

D. CANCER EPIDEMIOLOGY IN ARAB AMERICANS AND ARABS OUTSIDE THE MIDDLE EAST

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SELECTED LITERATURE REVIEW

Available information from literature on cancer incidence and cancer patterns in Arab populations in various Arab countries of origin were presented during the session. Reports from the United Arab Emirates indicate that low incidence of colorectal cancer among Arab men and women may be due to a protective diet that is high in fiber.¹

Different patterns of cancer markers have been observed between Arabs and non-Arabs. Kehinde et al reported that Arab men presented with more elevated prostate specific antigen (PSA) levels without cancer than Caucasians in the United States and Europe.²

CANCER BURDEN AMONG ARAB AMERICANS IN MICHIGAN

Cancer is one of the major causes of illness and death within the Arab-American population. Even though Michigan is home to the second-largest Arab-American population outside of the Middle East, the state lacks the population data to calculate age-adjusted mortality and incidence. Therefore, patterns of cancer occurrence and distribution are not clearly understood.

The total number of cancer mortalities in Michigan for men and women of Arab ancestry from 1985–2001 was 1,553.³ Lung and colorectal cancer were the two leading causes of cancer-related deaths among Arab-American men and women (Table 1). Lung cancer was the leading cause of death in Arab-American men, and breast cancer was the leading cause of death in Arab-American women.⁴

Table 1. Ten leading causes of cancer deaths among men and women of Arab ancestry: MI 1985–2001

Cancer Site	Observed Mortalities (N)
Lung and bronchus	386
Colorectal	161
Breast	158
All other	125
Pancreas	85
Other—gastrointestinal	83
Non-Hodgkin's lymphomas	82
Leukemia	82
Prostate gland	74
Brain and other CNS	56

To characterize cancer occurrence among Arab Americans in Michigan, a database of Arabic names was linked with the National Cancer Institute's Surveillance, Epidemiology, and End Results registry (SEER) to calculate the proportional incidence for Arab/Chaldeans in the Detroit metropolitan area. Table 2 displays the proportional incidence of new cancer cases among men and women of Arab ancestry from 1973–2002. Bladder cancer, kidney and renal cancer, and leukemia appeared to occur at a higher rate among Arab-American men and women than non-Arab men and women.

MICHIGAN SPECIAL CANCER BEHAVIORAL RISK FACTOR SURVEY

The Michigan Special Cancer Behavioral Risk Factor Survey (SCBRFS) collected baseline data on cancer-related behaviors via telephone surveillance methods.⁵ The SCBRFS included a random sample of the general population with an over-sampling for African

From the Michigan Public Health Institute, Lansing, Michigan.

Table 2. Proportional incidence of new cancer cases among men and women of Arab ancestry: 1973–2002

Cancer Site	Observed Cases (N)	Proportional Incidence Ratio
Lung and bronchus	962	0.95
Colorectal	784	0.94
Urinary bladder	407	1.24*
Leukemia	261	1.29*
Non-Hodgkin's lymphomas	253	1.06
Kidney and renal pelvis	199	1.25*
Melanoma of skin	170	0.65*
Pancreas	154	1.00
Stomach	151	1.17
Oral cavity and pharynx	148	0.8*

* Denotes significant difference between observed and expected.

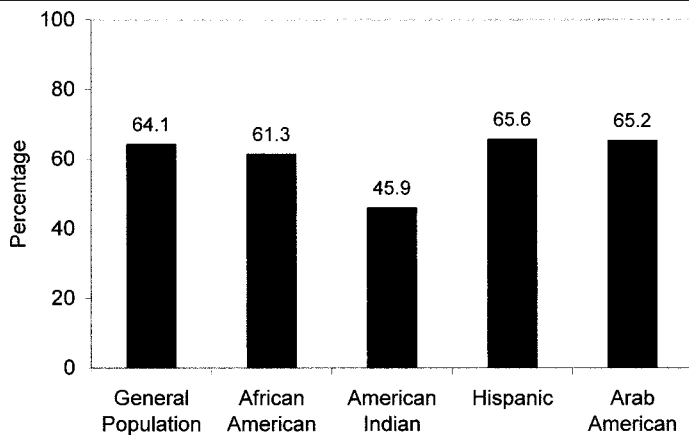


Fig 1. Women age 50+ who had mammography and CBE within the past year, by population group

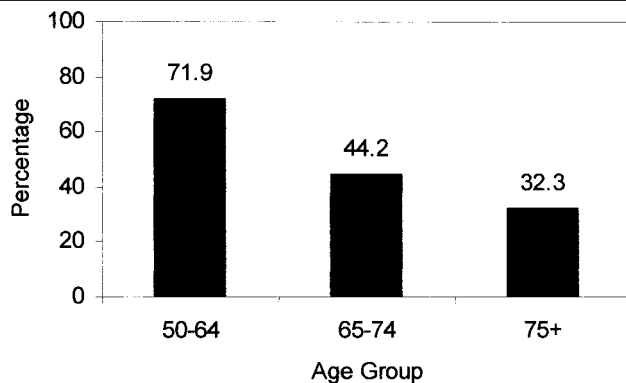


Fig 2. Arab-American women age 50+ who had mammography and CBE within the past year, by age group

Americans, American Indians, Hispanics, and Arab Americans. A total of 3,649 interviews were completed with individuals 50 years of age or older.

The SCBRFS indicates that annual breast cancer screening rates among Arab-American women (65.2%) are similar to rates reported by the general population of Michigan (64.1%) (Figure 1). Arab-American women in older age groups were less likely to receive appropriately timed breast screening than younger women (Figure 2).

The three-year cervical cancer screening rate among Arab-American women (76.9%) was slightly lower than that of the general population (86.5%) (Figure 3). As with breast cancer screening rates, women within older age groups were less likely to receive appropriately timed cervical cancer screening (Figure 4).

The reported screening rate for colorectal cancer among Arab-American men and women (25.6%) was lower than that reported by the general population (31.1%) (Figure 5). Men were more likely than women to receive any appropriately timed colorectal cancer screening test (Figure 6).

The SCBRFS results indicate that Arab Americans 50 years of age and older have one of the highest smoking prevalence rates compared to other population groups in the state of Michigan (Figure 7). Men are more likely to be smokers (Figure 8).

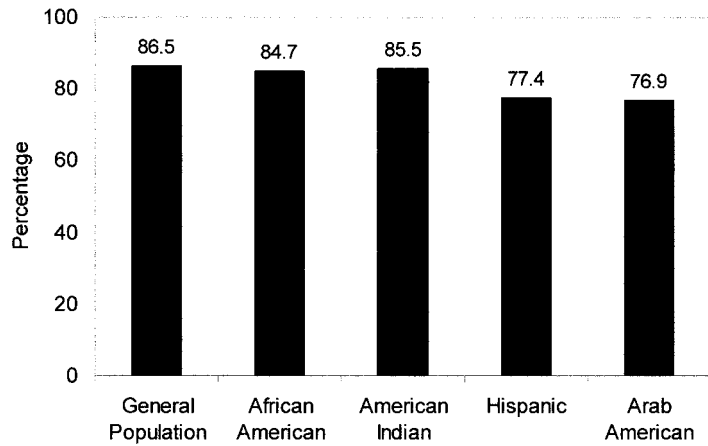


Fig 3. Women age 50+ who had a Pap smear within the past 3 years, by population group

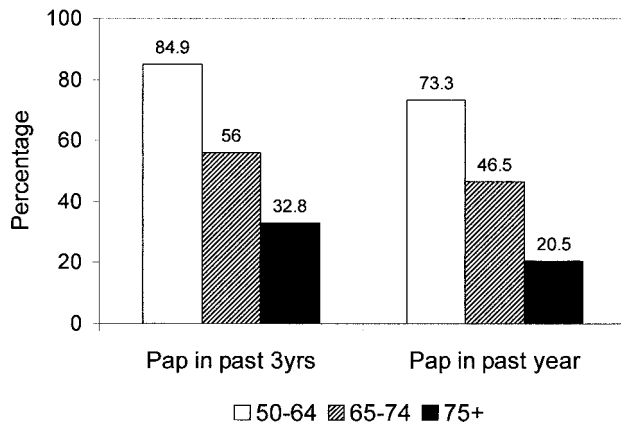


Fig 4. Cervical cancer screening among Arab-American women age 50+, by age group

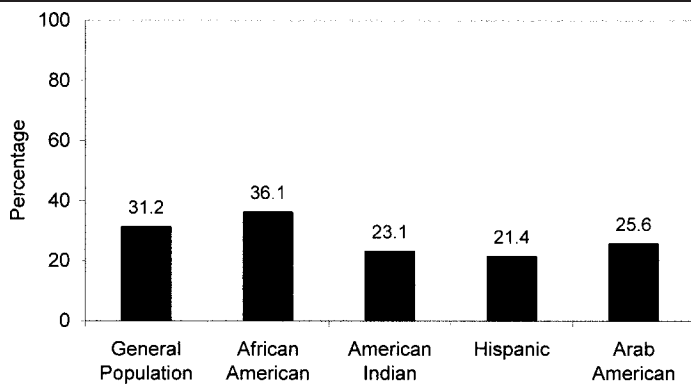


Fig 5. Any appropriately timed colorectal cancer screening by population group. Any timely colorectal test includes having a FOBT within the past year AND a screening sigmoidoscopy within the past 5 years OR a screening colonoscopy within the past 10 years OR a DCBE within the past 5 years

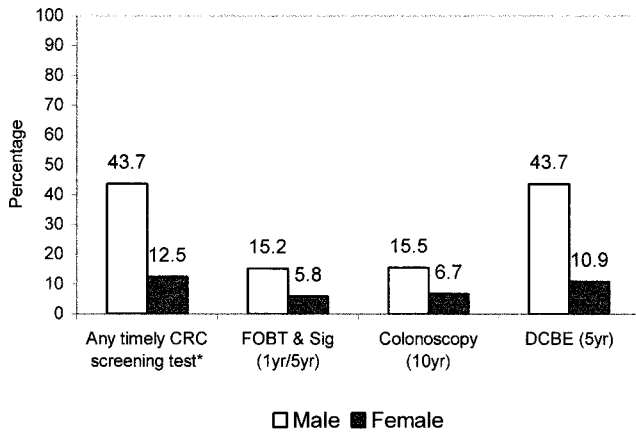


Fig 6. Colorectal cancer screening among Arab Americans age 50+, by gender.* Any timely colorectal test includes having a FOBT within the past year AND a screening sigmoidoscopy within the past 5 years OR a screening colonoscopy within the past 10 years OR a DCBE within the past 5 years

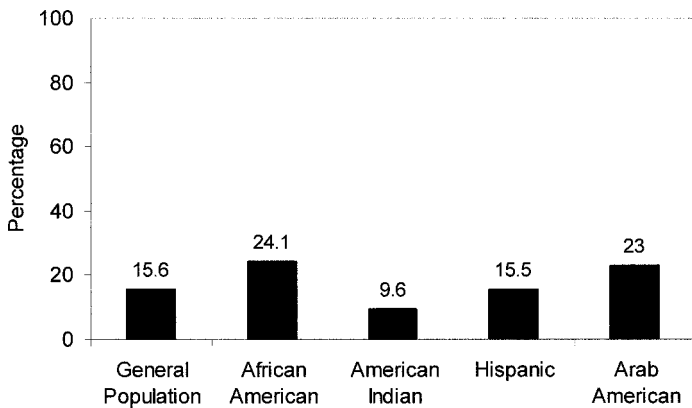


Fig 7. Adults age 50+ who are current smokers, by population group

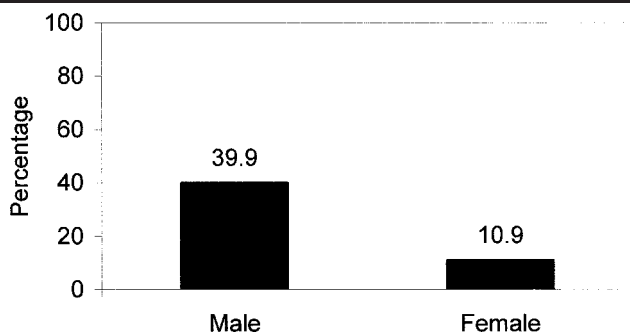


Fig 8. Arab Americans age 50+ who are current smokers, by gender

ACKNOWLEDGMENTS

The SCBRFS data were collected by the Institute for Public Policy and Social Research, under the direction of Larry Hembroff, PhD. Special thanks to ACCESS for translating survey materials and promoting the survey. Thanks to Dr. Mike Massanari and Ellen Marks of Wayne State University for contributing to the literature review.

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