% among AAPI** in US (up to 30% in some groups)
Liver cancer rates increasing in US	Liver cancer is **3rd leading cause of cancer** in Asians

World Health Organziation. Factsheet: Hepatitis B. http://www.who.int/mediacentre/factsheets/fs204/en/

Derose KP, Bahney BW, Lurie N, Escarce JJ. Review: immigrants and health care access, quality, and cost. Medical care research and review. 2009 Aug;66(4):355-408. Epub 2009 Jan 29.

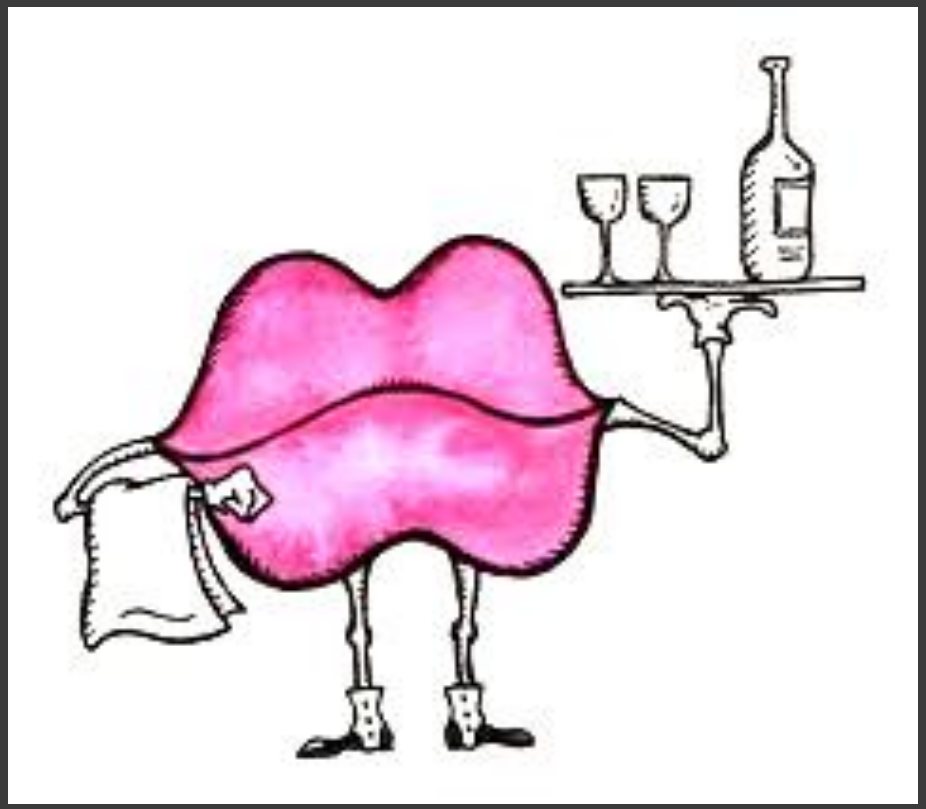
Estimated New Chronic HBV Infections by Place of Acquisition, United States, 1990-2005



United States

CDC, 2006

Policies and hepatitis B



SCREENING POLICY

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U.S Preventative Services Task Force Guide to Clinical Preventive Services 2010-2011

Strongly recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.

'A' Recommendation

Estimated Births to HBsAg-Positive Mothers, United States, 2003

Race/Ethnicity	2003 Births	CDC Point Estimate		Pooled Estimate*	
		%	N	%	N
White	2,321,904	0.11	2,554	.09	2,090
African American	576,033	0.5	2,880	.53	3,053
API- US Born	37,384	1.4	523	5.74	12,642
API- Foreign Born	182,862	8.9	16,275		
Hispanic	912,329	.09	821	.2	1,825
American Indian	43,052	.5	215	.29	125
TOTAL	**4,073,564**		**23,269**		**19,735**

* Prevalence studies in 18 states since 1990

U.S Preventative Services Task Force Guide to Clinical Preventive Services 2010-2011

Recommends against routinely screening the general asymptomatic population for chronic hepatitis B virus infection.

'D' Recommendation

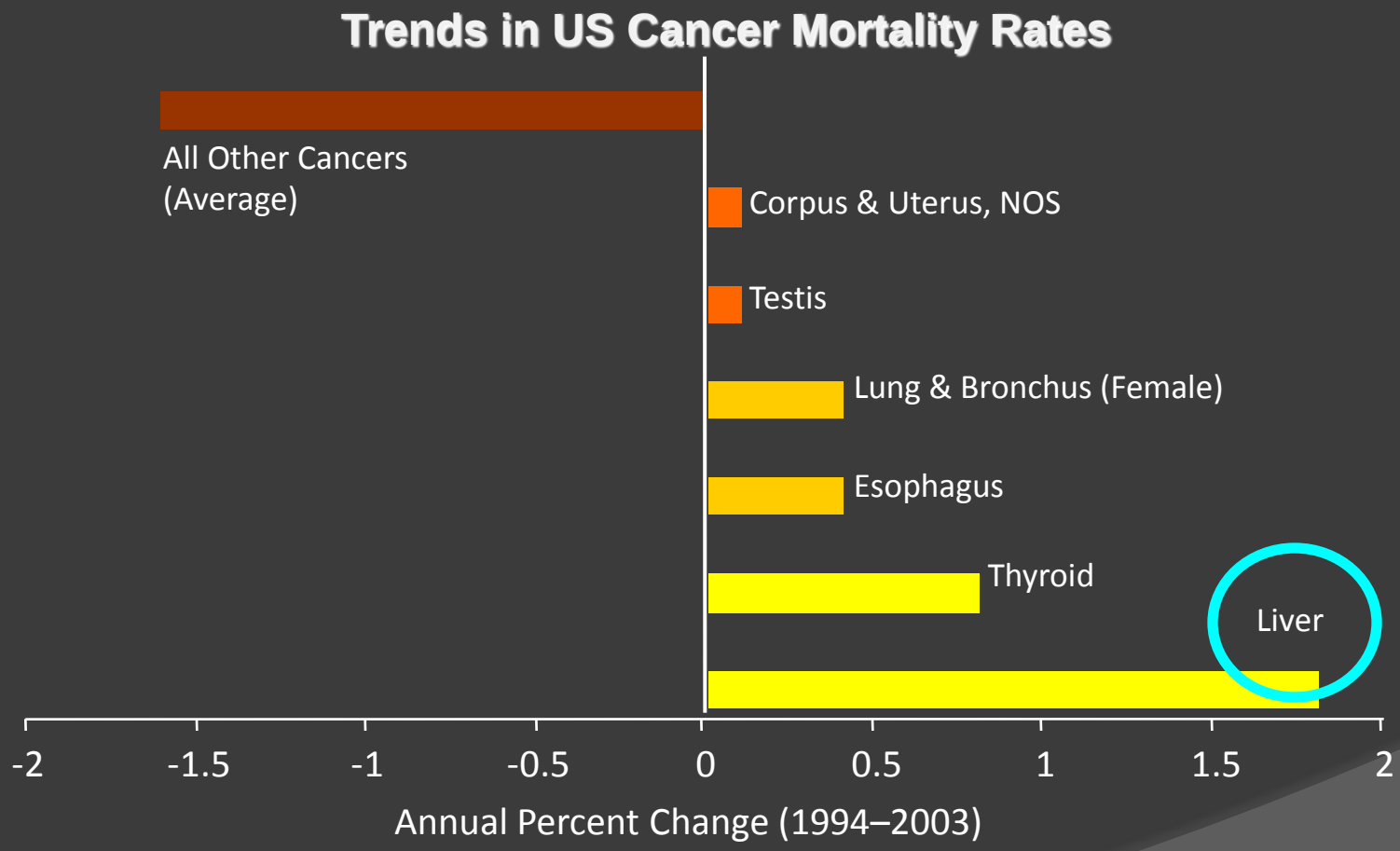
USPSTF 2004: Rationale

- The prevalence of HBV infection is low; the majority of infected individuals do not develop chronic infection, cirrhosis, or HBV-related liver disease. Potential harms of screening include labeling, although there is limited evidence to determine the magnitude of this harm
- Evidence-based

Policy: FUNDING

VIRUS	Prevalence (millions)	% unaware	Deaths 2006	Vaccine	CDC budget 2010	$ per pt
HBV	0.8-1.4	65%	3,000	YES		
HCV	2.7-3.9	75%	12,000	NO		
HBV/ HCV	3.5-5.3		15,000		24 Million	$4/pt
HIV	1.1	21%	14,016	NO	1.2 Billion	$1000/ pt

Liver Cancer Has the Fastest Growing Death Rate in the United States



.Available at: http://seer.cancer.gov/csr/1975_2003/results_merged/topic_graph_trends.pdf.

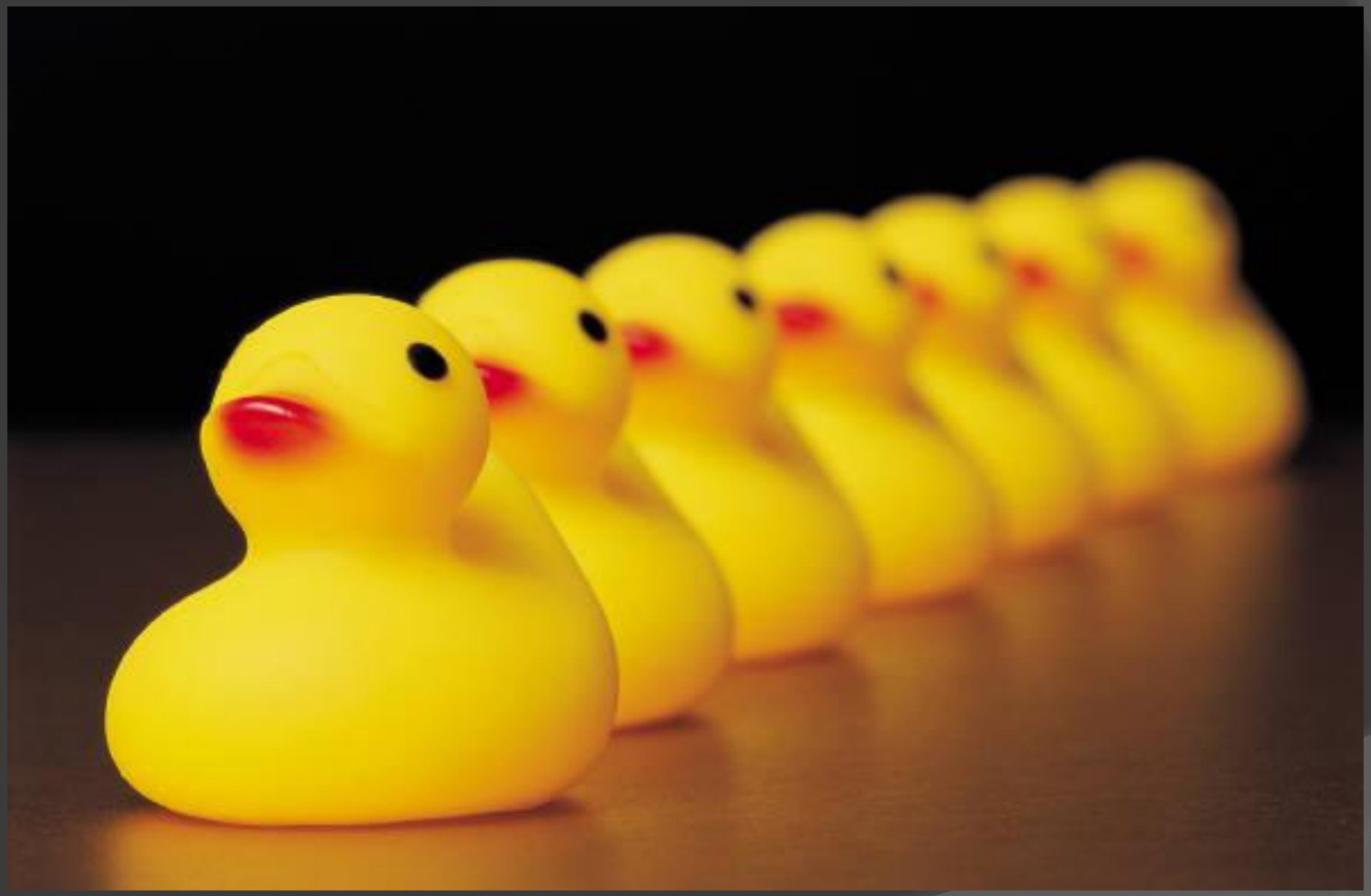
DISSEMINATIONATION SCIENCE

Five-year Relative Survival Rates of Major Cancers in Various Countries

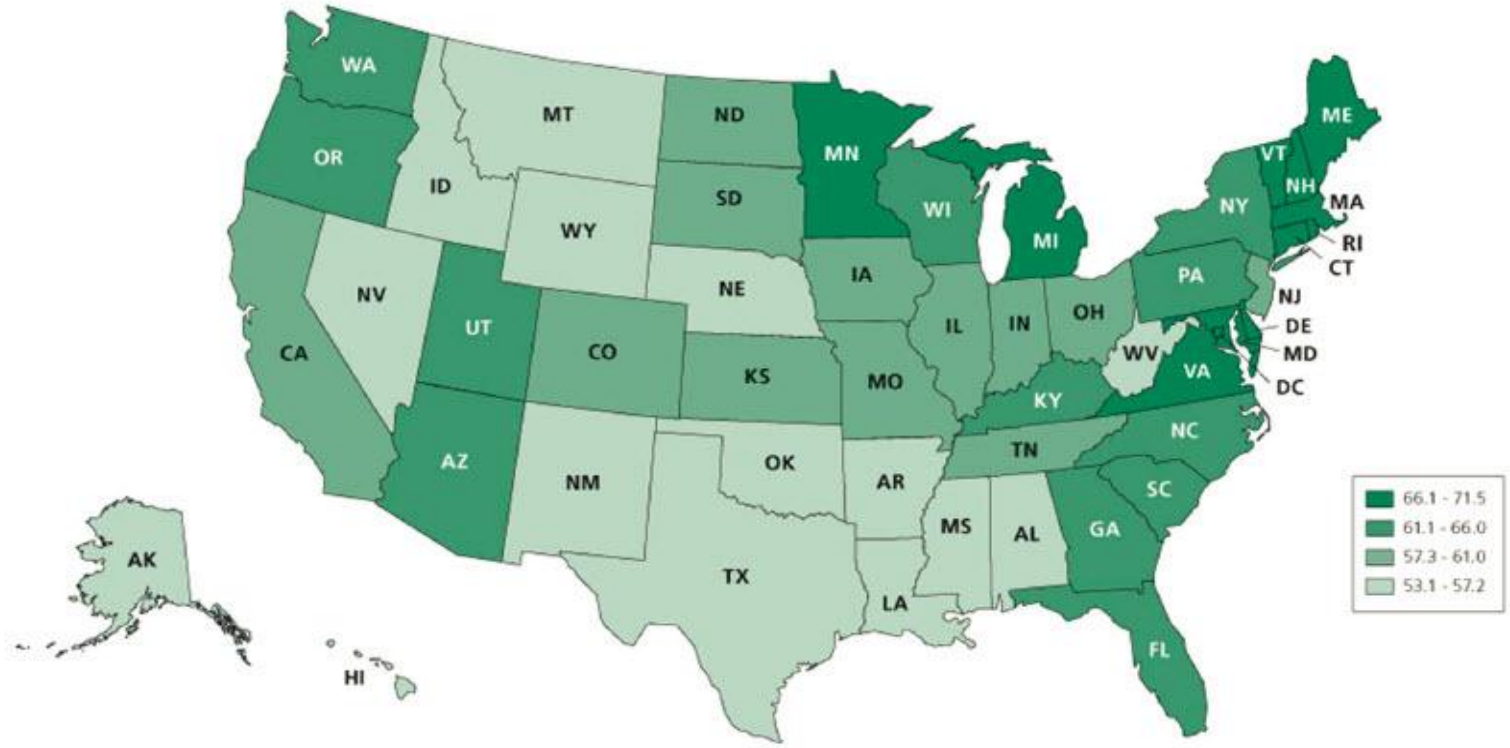
Site	Korea ('96-'00)	Korea ('01-'05)	Korea ('05-'09)	USA[1] ('99-'06')	Canada[2] ('04-'06)	Japan[3] ('97-'99)
All cancers	**44.0**	**53.7**	**62.0**	**66.0**	**62**	**54.3**
Stomach	46.6	57.7	65.3	26.0	22	62.1
Liver	13.2	20.1	25.1	13.8	15	23.1
Cervix uteri	80.0	81.2	80.3	70.2	70	71.5
Colon and rectum	58.0	66.6	71.3	65.0	61	65.2
Thyroid	94.9	98.3	99.7	97.3	97	92.4
Breast	83.2	88.4	90.6	89.0	82	85.5
Lung	12.7	16.1	19.0	15.8	12	25.6
Pancreas	7.6	8.0	8.0	5.6	6	6.7
Prostate	67.2	79.9	87.6	99.1	95	75.5

Cancer Facts & Figures 2012

Colorectal cancer prevention



Colorectal Cancer Screening* (%)
Adults 50 Years and Older by State, 2006-2008



*A fecal occult blood test within the past year or a sigmoidoscopy or colonoscopy within the past 10 years.
These estimates do not distinguish between screening and diagnostic exams.

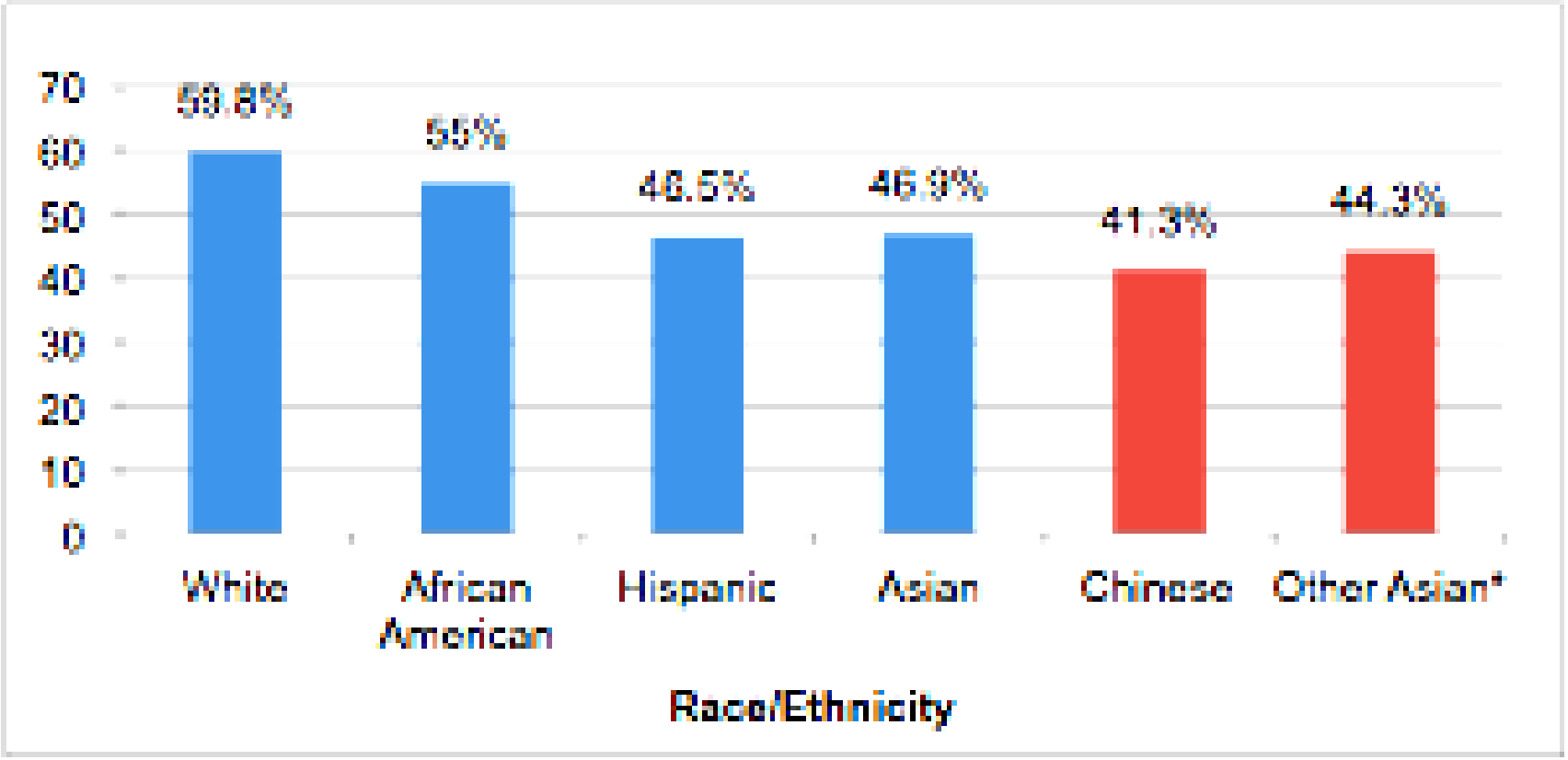
Source: Behavioral Risk Factor Surveillance System Public Use Data Tapes 2006 and 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

American Cancer Society®

Prevalence of Screening Behaviors and Health Care Access By Sex and Asian American Ethnic Group, 2003 California Health Interview Survey

	Chinese	Filipino	Vietnamese	Korean	Japanese	White
Males						
FOBT Screening						
>1 year or never	81.1	92.3	85.6	**93.1**	89.6	79.6
Within past year	19.0	7.7	14.4	**7.0**	10.4	20.4
Females						
>1 year or never	85.4	86.8	79.4	**92.1**	78.2	79.8
Within past year	14.7	13.2	20.6	**7.9**	21.8	20.2

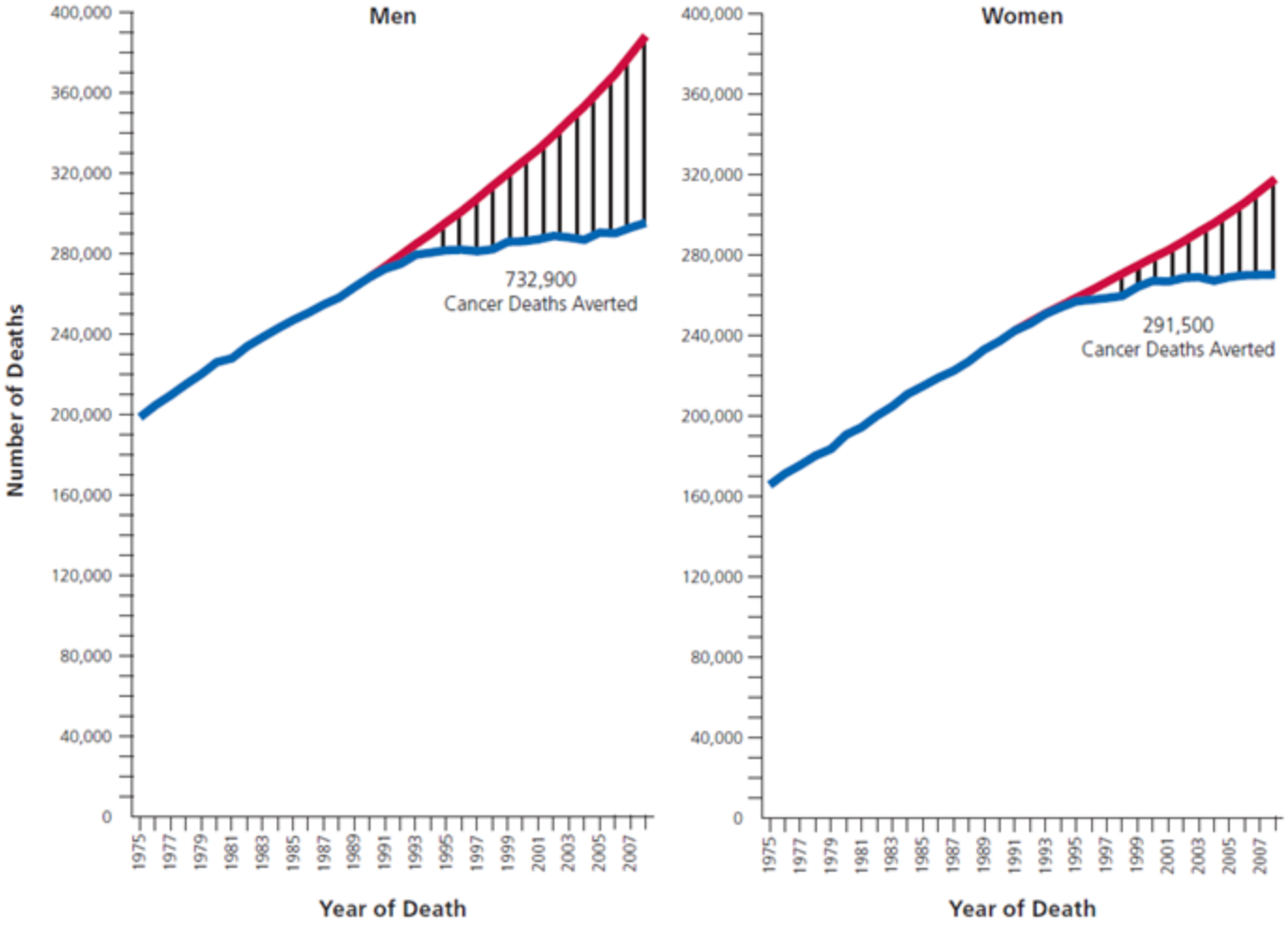
NHIS 2010, CRS



SCREEN ACT

- Supporting Colorectal Examination and Education Now (SCREEN) Act (S.608/H.R. 1320)
  - Waives all Medicare beneficiary cost-sharing for CRS with polyps
  - Medicare will cover pre colon cancer screening visits
  - Supports quality service initiatives
  - CRS is covered under ACA

Total Number of Cancer Deaths Avoided from 1991 to 2008 in Men and 1992 to 2008 in Women



The blue line represents the actual number of cancer deaths recorded each year and the red line represents the expected number of cancer deaths if cancer death rates had remained the same since 1990/1991.

Affordable Care Act

- Ultimate public policy
- 15.7% uninsured
- AAPI-over 30% did not see an MD within past year-least among R/E
- 2 million AAPI projected to become insured
- Legal Permanent residents status
- 2.7 million AAPIs will have access to preventative services-greatest cancer prevention intervention

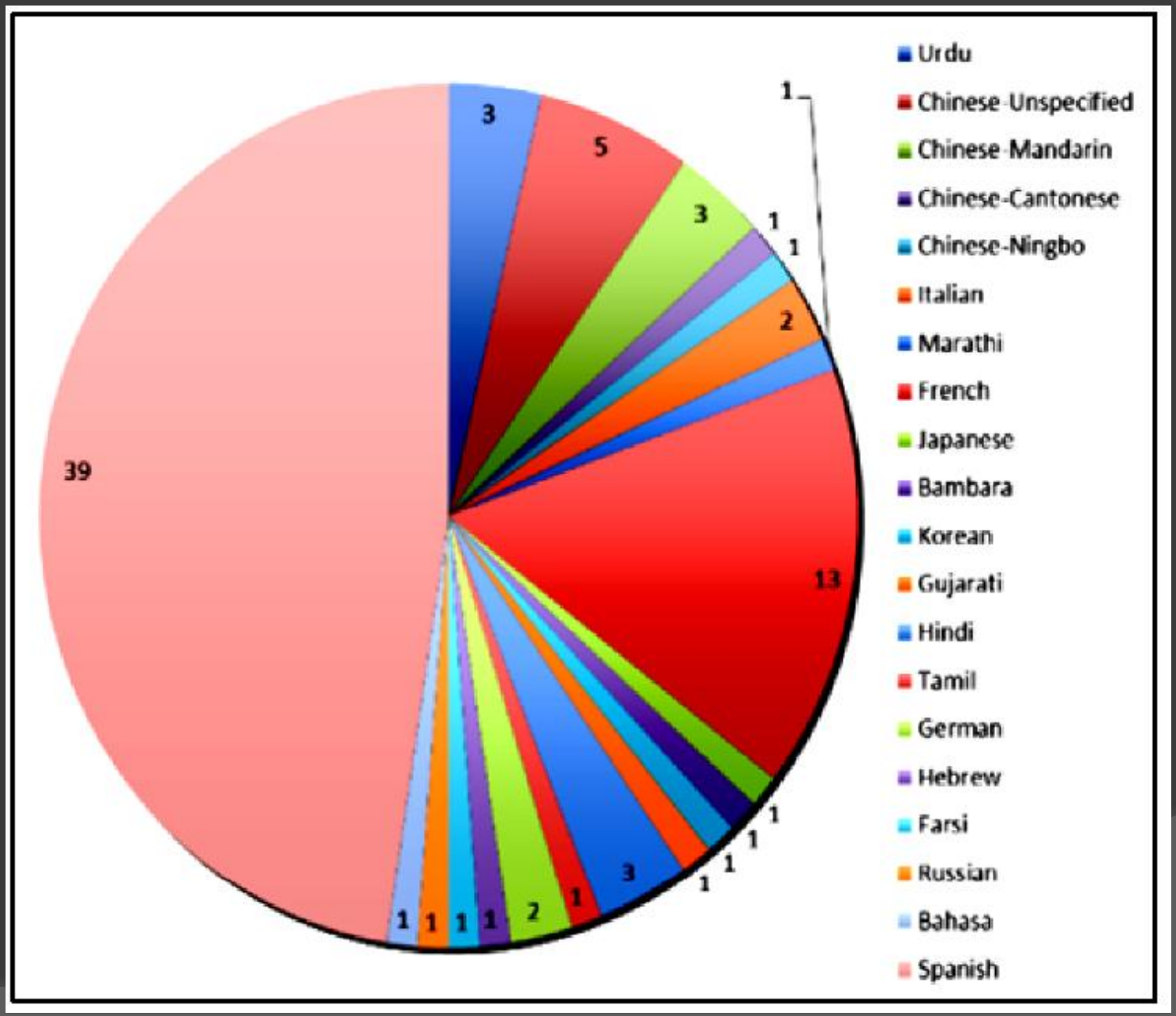
Opportunities for Asian American Health

- Affordable Care Act
  - From least insured→ covered services
  - Medical homes
- Electronic Medical Record
  - Place of birth
  - Language preference
  - National database/registry
- 2013 CLAS

Opportunities for APAMSA to Reduce Disparities

- Public Awareness Campaign
  - Community, Physician, Public Health
- Partnership with other National Organizations (AMA, NMA, NCAPIP)
- Support the Pipeline
  - Cultural competency
  - Asian health disparities

Pritzker School of Medicine: Student language capacity



PSOM

- 93% (n=82)
- 28% speak on Asian language

- 1 in 5 graduating medical students are Asian American

Opportunities for APAMSA as a leadership organization

- POLICY, POLICY, POLICY
- Let the science drive public policy
- Policies reflect populations with disproportionate disease burden
- Create system change