ABOUT THE ASIAN AMERICAN HEALTH INITIATIVE

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The Asian American Health Initiative (AAHI) was established and funded in Fiscal Year 2005 to help eliminate health disparities that exist between Asian Americans and their non-Asian counterparts. It is part of the Montgomery County Department of Health and Human Services – Office of Minority and Multicultural Health. The AAHI’s purpose is to develop appropriate health programs that meet the needs of the diverse group of Asian Americans living in the County.

MISSION
The mission of the AAHI is to identify the health care needs of Asian American communities, to develop culturally competent health care services, and to implement health education programs that are accessible and available to all Asian Americans in Montgomery County.

The Asian American Health Initiative and the Asian American Community are working together to promote good health for all Asian Americans in Montgomery County.
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WHAT IS CANCER?
Cancer is a term for diseases in which abnormal cells divide without control and can invade other tissues. Healthy, normal cells grow, divide and die, but these cells continue to live and divide and can form a mass called a tumor. Tumors can be benign or malignant. There are over a hundred types of cancers and each has a different regimen for prevention, screening and treatment.

THE ASIAN-AMERICAN BURDEN
As the only racial/ethnic group to have cancer as its leading cause of death, Asian Americans face problems unique to their demographic. This is due in part to incredibly low cancer screening rates, which leads directly to higher rates of advanced – and therefore more dangerous – cancers. Some burdens specific to Asian Americans are:

- Cancer has been the number one killer of Asian American women since 1980.
- Breast cancer is the most commonly diagnosed cancer among Asian American women.
- Southeast Asian women have higher cervical cancer rates and lower Pap testing frequencies than most other ethnic groups in the U.S.
- Cervical cancer is the most prevalent cancer in Vietnamese women, whereas breast cancer is the most prevalent cancer for all other racial and ethnic groups. Vietnamese American women have an incidence rate of cervical cancer that is five times higher than that of Caucasian women.
- The rate of liver cancer in Chinese, Filipino, Japanese, Korean, and Vietnamese populations is 1.7 to 11.3 times higher than that of Caucasians.
- Korean men experience the highest rate of stomach cancer of all racial/ethnic groups, and a five-fold increased rate of stomach cancer over Caucasian men.

“Cancer has been the number one killer for Asian American women since 1980.”
Filipinos have the highest rates of prostate cancer among all Asian subgroups, and the second worst five-year survival rates for colon and rectal cancer of all U.S. ethnic groups.

RISK FACTORS AND PREVENTION

Although no cancer prevention is 100% effective, there are steps you can take to lessen your risk. The American Cancer Society estimates that more than half of all cancer deaths could be prevented if people adopted cancer prevention measures.

- Smoking is the most preventable cause of death, therefore terminating use of tobacco in any form significantly reduces the risk of cancer.
- Sun exposure is a major cause of skin cancer, so when outside, protect skin by using sunscreen and wearing protective clothing.
- A high-fat diet can increase your risk of cancer. Instead, incorporate a variety of healthy foods such as fruits, vegetables and whole grain products into a daily diet.
- Obesity is a risk factor for breast, colon, and prostate cancers; leading an active lifestyle with regular exercise helps to eliminate this risk.
- Without vaccination, certain viral infections can lead to cancer. Hepatitis B can increase your risk of developing liver cancer, and HPV (human papillomavirus) can turn into cervical cancer. Talk to your doctor about potential vaccine options.
- Without proper testing and screening, chances of developing advanced cancer increase. Regular screening and self-examination may not prevent cancer but can increase your chances of discovering cancer early when treatment is more likely to be successful.

Being at risk for cancer simply means that you are more likely to develop the disease. It does not mean you will develop cancer. Please discuss any concerns with your doctor or healthcare provider.
WHAT IS BREAST CANCER?
Breast cancer is a disease in which cancer cells form in the tissue of the breast. About 70% of all breast cancer begins in the ducts (which bring milk to the nipple) and 10% percent begins in the lobule (where milk is made).

RISK FACTORS
Although the exact cause of breast cancer is unknown, we do know that the following misconceptions, believed by many Asian cultures, do not cause cancer: bumping, bruising, touching the breast, air pollution, moral wrongdoing, and temperature change. The following are some of the most significant risk factors for developing breast cancer:
– Family history
– No children
– Early menstruation
– Age
– Diet and lifestyle choices

SYMPTOMS
Common symptoms of breast cancer include:
– Change in how the breast and nipple feel and look
– Nipple discharge (fluid)

PREVENTION/EARLY DETECTION
The goal of screening exams for early breast cancer detection is to find cancer cells before they begin to cause symptoms. Screening tests include:
– Breast self-exams: Monthly breast self-exams to check for lumps or for changes in the breast.
– Clinical breast exams: The doctor checks the breast for lumps or abnormalities. These checks are often part of a regular physical exam.
– Mammograms: X-rays of the breast that can help detect breast lumps before they can be felt.
No test is 100% reliable, so a combination of these tests and screenings is recommended. They can be a part of a monthly shower routine and a yearly check-up at your doctor’s office.

Breast Cancer Screening Guidelines

If you are in your 20’s and 30’s:
– Clinical breast exam every three years
– Breast self-exam monthly

If you are in your 40’s and above:
– Clinical breast exam every year
– Breast self-exam monthly
– Mammograms every year

Diagnosis and Treatment

If symptoms or test results suggest the possibility of cancer, doctors often perform a biopsy to determine if cancerous cells are present. A biopsy is the removal of tissue or fluid from the body to be studied and diagnosed.

Women with breast cancer have many treatment options:
– Surgery is the most common treatment for cancer:
  - Lumpectomy: Removal of only the breast lump and some of the surrounding tissue.
  - Mastectomy: Removal of the entire breast.
– Radiation therapy uses high energy x-rays to kill cancer cells.
– Chemotherapy is the use of cancer killing drugs injected into a vein or taken as a pill.
– Hormone therapy is a cancer treatment that stops cancer cells from growing.

Conclusion

Breast cancer is the leading cause of death for Asian American women, and every woman has a chance of developing it. However, with early detection, breast cancer can be successfully treated. Follow the screening guidelines and talk to your healthcare provider about what is best for you.
WHAT IS CERVICAL CANCER?
Cervical cancer is a disease caused by the abnormal growth and division of cells that make up the cervix. The cervix is the narrow, lower end of the uterus. This cancer is usually slow growing and without symptoms, but is detectable with regular testing.

RISK FACTORS
- Human papillomavirus infection (HPV)
- Multiple sexual partners
- Having sex at an early age
- Smoking
- Giving birth to many children
- Oral contraceptive use (“the pill”)
- Family history
- Diet

SYMPTOMS
Early cervical cancer generally produces no signs or symptoms. As the cancer progresses, these signs and symptoms may appear:
- Vaginal bleeding
- Unusual vaginal discharge
- Pelvic pain
- Pain during sexual intercourse

PREVENTION/EARLY DETECTION
Asian American women tend to have much lower rates of cervical cancer screenings and preventative tests, leading to a higher incidence of advanced-stage cancer. Abnormal cells, if found early enough, can be treated before they become cancerous. The most effective way to detect these cells is a regularly scheduled pelvic exam performed by your doctor, including a Pap test (also known as a Pap smear). When performing a Pap test, doctors remove a sample of cells from a patient’s cervix using a speculum, and then examine the cells to determine if cancerous cells are present.

“Asian American women experience high rates of cervical cancer. One explanation may be cultural: many Asian American women believe it is bad luck to talk about diseases. Also, modesty and the belief that only married women need pelvic exams make early detection and screening rates low. Regular Pap tests and screenings allow for cancer to be caught at an earlier, more treatable, stage.”
Human papillomaviruses are often transmitted through a variety of sexual interactions. HPV does not usually exhibit symptoms, and is therefore difficult to diagnose. Most of these viruses go away without treatment, but certain strains can lead to cervical cancer. A vaccine has recently been developed to protect females, age 9-26, from developing these high-risk strains. Please talk to your healthcare provider for more information.

CERVICAL CANCER SCREENING GUIDELINES

Beginning at the age of 21, you should have:
- a Pap test every three years (regardless of sexual activity)

If you are sexually active before the age of 21:
- a Pap test every three years after becoming sexually active

If you are in your 40’s and above:
- a Pap test every year

DIAGNOSIS AND TREATMENT

Treatment depends partly on the stage of the cancer.
- Some cancers may be surgically removed.
- Radiation therapy is a cancer treatment that uses x-rays to kill cancer cells.
- Chemotherapy uses drugs to stop the growth of cancer cells.

CONCLUSION

Asian American women have one of the highest rates of cervical cancer, mainly due to low screening rates. This may be attributed to Asian American women’s sense of modesty, superstition and adherence to their cultural norms. Without routine screening, women multiply their chances of developing advanced cancer. Early detection is essential to improving these rates. Routine Pap tests are easy and could make the cure rate jump to over 90%.
WHAT IS COLORECTAL CANCER?
Colorectal cancer begins as tiny growths, or polyps, in the colon or the rectum. A polyp is extra tissue that grows inside your body. Most polyps are benign, but over time, some types of polyps can turn cancerous.

RISK FACTORS
– Age 50 or older
– Family history
– Evidence of previous polyps in the colon and rectum
– High-fat diet
– Lack of exercise
Anyone can get colorectal cancer. Although 20-25% of colorectal cancer occurs in people with a family history, about 75% of cases occur in people without these risk factors.

SYMPTOMS
Colorectal cancer generally produces no symptoms, but may include:
– Diarrhea or constipation
– Blood in or on the stool (either bright red or very dark in color)
– Narrow stools
– General stomach discomfort (bloating, fullness, and/or cramps)
– Frequent gas pains
– Feeling that the bowel does not empty completely
– Weight loss with no known reason

PREVENTION/EARLY DETECTION
Screening and testing rates for colorectal cancer in Asian Americans are dangerously low. Screening is highly recommended for individuals 50 and older. Incidence of screenings for Asian American men is lower than any other...
Colon Polyp DIAGRAMS

group, leading to high rates of advanced cancer. Some screening options include:
– Colonoscopy: the use of a flexible tube that contains a light and a tiny video camera called a colonoscope to look inside the entire large intestine. Tissue samples can be collected (biopsy) and abnormal growths or polyps can be removed during the procedure.
– Fecal occult blood test (FOBT): to test whether there is blood in the stool.
– Sigmoidoscopy: the use of a lighted flexible tube called a sigmoidoscope to examine the rectum and lower part of the colon.

SCREENING GUIDELINES
After the age of 50, you should have a:
– FOBT every year
– Sigmoidoscopy every five years
– Colonoscopy every ten years

DIAGNOSIS AND TREATMENT
Treatment depends partly on the stage of the cancer. In general, treatments may include:
– Chemotherapy medicines to kill cancer cells
– Surgery to remove polyps or cancerous cells
  Polypectomy: removal of a polyp before it can become cancerous
  Colectomy: removal of all or part of the colon
  Colostomy: creates a separate hole from which waste can exit the body, can be performed after a colectomy
– Radiation therapy to destroy cancerous tissue

CONCLUSION
Asian Americans have high incidences of advanced colorectal cancer due to low screening rates. Early detection is crucial in curing and surviving colorectal cancer. Begin routine screenings at age 50 (or before if you are at higher risk) and discuss any treatment options with your doctor.
WHAT IS PROSTATE CANCER?
The prostate is a gland in men that produces seminal fluid and is about the size of a walnut or a ping pong ball. It is just below the bladder and in front of the rectum. Cancer occurs when the cells in the prostate change and multiply out of control.

RISK FACTORS
The cause of prostate cancer is unknown but researchers have found several factors that increase risk:
- Age 50 years and older
- Race
- Family history
- High-fat diet
- Smoking

SYMPTOMS
Prostate cancer does not usually cause symptoms in its early stages. Most men do not know they have it until it is found during a regular medical exam. If there are symptoms, they may include the following:
- Difficulty urinating
- Frequent urination
- Pain or burning feeling during urination
- Blood in the urine

PREVENTION/EARLY DETECTION
Because prostate cancer does not usually exhibit symptoms, annual screenings are necessary for early detection starting at age 50 (or earlier if the man is at higher risk). Presently, there are 2 tests that can detect prostate cancer:
- Digital rectal exam (DRE): a doctor feels the prostate through the rectum to find hard or lumpy areas
- Prostate-specific antigen (PSA): a blood test that can detect the evidence of cancer

“Prostate cancer is the most common cause of death for men older than 40.”
PROSTATE CANCER SCREENING GUIDELINES

Beginning at age 50, men should have:
- a Digital rectal exam (DRE) every year
- a Prostate-specific antigen (PSA) test every year

If these tests point to prostate cancer, the doctor may recommend a prostate biopsy, in which tissue is taken from the prostate and examined under a microscope.

DIAGNOSIS/TREATMENT

Treatment for prostate cancer depends on a variety of factors, including a patient's age and how far the cancer has spread. Treatment may include one or more of the following:
- Watchful waiting involves no treatment but careful observation and medical monitoring.
- Radiation uses x-rays to kill cancer cells.
- Chemotherapy uses drugs to stop the growth of cancer cells to other parts of the body.
- Hormone therapy involves taking drugs to stop the growth of hormones.
- Surgery is the removal of the prostate gland.

CONCLUSION

Prostate cancer is the most common cause of death for men older than 40. Prostate cancer rates for Asian American men increase when they immigrate to the United States, which is perhaps due to a change in the environment (e.g. high-fat diet, smoking, etc.). If prostate cancer is detected early, the chance of successful treatment with minimal or short-term side effects is greatly increased. Early detection is directly dependent on annual screenings. It is important to discuss with your doctor or healthcare provider when screenings should begin.
The Asian American Health Initiative (AAHI) Cancer Program was formed in January 2002 to increase awareness about targeted cancers by providing culturally competent cancer education and screening services to Asian American residents in Montgomery County. The AAHI Cancer Program is the first health program in Montgomery County to specifically target the Asian American community. It fosters a public awareness that, if properly screened and found early, cancer can be prevented and treated. Working in conjunction with the Montgomery County Cancer Crusade, the AAHI Cancer Program provides free screenings for breast, cervical and colorectal cancers to eligible Montgomery County Asian American residents.

The goals of the Asian American Health Initiative Cancer Program are as follows:

• To improve overall cancer knowledge and screening practices by reducing barriers to screening and early detection.
• To improve the access of Asian Americans to healthcare facilities and cancer resources within the county.
• To provide education, outreach and screening in a culturally and linguistically appropriate manner.

OUTREACH AND EDUCATION

The AAHI Cancer Program provides comprehensive information on cancer education and prevention to Asian Americans through community partnerships, ethnic media and outreach events. This information is conveyed using educational materials in many different Asian languages as well as through bilingual Asian health promoters. In every education and outreach effort, relevant cultural issues unique to Asian Americans are always considered and respected. To address the diverse needs of Asian Americans, the AAHI Cancer Program’s strategies and methods are tailored to specific Asian American subgroups. Some of the outreach methods are as follows: health fairs, health education seminars, and education through ethnic media (i.e. print, television and radio).
CONTACT
For more information on outreach, education and screenings, please contact the Asian American Health Initiative Cancer Program at 240-777-1409 or visit our website at www.AAHinfo.org.

CANCER RESOURCES
For more information on cancer, please contact the following groups:
American Cancer Society
http://www.cancer.org/docroot/home/index.asp

Asian American Network for Cancer Awareness, Research and Training (AANCART)
http://www.aancart.org/index.htm

Cancer Control PLANET
http://cancercontrolplanet.cancer.gov/

Cancer Information from the National Cancer Institute
http://www.cancer.gov/cancer_information/

Cancer to Reduce Cancer Health Disparities
http://crchd.cancer.gov/

CDC: Minority Cancer Awareness
http://www.cdc.gov/

CDC: Fact Sheet
http://www.cdc.gov/cancer/dcpc/library/online/

Intercultural Cancer Council (ICC)