

# Contributing Factors to Colorectal Cancer and Hepatitis B Screening Among Vietnamese Americans

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**C**olorectal cancer (CRC) and liver/bile duct cancers are two of the top five leading causes of cancer deaths affecting Vietnamese men and women in the United States (immigrants and those born in the United States) (Miller, Chu, Hankey, & Ries, 2008). From 2000 to 2010, the Vietnamese population in the United States increased by 40%, from 1,169,672 to 1,632,717 (Hoeffel, Rastogi, Kim, & Shahid, 2012). Although Vietnamese is the fourth largest subgroup within the Asian American Pacific Islander (AAPI) group (Hoeffel et al., 2012), the literature about contributing factors to CRC and hepatitis B screening among this subgroup is limited. The purpose of this integrative review is to systematically assess factors associated with CRC screening (i.e., fecal occult blood testing [FOBT], sigmoidoscopy, or colonoscopy) and hepatitis B screening (i.e., hepatitis B virus [HBV] serologic testing) among Vietnamese Americans. CRC screening is significant to cancer control because regular screening examinations can result in detection and removal of precancerous lesions before they become malignant (American Cancer Society [ACS], 2012b). Hepatitis B screening is considered an essential parallel model for liver cancer screening because a common risk factor for liver cancer is chronic infection with HBV, a common infection in Asian countries, including Vietnam (ACS, 2012c).

The authors sought to identify known barriers to CRC and hepatitis B screening in the Vietnamese American population. Although Vietnamese Americans have low CRC incidence rates compared to White non-Hispanics (Miller et al., 2008), Vietnamese Americans have later diagnoses of CRC than many other subgroups. Vietnamese American women present more often with a late-stage CRC diagnosis compared to White non-Hispanic women (43% versus 32%, respectively) as did Vietnamese American men when compared to White non-Hispanic men (42% versus 30%, respectively) and also when compared to four larger Asian ethnic subgroups (Chinese, Filipino, Japanese, and Korean) (Miller et al., 2008).

**Purpose/Objectives:** To identify factors associated with screening for colorectal cancer (CRC) and hepatitis B, because hepatitis B can increase the risk of liver cancer.

**Data Sources:** MEDLINE®, CINAHL®, and PsycINFO databases from January 1998 to April 2012.

**Data Synthesis:** The 23 reviewed studies included 15 descriptive, 2 intervention, 3 qualitative, 2 chart or medical record review, and 1 mixed method. Most studies used an investigator-developed instrument with no reported reliability. Inconsistent operational definitions for contributing factors to screening made it challenging to make comparisons.

**Conclusions:** CRC and hepatitis B screening are consistently low among Vietnamese Americans. Contributing factors included sociodemographics, knowledge, cultural beliefs, and external factors. External factors such as having a regular place of care and a healthcare provider were crucial because they influenced adherence to screening recommendations. Use of a public media education plus healthcare provider model and a culturally tailored intervention using Vietnamese lay advisors appeared to be promising for improving CRC screening. Additional intervention studies are needed to increase screening.

**Implications for Nursing:** Vietnamese is a fast-growing subgroup within the Asian American Pacific Islander (AAPI) group that may require targeted approaches to screening for disease. Future studies should focus on immigrants or those who were born in the United States (men and women) as disaggregated subgroups. Such research can inform culturally sensitive and appropriate interventions that may improve cancer screening rates.

**Knowledge Translation:** Although Vietnamese is the fourth largest racial-ethnic subgroup within the AAPI group, the literature about contributing factors to CRC and hepatitis B screening is limited among this subgroup. CRC and hepatitis B screening are consistently low among Vietnamese Americans. Use of public media education plus a healthcare provider model and a culturally tailored intervention using Vietnamese lay advisors appears promising for improving CRC screening.

Likewise, screening rates for liver disease in this population are lower, and this may have implications for cancer incidence in this group. For example,