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BREAST & CERVICAL CANCER AMONG LATINO WOMEN

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Breast and Cervical Cancer Among Latino Women

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Executive Summary

Breast and cervical cancer rates over the past 20 years have contributed to a growing concern about finding ways to reduce this serious threat to women's health. Even though breast cancer incidence rates are lower among Hispanic women, evidence indicates that Hispanic women who get breast cancer are more likely than non-Hispanic women to have more advanced forms of the disease by the time they seek help. Cervical cancer has a cure rate of 99%; however, Hispanic women have higher incidence and mortality rates of cervical cancer than do non-Hispanic women.

Early detection and prompt treatment are key to reducing cancer deaths. The United States Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990 to be administered by the Centers for Disease Control and Prevention (CDC). This legislation is designed to make screening tests for breast and cervical cancer available to all women of low income, including minorities and Native Americans. Unfortunately, many Hispanic women remain unscreened. The barriers to obtaining a cancer screening test include lack of knowledge about screening on the part of the patients and physicians, poverty, and lack of access to care, culturally-based fatalistic attitudes toward cancer, and language barriers.

Programs targeted to Hispanic women are in particularly great need since Hispanics represent the fastest-growing segment of the United States population. More effective community-based programs need to be identified and/or designed to address screening barriers.

Introduction

The most recent demographic information indicates that Latinos* play an increasingly significant role in the demographic composition of the United States. Latinos constitute one of the fastest-growing segments of the U.S. population and they are projected to be the largest minority group in the United States by the year 2010. These growth trends not only exacerbate the already existing poor health conditions of Latinos in the United States, but as an aging Latino population increases, the burden of chronic disease will also continue to increase.

Breast cancer can be treated and controlled if discovered in its early stages. Cervical cancer has a cure rate of 99% if treated early. Nevertheless, statistics show that breast and cervical cancer exams performed to detect cancers in their early stages are being underutilized by Latinas.[1] Late detection may be due to a combination of factors such as poverty, lack of information, lack of medical personnel who speak Spanish and understand the Hispanic culture, and lack of or inadequate health insurance.[2]

Even though there has been growing interest in Latino health in recent years, not enough emphasis is being placed on the research and collection of data on health conditions of Latinos, including Latino women. This informational guide was developed for health care professionals, community leaders, and other interested groups and individuals. Its purpose is to increase awareness in the Latino community about breast and cervical cancer, their prevention and control through early detection, and treatment.

To provide a comprehensive picture of breast and cervical cancer among the Latino population, this background paper is organized into five sections. The first section briefly discusses the demographics of the Hispanic population, including statistics on socio-economic factors. The second and third sections of the guide provide the reader with an overview of the incidence and prevalence of breast and cervical cancer among Latinas, the risks associated with the diseases, and prevention and treatment strategies. The fourth section addresses Latina beliefs and behaviors regarding cancer screening. The fifth section discusses legislative and access issues pertaining to screening for breast and cervical cancer, and the last section offers recommendations and focuses on developing culturally-competent strategies for increasing Latinas' use of screening tests such as mammograms and pap smears.

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* The terms Latinos and Hispanics are used interchangeably throughout this document.

parative lack of marketable skills, Latinas are disproportionately represented in low-paying occupations such as food preparation and service, or cleaning and building service jobs. Currently, median weekly earnings for Hispanic women is $305, compared to $408 for White, and $346 for African American women, respectively.[5] These and other factors such as the increasing number of female-run households and high rates of teenage pregnancy place Latinas at a disadvantage, resulting in a poorer quality of life.

Hispanics, in general, have less health insurance than non-Hispanic Whites. As demonstrated by Figure 2, 30% of Hispanic women compared to 13.1% of Whites and 18.1% of Blacks lack any kind of health insurance, private or public.[6] This is a major factor keeping Latinas from seeking preventive health care services, such as breast and cervical cancer screening.

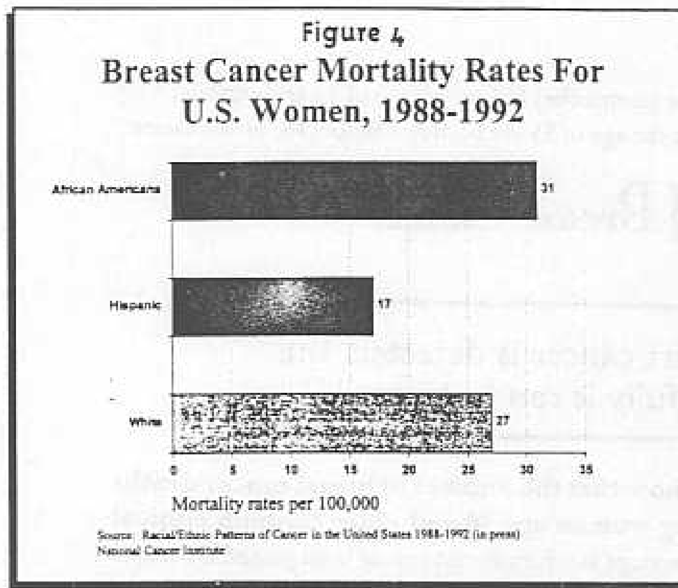
Approximately two million women will be diagnosed with breast and cervical cancer and over half a million will lose their lives to these diseases in the 1990s.[7] While Hispanic mortality rates are lower than those of non-Hispanic Whites for breast cancer, epidemiologic evidence indicates that death rates from these diseases are on the rise.[8] Cervical cancer mortality rates are greater among Hispanic women than White women.

One way to decrease the rates of cancer deaths is by increasing Latinas' awareness of the importance of screening for breast and cervical cancer. The following two sections will describe certain aspects of breast and cervical cancer, including risk factors and treatment.

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells. If the spread is not arrested, it can result in death.

Figure 4

Breast Cancer Mortality Rates For U.S. Women, 1988-1992



Source: Racial/Ethnic Patterns of Cancer in the United States 1988-1992 (in press) National Cancer Institute

cans and non-Hispanic Whites, as shown in Figures 3 and 4.[13]

Incidence of breast cancer among Hispanics reflects geographic variation. Based on the records that are available, the region with the highest incidence rate of breast cancer among Hispanic women is Illinois, accounting for 107.4 cases per 100,000 person-years. The area with the lowest rate among Hispanic women is the Lubbock areas of Texas, with an incidence of 33.5. The geographic areas included in this analysis are the state of California with additional specific regional data for Los Angeles County, the San Diego area, and the San Francisco Bay area; the El Paso and Lubbock areas in Texas; the Denver area in Colorado; New York City; Puerto Rico; Dade County, Florida; the Chicago area in Illinois; and the states of Illinois and New Mexico.[14]

B. Risk Factors for Breast Cancer

Research shows that the risk factors for breast cancer include:

Genetics Women carrying identified genetic alterations, such as those disabling mutations BRCA1 or BRCA2 genes, have greater susceptibility to breast cancer. However, only 5-10% of all breast cancer cases appear primarily to reflect genetic predisposition, and not all of these are related to BRCA1 or BRCA2.

Family history It is well-established that a woman with at least one first-degree relative (a mother or a sister) who has been diagnosed with breast cancer is at a two-fold to three-fold increased risk for this disease.[15]

Reproductive history Women with a first full-term pregnancy after age 30, and women who have never had children, have about a two- to three-fold increased risk of breast cancer compared to women who have had a full-term pregnancy before age 20.[16]

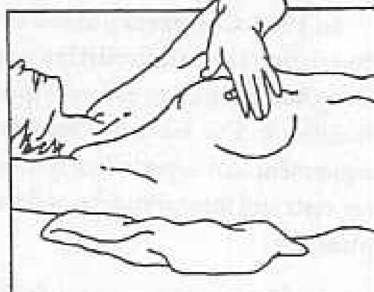
Screening methods and programs are critical strategies for the early detection and timely treatment of cancers. The following is a brief review of the three screening methods: self breast exams, clinical breast exams, and mammography.

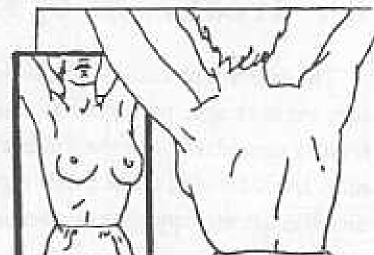
Self Breast Exams

The majority of breast lumps are discovered by women themselves. Therefore, it is recommended that women do monthly self-exams, preferably after their menstrual cycle. A self-exam can help a woman discover anything unusual, such as new lumps, nipple discharge, puckering, dimpling, or scaly skin. (See Table 2 for signs and symptoms.) It is important that women know that not all lumps are cancerous, but a doctor should be contacted if any suspicious lump is found. Self breast exams can be done in the shower or before a mirror, though lying down is the most appropriate position. Women can learn how to conduct self breast exams by asking a physician, nurse, and/or trained health educator in the community.

Table 2. Breast Cancer Signs and Symptoms

- Lumps
- Thickening
- Swelling
- Dimpling
- Skin Irritation
- Distortion
- Retraction
- Scaliness
- Pain
- Nipple tenderness
- Nipple discharge





Based on tumor size and whether it has spread (metastasized), the disease is classified into one of the following stages:

Carcinoma in situ: Very early breast cancer that has not invaded nearby tissues.

Stage I: The tumor is localized and no larger than two centimeters (cm).

Stage II: The tumor is no larger than two cm, but the cancer has spread to the underarm lymph nodes, or the cancer is between two and five cm and may or may not have spread to the lymph nodes, or the cancer is bigger than five cm, but has not spread to the lymph nodes.

Stage III: At this stage, it is also called locally advanced cancer. The tumor in the breast is larger than five cm, the cancer is extensive in the underarm lymph nodes, or it has spread to other lymph node areas, or to other tissues near the breast. Inflammatory breast cancer is a type of locally advanced breast cancer. This cancer is fast-progressing with infection-like symptoms (the skin is warm and reddened and may appear pitted).

Stage IV: The cancer has spread to other organs of the body, usually the lungs, liver, bone or brain.

Cancer Treatments

The various treatments for breast cancer include: surgery, radiation, use of radioactive substances, chemicals, or hormones, and immunotherapy. Immunotherapy has to do with enhancement of the body's own disease-fighting system to help control the cancer.

Surgery

Lumpectomy: This surgical procedure involves removing only the tumor and a small zone of surrounding normal breast tissue.

Partial or segmental mastectomy: Involves surgically removing the tumor and some surrounding normal tissue.

Total or simple mastectomy: Only the breast is surgically removed but no lymph nodes or muscles are removed.

Modified radical mastectomy: Surgery consists of the removal of the affected breast and underarm lymph nodes, leaving underlying chest muscles intact.

Radiation Therapy: This type of therapy is aimed at the breast from which the tumor was removed (lumpectomy). Radiation therapy is performed with high-energy rays used to kill or damage cancer cells.

III. Cervical Cancer

The cervix is the narrow opening of the uterus that leads into the vagina. Cervical cancer usually grows slowly over a period of time, with the development of subtle changes becoming low-grade (slow-growing) squamous intraepithelial (lining cells) lesions or dysplasia. These changes are clearly abnormal but may not be cancerous. Later, high-grade (fast-growing) squamous intraepithelial (lining cells) pre-cancerous lesions and carcinoma "in situ" develop. "In situ" cancer means that cancerous cells are restricted to the surface and have not yet invaded the deeper tissue. When the cancer spreads into a tissue or organ it is called "invasive cancer."

A. Epidemiology of Cervical Cancer

Cervical cancer is the seventh most common cancer among women in the United States, and the second most common cancer among women worldwide. An estimated 15,800 invasive cancers and 4,800 deaths occurred in 1995 in the United States.[20]

The incidence of cervical cancer is higher among Hispanic than among non-Hispanic White women. Mortality data collected in New Mexico from 1958 through 1987 show that throughout most of that 30-year period, mortality rates for cervical cancer were greater among Hispanic women than among the non-Hispanic White majority population.[21] According to the National Cancer Institute's SEER data, cervical cancer incidence rates were higher among Latinas than among non-Hispanic White women in most of the geographic areas studied. Hispanic women were nearly three times as likely to have cervical cancer than were their non-Hispanic White counterparts. The highest rates of cervical cancer were found among Latinas living in New York City, Los Angeles County, Lubbock, El Paso, San Diego, and San Francisco Bay areas.[22]

Cervical cancer is a "silent" condition until it has reached its advanced stages. Hispanics are seven times less likely to know the warning signs of cervical cancer than are non-Hispanic Whites.[23] The signs associated with cervical cancer in its advanced stages are abnormal vaginal bleeding or spotting, pelvic pain, and abnormal vaginal discharge.

IV. Beliefs and Behaviors about Breast and Cervical Cancer

Although it has been proven that mammography and Pap smears have significantly reduced deaths related to breast and cervical cancer, Hispanic women are the least likely to utilize Pap smears and mammograms compared to non-Hispanic Whites and Blacks.[29] This fact is an indication of the need to improve health education and outreach, emphasizing the importance of cancer screening practices among Hispanic women.

A research study on Latinas and breast and cervical cancer screening conducted in Texas and Rhode Island indicated that the three most common reasons given by women for not obtaining mammograms and Pap smears were: (1) belief that there is no need for a mammogram or Pap smear, (2) lack of recommendation or referral from a physician for a screening test, and (3) tendency to postpone a mammogram or Pap smear.[30] There are also other factors that contribute to Latinas' underuse of cancer screening services:

Lack of knowledge on the part of women and/or health care providers: There is evidence that Hispanic women lack information about the purpose of cancer screenings.[31] Furthermore, many women don't have physicians who can educate, recommend, or refer them to cancer screening services.

Cultural and belief systems: Some women find it difficult to discuss issues about certain areas of their bodies due to their upbringing, modesty, or religion. Cultural values and beliefs affect attitudes about seeking medical care or following screening guidelines. Fatalistic attitudes create a belief that an individual can do little to alter the future. Some Hispanic women focus on the family rather than on themselves. Many consider their role solely in the context of their families and may not take advantage of prevention measures if these measures are perceived to benefit only themselves.

women, increase training programs for health care providers, and improve surveillance and quality assurance methods.

B. Programs that Cover for Cancer Screening Tests

Many low-income women are not aware of the need for cancer screening and they are not informed of the services available to them. Evidence suggests that the cost of cancer screening is an impediment to Latinas' seeking mammograms and Pap smears. The cost of mammography ranges from $50.00 to $200.00. For many uninsured Latino women this is unaffordable. However, it is also well-known that low-cost or free-of-charge programs such as those provided through Medicare, Medicaid, and the NBCCEDP have been and continue to be underutilized by Latinas.

Latinas need to be better informed about the different payment options that are available for clinical breast exams and mammography. Listed below are some of the national programs available:

Medicare is a national health insurance program for people 65 years of age and older, certain younger disabled people, and people with kidney failure. It is divided into two parts: Hospital Insurance (Part A) and Medical Insurance (Part B). Part A helps pay for care in a hospital and a skilled nursing facility, for home health care and for hospice care. Part B helps pay doctor bills, outpatient hospital care, and various other medical services not covered by Part A. It is under Part B of the Medicare program that help is available to pay for mammograms and Pap smears. On January 1, 1998, coverage for breast cancer screening increased to one screening mammogram every year. Eligibility criteria for Medicare are the following: beneficiary or beneficiary's spouse has worked for at least 10 years in Medicare-covered employment, and the beneficiary is 65 years old and a citizen or permanent resident of the United States. For questions about eligibility for Medicare or for an application for Medicare, the Social Security Administration can be reached toll-free at 1-800-772-1213. For Medicare information specific to the area of residence, the toll-free number to call is 1-800-638-6833.

Medicaid is a federally- and state-funded, state-operated program that provides health care coverage to low-income families and certain categories of aged and disabled individuals. The federal government establishes regulations and minimum standards related to eligibility, benefit coverage, and provider participation and reimbursement. States determine the amount and duration of services offered under their Medicaid programs. Pap smears and mammograms are covered by this program in some cases.

VI. Community-Based Prevention and Health Promotion Programs for Latinos

The impact of chronic disease within the Hispanic community is expected to increase in the next 20 years as larger numbers of Hispanics move into the older age groups. The need to increase public awareness of the importance of breast and cervical cancer screening, particularly among minority women, has resulted in the appropriation of public funding towards identifying effective programs to promote the use of screening services among low-income women.

Responding to the Community's Needs

Community-based organizations which are involved in promoting breast and cervical cancer awareness and access to screening are helping to decrease both morbidity and mortality among Latino women. However, much work still needs to be done to heighten the awareness about breast and cervical cancer screening and treatment.

Successful intervention strategies use a combination of promotional and educational approaches, including mass media, group presentations at community health centers, and dissemination of information to providers and patients at community clinics. Support comes from community health centers, state health departments, churches, and other community-based groups. The following health promotion and disease prevention programs and models are examples of interventions that employ the community to address the importance of breast and cervical cancer screening among Latinas.

Compañeros en la Salud is a three-year church-based health promotion program conducted in predominantly Hispanic Protestant and Catholic churches located in the greater Phoenix, Arizona area.[32] The Compañeros consist of research staff, student assistants, and fourteen local churches with a high percentage of Hispanic members. Within each church, women are identified who have expressed interest in serving the community as *promotoras* and resource persons for health referral. All *promotoras* receive a structured program of health promotion skills training. The *promotoras,* along with Compañeros staff hold health education classes and health promotion activities within the participating churches. Other partnerships have been formed with local health agencies in order to procure free or low-cost health services from various medical service agencies.

VII. Resources

Additional information can be found at a local library or bookstore or from support groups in the community. Information about cancer is available from many sources. Listed below are some valuable resources.

Cancer Information Service (CIS)

The Cancer Information Service, a program of the National Cancer Institute, provides a nationwide telephone service for cancer patients, the public, and health professionals. The CIS staff can provide up-to-date information about cancer and cancer research. They also know about local resources and services. They can refer callers to a health center or hospital where cancer screening tests such as the Pap smear and mammograms are low-cost or free. The toll-free number, **1-800-4-CANCER,** connects callers all over the country to the office that serves their area. **Spanish-speaking staff members are available.** CancerNet can be accessed and has a vast array of information. The internet address is **http://cancernet.nci.nih.gov.**

American Cancer Society (ACS)

The American Cancer Society is a voluntary organization with affiliates all over the country. It supports research, conducts educational programs, and offers many services to patients and their families. It provides free booklets on breast self-examination, breast cancer, and sexuality. Some of these handouts and programs are available in Spanish. To obtain booklets or other information on services and activities in local areas, ACS can be reached at **1-800-ACS-2345.**

National Alliance of Breast Cancer Organizations (NABCO)

The National Alliance of Breast Cancer Organizations is a non-profit central resource for up-to-date, accurate information about breast cancer, and has a network of more than 350 organizations that offer detection, treatment, and support to breast cancer patients. NABCO also works on legislative cancer issues that benefit women. They have developed a "Breast Cancer Resource List" that is comprehensive and available upon request at **1-800-719-9154.**

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