

## Cancer death rates for older Asian-Americans: classification by race versus ethnicity

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### Abstract

**Objective** For most US health statistics, Asian-Americans are grouped into a single race category. We use a unique data file to determine site-specific cancer death rates for persons aged 65 and older in six Asian-American ethnic subgroups (Chinese, Indian, Japanese, Korean, Filipino, and Vietnamese) and determine for which cancer sites the aggregate Asian-American race category is a misleading summary of subgroup cancer risk.

**Methods** We previously determined all-cause death rates for Asian-American subgroups using Social Security files, in collaboration with a colleague at the Social Security Administration. By linking these records to death certificates, we determine cause-specific death rates for 21 cancer sites. We test whether there is significant heterogeneity among subgroups, using Poisson regression.

**Results** For about half of cancer sites, all Asian subgroups have lower rates than Whites. For three sites most subgroups have higher rates than Whites (stomach, liver, and cervix), but there is significant heterogeneity. For other cancer sites, there is an inconsistent pattern, with some subgroups having rates lower than Whites and some having rates similar to Whites. Asian Indians are most often the Asian subgroup with a divergent rate.

**Conclusion** The aggregate Asian-American rate masks significant subgroup heterogeneity for many, but not all, cancer sites.

**Keywords** Asian-Americans · Mortality · Neoplasms · Ethnic groups · Aged

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### Introduction

The racial categorization of Asian-Americans is problematic for cancer statistics. The question of whether to aggregate or disaggregate Asian-American ethnic groups is shared across most areas of health-related data collection and research concerning Asian-Americans, who have never been a “comfortable fit” in US racial categories [1]. The subgroups that are aggregated in the race category “Asian/Pacific Islander” or “Asian-American” (such as Vietnamese, Asian Indians, and Chinese) may be too dissimilar to form a category that can be used meaningfully to track changes in disease occurrence over time or inform etiologic research and health policy. However, there are logistical obstacles in determining cancer rates for separate Asian ethnic groups. The first problem is the accuracy and compatibility of the Asian ethnicity information in the data sources used to construct the numerators of cancer rates—cancer registries for incidence rates and death certificates for death rates—and the denominators—the Census. The SEER report *Racial/Ethnic Patterns of Cancer in the United States 1988–1992* notes that “Inconsistencies between the racial/ethnic designations from these different sources, however, may lead to either overstating or understating the true cancer rate for a particular group” [2]. A study by the National Center for Health Statistics estimated that under-reporting of any Asian race on death certificates resulted in death rates being understated by 11% for Asian-Americans [3].

An additional obstacle in producing accurate ethnicity-specific rates is that the Census Bureau does not estimate the population for Asian subgroups by year between decennial censuses, only for the aggregate race category. Thus rates are best determined just in the decennial years (e.g., 1990, 2000); sometimes researchers aggregate three

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