

# Gastric Cancer Incidence in Asian and Hispanic Communities

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## Opinion Article

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## DESCRIPTION

Stomach cancer demonstrates significant disparities across racial and ethnic minority groups in the United States, particularly among Asian and Hispanic immigrant communities. However, assessing these disparities based on nativity has been challenging due to limited nativity-specific population data, especially for disaggregated Asian subgroups. This study aimed to examine population-based stomach cancer incidence and tumor characteristics by detailed race/ethnicity and nativity.

Utilizing data from the 2011–2015 California Cancer Registry, annual age-adjusted incidence rates were computed by race/ethnicity, sex, and nativity, with evaluation of tumor characteristics including stage and anatomic subsite. Nativity-specific population counts for Hispanic and Asian populations were estimated using data from the US Census and the American Community Survey Public Use Microdata Sample.

During the period from 2011 to 2015 14,198 patients were diagnosed with stomach cancer. The annual age-adjusted incidence rates were notably higher among foreign-born individuals compared to their US-born counterparts. While the difference was modest among Hispanics, it was more substantial among Chinese, Japanese, and Korean Americans. The highest incidence rates were observed among foreign-born Korean and Japanese Americans, with rates of 33 per 100,000 for men and 15 per 100,000 for women, and 33 per 100,000 for men and 12 per 100,000 for women, respectively. Among foreign-born Korean Americans, 44% of cases were localized

stage disease, a proportion similar to US-born Korean Americans. However, for other Asians and Hispanics, the proportion of localized stage disease was generally lower among foreign-born individuals, with the lowest proportion observed among foreign-born Japanese Americans (23%).

Stomach cancer ranks as the fifth most common cancer and the third leading cause of cancer deaths worldwide. While the incidence has declined in the United States, disparities persist among racial and ethnic minority populations, including non-Hispanic Black (NHB), American Indian/Alaska Native, Hispanic, and Asian Americans, with heightened risks observed among Korean Americans, Japanese Americans, and Vietnamese Americans. Noncardia gastric cancers predominate among these minority populations, strongly associated with *Helicobacter pylori* infection.

Historical studies in the 1970s and 1980s noted significant differences in stomach cancer incidence among Japanese Americans by nativity, with higher rates observed in first-generation immigrants compared to subsequent generations. In contrast, differences by nativity were minimal among Filipino Americans and modest among Hispanics.

With increasing awareness of cancer disparities, there is growing attention to primary and secondary prevention strategies targeting high-risk US subpopulations. Countries with high prevalence rates, such as Korea and Japan, have implemented national stomach cancer screening programs for early detection and intervention. The most recent US guidelines recognize high-risk subpopulations defined by racial/ethnic differences and nativity, emphasizing the benefits of targeted screening and surveillance. However, updated nativity-specific racial/ethnic incidence data have been lacking since the 1980s for Asian Americans and the early 2000s for Hispanics. California, with its large immigrant populations, particularly among Asian and Hispanic Americans, provides a critical context for informing prevention strategies and identifying at-risk subpopulations. Hence, this study reports updated estimates of nativity-specific stomach cancer incidence and tumor characteristics in these immigrant populations, aiming to better inform prevention strategies and identify at-risk subpopulations. Additionally, findings regarding NHB and non-Hispanic White (NHW) populations are also presented.