

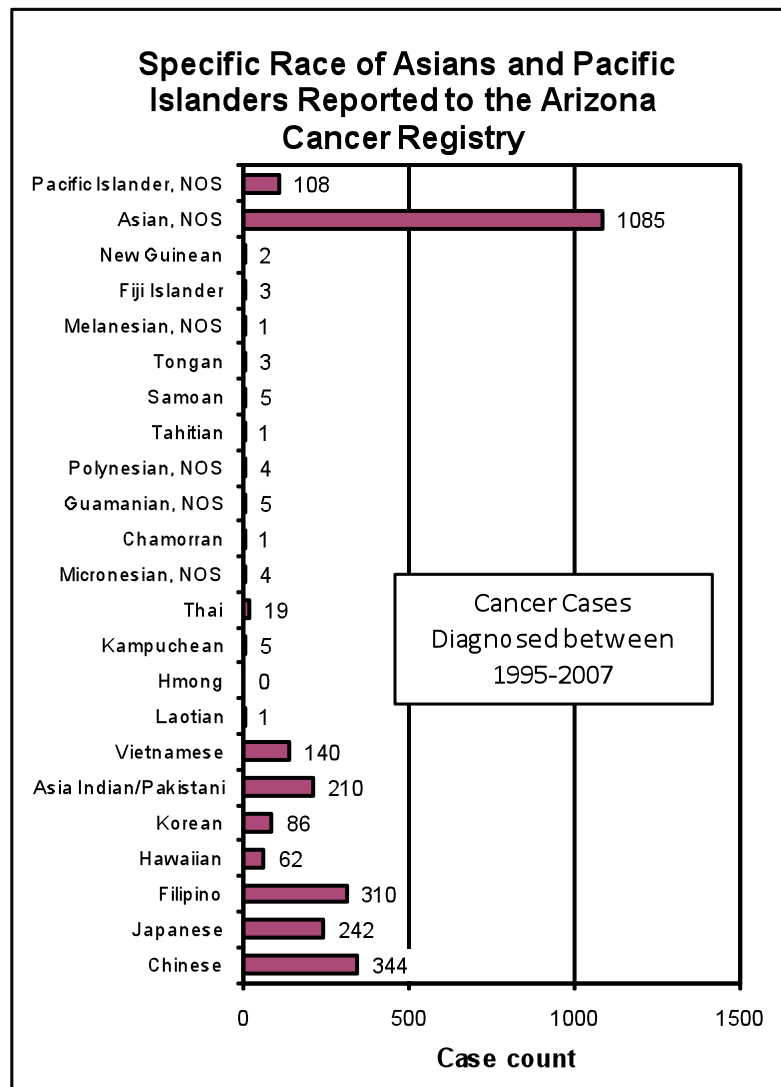
Importance of Patient Race in Cancer Reporting

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Reporting the specific race of patients helps promote optimal health outcomes. For example, categorizing a patient as “Korean” rather than (or in addition to) “Asian” allows calculation of cancer rates of Asian subgroups. The term “Asian” actually is composed of more than a dozen race categories recognized by the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute.¹ Race classification is important for determining whether cancer trends seen in Asian countries also are seen among Asian American residents in Arizona. It also permits accurate race-specific counts that can assist in prioritizing resources. And knowing the specific race and place of birth may be helpful in assessing individual risk because some cancers occur at higher rates in specific Asian countries (e.g., stomach cancer in Japan and China; cervical cancer in Korea and China).

Data contained in the Arizona Cancer Registry highlights the range of “Asian” categories that hospitals and physicians have reported to the state central cancer registry since 1995. As presented in the **graph**, the largest category is termed “Asian, not otherwise specified (NOS).” Of concern, use of this “NOS” category has increased from 35% in 1995 to 50% in 2007. While this broad classification may be useful in distinguishing patients from the white, black, and American Indian race categories, it would be more precise for hospitals and providers to name the Asian subgroup, such as Chinese or Thai. Similarly, for persons from the Pacific Islands it would more helpful for health care workers to provide greater racial specificity (e.g., Tongan or Native Hawaiian).

All programs of the Arizona Department of Health Services ask providers to report this information. The Arizona Cancer Coalition continues to work with community partners to support their targeted educational programs. In general, cancer prevention and early detection programs that acknowledge and are tailored to differences in racial



subgroups have a higher likelihood of success. Further, for purposes of improving individual clinical care, there is good reason to obtain detailed race and ethnic information. The Arizona organization called the *Asian Pacific Community in Action (APCA)* strongly supports the collection and reporting of detailed race-specific data and urges medical providers to adhere to this standard clinical practice. This detailed information greatly assists the targeting of health promotion messages and programs.

The best way for physicians and other health care workers to obtain this medically important information is to **directly ask the patient**, regardless of race, about his or her racial and ethnic heritage. In this difficult time of societal distraction about immigration status, if the doctor frames the question as clinically important, the patient is less likely to perceive it as intrusive.ⁱⁱ For purposes of cancer registration at hospitals, listing of the patient’s race, ethnicity, tribal affiliation, and place of birth in the physician’s and nurse’s clinical notes will greatly facilitate the accurate classification of a person’s race, including those of Asian and Pacific Islander heritage.

Endnotes

ⁱ [Link to North American Association of Central Cancer Registries \(NAACCR\) codes that hospital cancer registrars use in classifying patient's race](#). Version 12.1. Race codes: see page 296 ; Spanish/Hispanic ethnicity codes: see page 395; Birth place countries: see page 459.

ⁱⁱ Resources for designing forms are available at [Health Research and Educational Trust](#)