

Report: Cancer Now Leading Cause of Death in U.S. Hispanics

Tailored Interventions to Increase Access Is Key to Reducing Cancer Burden

ATLANTA-September 17, 2012-A new report from American Cancer Society researchers finds that despite declining death rates, cancer has surpassed heart disease as the leading cause of death among Hispanics in the U.S. In 2009, the most recent year for which actual data are available, 29,935 people of Hispanic origin in the U.S. died of cancer, compared to 29,611 deaths from heart disease. Among non-Hispanic whites and African Americans, heart disease remains the number one cause of death.

The figures come from [Cancer Statistics for Hispanics/Latinos 2012](#), appearing in the journal CA: A Cancer Journal for Clinicians, and its companion publication, [Cancer Facts & Figures for Hispanics/Latinos, 2012-2014](#), which has been produced every three years since 2000. Hispanics/Latinos are the largest and fastest growing major demographic group in the United States, accounting for 16.3% (50.5 million out of 310 million) of the U.S. population in 2010.

The report says that in 2012, an estimated 112,800 new cases of cancer will be diagnosed and 33,200 cancer deaths will occur among Hispanics. Among U.S. Hispanics during the past ten years of available data (2000-2009), cancer incidence rates declined by 1.7% per year among men and 0.3% per year among women. That compares to declines of 1.0% and 0.2% among non-Hispanic men and women, respectively. Cancer death rates among Hispanics declined by 2.3% per year in men and 1.4% per year in women during that same time period, compared with annual declines of 1.5% and 1.3% among non-Hispanic white men and women, respectively.

Hispanics have lower incidence and death rates than non-Hispanic whites for all cancers combined and for the four most common cancers (breast, prostate, lung and bronchus, and colorectum). The most notable example is lung cancer, for which rates among Hispanics are about one-half those of non-Hispanic whites. The risk of lung cancer is lower among Hispanics because they have historically been less likely to smoke cigarettes than non-Hispanic whites.

In contrast, Hispanics have higher incidence and mortality rates for cancers of the stomach, liver, uterine cervix, and gallbladder, reflecting greater exposure to cancer-causing infectious agents, lower rates of screening for cervical cancer, and possibly genetic factors. Incidence and death rates for cervical cancer are 50% to 70% higher in Hispanic women compared to non-Hispanic whites. In addition, Hispanics are diagnosed at an advanced stage of disease more often than non-Hispanic whites for most cancer sites.

Much of the difference in the cancer burden among U.S. Hispanics results from their unique profile in terms of age distribution, socioeconomic status, and immigration history. Just one in ten U.S. Hispanics is 55 years or older, the age group among whom the majority of cancers are diagnosed, compared with almost one in three non-Hispanics. In 2010, more than one in four (26.6%) Hispanics lived in poverty and nearly one in three (30.7%) was uninsured, compared with 9.9% and 11.7%, respectively, of non-Hispanic whites.

Hispanics in the U.S. are an extremely diverse group because they originate from many different countries (e.g., Mexico, Central and South America, and Cuba). As a result, cancer patterns among Hispanic subpopulations vary substantially. For example, in Florida the cancer death rate among Cuban men is double that of Mexican men. While there is limited data on cancer occurrence by subpopulation, Cancer Facts & Figures for Hispanics, as well as a second companion article published in CA ([Cancer-related Risk Factors and Preventive Measures in US Hispanics/Latinos](#)), provide prevalence data on major cancer-related risk factors and early detection testing within the Hispanic population by country of origin. For example, Cuban men are much more likely to smoke

than Dominican men (21 percent versus 6 percent, respectively) and obesity prevalence among Mexican and Puerto Rican men is double that among Dominican men. There are also differences between Hispanic subgroups in screening utilization; Mexican women are less likely to have had a recent mammogram than Dominican women (62 percent versus 78 percent, respectively).

Strategies for reducing cancer risk among Hispanics include increasing utilization of screening and available vaccines, as well as implementing effective interventions to reduce tobacco use, obesity, and alcohol consumption. “There is substantial heterogeneity within the US Hispanic population. The most effective strategies for reducing the cancer burden in these underserved communities utilize tailored, culturally appropriate interventions, such as patient navigation, to increase access to medical services.” said Rebecca Siegel, MPH, lead author of the report.

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