



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
House Committee on Health
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By

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HB 1300 – RELATING TO CANCER

Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

The University of Hawai'i Cancer Center (UHCC) and John A. Burns School of Medicine (JABSOM) strongly supports HB 1300, which would appropriate revenues for UHCC to conduct a multi-ethnic cohort study focusing on social determinants of health, lifestyles, environmental exposures, and resilience factors of Native Hawaiians, Pacific Islanders, and Filipinos in the state of Hawai'i.

This funding would provide vital resources to help initiate this long-term study, which would provide critical data to improve the cancer disparities and promote health equity in populations that experience high rates for many common cancers and continue to be understudied and underserved.

National data typically aggregate health information for Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPI) and, thereby, ignore the rich cultural and lifestyle diversity of these populations and mask their marked differences in cancer incidence and outcomes. UHCC has extensive experience studying cancer disparities in AANHPI. Disaggregated data have revealed stark cancer disparities across Native Hawaiians, Pacific Islanders, and Asian American subgroups. For instance, Native Hawaiians, among other racial/ethnic groups in the United States (US), have one of the highest rates of lung, breast, colorectal, pancreatic, gastric, liver, endometrial and cervical cancers. Most of these excess risks are only partially explained by known risk factors pointing to the need to explore new hypotheses. Pacific Islanders have high rates for many cancers that should be addressed through culturally tailored health education

and prevention efforts, such as in smoking cessation, HPV vaccination, and screening. Filipino Americans have high incidence rates for lung, colorectal and thyroid cancer in Hawai'i, and rapidly increasing rates of breast and prostate cancers. Due to gaps in the available data, such as on social determinants of health and environmental and occupational exposures, the specific reasons that drive these disparities remain unknown. A new study that captures such information would directly address these research gaps. For instance, there are private waste landfills in Nānākuli, O'ahu, where a high density of Native Hawaiian communities resides. The measure of potential cancer-causing environmental hazards and exposures and their associations with health can be studied through establishing a new prospective cohort study.

The proposed two-year project would establish the feasibility of recruiting participants for a long-term prospective study and greatly strengthen a grant application to NIH to fund the full-scale research. It will also help us continue to build strong partnerships with these communities that we have initiated through our work to field a mobile health clinic with the Native Hawaiian Healthcare Systems and through the work of our Pacific Islander Community Health Workers, so as to define common priority research areas and assist with study recruitment and future dissemination of study findings.

Information from the Hawai'i Tumor Registry (the State central cancer registry, operated by the UHCC), shows disparities in how early certain cancers are diagnosed (i.e., stage at diagnosis), in the number of new cancers detected each year (i.e., incidence), and in the proportion of deaths caused by certain cancers in Native Hawaiians, Filipinos, and Pacific Islanders residing in Hawai'i. Similarly, the Pacific Regional Central Cancer Registry (the US Affiliated Pacific Islands central cancer registry, operated by JABSOM), shows significant cancer health disparities in late stage at diagnosis and extremely poor survival rates in cervical, oropharyngeal, uterine, and liver cancer among the several of the populations indigenous to the USAPI. Many of the US Pacific Islander populations move to Hawai'i for educational and economic opportunities, as well as for health care. There is inadequate information about the contributing factors to the cancer health disparities, especially in the USAPI populations who reside in Hawai'i and are diagnosed with and treated for cancer here. It is well-studied that certain types of cancer are heavily influenced by tobacco, dietary composition, and overweight/obesity. Additionally, there is a high correlation between poverty and food insecurity, tobacco use, obesity, and obesity-related chronic disease, including cancer. Studies conducted in the US, USAPI, and globally also indicate other sociocultural impacts on cancer aside from poverty.

This new multi-ethnic cohort study is highly needed, and the results will inform UHCC, JABSOM, and University of Hawai'i researchers' current and future work with Native Hawaiian, Pacific Islander, and Filipino populations to address social, cultural, and economic determinants of cancer prevention, cancer screening, and early detection, treatment, and survivorship.

Thank you for the opportunity to submit testimony in support of HB 1300, provided that its passage does not impact priorities as indicated in our Board of Regents Approved Budget.