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Overview of Cancer Control Research in Korean Americans

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Abstract

Eighteen noteworthy manuscripts published between 1995 and 2002 were found in a literature search under the terms “Koreans” and “cancer.” These articles cover a variety of subjects, from specific cancers to screening behaviors to religious and cultural influences, all of which should be considered in developing prevention and screening strategies.

Introduction

This manuscript contains a brief review of the published literature on cancer among Korean Americans. Using Medline, we searched for manuscripts published during the seven years between 1995 and 2002 under two terms: “Koreans” and “cancer.” We identified a total of 156 publications. The 18 most noteworthy papers are summarized in this report. The others were excluded because of such factors as small sample size or inadequate data quality.

The 18 publications described herein cover diverse topics: screening for common forms of cancers, tobacco use and lung cancer, mammography and other cancer screening procedures, cervical cancer, colon cancer, gastric cancer, religious and cultural influences on communications regarding cancer diagnosis and prognosis, and cancer control activities and prevention programs.

Screening for Common Forms of Cancer

Sarna et al. (2001) surveyed 140 Korean Americans in Los Angeles and compared their cancer screening knowledge and behaviors with a random sample of 149 Koreans in their native land. They used a self-administered questionnaire in both Korean and English. Both Korean Americans and native Koreans had low participation rates in cancer screening, although Korean Americans were significantly more likely to undergo breast cancer screening than Koreans were. Screening rates for cervical and gastrointestinal cancers did not differ significantly between the two groups.

In another study, Juon et al. (2000) evaluated breast and cervical cancer screening behaviors, using a face-to-face survey of 438 Korean American women in Maryland. The authors found that 50% of women aged 18 and older had had a Pap smear, and 47% of women aged 40 and older had had a mammogram. The strongest correlate of screening was having had regular medical checkups. Women younger than 50 years old were more likely to have had cancer screening tests than those older than 50 years. English language proficiency was associated with having had a mammogram, and length of time living in the United States was associated with the likelihood of having had a Pap smear. Married and unemployed women were less likely than unmarried and employed women to have had a Pap smear.

Smoking

Kim et al. (2000) surveyed 104 Korean American men and 159 Korean American women aged 40 to 69 in the Chicago area using a Korean translation of the National Health Interview Survey

Cancer Control Supplement Questionnaire. They found that 38% of men were smokers (mostly cigarettes). Almost 90% of women and 23% of men have never smoked. Respondents without a religious affiliation were 16 times more likely to smoke. Respondents living in the United States less than 10 years were 12 times more likely to smoke. More than 90% of men, regardless of smoking status, recognized that smoking is a risk factor for several chronic diseases.

A study by Jee et al. (1999) investigated the effects of second-hand smoke from husbands to their wives in 160, 130 households. The wives were between the ages of 40 and 88 and received health insurance from the Korea Medical Insurance Corporation. Among nonsmoking women, the incidence of lung cancer was higher when the husband smoked, and a trend toward a dose-response relationship was found.

Breast Cancer

Maxwell et al. (1998) interviewed 229 predominantly low-income Korean women, aged 50 and older living in Los Angeles, concerning their knowledge, attitudes, and barriers related to cancer screening: 49% had had at least one mammogram; 24% had had a screening mammogram in the past year; and 36% had had one in the past 2 years. Variables related to having had a screening mammogram included having health insurance, income greater than \$25,000, recommendation of their physician, longer duration of residence in the United States, and greater acculturation. Variables related to neglect of screening included concerns about finding cancer, expenditure of time, availability of transportation, embarrassment, and reluctance to request the procedure from their physician.

In another study by Maxwell et al. (2000), 218 Filipino and 229 Korean female immigrants, aged 50 and older in Los Angeles, were surveyed for cancer screening practices. Within the past 2 years, 48% of Filipinos and 41% of Korean women had had a Pap smear, 41% of Filipino and 25% of Korean women had had a mammogram and a clinical breast exam, and 25% of Filipinos and 38% of Korean women had had colorectal cancer screening. Fourteen percent of Filipino and 10% of Korean women adhered to cancer screening guidelines for all three situations. Longer duration of residence in the United States and having a checkup while symptom-free were strongly associated with adherence to cancer screening recommendations.

Han et al. (2000) described knowledge and beliefs about breast cancer. A history of clinical breast examination and mammography was taken by means of a cross-sectional questionnaire mailed to 107 Korean women aged 40 and older in a southeastern U.S. city. The authors found that 67% of Korean women had had a clinical breast examination and 58% had had a mammogram. Women who never had had a clinical breast examination or a mammogram had significantly higher perceived barriers to the testing. Having regular checkups, family members, and a physician were significant predictors of clinical breast exams and mammograms.

Cervical Cancer

A study by Lee (2000) sought an understanding of Korean women's knowledge of cervical cancer, as well as insight into barriers to early screening. Eight focus groups (N=102) found that Korean women had misinformation and lacked knowledge about cervical cancer, leading to confusion about causative factors and preventive strategies. Main structural barriers were economic and language issues. Psychosocial barriers included fear and denial.

One hundred fifty-nine Korean American women aged 40 to 69 were surveyed by Kim et al. (1999) on their knowledge and practices related to cervical cancer screening. The authors used a Korean translation of the 1987 Cancer Control Supplement Questionnaire. They found that 26% of respondents had never heard of the Pap smear, while 34% reportedly had had a Pap

smear. Absence of disease symptoms was the most common reason for not having had a Pap smear. Education level and sources of health care were significantly associated with having had a Pap smear.

Colorectal Cancer

In another study by Kim et al. (1998), 104 Korean American men and 159 Korean American women aged 40 to 69 in Chicago were surveyed using the National Health Interview Survey Cancer Control Supplement Questionnaire translated into Korean. The authors found that 13% of men had had at least one digital rectal exam (DRE) and 11% had had a fecal occult blood test (FOBT). Among women, 11% had had a DRE and 9% had had a FOBT. Gender, education, and length of residence in the United States were significantly related to having heard of DRE. Knowledge of the seven cancer warning signals and length of residence in the United States were the significant variables for those who had had a DRE. Gender and education were significantly related to having heard of FOBT. None of the variables was significantly related to having had a FOBT. The majority of respondents was unaware of these examinations and underestimated their importance.

Gastric Cancer

Theuer (2000) analyzed cases of gastric adenocarcinoma diagnosed and treated at UC-Irvine Medical Center between 1989 and 1998 for outcomes among patients of Asian descent in Southern California. Asian patients were less likely to have distant metastases and were more likely to undergo a curative resection than were non-Asians. Overall survival of Asian patients at 3 years of follow-up was significantly higher than that of non-Asians (3-year survival, 39% vs. 20%; $p < .05$). The authors suggested that the increased proportion of resectable disease and improved survival among Asian patients likely reflects a less aggressive tumor biology.

Sepulveda et al. (1999) investigated microsatellite instability (MSI) in invasive gastric carcinoma occurring in patients from three geographic regions (Korea, Columbia, and the United States). They found that MSI was more frequent in gastric cancers among Koreans than among the comparison groups, suggesting that molecular pathways of gastric carcinogenesis might vary across regions of the world.

Religious and Cultural Issues

According to Mitchell (1998), many cultures consider complete and accurate disclosure of cancer diagnosis or prognosis to be undesirable. Awareness of cross-cultural practices regarding cancer disclosure allows physicians to be more sensitive to different patient populations and thereby to provide more effective care.

In a study by Martinson et al. (1996), 20% of families in Korea reported increased religious activity after the diagnosis of a childhood cancer. Sixty-one percent of the sample identified themselves as Christians.

Blackhall et al. (1995) recruited 200 subjects, aged 65 and older, from 31 senior centers in Los Angeles for an assessment of differences in attitudes among elderly subjects from different ethnic groups toward terminal illness and end-of-life care. Korean Americans and Mexican Americans were significantly less likely than European Americans and African Americans to believe that patients should be told the diagnosis of metastatic cancer or the likelihood of a fatal outcome or to be included in discussions of the use of life-supporting technology. Korean and Mexican Americans believed that the family should make end-of-life decisions and thus were more likely to favor a family-centered model of medical decision making. In contrast, the patient-autonomy model was favored by African Americans and European Americans.

Other Cancer-Related Issues

Stellman (1996) computed proportional mortality rates for 314 men and 248 women of Korean ancestry born abroad who died in New York City between 1986 and 1990. Males had an excess of viral hepatitis, cancer, and stroke and a lower frequency of AIDS and heart disease. Stomach and liver cancers were proportionally higher among Koreans of both sexes, while female breast cancer mortality was lower. These observations generally resemble mortality patterns in Korea.

Chen and coworkers (1997) formed a community intervention project to improve breast and cervical cancer screening behavior among Korean women in California. A research collaboration among universities, community-based organizations, and ethnic communities met a number of goals. Determinants of success were trust, honesty, integrity, cultural sensitivity, and competence.

Despite a low incidence of breast cancer among Korean women, their survival rates after diagnosis are reportedly lower than what is generally reported for breast cancer overall. According to Im (2000), a literature review of 469 studies suggested that the reasons for poor outcomes include modesty, which is imbedded in Korean culture; victim-blaming tendencies; and inadequate patient support.

Summary

Although the number of Korean Americans is increasing, cancers among them are relatively uncommon. Recent immigrants tend to be young adults, and their children have not reached the ages when cancer incidence and mortality rates are high. Korean Americans are scattered throughout the United States, and relatively few communities have large populations for definitive studies. Notwithstanding, more data are needed regarding the cancer burden among Korean Americans in order to develop prevention and screening strategies.

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