

FOREWORD

This landmark report presents the most extensive information yet available on racial and ethnic differences in cancer experience. It cannot be overstated as to how important these data will be to our understanding of cancer. The cancer experience among ethnic and racial groups varies widely across the world as well as here in the United States. African-Americans for example, have higher incidence and mortality from many cancers compared with whites, and African American men, for instance, have the highest rate of prostate cancer in the world. Native Hawaiians also have high cancer incidence and mortality rates while Hispanics have generally lower rates, although for some cancers such as gall bladder their rates are higher than among whites. Today, with the wealth of new epidemiologic, biologic and genetic tools available, we are in a better position to capitalize on these data and find the sources of these differences. We look to these differences to help identify clues to cancer causation as well as to ways of detecting these cancers early, treating them, and ultimately, preventing them.

Differences outlined here are not necessarily the experience of each individual, of course, and it is important to understand that the racial and ethnic classifications are either self-reported, derived from medical records, or are reported in the 1990 census. Again, these classifications represent guides. The differences between groups may be related to a variety of factors including biology, heredity, and perhaps most important, behavior (smoking and diet being two principal cancer-related behaviors) including behaviors related to both the public's use of the health care system and health professional practices.

I wish to thank the staff members of the National Cancer Institute, and their colleagues across the United States in the Surveillance, Epidemiology and End Results Program, through whose diligence these data have been collected and collated. We all look forward to the extensive use of this information by the research community, and the contributions we are confident this will make to combating cancer.

Edward J. Sondik, Ph.D.
Deputy Director
Division of Cancer Prevention and Control
National Cancer Institute