

## Facts Asian & Pacific Islander American Women Need to Know About Their Risk

Cancer is the leading cause of death of Asian & Pacific Islander (A&PI) women in the United States, with breast cancer as the most common <sup>1,2</sup>

- Cancer deaths are increasing faster among A&PI Americans than any other U.S. ethnic or racial group <sup>3</sup>.
- ➤ U.S. A&PI rates of invasive breast cancer have increased approximately
  1.2 % every year between 1988 and 2005, and have yet to decline <sup>4</sup>.
- ➤ Although breast mortality rates have declined among every other U.S. racial groups, they have increased among A&PI women <sup>4</sup>.
- Among A&PI women, compared to others, breast cancer has been found to show a relatively younger median age at diagnosis and early tumor onset <sup>4</sup>.
- ➤ Breast cancer rates among U.S. A&PI women are 60% higher than those found in the same women's A&PI home countries <sup>5</sup>.
- ➤ Immigrant A&PI women who have been living in the United States for 10 years have an 80% higher risk of developing breast cancer than their newly-arrived A&PI immigrant counterparts <sup>5</sup>.
- ➤ Despite the misconception that A&PI women don't get breast cancer, the incidence rate of breast cancer among South Asian women living in the United States—along with 3rd and 4th generation Japanese and Chinese American women—reaches that of U.S. white women <sup>6</sup>.
- ➤ A&PI American women have very low rates of breast cancer screening <sup>1</sup>, which increases their chances of later stage disease presentation. Multiple studies consistently show that A&PI women over 40 obtain regular mammograms at the lowest rate of any U.S. racial/ethnic group—rates are even lower for low income and recent immigrant women <sup>1,7-9</sup>.

To find out more information, or to get a referral to a health center that provides breast health services and breast cancer screening, please call **617-870-4056** or e-mail **abch2h@gmail.com**.

## Reference List

- (1) Minority Women's Health. Breast Cancer. [Office of Women's Health]. 5-18-0013. Washington, DC, US Department of Health and Human Services.
- (2) Asian American Populations. [Office of Minority Health & Health Disparities (OMHD)]. 5-3-2010. Center for Disease Control.
- (3) Miller BA, Kolonel LN Bernstein L Young Jr. JL Swanson GM West D Key CR Liff JM Glover CS Alexander GA et al. eds. Racial/Ethnic Patterns of Cancer in the United States 1988-1992. [Pub. No. 96-4104]. 1996. Bethesda, MD, National Cancer Institute. NIH.
- (4) Morris CR, Epstein J Nassere K Hofer BM Rico J Bates JH Snipes KP. Trends in Cancer Incidence, Mortality, Risk Factors, and Health Behaviors in California. Cancer Surveillance Section. 2010. Sacramento, CA, California Department of Public Health.
- (5) Ziegler RG, Hoover RN, Pike MC et al. Migration patterns and breast cancer risk in Asian-American women. J Natl Cancer Inst. 1993;85:1819-1827.
- (6) Highlights in Minority Health & Health, Table 86 Use of mammography for women 40 years of age and over, according to selected characteristics: United States, selected years 1987-2003. 2006. Center for Disease Control and Prevention.
- (7) Keegan TH, Gomez SL, Clarke CA, Chan JK, Glaser SL. Recent trends in breast cancer incidence among 6 Asian groups in the Greater Bay Area of Northern California. Int J Cancer. 2007;120:1324-1329.
- (8) Cancer Prevention & Early Detection Facts & Figures 2012. 1-29-0013. Atlanta, GA, American Cancer Society.
- (9) Cancer screening United States, 2010. MMWR Morb Mortal Wkly Rep. 2012;61:41-45.