

Immigration, more than any other social/political/economic process, has shaped the U.S. over the last century. As the next decades unfold, the rate of immigration-driven transformation, which began in earnest in the 1960s, will continue to accelerate. Minorities, now roughly one-third of the U.S. population, are expected to become the majority in 2042, with the nation projected to be 54 percent minority in 2050 (US Department of Commerce, US Census Bureau. (2008, August). An Older and More Diverse Nation by Midcentury. http://www.census.gov/Press-Release/www/releases/archives/population/012496.html).

What are the implications for U.S. cancer trends as the proportion of ethnic sub-populations increase in the coming decades?

As ethnic sub-populations change in proportion over the coming decades will the current cancer screening guidelines continue to be appropriate or relevant?

Are there biologically based differences between ethnic groups in clinical presentation or response to cancer treatment that justifies difference in the type and intensity of care provided? If they exist, are the differences in response to pharmacologic/therapeutic regimens the result of different genetics, different pathogenesis of disease or the result of different environmental factors such as diet or behavior?

Does the clinical encounter differ across ethnic groups? To what extent do patients and providers contribute to health disparities? Are there beliefs (or stereotypes) held by providers about the behavior or health of ethnic sub-populations?

Do patients from ethnic sub-populations experience, understand, and discuss illness differently than mainstream populations? Do patients from ethnic sub-populations have different help-seeking behavior?