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

While cancer is the second leading cause of death overall in the United States, it remains the leading cause of death among U.S. Hispanics. The finding comes from “Cancer Statistics for Hispanics/Latinos,” a comprehensive report produced every three years by the American Cancer Society and published in CA: A Cancer Journal for Clinicians.

Hispanics/Latinos represent the largest racial/ethnic minority group in the United States, accounting for 17.4% of the total U.S. population in 2014. In 2015, 125,900 new cancer cases and 37,800 cancer deaths are expected among Hispanics/Latinos in the U.S.

Lung cancer remains the leading cause of cancer death for Hispanic men, accounting for about one in six cancer deaths (17%). Based on the 2015 estimates, liver cancer is projected to surpass colorectal cancer as the second leading cause of cancer deaths among Hispanic men. Liver cancer incidence and death rates in Hispanic men and women are about double those in non-Hispanic whites.

Among Hispanic women, the leading cause of cancer death is breast cancer (16%), followed by lung and colorectal cancers. Lung cancer surpassed breast cancer as the leading cause of death among women overall in the U.S. in 1987. Lung cancer death rates in Hispanic women are 70% lower than those in non-Hispanic white women because of historically low smoking prevalence in Hispanic women. In 2014, 8% of Hispanic women smoked cigarettes compared to 17% of non-Hispanic white women.

Cancer death rates have been decreasing since 1995 in Hispanic men and since 1996 in Hispanic women, four years later than declines began in non-Hispanic whites. Cancer incidence rates among Hispanics/Latinos are dropping 2.4% per year in men and 0.5% per year in women, mirroring trends among non-Hispanic whites.

Overall, cancer incidence rates are 20% lower in Hispanics than in non-Hispanic whites and cancer death rates are 30% lower. This is mainly because Hispanics are less likely than non-Hispanic whites to be diagnosed with the four most common cancers (prostate, breast, lung, and colon). However, Hispanics have a higher risk of cancers associated with infectious agents, such as those of the stomach, liver, and cervix. For example, stomach and liver cancer incidence and death rates in Hispanics are double those in non-Hispanic whites.

The cancer profile of Hispanics/Latinos living in the U.S. is strikingly different from that for non-Hispanic whites and reflects the risk in countries of origin, particularly for more recent immigrants. For example, overall, death and incidence rates in Puerto Ricans and Cubans are more similar to those in non-Hispanic whites than in those of Mexican origin, who immigrated to the U.S. in large numbers more recently.

Hispanics are particularly vulnerable to cancer inequalities. They are generally less likely than non-Hispanic whites to be diagnosed at an early stage, especially for melanoma and female breast cancer. Although less access to high-quality care due to lower socioeconomic status contributes to this disparity, some studies have shown that Hispanics are at higher risk of advanced-stage disease even when socioeconomic status and health care access are similar.

“The growth in the population of U.S. residents of Hispanic origin is now driven primarily by births, not immigration, which will probably change the future cancer risk profile of this group” said Rebecca L. Siegel, MPH, director of surveillance information for the American Cancer Society and lead author of the report. “The second generation, born and raised in the U.S. and more intertwined in our lifestyle, including our diet, has higher cancer rates than first-generation immigrants, so we may see a higher cancer burden in this group in the future.”

The authors say progress in cancer control in Hispanics/Latinos should include the use of culturally appropriate lay health advisors and patient navigators; targeted, community-based intervention programs to increase screening and vaccination and encourage healthy lifestyle behaviors; and further funding for research into cancer risk and prevention among specific subgroups in this population.

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