



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
Senate Committee on Ways and Means
Wednesday, April 5, 2023 at 10:00 a.m.

By

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HB 1301 HD1 SD1 – RELATING TO CANCER

Chair Dela Cruz, Vice Chair Keith-Agaran, and Members of the Committee:

The University of Hawai'i Cancer Center (UHCC) and John A. Burns School of Medicine (JABSOM) strongly supports HB 1301 HD1 SD1, provided that its passage does not impact priorities as indicated in the University's Board of Regents Approved Executive Biennium Budget. This measure would appropriate revenues for UHCC to conduct a two-year preliminary study with the goal of establishing a long-term multi-ethnic cohort (MEC) study focusing on social determinants of health, lifestyles, environmental and occupational exposures, and resilience factors of Native Hawaiians, Pacific Islanders, and Filipinos in the State of Hawai'i.

This funding would provide vital resources to help initiate a long-term follow-up study, which would provide critical data to improve the cancer disparities and promote health equity in populations that experience high rates for many common cancers and continue to be understudied and underserved.

National data typically aggregate health information for Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPI) and, thereby, ignore the rich cultural and lifestyle diversity of these populations and mask their marked differences in cancer incidence and outcomes. UHCC has decades of research experience studying cancer disparities in AANHPI. Disaggregated data from the Hawai'i Tumor Registry (the State central cancer registry,

operated by UHCC) show disparities in how early certain cancers are diagnosed (i.e., stage at diagnosis), in the number of new cancers detected each year (i.e., incidence), and in the proportion of deaths caused by certain cancers in Native Hawaiians, Filipinos, and Pacific Islanders residing in Hawai'i. Similarly, the Pacific Regional Central Cancer Registry [the US Affiliated Pacific Islands (USAPI) central cancer registry, operated by JABSOM], shows significant cancer health disparities in late stage at diagnosis and extremely poor survival rates in cervical, oropharyngeal, uterine, and liver cancer among several of the populations indigenous to the USAPI. Many of the US Pacific Islander populations move to Hawai'i for educational and economic opportunities, as well as for health care.

Information by cancer site shows that Native Hawaiians have one of the highest rates of lung, breast, colorectal, pancreatic, gastric, liver, endometrial, and cervical cancers among other racial/ethnic groups in the US. Pacific Islanders also have high rates for many cancers that should be addressed through culturally-tailored health education and prevention efforts, such as smoking cessation and screening. Filipino Americans have high incidence rates for lung, colorectal, and thyroid cancer in Hawai'i, and rapidly increasing rates of breast and prostate cancers. It is well-studied that certain types of cancer are heavily influenced by tobacco, dietary composition, and overweight/obesity. Additionally, there is a high correlation between poverty and food insecurity, tobacco use, obesity, and obesity-related chronic disease, including cancer. Studies conducted in the US, USAPI, and globally also indicate other socio-cultural impacts on cancer aside from poverty. Detailed epidemiological studies conducted by UHCC to date have shown that known lifestyle risk factors do not fully account for these risk differences. However, due to gaps in the available data, such as on social determinants of health and environmental and occupational exposures, the additional risk/resilience factors that drive these disparities remain unknown. A new cohort study that captures such information would directly address these research gaps.

The proposed two-year, state-funded project would establish the feasibility of recruiting participants for a long-term prospective study and greatly strengthen a federal grant application to NIH to fund the full-scale research. It will also build a strong partnership with these communities so as to define common priority research areas and assist with study recruitment and future dissemination of study findings. The budget needed to perform the two-year feasibility study is expected to be \$500,000 for Year 1 and \$500,000 for Year 2.

This new MEC study is highly needed, and the results will inform UHCC, JABSOM, and UH researchers' current and future work with Native Hawaiian, Pacific Islander, and Filipino populations to address and to improve lifestyle, social, cultural, and economic determinants of cancer prevention, cancer screening, and early detection, treatment and survivorship.

Thank you for this opportunity to testify.