Guest Editorials

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We are pleased to present this seminal issue of the Pacific Health Dialog on Cancer in the Pacific, which showcases the work and dedication of individuals across the Pacific region who are working to increase cancer awareness and to reduce cancer health disparities. In concert with the intent and mission of Pacific Health Dialog, this issue features indigenous research, programs, and insights that emphasize our commitment to Pacific self-determination and participatory research.

Cancer is one of the leading causes of death in the United States, and of growing concern across the Pacific. The tracking, identification, and control of cancer present a number of challenges to emerging Pacific Island countries, where data management systems and diagnostic and treatment facilities are under-developed. Cancer also is a concern in the more developed areas of the Pacific, including New Zealand and Hawai‘i, where Pacific Islander residents continue to realize disparately higher rates of late-stage cancer diagnosis and death than other ethnic groups.

To further the understanding of cancer epidemiology in the region, this special issue features assessments of the cancer burden in American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Hawai‘i, Kiribiti, Nauru, New Zealand, the Republic of Belau, the Republic of the Marshall Islands, and the four states (Yap, Pohnpei, Chuuk and Kosrae) of the Federates States of Micronesia. Many of these reports were spearheaded by faculty and residents affiliated with the Department of Family Medicine and Community Health at the John A. Burns School of Medicine, and many are co-authored by first-time writers from the region, including individuals who serve on the Cancer Council of the Pacific Islands.

There is a body of literature in this issue that focuses on cancer risk and preferences related to participation in cancer screening, treatment, and research. In this category are two manuscripts that address tobacco prevention and control—one by Chen, et al., that looks at the knowledge, attitudes, and practices of tobacco use among youth in the Marshall Islands, and the other by Ichiho that summarizes information on tobacco use among Native Hawaiians. Fong et al. examine preferences for research on stored biological samples, touching upon emerging issues around genetic studies. Ka’ano‘i et al., present findings from a survey of screening behaviors among primary care physicians in Hawai‘i, and Hughes presents findings on health preferences and barriers from focus groups with Native Hawaiian males.

Several authors focus on interventions and their evaluation, including Fujita and colleagues, who present a review of the evolution of the Traditional Hawaiian Diet and make recommendations for future research in this area. Liu and Kwee examine ethnic differences in treatment for lung cancer, and Untalan et al. examine pediatric cancer cases, comparing outcomes for children based in Hawai‘i with those that are referred from Micronesia.

A number of articles present information on interventions to increase cancer awareness, research, and training. The Special Population Network (SPN) program of the National Cancer Institute’s Center to Reduce Cancer Health Disparities is described by Jackson and Chu of that office in Washington, DC. Two of these Special Population Networks target Pacific Islanders, and both report on their efforts to identify and train indigenous cancer researchers. Hubbell and colleagues write about the Pacific Islander Cancer Control Network housed at the University of California at Irvine, and Tsark and Braun write about ‘Imi Hale - Native Hawaiian Cancer Network, a program of Papa Ola Lôkahi. Foliaki and colleagues provide one of several overviews of cancer in the Pacific and emphasize the need for indigenous-generated research and training, and Hughes and Higuchi write about Ka Lôkahi Wahine, a cultural sensitivity training program for health professionals working with Native Hawaiian women. Person presents a report on Tripler Army Medical Center’s Pacific Islander Health Care Program, which provides medical (including cancer) care to Pacific Islanders.

Several insightful articles address challenging issues of ethnic identity (Gotay and Holup), the “place” of data (Oneha), and the effects of nuclear testing on cancer and diabetes in the Pacific (Yamada). Return authors to the Pacific Health Dialog, O’ Sullivan and Lum, provide a thoughtful viewpoint on current application of a tradition plant, ‘awa (kava, sakau) today and the questions it raises regarding intellectual property rights, toxicity, international restrictions, and economics.
This collection of papers presents valuable information about the current status of cancer-related knowledge and programming in the Pacific. What is strikingly outlined is the need to increase our ability to measure cancer burden, to promote healthy lifestyles that may help prevent cancer, and to institute culturally competent and relevant programs that result in the early detection and treatment of cancer. We challenge you to join these efforts to reduce the burden of cancer in the Pacific, and to advocate for resources to meet the infrastructure needs of the Pacific to address and eliminate cancer health disparities.

The guest editors of this issue would like to thank the publishers and editors of the Pacific Health Dialog (PHD) for allowing us to use this valuable vehicle to advance information and insight about cancer in the Pacific. This issue is, in fact, the third issue guest edited in Hawai‘i (previous issues being September 1998 and September 2001), and we continue to celebrate the PHD as a forum for new indigenous investigators and authors and Pacific-generated research. We also extend our heartfelt appreciation to all the contributing authors, peer reviewers and supporting agencies that made this issue both meaningful and possible.

Navigating the Pacific for cancer

Hardy Spoehr
Executive Director, Papa Ola Lokahi

Moana Nui, or the Pacific Ocean, is the world’s single largest inhabited area encompassing more than 155 million square miles. Its boundaries are immense stretching from the shores of Asia and Australia in the East; to those of North and South America in the West; and from the Siberian and Alaskan shores in the North to Antarctica in the South. Some 7 million people call this area home; a little more than 22 people per million square miles. These are island people, not prone to the pitfalls of continental thinking. Boundaries are not defined by valleys or mountain ranges; but instead by resource capacities and social hierarchies. Roads and trails are not defined by worn or rutted paths or paved highways but instead by ocean currents, prevailing winds, and the sun and stars.

By the time Magellan had sailed through Moana Nui in the 16th century, islanders had explored it and, indeed, had made landfall along the coasts of what now is America. To do so required courage, untold suffering and experience, and proven tenacity by many thousands of Pacific Islander explorers who because of this voyaging became settlers in new island lands.

The wa’a (vaka), or canoe, was the vehicle that enabled exploration and settlement. It provided the means to extend civilizations as they were then known across many millions of miles. Today, it not only continues to serve many as a means of transportation but it also has become a powerful symbol of Pacific Islander pride.

In Hawai‘i, thousands of youth chant with vigor and dedication the words “E ku mau mau, E ku wa.” This ancient chant now used to identify Native Hawaiian desires to make things right was used to bring down canoe logs from the forest for fashioning into canoes. It rumbles with dedication and strength. Sailing wa’a (canoes) have been fashioned not only in Hawai‘i but also in Tahiti, the Cook Islands, the Marshall Islands, New Zealand, Samoa, and elsewhere as indigenous populations have rededicated themselves to reconnecting and to striving for better lives for their respective peoples.

As wa’a spread out across the Pacific, crews had to rely on one another for their survival, and place their confidence in the knowledge and wisdom of the navigator—hō’okele, who often served as captain of the vessel; for it was he upon whom their lives depended to reach hoped for destinations. Our voyaging today in Hawai‘i and the Pacific Islands is for destinations built around better lives for our respective peoples.

These voyages, in the context of cancer, include sailing for those destinations built around preventative and curative actions, leading ultimately to cancer-free societies. In the Pacific, for those of us within the American sphere of healthcare, the hō‘okele, or navigator, on our voyage towards this destination is Andrew C. von Eschenbach. Dr. von Eschenbach serves as Director of the National Cancer Institute (NCI). His credentials are those of the navigator—
courage, untold suffering and experience, humility and caring, proven tenacity, knowledge, and wisdom.

For Pacific Islanders once making landfall, survival was not assured. Those with the multitudes of skills needed for food production and shelter needed to be organized. In Hawai‘i, this task was left to the ali‘i (chief) under the direction of a konohiki (headman of the land division under the chief). It was he who oversaw farming and fishing management and activities, including the determination of planting and fishing seasons. For us in the Pacific, Dr. Harold Freeman, Director of the Center to Reduce Cancer Health Disparities, NCI, is our konohiki. He has planted the seeds which have been tenderly cared for by his fine staff, Dr. Kenneth Chu, Frank Jackson, and Jane Daye, which have enabled Native Hawaiians and Pacific Islanders to begin bringing in the harvest to support and care for their respective populations.

As the birth of the Hawaiian sailing wa‘a Hokule‘a sparked the birth of multitudes of additional sailing canoes both in Hawai‘i and throughout the Pacific; so, too, has the work sparked by Dr. von Eschenbach and Dr. Freeman given birth to new efforts at addressing cancer issues in Hawai‘i and the Pacific. Their efforts have enabled the fashioning of a new vaka (wa‘a) by Pacific Island health professionals. Its name is the Cancer Council of the Pacific Islands (CCPI), and it has already demonstrated its seaworthiness as a vehicle for addressing cancer issues in Pacific Islander populations. It and other canoes are being fashioned and strengthened by the work Dr. von Eschenbach and his staff at the Center for Reducing Health Disparities are undertaking. The voyaging has begun.

You have heard the call from far away lands. You know the suffering and experience of the unknown. You have taken on the challenge with tenacity. Your canoe is moving and it is on-course. You have helped launch our canoe, and we are voyaging together. Our canoes are getting stronger and increasing.

Thank you.