# Mortality for Preventable Cancers Among Native Hawaiian and Other Pacific Islanders in U.S. is 2-3 Times as High as White People

American Cancer Society researchers highlight the need for disaggregated data to facilitate targeted cancer prevention and early detection within this fast-growing population

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The American Cancer Society (ACS) today released a first-of-its-kind Cancer Facts & Figures for Asian American, Native Hawaiian, & Other Pacific Islander People, 2024-2026. This report shows that despite limited disaggregated data, there is wide variation in the cancer burden among ethnic groups that make up this fast-growing population. Cancer is the second-leading cause of death in the United States nationally but ranks first in Chinese, Filipino, Korean, and Vietnamese individuals, with lung cancer the leading cause of death in men of every Asian American, Native Hawaiian, and Other Pacific Islander (AANHPI) ethnic group. Death rates for other largely preventable cancers like liver, stomach, and cervical cancers in Native Hawaiian and other Pacific Islander people are about 2-3 times as high as White people.

“The reasons behind variations in the cancer burden among Asian American and Pacific Islander populations are multifactorial,” said Dr. Nikita Wagle, principal scientist, cancer surveillance research at the American Cancer Society and lead author of the study. “These populations, specifically Asian Americans, consist of many ethnic groups that are diverse in terms of immigration patterns, behavior, exposures in countries of origin, and social determinants of health. Additionally, the use of screening and other preventative services varies between these groups.”

This novel report also shows lung cancer is the leading cause of cancer death in women who are Chinese, Japanese, Vietnamese, Korean, and Native Hawaiian, whereas breast cancer ranks first in Guamanian, Samoan, Filipino, and Asian Indian women. Only 1 in 2 breast cancers in Guamanian, Samoan, Pakistani, Tongan, Laotian, and Hmong women are diagnosed at an early stage compared with 2 in 3 White women and 3 in 4 Japanese women, likely reflecting challenges in access to care.

“Although disaggregated data are still extremely limited, we hope that these startling disparities will spur local communities and health care providers to increase awareness of cancer symptoms

and opportunities for cancer prevention and early detection through screening," said Rebecca Siegel, senior scientific director, surveillance research at the American Cancer Society, and senior author of the report.

The term "Asian" refers to a person with origins in the Far East, Southeast Asia, or the Indian subcontinent. This group includes, but is not limited to, Asian Indians, Cambodians, Chinese, Filipinos, Hmong, Japanese, Koreans, Pakistanis, and Vietnamese. The term "Native Hawaiian and Other Pacific Islander" refers to people with origins in Hawaii, Guam, Samoa, Tonga, or other Pacific Islands throughout Polynesia, Micronesia, and Melanesia.

In 2021, approximately 24 million Asian American and 1.7 million Native Hawaiian and Other Pacific Islander individuals (single or mixed race) lived in the U.S., representing about 8% of the population. Aside from multiracial people, Asian Americans are the fastest-growing population in the U.S., with the size projected to double between 2016 and 2060, mostly through international migration.

For these important findings, ACS researchers analyzed data from the National Cancer Institute (NCI), the Centers for Disease Control and Prevention (CDC), and the North American Association of Central Cancer Registries (NAACCR).

Other key data in the report includes:

- Breast cancer is the most commonly diagnosed cancer among women of every Asian American and NHPI ethnic group, ranging from 17% of all cancers among Hmong women to 44% among Fijian women.
- The most commonly diagnosed cancer in AANHPI men is prostate cancer (as in the overall U.S. male population) with the exception of Chinese, Vietnamese, Laotian, and Chamorro/Guamanian men, among whom lung cancer ranks first, and Korean, Hmong, and Cambodian men, among whom colorectal cancer ranks first.
- The 5-year relative survival rate for breast cancer ranges from 72%-74% in Tongan, Chamorro/Guamanian, and Samoan women to 94% in Japanese women (versus 93% in White women).
- Colorectal cancer 5-year survival ranges from 48% in Cambodian people to 71% in Pakistani people (versus 65% in White people).
- Despite Asian Americans overall having a 40% lower overall cancer death rate than the White population, liver cancer mortality is nearly 40% higher, and stomach cancer mortality is twice

as high.

“It’s essential that we acknowledge the diversity of the Asian American, Native Hawaiian, and Other Pacific Islander population. Consideration of cultural appropriateness, translation into native languages, improved access to healthcare and patient navigation, could help increase knowledge and uptake of cancer screening and preventive services,” said Dr. Ahmedin Jemal, senior vice president, surveillance and health equity science at the American Cancer Society and a contributing author of the report. “Further research is also needed among the ethnic groups of this highly diverse population to better understand the cancer burden and help save lives.”

ACS’s advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN), supports sustainable funding for patient navigation services which can improve health outcomes for diverse populations through community outreach and targeted care coordination as well as policies that promote timely collection and publication of disaggregated demographic data which can help identify disparities to improve health equity in cancer prevention, detection and treatment among various groups within a population.

“As this report shows, cancer affects everyone, but not equally,” said Lisa A. Lacasse, president of ACS CAN. “We urge lawmakers to support policies that increase access to quality, culturally appropriate cancer care by funding patient navigation services and ensuring that detailed race and ethnicity data are available, accurate, objective and impartial. Such policies are critical to making sure that everyone has a fair and just opportunity to prevent, detect, treat and survive cancer.”

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