

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



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

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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