

Breast Cancer in Korean Americans

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Breast Cancer in Korean Americans

- * Most commonly diagnosed cancer in KA
 - * 54 per 100,000
- * Death rate in KA
 - * 7.8 per 100,000
- * Breast cancer screening saves lives
- * Utilization of screening in KA is lowest among American women
 - * 57% utilization

Breast Cancer Screening

- * Low rates of screening due to:
 - * Family
 - * Embarrassment
 - * Preventive health orientation
 - * Fatalism
 - * Acculturation
- * Poor follow up of abnormal tests associated with:
older age, lower income, lower education level, lack of social support, patient fear

Korean American vs Native Korean- changes resulting higher prevalence

- * Higher rate of breast cancer among Korean Americans compared to native Koreans in Korea was observed due to life style changes
 - * Later marriage
 - * Fewer children
 - * Sedentary lifestyle
 - * Increased fat intake
 - * ?Decreased consumption of soy products

Breast Cancer Screening Recommendations

- * Average-risk women: start age 40, annually
- * No age when screening should end (“as long as in good health”)
- * Clinical breast exam: every 3 years for age 20s-30s and every year for age ≥ 40

2016 USPSTF's recommendation

Annals of Internal Medicine(Jan. 11)

- * USPSTF guidelines are basically the same as those the panel released in 2009
- * Since that time, there has been greater agreement among the guidelines of several major groups of experts, such as the American Cancer Society, the American College of Physicians and the American Academy of Family Physicians
- * Average-risk women in their 40s also may benefit from getting mammograms, but their overall likelihood of seeing a benefit is smaller, and the potential for harm is larger than for average-risk women age 50 and older.
- * the task force found that the number of deaths from breast cancer that the screening test can prevent in average-risk women under 50 is smaller than that in older women, and that the number of false-positive results and unnecessary biopsies is larger)
- * False-positive findings can be stressful and provoke anxiety, and they may lead to the possibility of overdiagnosis and overtreatment.

General guidelines to reduce risk

- * **Environmental risks** (large population studies over many years)
- * Ionizing radiation, which is used in medical imaging exams such as CT scans, dental X-rays
- * Reduce use of hormone therapy for relieving sx of menopause (estrogen based)
- * Reduce weight gain as it was linked to increased breast cancer risk mainly for postmenopausal women.

(evidence not persuasive and not likely to increase breast cancer risk)

- * Certain chemicals in gasoline fumes
- * Hair dye and cellphones
- * Bisphenol A (BPA), pesticides, ingredients in cosmetics and dietary supplements.

Community resources for interventions

- * Every woman counts (40 yr or older, lowincome, no services through Medi-Cal) -- 245 S Setterly Ave Los Angeles
- * Koryo Health Foundation 1058 South Vermont St LA
- * Los Angeles Breast Cancer Alliance (www.labca.org/info/breasthealth.php)

Resources

- * Program Title Peer-Navigator Breast Cancer Screening Program for Korean-American Women
- * Purpose Designed to increase breast cancer screening among low-income Korean-American adults.
- * Program Focus Awareness building, Behavior Modification and Self-efficacy Population Focus Medically Underserved
- * Topic Breast Cancer Screening Age Adults (40-65 years), Older Adults (65+ years) Gender Female Race/Ethnicity Asian Setting Clinical Origination United States Funded by NCI (Grant number(s): P30CA16042, R25CA87949), U.S. Army Medical Research and Materiel Command (Grant number(s): DAMD17-03-1-0676)

Resources

- * *[Eunice Lee](#), an associate professor at the UCLA School of Nursing, is the architect of a culturally sensitive, community-based educational program — named KIM-CHI — that has proven successful in inducing more Korean-American immigrant women to get mammogram screenings for breast cancer*
- * <http://newsroom.ucla.edu/stories/q-a-with-nursing-professor-and-kim-chi-creator-eunice-lee>