

Lifelines

from the National Cancer Institute

New report on American Indians and cancer shows need for aggressive fight in Indian country

By the National Cancer Institute

Throughout Indian country, people welcome the change in generations that occurs down through the years. For each generation is the link in a long line of tradition, lessons, and ancestors that date back centuries and today help lay the foundation for those who follow. This is why in the American Indian culture, the wise elders are held in high esteem.

Generational change must take place, but it is happening too quickly for many Natives. Too many are passing away too soon from various chronic diseases.

Cancer, a difficult disease to talk about in many traditional Native families, is one of those diseases killing Native peoples in large numbers.

Researchers who track this disease in the American Indian community believe a newly released report, "An Update on Cancer in American Indian and Alaska Native Populations, 1999-2004" a supplement to the journal, *Cancer*, is the most detailed ever about American Indians and cancer and it may hold the key to significantly slowing the cancer death rates in Indian country.

This new report makes an interesting point about Native peoples – they are not all the same. There is great diversity within the American Indian culture and that may account for data showing how cancer seems to impact Natives differently according to region. What this means for cancer researchers working with American Indian populations is that programs to address cancer prevention, education, and treatment for Natives must be tailored to the specific needs of communities. No one cancer plan or approach should be considered relevant for all of Indian country.

Dr. Judith Kaur, a member of the Choctaw Nation and one of only two Native oncologists in the United States, is one of the authors of this report. She is with the Mayo Clinic in Rochester and is a longtime expert on American Indians and cancer with a research focus on breast and cervical cancers. Kaur is also a leading research partner with the National Cancer Institute (NCI) on Natives and cancer through the Community Networks Program. This program is a five-year grant awarded by NCI to reduce cancer health disparities through community-based participatory education, training, and research among racial and ethnic minorities and underserved populations.

The National Cancer Institute recently interviewed Kaur about the American Indian report and its significance. Highlights of that interview are below:

NCI: Why is this new report so important?

Kaur: This is the most current, accurate, and comprehensive review of the common cancers in American Indian/Alaska Native (AI/AN) populations. As such it becomes a call for action to address these disparities. Without accurate data, we cannot garner plans and resources.

NCI: How does it compare to information about Natives included in the “Annual Report to the Nation on the State of Cancer, 1975-2004” released in 2007?

Kaur: This complements and extends the information from the Annual Report to the Nation supplement in 2007 on AI/AN. It can more completely define the specific cancers and their patterns across Indian country and suggest strategies to change the morbidity and mortality associated with cancer in our communities.

NCI: Does this report identify the most likely cancers?

Kaur: Yes, it hits the high ranking cancers, even those that are typically less common in the general population of Non Hispanic Whites (NHW) such as liver cancer and kidney cancer. The most common cancers seen in AI/AN are the same as those seen in the general population, such as breast, lung and colorectal cancer. But the geographic differences are striking, unlike the patterns in Non Hispanic Whites or African Americans.

The plans to overcome cancer therefore must take this into account to develop the resources necessary. Cancers associated with infectious etiologies such as liver cancer (hepatitis B & C), cervical cancer (HPV) and gastric cancer (*H. pylori*) are also more common in AI/AN populations and have a great potential for prevention strategies.

NCI: What can be drawn from the regional differences in cancer data?

Kaur: It is important not to paint a broad brush across all AI/AN populations. That misses the opportunity to emphasize, for example, colorectal cancer prevention and screening in Northern Plains and Alaska. Lung cancer rates, on the other hand, totally mirror the areas of the country where non-traditional uses of tobacco are so prevalent and where we must address nicotine cessation and prevent youth from abusing tobacco.

NCI: Which cancers increased, which decreased?

Kaur: Previous data had significant racial misclassification, so overall increases may be partially explained from this historical undercount. However, it is likely that some cancers such as breast and colorectal cancer are significantly increasing.

Breast cancer has increased in almost all areas, but especially in Alaska and the Northern Plains, as has colorectal cancer. Cervical cancer has decreased over several years, but we are seeing a drop in pap screening which absolutely needs to be addressed to prevent going backwards in the success against this disease. Kidney cancer rates in most areas of Indian country are unexplained by usual known associations and are increasing. Stomach cancer has been decreasing but is still higher than in Non Hispanic Whites.

Liver cancer incidence rates were higher among Natives than Non Hispanic Whites for most regions of the U.S. and suggest a trend of increasing incidence, underscoring the importance of reducing main preventable causes such as chronic alcohol abuse, viruses, and nonalcoholic fatty liver disease.

NCI: Was any particular tribe or region singled out in this report?

Kaur: The point is not to single out certain tribes but to try to give tribes data to look at to organize their own comprehensive cancer control programs. Some areas like Alaska and Northern Plains may need more resources for nicotine prevention than say the Southwestern tribes. All tribes should continue efforts against cervical cancer and increase their mammography rates. Colorectal cancer needs new infrastructure to adequately screen in the high risk areas of Indian country.

NCI: Where do we go from here, how will the biomedical research community use this?

Kaur: I hope this will extend interest of outreach workers and researchers alike to contribute to comprehensive cancer control in AI/AN populations. There are definite research questions to be answered about the geographic variation of breast, colorectal, and kidney cancers. True community based participatory research could answer these questions by partnering of tribes with strong academic centers. You may be wondering where you can learn more—or perhaps, how you can find a patient navigator. The patient navigator concept has been utilized in several communities and is being implemented in some form or fashion across the country. Call the NCI's Cancer Information Service (CIS) toll-free at 1-800-4-CANCER for help finding one in your region. If you would like to learn more about NCI's Patient Navigation Research Program, visit the program's Web site at <http://crchd.cancer.gov/pnp/pnpr-index.html>.

NCI leads the National Cancer Program and the NIH effort to dramatically reduce the burden of cancer and improve the lives of cancer patients and their families, through research into prevention and cancer biology, the development of new interventions, and the training and mentoring of new researchers. For more information about cancer, please visit the NCI Web site at www.cancer.gov or call NCI's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237).

Related resources:

- NCI Patient Navigation Research Program (<http://crchd.cancer.gov/pnp/pnpr-index.html>)
- NCI National Community Cancer Centers Program (<http://ncccp.cancer.gov/>)
- Cancer Information Service (CIS) (www.cancer.gov/aboutnci/cis)
- Cancer Health Disparities (www.cancer.gov/cancertopics/types/disparities)