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First National Conference on Cancer in Native Americans: Welcoming Remarks

MANUEL R. MODIANO

On behalf of myself and the Arizona Cancer Center, I want to extend a warm welcome to all of you and to thank you for participating in this First National Conference on Cancer in Native Americans.

Those of us working in the field of cancer research and treatment have been issued two challenges: The first challenge, by the National Cancer Programs, is to address the cancer needs of all United States citizens, regardless of ethnicity or socioeconomic status; the second challenge, set by the National Cancer Institute, is to achieve a 50 percent reduction in cancer mortality by the year 2000. In order to meet these challenges, we need to focus not only on cancer treatment in the Anglo population, but—perhaps more importantly—we also need to address the specific and unique issues related to cancer treatment, prevention, and control in the minority groups in this country.

There currently exist over 1.5 million Native Americans on 278 reservations and over 200 Alaska Native villages. Over half of all Native Americans reside in the states of Arizona, California, New Mexico, and Oklahoma. There are 65,000 Alaskan Eskimos and over 200,000 Native Hawaiians and peoples of Hawaiian ancestry. Compared with the general United States population, American

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Indians have a much higher incidence for cancers of the stomach, cervix uteri, liver, gallbladder, and kidney. They have a higher mortality for cancer of the cervix and gallbladder. The survival rates are poor for all sites combined. American Indians have a high prevalence of smoking. Their use of smokeless tobacco among students in grades 7 to 12 is much higher than among white students in the same grades. Alaska Natives have a high risk for nasopharyngeal, gallbladder, cervix, and kidney cancer. Native Hawaiians have a higher incidence of cancer of the breast, cervix uteri, corpus uteri, and lungs. They have a higher mortality rate for all sites combined. Their smoking prevalence is also higher than in the general population, as is their dietary fat intake.

The health care needs of the American Indian population are served primarily by the Indian Health Service, which recently joined a new effort by the National Cancer Institute to develop opportunities for collaborative research for minority populations in the areas of cancer prevention and control. The Arizona Cancer Center's section of Cancer Prevention and Control is actively participating in these efforts by not only recruiting Native Americans into clinical and prevention trials but also by attempting to better understand their very specific health needs. In the past two years since the beginning of the minority enhancement program, the Arizona Cancer Center's minority patient population has grown by over 100 percent. Our staff includes people of Mexican-American descent as well as of different Native American backgrounds. Many of our staff are fluent in Spanish and in Native American dialects and languages.

As you will see and hear today, undertaking this research is by no means a simple task. Although epidemiologic studies have been conducted among Native American groups, only a limited number of these investigations have considered the burden of malignant disease within these groups. These studies describing overall and site-specific cancer incidence among native populations have suggested malignant disease patterns which differ from the general population. Native Americans have unique needs and different cancer incidence and mortality rates than those of the Anglo population. Studies of native groups have reported cancer incidence deficits among native males and females for all sites combined. However, a number of other studies have failed to demonstrate any deviation from expected cancer incidence. As we said earlier, stomach cancer is ten times more frequent (as is gallbladder cancer) among Native Americans than

in the general population. Lung cancer, once four times less common, is quickly ascending to a similar incidence to that found in whites. Unfortunately, the prevalence of smoking and the use of smokeless tobacco are rapidly growing among Native Americans. Cervical cancer and kidney and liver cancer are also more frequent among Native Americans. On the other hand, melanoma is seven times less frequent, and breast cancer has an incidence that seems to be half that seen in whites. The cancer mortality rate of Native Americans is greater than that of white people; overall, five-year survivals are approximately 10 percent lower than survivals in whites.

The First National Conference on Cancer in Native Americans is an important step in not only responding to the two challenges that I mentioned earlier but, most importantly, in understanding cancer in Native American groups and in reducing mortality from cancer in this population.