



**Media Contacts:**

David Perry / David Perry & Associates, Inc. (415) 693-0583 / [news@davidperry.com](mailto:news@davidperry.com)

Rachael Vander Martin, Northern California Cancer Center (510) 608-5160 [rachael@nccc.org](mailto:rachael@nccc.org)

Northern California Cancer Center Releases Colorectal Cancer Study

[www.nccc.org](http://www.nccc.org)

**Rates of colorectal cancer screening in Vietnamese Americans  
are lower than those in non-Hispanic whites**

March 10, 2008 – Fremont, CA: A research scientist at the **Northern California Cancer Center** ([www.nccc.org](http://www.nccc.org)), a leading, independent, population-based research organization, has released a major study on the incidence of colorectal cancer among Vietnamese Americans. One of the study’s findings indicates that rates of colorectal cancer screening in Vietnamese Americans are lower than those in non-Hispanic whites, reinforcing NCCC’s position that additional, pro-active work needs to be done with regards to educating minority populations about cancer in general. The paper by **Bang Hai Nguyen, Dr.P.H** describes rates of colorectal screening, identifies determinants, and recommends educational strategies to improve screening. The study appears in the Journal of Cancer Education, Volume 23 Issue 1, January 2008.

“Colorectal cancer is the fourth most common cancer in the United States, and the third most common cancer in both Vietnamese American men and women,” explained **Dr. Nguyen**, of the Northern California Cancer Center. “And yet, far fewer Vietnamese Americans go in for regular screenings than do non-Hispanic whites. Since 1990, the age-adjusted incidence rate per 100,000 has increased for Vietnamese in the Greater San Francisco Bay Area. This is yet one more example of how important it is to develop culturally-specific communication tools for reaching minority populations.”

The study was conducted with a cross-sectional sample of 867 Vietnamese aged 50 to 74 drawn from a sampling frame of individuals in the Alameda and Santa Clara Counties, California and Harris County, Texas. The results were clear and immediately apparent: Colorectal screening recognition, receipt, currency, and intention rates were low.

“However, while the screening rates are low, Vietnamese are receptive to screening if providers recommend it,” says Dr. Nguyen. “This reinforces our commitment to target specific minority populations with information appropriate to their needs. These results are generally similar to findings in other health-related studies of this community.”

Quick Facts about Colorectal Cancer specific to the Vietnamese American community:

- Colorectal cancer is the fourth most common cancer in the United States and the third most common cancer in both Vietnamese American men and women.
- Since 1990, the age-adjusted incidence rate per 100,000 has increased for Vietnamese in the Greater San Francisco Bay Area (from 30.8 in 1990-1993 to 33.1 in 1998-2002)
- Despite the effectiveness of colorectal screening in reducing colorectal cancer incidence and mortality and such recommendations, screening rates remain low in the general and Vietnamese American populations.
- Studies have shown that rates of colorectal screening in Vietnamese Americans are lower than those in non-Hispanic whites.
- Vietnamese Americans have low levels of knowledge about colorectal cancer and screening. Many did not understand that colorectal screening can prevent cancer by removing polyps because half of the respondents had never heard of colon polyps.

**The Northern California Cancer Center recommends:**

- 1) Get tested for colorectal cancer. Screening can reduce incidence and mortality by removing premalignant polyps and detecting early cancers.

- 2) NCCC recommends that patients at average risk should begin screening at age 50 through either annual fecal occult blood testing (FOBT), sigmoidoscopy alone every 5 years, FOBT every year plus sigmoidoscopy every 5 years, or colonoscopy every 10 years.
- 3) To increase colorectal screening rates in the Vietnamese American population, interventions to educate the public, policy makers, and health care providers must be initiated.

**About the Northern California Cancer Center:**

The Northern California Cancer Center ([www.nccc.org](http://www.nccc.org)) is a nationally recognized leader in understanding the causes and prevention of cancer and in improving the quality of life for individuals living with cancer. The organization has been working with scientists, educators, patients, clinicians, and community leaders since 1974. NCCC is a 501(c) (3) nonprofit with 145 employees and a \$15 million operating budget.