

Cancer Survivorship Research Among Ethnic Minority and Medically Underserved Groups

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Purpose/Objectives: To review the current state of knowledge about the impact of cancer on ethnoculturally diverse and medically underserved survivors.

Data Sources: MEDLINE®, CancerLit, and PsychLit searches from 1966–present were conducted to locate articles about survivorship outcomes among minority and underserved populations.

Data Synthesis: 65 articles were identified and grouped into one of four content areas: physiologic; psychosocial; health services, patterns of care, and quality of care; and health-promoting behaviors and lifestyles.

Conclusions: Despite limited information, researchers found a consistent theme: the need to recognize and address the socioeconomic and cultural variables that affect adaptation to and survival from cancer among diverse groups of survivors.

Implications for Nursing: The researchers found specific variations in risk for, response to, and recovery from cancer that provide direction for changes in nursing practice that may reduce the burden of cancer in these often vulnerable populations.

Key Points . . .

- ▶ Survivorship research focuses on the physiologic, psychosocial, and economic sequelae of cancer and its treatment and issues related to healthcare delivery, access, and follow-up care.
- ▶ Many of these outcomes are under-researched for cancer survivors in general, particularly for under-researched cancer sites and ethnocultural or medically underserved populations.
- ▶ Provocative findings from the few studies exploring physiologic and psychosocial sequelae among cancer survivors need further, rigorous examination and assessment.
- ▶ A better understanding of the impact of healthcare delivery and access (system-driven factors) and cultural appropriateness and acceptance of care (patient-driven factors) on survivorship outcomes among ethnoculturally diverse and medically underserved populations clearly is needed.

Since the “war on cancer” was launched in 1971, the number of people living with a history of cancer has grown steadily. More than 8.9 million cancer survivors are estimated to live in the United States (Rowland, Aziz, Tesauro, & Feuer, 2001). Once deadly, cancer has become a curable disease for many and a chronic illness for most. With continued advances in early detection and effective treatment, along with an aging population, the number of individuals living years beyond cancer diagnosis can be expected to continue to grow well into the new millennium.

Despite the current optimistic outlook for most individuals diagnosed with cancer, a closer examination of the literature and of statistical trends indicates that the benefits of current knowledge about state-of-the-art cancer care are not shared equally by all members of U.S. society (President’s Cancer Panel, 1998). The five-year relative survival rate for all cancers among all races is about 62%, reflecting an increase from 49% in 1974–1976 and 51% in 1980–1982. However, when the statistics are broken down by race, significant differences are observed across ethnic minority and medically underserved populations with respect to the risk of developing and dying from cancer. For example, for all cancer sites combined, African Americans are more likely to develop and die from cancer than people of any other racial or ethnic group. They also are at greater risk of dying of the four most

common types of cancer (i.e., breast, prostate, colon, and lung) than members of any other minority group (American Cancer Society [ACS], 2002).

These cancer statistics notwithstanding, the outlook for minority survivors of cancer is far from grim. Incidence and mortality rates for all cancers combined decreased more among African American men than any other racial or ethnic group from 1992–1998. Additionally, cancer incidence rates have decreased by 2% per year among Hispanics, 1.7% per year among African Americans, and 1.2% per year among Caucasians and remained relatively stable among American Indians/Native Alaskans and Asian/Pacific Islanders (ACS, 2002). Similarly, mortality rates for all sites have decreased annually by 1.3% among African Americans, 1.2% among Asian/Pacific Islanders, 1.1% among Caucasians, and 0.9% among Hispanics and is leveling off for American Indians/Native Alaskans (ACS). Although healthcare professionals should keep in mind

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