Hepatobiliary Cancer Mortality in Disaggregated Asian-American Subgroups

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Introduction

Background
- Hepatobiliary cancer mortality increasing faster than any other cancer in the U.S.
- Asian Americans (AA) have the highest incidence rate of any racial group

Objective
- Compare hepatobiliary cancer mortality rates among AA subgroups in comparison to NHWs from 2005-2020

Methods

Numerator Data
- NYSSM Mortality Dataset (AA subgroups and NHW decedents)
- Grouped by underlying cause of death (UCOD) by ICD-10 codes

Denominator Data
- ACS Database (AA subgroups and NHW population)

Statistical Analysis
- Compare rates of UCOD between six AA subgroups, aggregated Asians, and NHWs
- Age-standardized mortality rates (2010 US Census standard population)
- Visualize UCOD trends from 2005 to 2020
- Stratified mortality rates by sex

Results

Age-Standardized Mortality Rate by Subgroup

Liver Cancer Mortality Trends

Biliary Tract Cancer Mortality Trends

Discussion

Key Findings
- Vietnamese have the highest liver cancer mortality, which increased over the study period
- Koreans have the highest biliary tract cancer mortality, which increased over the study period
- Biliary tract cancer mortality is similar between sexes, but males have higher liver cancer mortality than females

Conclusion
- Differences in mortality rates demonstrate need to analyze subgroups separately and inform the need for ethnically targeted screening and prevention strategies

Future Considerations
- Include mixed race and "Other Asian" in analyses
- Sensitivity analyses for potential confounders like nativity and alcohol consumption
- Increase awareness of differences between liver cancers to reduce non-specified reporting
- Introduce targeted screening, especially for Vietnamese and Korean Americans

Abstract + References