



UNIVERSITY OF HAWAII
CANCER CENTER



A Newsletter for the Participants
of the Multiethnic Cohort Study

Multiethnic BULLETIN

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Our thoughts are with everyone affected by COVID-19. We want to wish you and your loved ones a safe passage through the pandemic.

The COVID-19 pandemic has brought challenging times upon all of us and our loved ones. We can come through the pandemic by working together as a community to prevent the spread of the virus.

There is currently no vaccine to prevent COVID-19. The virus is thought to spread mainly from person to person. The best way to prevent you and your family from getting sick is to avoid being exposed to the virus. The Centers for Disease Control and Prevention (CDC) recommends that everyone should:



wash hands frequently with soap and water for 20 seconds



avoid close contact (stay 6' apart of one another)



wear a cloth face covering in public settings



clean and disinfect frequently touched surfaces daily



monitor your health

For more information on COVID-19 please visit the CDC website, www.cdc.gov/coronavirus/2019-ncov/index.html

Multiethnic Cohort Update Multiethnic Cohort & COVID-19

MEC researchers recently joined an international consortium of epidemiologic cohorts to track possible COVID-19 symptoms among MEC participants through a short survey using an app on a smartphone or tablet. See: <https://www.uhcancercenter.org/mec/mec-on-going-ancillary-studies>. This survey asks questions about your daily health status.

MEC researchers felt it was important to expand the COVID-19 project by developing a questionnaire that was more relevant to the experience of MEC participants in Hawai'i and California. This led to developing a MEC COVID-19 online survey in which MEC members were given a private link to complete the survey asking about current health conditions, medication usage and changes in lifestyle and daily activities as the result of the COVID-19 outbreak. Thereafter, a follow-up survey has been sent weekly to track your weekly health status.

COVID-19 is one of the most widespread pandemics in our lifetime. The data already collected from MEC participants for more than 25 years combined with new COVID-19 data are unmatched and could benefit future generations and provide a better understanding in the case of a future epidemic. MEC researchers have also applied to National Institute of Health (NIH) for funds to mail questionnaires about how COVID-19 may have affected cancer care and health behaviors and on the economic impact of the pandemic. Stay tuned.

Thank you to all of you who have completed the COVID-19 surveys! We sincerely appreciate your continued support. Questions can be directed to uhmec@cc.hawaii.edu.



If you have recently moved or have a new phone number, please call us at 1-800-786-3538 (Toll free in California) • (808) 586-2996 (Oahu) • 1-877-415-8323 (Toll free in Hawai'i) or visit our website at www.uhcancercenter.org/mec

Changes in Cancer Care due to COVID-19

Jami Fukui, MD is an oncologist and Assistant researcher at the University of Hawai'i Cancer Center. She recently spoke to the American Society of Clinical Oncology (ASCO) Daily News on changes in cancer care in Hawai'i and throughout the country as a result of COVID-19.

Dr. Fukui says that oncology care has shifted to telehealth (the use of digital information and communication technologies such as computers and mobile devices) as much as possible to access health services remotely and manage your care. Since the COVID-19 outbreak, telehealth video conferencing has become a standard way of discussing new diagnoses and treatments between patients and doctors everywhere.



Jami Fukui, MD

Cancer research studies, including clinical trials, were suspended for three months from March to May while procedures were being developed to provide the service safely. Immunosuppressive treatments are avoided if possible since it could put patients at risk for COVID-19. The oncology community has adapted cancer screening, treatment and research and identified new strategies and priorities during this time to make sure that patients receive the most appropriate and safe care.

For more information on COVID-19 patient care information, please visit <https://www.asco.org/asco-coronavirus-information/care-individuals-cancer-during-covid-19>.

“...oncology care has shifted to telehealth as much as possible to access health services remotely and manage your care.”

Lung Cancer Risk Differs Across Ethnic Groups in MEC

Lung cancer varies in frequency across U.S. populations. As smoking is known to be a strong risk factor for lung cancer, differences in smoking patterns have been suggested to be the cause of the variations in cancer rates.

An analysis was conducted in the MEC to investigate whether differences in lung cancer risk are explained by smoking. After 16 years of follow-up, approximately 5,000 MEC participants were diagnosed with lung cancer. We found that even after accounting for known risk factors,

including occupation, the number of cigarettes smoked per day, the number of years of smoking, and quitting rates, compared to whites, risk of lung cancer was higher in African Americans and Native Hawaiians, and lower in Japanese Americans and Latinos. The lower overall lung cancer risk in Japanese Americans was in part explained by a lower smoking intensity, so that the amount of nicotine and carcinogens inhaled from each cigarette is lower, and having a genetic disposition for a slower nicotine metabolism. The higher risk of African

PANCREATIC CANCER *in* MEC

Pancreatic cancer is one of the deadliest cancers because it is often diagnosed at late stages. African Americans have been shown to be at higher risk for pancreatic cancer, but there is limited information for other minorities. To improve the prevention and earlier detection of this disease, researchers aimed to better understand the incidence and risk factors for pancreatic cancer across the different race/ethnicity groups in the MEC.

From 1993 to 2013, there were 1,532 new cases of pancreatic cancer among MEC participants. Rates of occurrence were highest in Native Hawaiians, Japanese Americans and African Americans and lowest in Latinos and whites. Compared to whites, and after controlling for known risk factors, the risk of pancreatic cancer was 40% higher for Native Hawaiians, 33% higher for Japanese Americans and 20% higher for African Americans. Latinos and whites were at similar risk for pancreatic cancer.

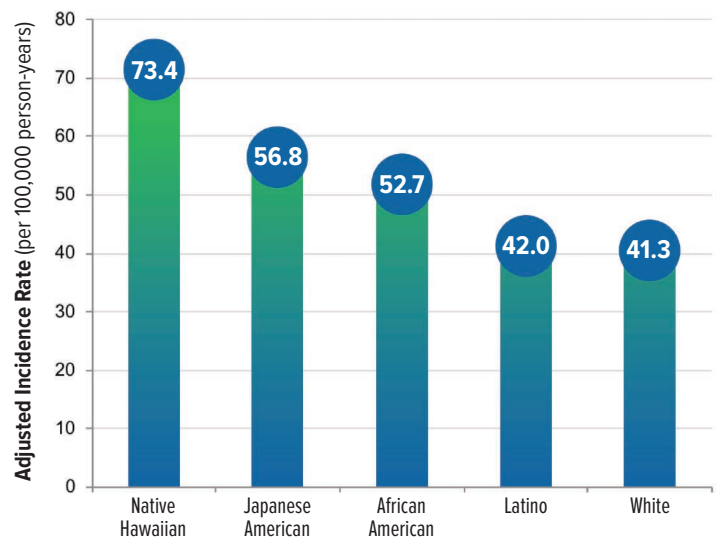
A family history of pancreatic cancer, current smoking, diabetes, obesity, and frequent consumption of red meat were all associated with an increased risk of pancreatic cancer. Overall, current smoking, diabetes, obesity and red meat intake explained about 20% of all pancreatic cancer cases.

The impact of these risk factors appeared to be stronger for specific race/ethnicity groups. Family history and smoking were stronger risk factors among Japanese

Americans and African Americans. Diabetes had a larger influence among Native Hawaiians, while red meat intake had a stronger impact among African Americans. The elevated risk associated with obesity was more pronounced among Japanese Americans, Latinos and Native Hawaiians.

This study showed that African Americans are not the only minority group at elevated risk for pancreatic cancer. Investigating incidence rates and risk factors in diverse populations is key in establishing targeted prevention and early detection strategies for this deadly disease.

Age-Adjusted Pancreatic Cancer Incident Rates in the MEC



Americans may be linked to a higher smoking intensity in this group. However, the differences in risk for Native Hawaiians and Latinos remain to be explained.

Additional studies to understand these differences are in progress. An important finding is that quitting smoking reduces risk of lung cancer similarly in all groups. Smoking cessation information can be found at <https://www.hawaiiquitline.org> or <https://www.nobutts.org>. Also, prognosis after lung cancer diagnosis has improved due to early detection.

If you are 55 to 80 years old with a 30 pack-year (a “pack-year” is calculated by multiplying the average number of packs of cigarettes smoked per day by the number of years the person has smoked) smoking history and currently smoke or have quit within the past 15 years, you may be eligible to be screened annually with low-dose computed tomography (CT) scans. Please contact your physician for additional information regarding lung cancer screening.



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Eating at Home a New Routine for Many Families

A NOURISHING COOKING-AT-HOME RECIPE DURING COVID-19

The stay at home order during this challenging time of COVID-19 has urged many families to adopt more home-cooked meals. Healthy eating is one way to keep your immune system strong and protected.

Dr. Carol Boushey is a nutrition researcher and a registered dietitian with the MEC. Having been raised by a registered dietitian, home-cooking has always been a favorite of hers. Her husband's culinary skills were limited to eggs cooked over-easy and a bowl of cereal at any time of the day. A family cookbook was created to address his lack of cooking skills! Good cooks rely on recipes and the best outcome of this endeavor was that he became a fantastic cook!

Dr. Boushey would like to share one of the tasty family-owned recipes, Tuna Curry Salad, which does not require a stove and is simple to prepare.



Carol Boushey,
PhD, RD

Tuna Curry Salad *(makes 4 servings)*

- 1 can tuna packed in water or olive oil or albacore tuna
- 1 teaspoon curry powder
- 1 cup celery, chopped
- 2 tablespoons light or low fat sour cream
- ½ cup slivered almonds
- ¼ cup low fat mayonnaise
- 1 tablespoon lemon juice
- ¼ teaspoon cracked white pepper
- 1 tablespoon finely chopped onion

Directions: drain tuna as needed. Put all of the above ingredients into a bowl and mix. Refrigerate at least 1 to 2 hours before serving.

Serving suggestion: just before serving, cut papaya in half and scrape out the seeds with a spoon. Mound the tuna mixture into each papaya half; one half papaya per person.

Optional: garnish with grapes.

Note: the tuna mixture holds up well in the refrigerator so can be covered and stored for several days.