Figure 1. Average annual age-adjusted incidence rates per 100,000 for all cancer sites by ethnic group.

Figure 2. Average annual age-adjusted incidence rates per 100,000 for cancers of the colon, breast, and prostate by ethnic group.
A recent issue of The Cancer Bulletin (Vol. 40, No. 2, March–April 1988) calls attention to a challenging public health problem in the United States, namely some striking racial disparities in cancer incidence and mortality. Compared with whites, total age-adjusted cancer incidence is about 11% higher in blacks, 26% lower in Hispanics, and 50% lower in American Indians. However, marked differences exist in incidence rates of specific sites.

In black men, the incidence of esophageal cancer is four times greater than in white men. Although the rate in black women is one-sixth that in black men, it is three times higher than in white women. Lung cancer is 50% higher in black men than in white men, but the same in both black and white women at one-fourth the rate of black men. Prostate, gastric, and pancreatic cancers are roughly 50% higher in blacks, but colon, rectum, and breast cancers are about the same. Although cancer of the cervix in black women is double that of white women, cancer of the uterine corpus in white women is double that in black women.

Data on Hispanics are clouded because of a dearth of information and because, coming from different countries and defined mainly by language and surname, they embrace a wide range of cultural, racial, and socioeconomic backgrounds. Higher incidences are found for cancers of the liver, gallbladder, cervix, pancreas, and stomach. Of special note is that two of the most commonly occurring cancers, colon and breast, are appreciably lower in Hispanics than in whites. This suggests environmental or cultural factors that may be protective. Asian Americans have lower incidences than United States whites, but Hawaiians have the highest incidences of lung and breast cancer. American Indians in general have low cancer incidences but also have the lowest survival rates and average life span.

These data were reported at the First Biennial Symposium on Minorities and Cancer held in Houston, April 1987, cosponsored by the American Cancer Society, The Office of Minority Health, and the National Cancer Institute. The meeting also resulted in the passage of a Presidential Proclamation making the week of the symposium National Minority Cancer Awareness Week. The organizer of this meeting was Lovell A. Jones, Ph.D., Associate Professor and Director of Experimental Gynecology-Endocrinology at the University of Texas M. D. Anderson Cancer Center, Houston. Further meetings are planned to focus on prevention and treatment of cancer in the socioeconomically disadvantaged.

Nutritional and lifestyle factors may account for the disparities among the groups. Much effort is needed to inform and motivate minority populations toward better health practices and better awareness of the benefits of early diagnosis and prompt treatments. Under sponsorship of the National Cancer Institute and the American Cancer Society, efforts are under way to meet these pressing needs. Guy Newell, right, and Lovell Jones, left, are pictured.


Sidney Weinhouse