The Avoidable Burden of Cancer in Diverse Populations
Symposium 2005
The Avoidable Burden of Cancer in Diverse Populations

2005 Symposium

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Cancer Prevention and Control Research Network Sites

Funded by: CDC & NCI-2004-2009
Introducing **CORICA** to Los Angeles

Over 10 million people live in LA county, with 88 cities in an area of 4,000 miles.
Challenges & Opportunities in Los Angeles

LA: one of the most diverse areas in the world

- 47% Latino
- 30% White
- 12% Asian
- 9% African America
- 2% More than one ethnicity
- 1% Other
Challenges & Opportunities in Los Angeles
## Leading Cause of Deaths

**USA**

<table>
<thead>
<tr>
<th>Age</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>35-44</td>
<td>Cancer</td>
</tr>
<tr>
<td>45-54</td>
<td>Cancer</td>
</tr>
<tr>
<td>55-64</td>
<td>Cancer</td>
</tr>
<tr>
<td>65-74</td>
<td>Cancer</td>
</tr>
<tr>
<td>75-84</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>85+</td>
<td>Heart Disease</td>
</tr>
</tbody>
</table>

*CORICA: UCLA Community Research in Cancer*
Ethnic Variation in Cancer Incidence
USA

- **Non-Hispanic White**
- **African-American**
- **Hispanic**
- **Asian American**

Bar chart showing cancer incidence for different ethnic groups in the USA.
# Leading Causes of Cancer Deaths

## Causes of Cancer Deaths in the United States

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>30%</td>
</tr>
<tr>
<td>Nutrition/Obesity</td>
<td>30%</td>
</tr>
<tr>
<td>Inactivity</td>
<td>5%</td>
</tr>
<tr>
<td>Family history of cancer</td>
<td>5%</td>
</tr>
<tr>
<td>Viruses and other biological agents</td>
<td>5%</td>
</tr>
<tr>
<td>Reproductive factors</td>
<td>3%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>3%</td>
</tr>
<tr>
<td>Socioeconomic status</td>
<td>3%</td>
</tr>
<tr>
<td>Environmental pollution</td>
<td>2%</td>
</tr>
<tr>
<td>Ionizing/ultraviolet radiation</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: Adapted from the Harvard Report on Cancer Prevention, 1996.
Causes of Cancer Disparities

- Probably not genetic
- Nutrition & Physical Activity
- Tobacco use
- Viruses (Hepatitis B, HPV)
- Lack of early-detection
- Lack of timely and aggressive treatment
Ethnic Disparities: Primary and Secondary Prevention of Cancer
AIM
Reduce cancer disparities in our diverse populations

Strengthen ties with:
- LA County Department of Health Services
- Community-based organizations
CORICA Community Activities

- Awareness and education activities
  - Annual symposia
  - Training events
  - Newsletters and reports

- Involve organizations serving diverse populations
  - Community advisory board
  - Community participation in activities
    (e.g., Hepatitis B Screening Campaign)
CORICA Community Activities

- **Mini-grants** to community-based organizations for cancer prevention and control activities
- **Interns** placed in CBO’s
- **Provide technical support** for research activities
CORICA AIMS

- Conduct & evaluate community based programs to prevent and control cancer, with focus on:
  - Obesity (nutrition and physical activity)
  - Cancer Screening
  - Tobacco
Community-Based Cancer Prevention and Control Programs are Critical

Important to only implement programs that work

How do you know if a program is effective?

RESEARCH
Challenges & Opportunities in Los Angeles

Presence of institutions and people with commitment to Reduce the Burden of Cancer

University

Community

CORICA
UCLA • Community Research in Cancer

AANCART
Asian American Network for Cancer Awareness Research Training
CORICA Employs Community Based Participatory Research to Address Disparities

- Partnership
- CBPR
- Participation
- Equity
- Social Change
Challenges & Opportunities in Los Angeles
Challenges & Opportunities in Los Angeles
Three Most Common Cancers by Sex and Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th></th>
<th></th>
<th>Females</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>White</td>
<td>Prostate</td>
<td>Lung</td>
<td>Colorectal</td>
<td>Breast</td>
<td>Lung</td>
<td>Colorectal</td>
</tr>
<tr>
<td>African American</td>
<td>Prostate</td>
<td>Lung</td>
<td>Colorectal</td>
<td>Breast</td>
<td>Colorectal</td>
<td>Lung</td>
</tr>
<tr>
<td>Hispanic</td>
<td>Prostate</td>
<td>Lung</td>
<td>Colorectal</td>
<td>Breast</td>
<td>Colorectal</td>
<td>Lung</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>Prostate</td>
<td>Colorectal</td>
<td>Lymphoma</td>
<td>Breast</td>
<td>Ovary</td>
<td>Colorectal</td>
</tr>
<tr>
<td>Asians</td>
<td>Prostate</td>
<td>Lung</td>
<td>Colorectal</td>
<td>Breast</td>
<td>Colorectal</td>
<td>Lung</td>
</tr>
</tbody>
</table>
Ethnic Disparities in Cervical Cancer Incidence

SEER INCIDENCE Rates Among Women, 1988-1992

Vietnamese
Hispanic
Alaska Native
Korean
Black
American Indian (New Mexico)
Filipino
Hawaiian
Non-Hispanic White
Chinese
Japanese
Ethnic Disparities in Colorectal Cancer Incidence

SEER INCIDENCE RATES, 1988-1992

- Men
- Women

- Black
- White
- Japanese
- Chinese
- Hawaiian
- Hispanic
- Vietnamese
- Korean
- Filipino