American Journal of
Preventive Medicine

LETTERS TO THE EDITOR

Potential Problems of Using Same Race Category for Native Hawaiians, Pacific Islanders, and Asians

Catherine Kam, BA,
Amy Brown, PhD
Department of Complementary and Integrative Medicine,
John A. Burns School of Medicine,
University of Hawai'i at Mānoa, Honolulu, Hawai'i
https://doi.org/10.1016/j.amepre.2019.03.003

Franco et al.[1] recently examined the racial disparities of hepatocellular carcinoma (HCC) between two groups in the National Cancer Institute's Surveillance Epidemiology and End Results (SEER) cancer registry. They found interesting data, but grouped Asian and Pacific Islander races into a single category.

Though grouping is often necessary owing to insufficient subject numbers,[2] it may inaccurately result in conclusions that do not fully represent either group. Categorizing two races as one can lead to dilution of clinically relevant findings to obtain significant results, an inaccurate understanding of Asian and Pacific Islander health problems and resulting health care, and ultimately, improper treatment and diagnoses.

Asians and Pacific Islanders have extensively different HCC risk factors, clinical measures, and prevalence.[2] Pacific Islanders are more likely to experience HCC symptoms compared with Asians of Japanese, Chinese, and Korean descent. They are also more likely to have early ages of HCC onset (54.9 ± 12.0 years) versus Asians. Higher rates of high-risk health behaviors, such as smoking, alcohol abuse, obesity, and high-fat diet, are significantly more prevalent in Pacific Islanders.[2] Pacific Islanders are less likely to be screened for HCC, and those residing in Hawai'i face treatment challenges.

This is problematic because Hawai'i has one of the highest rates of liver cancer in the U.S., 32% attributable to undiagnosed chronic hepatitis B.[3] This is partially due to about 18% of Asian and Pacific Islanders in Hawai'i being born in a foreign country.[3] Approximately half of all Hawai'i residents are of Asian and Pacific Islander descent (38% Asian and 10% Native Hawai'ian or Pacific Islander). In addition, despite its high liver cancer incidence,[4] Hawai'i remains the second-lowest absolute provider of available donors for liver transplant, and has the longest waiting times.[2] If possible, it is important to separate Pacific Islander from Asian data so that these problems are observed in the literature and addressed in their communities.[5]

REFERENCES

1. Franco RA, Fan Y, Jarosek S, et al. Racial and geographic disparities in hepatocellular carcinoma outcomes. *Am J Prev Med.* 2018;55(5):S40–S48. https://doi.org/10.1016/j.amepre.2018.05.030.
2. Wong LL, Hernandez B, Kwee S, et al. Healthcare disparities in Asians and Pacific Islanders with hepatocellular cancer. *Am J Surg.* 2012;203(6):726–732. https://doi.org/10.1016/j.amjsurg.2011.06.055.
3. Ferrer A, Katz AR, Hurwitz EL, et al. Hepatitis B prevalence and risk factors in a foreign-born Asian and Pacific Islander population at a community health center in Hawai'i. *Asia Pac J Public Health.* 2018;30(8):727–736. https://doi.org/10.1177/1010539518800359.
4. Centers for Disease Control and Prevention (CDC). United States cancer statistics, 2014 selected cancers ranked by state. https://gis.cdc.gov/Cancer/USCS/DataViz.html. Accessed November 7, 2018.
5. Ghosh C. A national health agenda for Asian Americans and Pacific Islanders. *JAMA.* 2010;304(12):1381–1382. https://doi.org/10.1001/jama.2010.1358.

Author Response to Letter to the Editor Regarding "Potential Problems of Using Same Race Category for Native Hawaiians, Pacific Islanders, and Asians"

We appreciate the attentive comments from Catherine Kam and Amy Brown. We are glad the manuscript has created this forum of discussion. The issue pointed out here is of extreme importance. It is certainly a limitation in our manuscript and also a limitation in key literature on which major public health research bases itself. As an example, please refer to the American Cancer Society in the annual report to the nation on cancer status, where epidemiologic data regarding Asian and Pacific Islander populations are reported as a single racial group.[1]

Nevertheless, although the paper may have given the impression that investigators overlooked important racial

groups highly affected by hepatocellular carcinoma (HCC), this article was part of the *American Journal of Preventive Medicine* Supplement "African American Men's Health: Research, Practice, and Policy Implications" and sought to specifically examine racial disparities in HCC incidence, demographics, tumor characteristics, receipt of treatment, and all-cause mortality in southern and nonsouthern cancer registries. Because of the over-representation of African Americans in southern registries, a major focal point of the article was to analyze HCC outcomes in this group compared with whites. In doing so, there was no intention to draw conclusions among other specific racial groups (in fact, "Other Races" grouped together not only Asians and Pacific Islanders but also American Indians and Alaska Natives) or Hispanic ethnicity (not included in the study). Although people from "Other Races" with HCC had lower hazard ratios for all-cause mortality compared with whites, we intentionally did not pursue further elaborations of this finding. If we were to focus on this finding, we would certainly need to address the limitations of our design and factors influencing HCC outcomes, some of them well exemplified by the corresponding colleagues. We certainly agree that no further comments can be made about this finding, unless we are able to tease out racial distributions and outcomes within each subgroup included in "Other Races."

We agree with the evidence pointing to HCC outcome differences among Native Hawaiians, Pacific Islanders, and Asians, as well as the evidence of such differences of these racial groups, even when taken together, compared with other races. Given this background information provided by Kam and Brown, it would be interesting to apply a similar study design comparing HCC outcomes in the National Cancer Institute's Surveillance Epidemiology and End Results (SEER) registries, with their over-representation of Native Hawaiians, Asians, and Pacific Islanders, against registries with lower representation of these races, assessing the role of race (and geography) in HCC outcomes.

This is certainly a very significant research gap, and further studies are needed to elucidate HCC health disparities that are specific to these two racial groups as well as in comparison to other races. We welcome such discussions and further comments. We hope our study design, focused on disparities affecting African Americans, has provided blueprints that make investigators interested in expanding similar analyses to other races and enable them to build further compelling evidence on this issue.

Ricardo A. Franco, MD,
Department of Medicine, Division of Infectious Diseases, University of Alabama at Birmingham, Birmingham, Alabama

Yunhua Fan, MPH,
Stephanie Jarosek, PhD,
Department of Urology and the Division of Biostatistics, University of Minnesota, Minneapolis, Minnesota

Sejong Bae, PhD,
Division of Preventive Medicine, University of Alabama at Birmingham, Birmingham, Alabama

James Galbraith, MD
Emergency Department, University of Alabama at Birmingham, Birmingham, Alabama

[1] Department of Medicine, Division of Infectious Diseases, University of Alabama at Birmingham, Birmingham, Alabama[3] Department of Urology and the Division of Biostatistics, University of Minnesota, Minneapolis, Minnesota[4] Division of Preventive Medicine, University of Alabama at Birmingham, Birmingham, Alabama[5] Emergency Department, University of Alabama at Birmingham, Birmingham, Alabama

https://doi.org/10.1016/j.amepre.2019.03.019

REFERENCE

1. Ryerson AB, Eheman CR, Altekruse SF, Ward JW, Jemal A, Sherman RL, et al. Annual report to the nation on the status of cancer, 1975-2012, featuring the increasing incidence of liver cancer. *Cancer*. 2016;122(9):1312–1337. https://doi.org/10.1002/cncr.29936.