

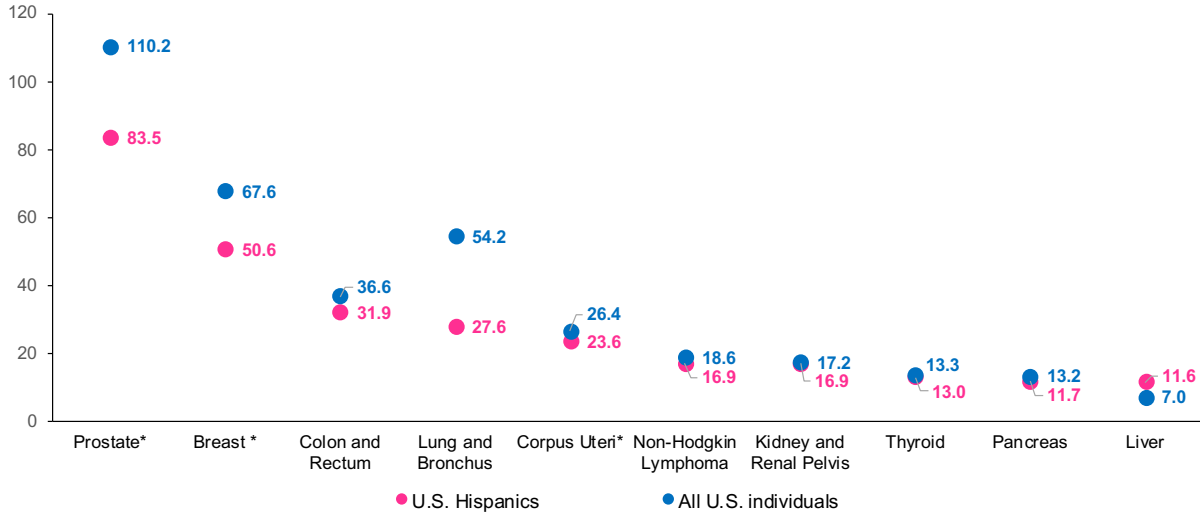
HISPANIC EQUITY BRIEFS

Cancer among U.S. Hispanics: Trends and Inequities

In 2020, malignant neoplasms (cancerous tumors) were the third cause of death among Hispanics after COVID-19 and heart diseases.¹ Hispanics accounted for 8.8% (140,609) of new cancer diagnoses and 7.3% (43,942) of cancer-related deaths.² Although presenting lower rates of cancer diagnosis and mortality, Hispanics are diagnosed at later stages and have lower 5-year survival rates.² There is a need to increase cancer screening and access to efficacious treatment. As a first step, awareness and education campaigns are needed to increase cancer health literacy among U.S. Hispanics.

Cancer Incidence

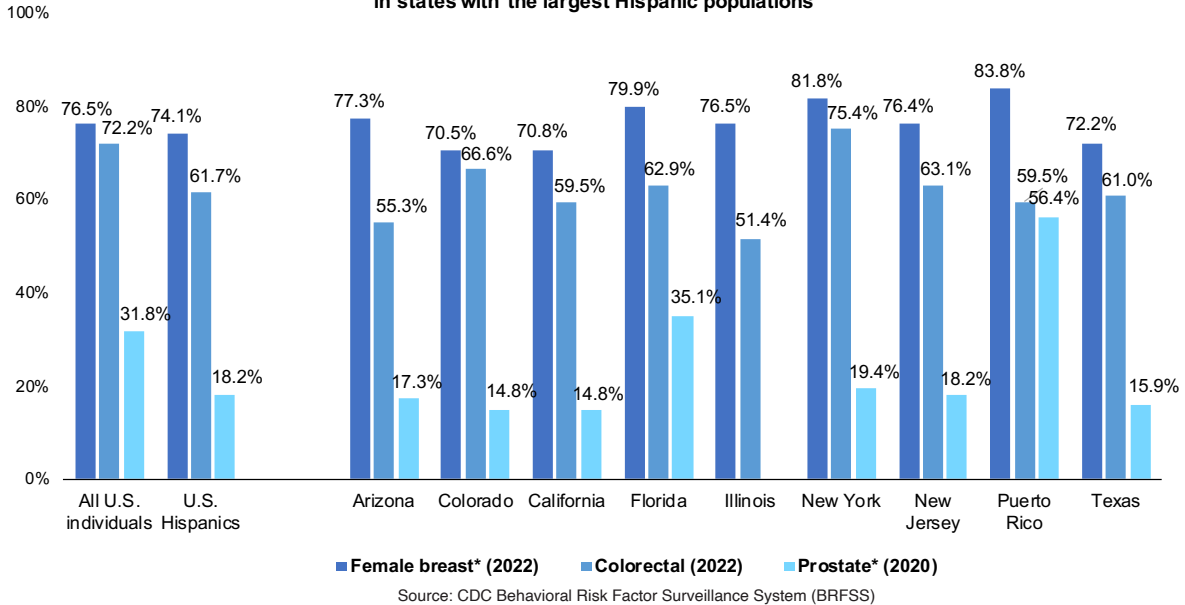
Rates of Top 10 Diagnosed Cancers among U.S. Hispanics, 2016 - 2020



As seen above, prostate, female breast, and colorectal cancer are the three most common cancer diagnoses among Hispanics.³ Lung and bronchus cancer is less common than in the general population due to lower rates of smoking among Hispanics.⁴ In 2020, there were 22,207 diagnoses of female breast cancer among Hispanics, 14,157 of prostate cancer, and 12,818 of colorectal cancer, accounting for 35.0% (49,182) of all cancer diagnoses among U.S. Hispanics.²

Cancer Screening

Female breast, colorectal, and prostate cancer screening among Hispanics in states with the largest Hispanic populations



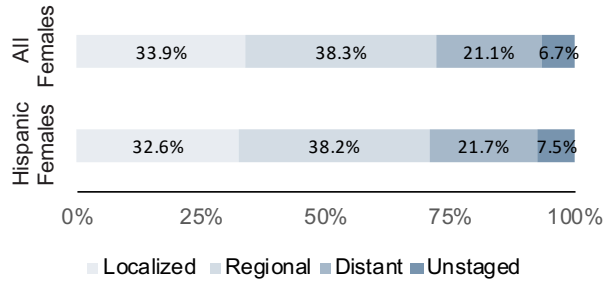
Cancer screening among Hispanics varied across states (data missing for many states).⁵ Female breast cancer screening was 85.9% in Rhode Island and 60.7% in Utah; colorectal cancer screening was 80.7% in Alaska and 36.2% in Oklahoma; and prostate cancer screening was 35.1% in Florida and 9.6% in Massachusetts. The chart above shows the percentage of women, 50-74 years, reporting a mammogram in the past 2 years, adults aged 50-75 years reporting being up-to-date with colorectal cancer screening, and men aged 40+ who had a PSA test in the previous 2 years.

Notes: Rates are per 100K people and adjusted for age.
* Prostate, breast, and corpus uteri cancers by sex. No information available on transgender individuals.

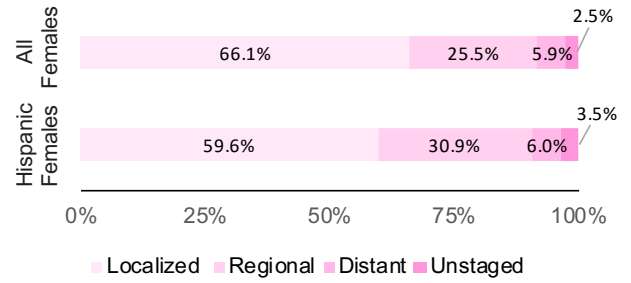


Stage Diagnosis of Cancer

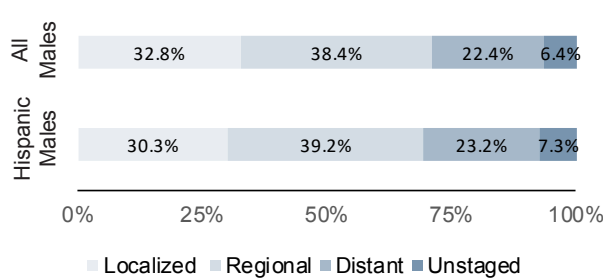
Stage Diagnosis of Female Colorectal Cancer, 2016 - 2020



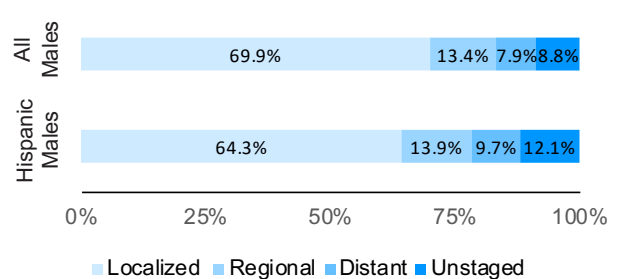
Stage Diagnosis of Female Breast Cancer, 2016 - 2020



Stage Diagnosis of Male Colorectal Cancer, 2016 - 2020



Stage Diagnosis of Male Prostate Cancer, 2016 - 2020

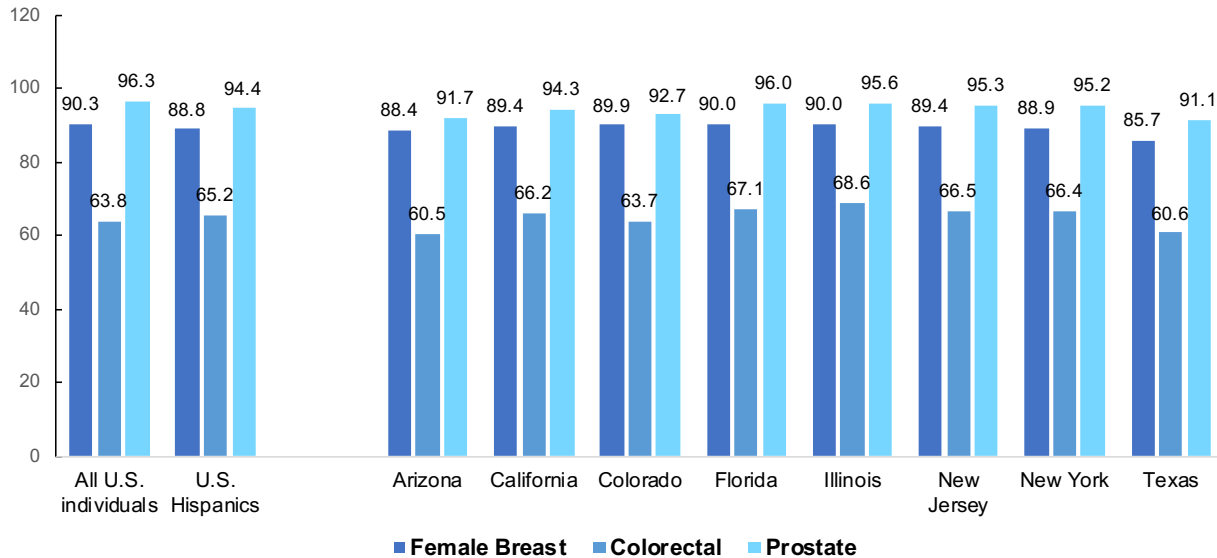


Source: U.S. Cancer Statistics Working Group

A localized stage, an indication of early detection, means the cancer is in its primary location. The regional stage describes cancer as having spread to nearby lymph nodes, tissues, or organs. In contrast, the distant stage can be interpreted as a late cancer diagnosis with cancer found in distant parts of the body. An unstaged diagnosis means insufficient information. As seen in the charts above, Hispanics are often diagnosed with regional and distant female breast, colorectal, and prostate cancer. In addition, surveillance information is less available on cancer diagnoses among Hispanics (unstaged).²

5-year relative survival rates

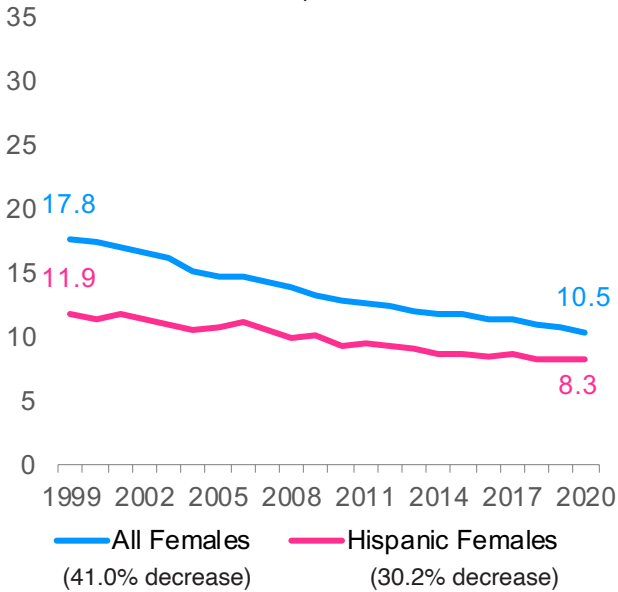
5-year relative survival rates among U.S. Hispanics in states with the largest Hispanic populations



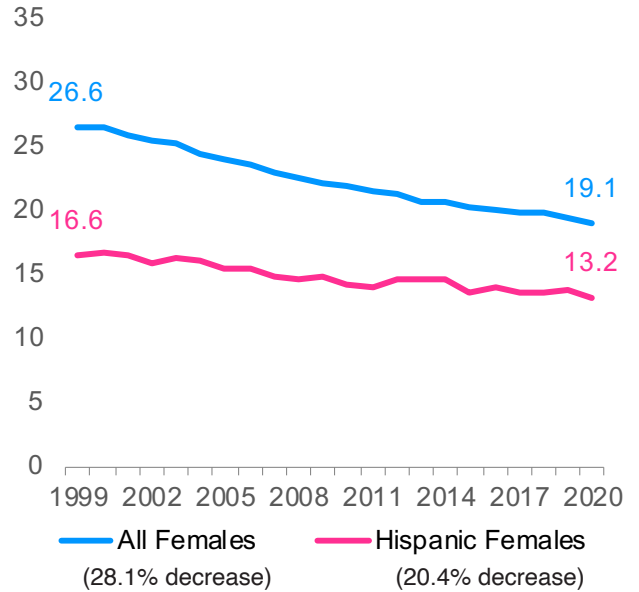
Source: U.S. Cancer Statistics Working Group

Five-year relative cancer survival rates, the percentage of people alive 5 years after diagnosis, among Hispanics vary across states.² Data are not available for some states. Estimates are based on cases reported by cancer registries from 2013 to 2019 and follow-up through 2019. Survival rates for female breast cancer were 96.3% in Rhode Island and 64.7% in West Virginia. For colorectal cancer, it was 79.4% in Alaska and 50.4% in Maine. For prostate cancer, it was 97.1% in Nebraska and 80.4% in West Virginia.

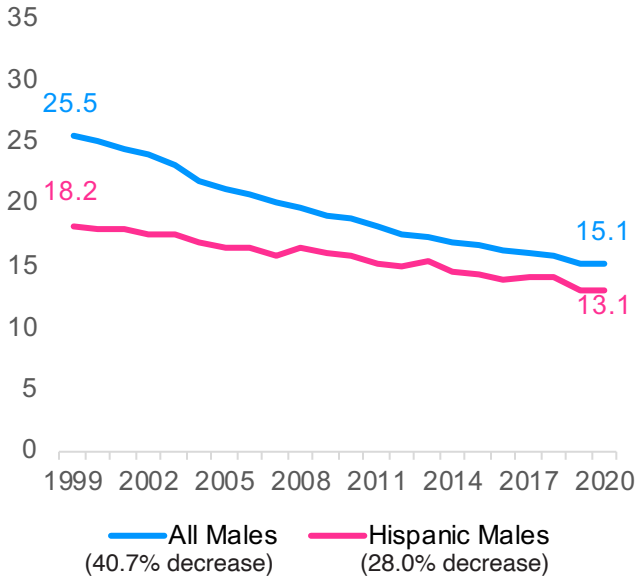
Colorectal Cancer Death Rates among U.S. Females, 1999 - 2020



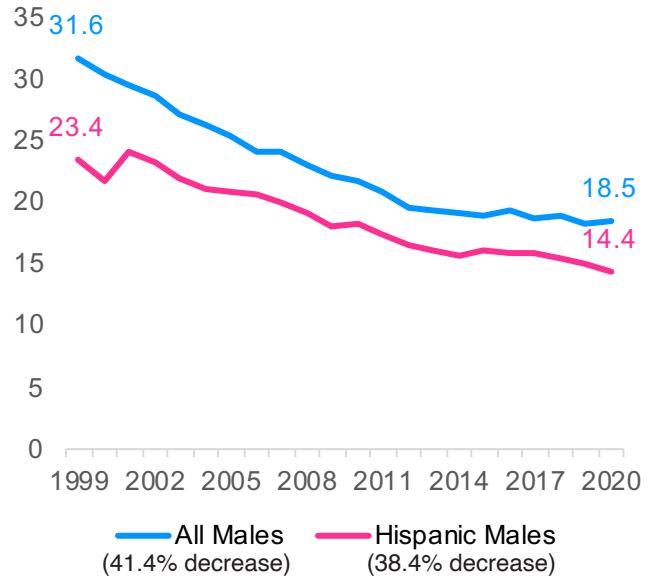
Breast Cancer Death Rates among U.S. Females, 1999 - 2020



Colorectal Cancer Death Rates among U.S. Males, 1999 - 2020



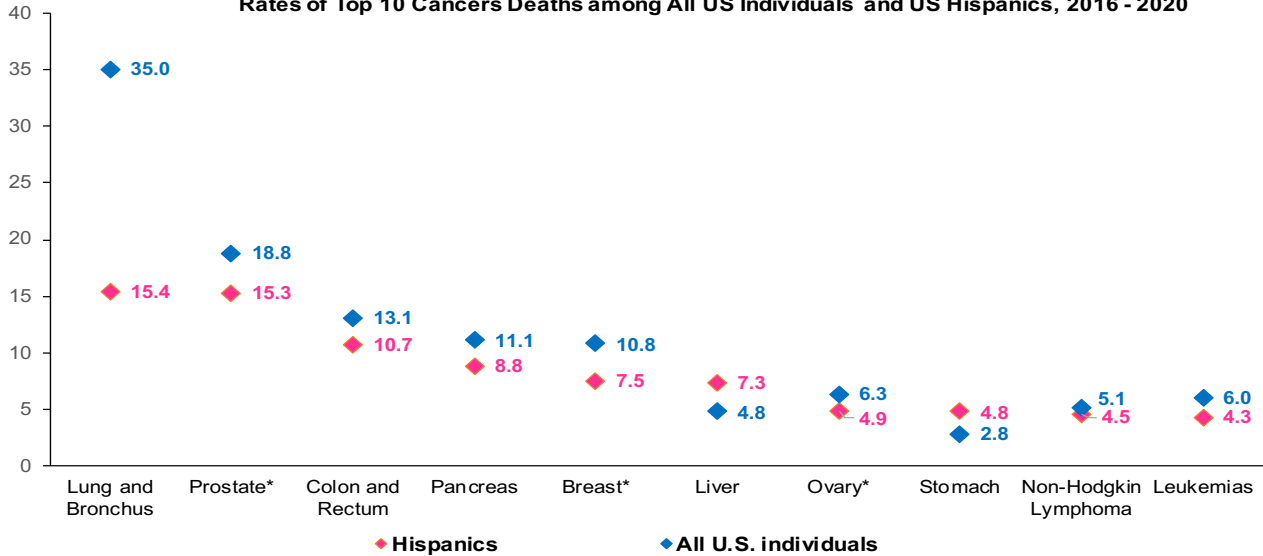
Prostate Cancer Death Rates among US Males, 1999 - 2020



Source: U.S. Cancer Statistics Working Group

In 2020, out of the 43,942 cancer-related deaths among Hispanics, colorectal cancer was responsible for 4,491, female breast for 3,226, and prostate for 2,176.² For the last two decades, Hispanics have presented lower death rates for female breast, colorectal, and prostate cancer. Due in part to screening efforts and newer treatment options, mortality rates have steadily decreased since 1999 (see charts above).² However, the pace of the reduction has been unequal between the whole population and Hispanics. For instance, as of 2020, all women in the U.S. experienced a 28.1% decrease in breast cancer mortality since 1999 compared to a 20.4% decrease among Hispanic women. Similarly, mortality rates for colorectal cancer decreased by 40.7% between 1999 and 2020 for all males but 28.0% for Hispanic males.

Rates of Top 10 Cancers Deaths among All US Individuals and US Hispanics, 2016 - 2020



Source: U.S. Cancer Statistics Working Group

As a diverse group, transgender individuals experience and engage with the healthcare system in diverse manners. Nonetheless, there are shared concerns regarding cancer risks associated with STIs, smoking, and alcohol use and the long-term effect of cross-sex hormone therapy.^{6, 7}

Additionally, transgender patients experience stigmatization and discrimination in health settings, inadequate and inappropriate screening, and lack of access to efficacious treatment.^{6, 7}

Furthermore, lack of inclusion in surveillance efforts, clinical trials, and cancer prevention initiatives are structural barriers to addressing the cancer disparities among transgender communities.^{8, 9}

There is increasing concern about early onset of cancer among groups below the age of current screening guidelines. In particular, there has been an increase in obesity-related,¹⁰ breast,¹¹ and prostate¹² cancers among young adults.

Differences in health outcomes may reflect variations in behavioral risk factors, screening, and access to treatment.⁴ In addition, comorbidities,^{13,14,15} lack or type of insurance,¹⁶ and socio-economic vulnerability^{17,18} can impact screening and the course of cancer treatment. Differences in the health infrastructure, coverage, and services across the U.S. create geographic disparities along the continuum of cancer care.^{19,20}

Ultimately, we need to improve surveillance and cancer health literacy, early detection, and access to efficacious treatment among Hispanics in vulnerable communities and localities.

For simplicity, we use the overarching term Hispanic to refer to diverse self-identifications within our communities, including those related to race/ethnicity, family origin, and gender expression (e.g., Hispanic, Latino, Cuban-American, or Latinx).

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