

Cancer affects various population subgroups in the United States in distinct ways. The statistics in this monograph show that black men have the highest incidence rate of cancer, due to excesses of prostate and lung and bronchus cancers, while American Indian men in New Mexico have the lowest rate. Among women, non-Hispanic white women have the highest incidence rate, due mainly to

their excess of breast cancer, while American Indian women in New Mexico and Korean women have the lowest rates. Interestingly, the five most commonly diagnosed cancers among men in every racial/ethnic group include lung and bronchus, prostate and colorectal cancers. Oral cancers, however, are among the five most frequently diagnosed cancers only in black men and cancers of the kidney and renal pelvis are uniquely among the top five cancers in Alaska Native and American Indian (New Mexico) men. In women, cancer of the breast, lung and bronchus, and colon and rectum are among the top five cancers in every racial/ethnic group except American Indians (New Mexico). The high incidence of cervical cancer in Vietnamese women is a matter for concern and suggests a need to focus prevention and control efforts on this group. Cancers of the kidney and renal pelvis are uniquely high in Alaska Native women, mirroring the high rates seen in Alaska Native men.

Achieving better cancer control within minority and underserved populations in the United States is an important goal of the National Cancer Institute (NCI). Cancer control has been defined as the reduction of cancer incidence, mortality, and morbidity through an ordered sequence of research and interventions designed to alter cancer rates. Knowledge gained through research on specific interventions to improve cancer rates must be applied toward reducing the

burden of cancer among minority populations. Specific activities supported by the NCI, include: 1) cancer surveillance, including special tracking of cancer rates among minority populations; 2) recruiting members of minority populations into clinical trials; 3) increasing and improving research targeting minority populations and increasing the participation of members of minority populations in the fields of biomedical research and medical practice; and 4) instituting community-based national education and outreach initiatives which target specific minority and underserved populations.

Cancer Surveillance

Cancer surveillance encompasses the collection, analysis and dissemination of data useful in the prevention, diagnosis, and treatment of cancer. As described in the introduction to this monograph, the SEER Program collects and reports statistics on the impact of cancer on major racial/ethnic populations in the United States. Since the composition of the United States population has changed over time, the SEER Program has adjusted its coverage of specific population subgroups to meet new needs. In 1992, to increase its coverage of minority populations, especially Hispanics, the SEER Program expanded to include Los Angeles County and the San Jose/Monterey area in California. The need for increased coverage of Hispanics arose from the tremendous

influx of Hispanics into the United States during the last decade.

Recruitment to Clinical Trials

Applicants for clinical research grants and cooperative agreements from the NCI are required to include minority group representation in their study populations. Each proposal must address racial, ethnic and gender issues in the overall research design, in the rationale for the selection of the proposed study population, and in sample size calculations. Applicants are urged to carefully assess the feasibility of including the broadest possible representation of minority groups. In accordance with this policy, the representation of black, Hispanic and white populations in NCI-sponsored cancer treatment trials has closely paralleled the incident burden of disease in these groups. In some instances, minority population accrual to treatment trials has exceeded proportionality. Although there has also been a small increase in the participation of minority populations in cancer prevention trials due to outreach efforts by the NCI, these groups remain largely under-represented in such studies. Additional efforts are needed to improve minority group participation in cancer prevention trials with the goal of reaching levels seen in treatment trials.

Research and Education

It is particularly important to direct the benefits from cancer prevention, early detection, and treatment toward minority and/or underserved populations that traditionally experience a heavy burden of cancer. The Special Populations Studies Branch of the Division of Cancer Prevention and Control, NCI currently funds four programs whose objectives are to increase research addressing the etiology, prevention,

control and treatment of cancer in minority populations in the United States and to increase the pool of minority researchers. The long term goal of these programs is to reduce cancer rates in minority populations. The four programs are: the National Cancer Control Research Network; the National Hispanic Cancer Control Research Network; the Network for Cancer Control Research Among American Indian and Alaska Native Populations; and the Native Hawaiian and American Samoan Cancer Control Network. The Science Enrichment Program, an educational program aimed at encouraging minority high school students to pursue biomedical careers, is an example of a successful NCI-supported program to increase the potential pool of minority investigators.

Community-Based Outreach Initiatives

The Special Populations Studies Branch supports two outreach programs which use lay and professional leaders and coalitions to help reduce the risks of cancer among specific groups of Americans in their respective communities. These are: 1) The National Black Leadership Initiative on Cancer; and 2) The National Hispanic Leadership Initiative on Cancer. The Appalachian Leadership Initiative on Cancer is an outreach program sponsored by the Public Health Applications Research Branch, NCI. This project targets a specific geographic area, namely rural, low-income residents of the Appalachian region, rather than a racial/ethnic group.

Sources for additional information on cancer in minority and underserved populations are included in the Appendix.