

Cancer Cases Among Asian, Native Hawaiian and Pacific Islander Subgroups

A CDC report takes a closer look at cancer distribution among populations often grouped together despite their diversity.

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When reports and studies on public health group people together by race and ethnicity, they can fail to acknowledge the vast diversity—in culture, geographic origin, language and other aspects—that exists within a grouping. What’s more, the resulting data might fail to capture health outcomes unique to smaller groups within the larger one. Take, for example, [Asian](#) and [Native Hawaiian](#) and [Pacific Islander](#) (NHPI) people in the United States, populations often aggregated under the term “Asian” despite comprising numerous and diverse subgroups.

Asians and NHPI people account for a growing segment of the U.S population. For a clearer understanding of cancer distribution among Asians and NHPI people, the Centers for Disease Control and Prevention (CDC) conducted [a study](#) that was recently published in Morbidity and Mortality Weekly Report.

CDC researchers analyzed [U.S. Cancer Statistics](#) data during 2015 to 2019 to investigate the frequency and proportion of new cancer cases among 25 Asian and NHPI subgroups.

“Understanding cancer distribution among Asian and NHPI subgroups might help guide development and implementation of culturally and linguistically relevant programs addressing health disparities and social determinants of health,” [the study’s authors wrote](#).

Among Asian and NHPI subgroups, the distribution of new cancer cases differed by cancer type, cancer stage, sex and age. Researchers discovered the following:

- The percentage of cancer cases in people younger than 40 was highest among Hmong,

Micronesian and Melanesian people.

- Lung cancer was the most common cancer among Chamoru, Micronesian and Vietnamese people.
- Colorectal cancer was the most common cancer among Cambodian, Hmong, Laotian and Papua New Guinean people.

These data demonstrate the differences in cancer distribution among Asian and NHPI subgroups. Researchers suggest applying population-based registries to help identify groups with disproportionate cancer outcomes to help design and implement cancer prevention and control programs that consider social determinants of health, according to the study.