



PATTERNS OF CARE AND OUTCOMES IN IMMIGRANTS WITH NON-SMALL CELL LUNG CANCER

A population-based study (Sweden)

Linda Willén^{a,b}, Anders Berglund^c, Stefan Bergström^{a,b}, Johan Isaksson^{a,d}, Michael Bergqvist^b, Gunnar Wagenius^e, Mats Lambe^{f,g}

AIM: To compare patterns of care and outcomes between immigrant and native-born patients diagnosed with non-small cell lung cancer (NSCLC).

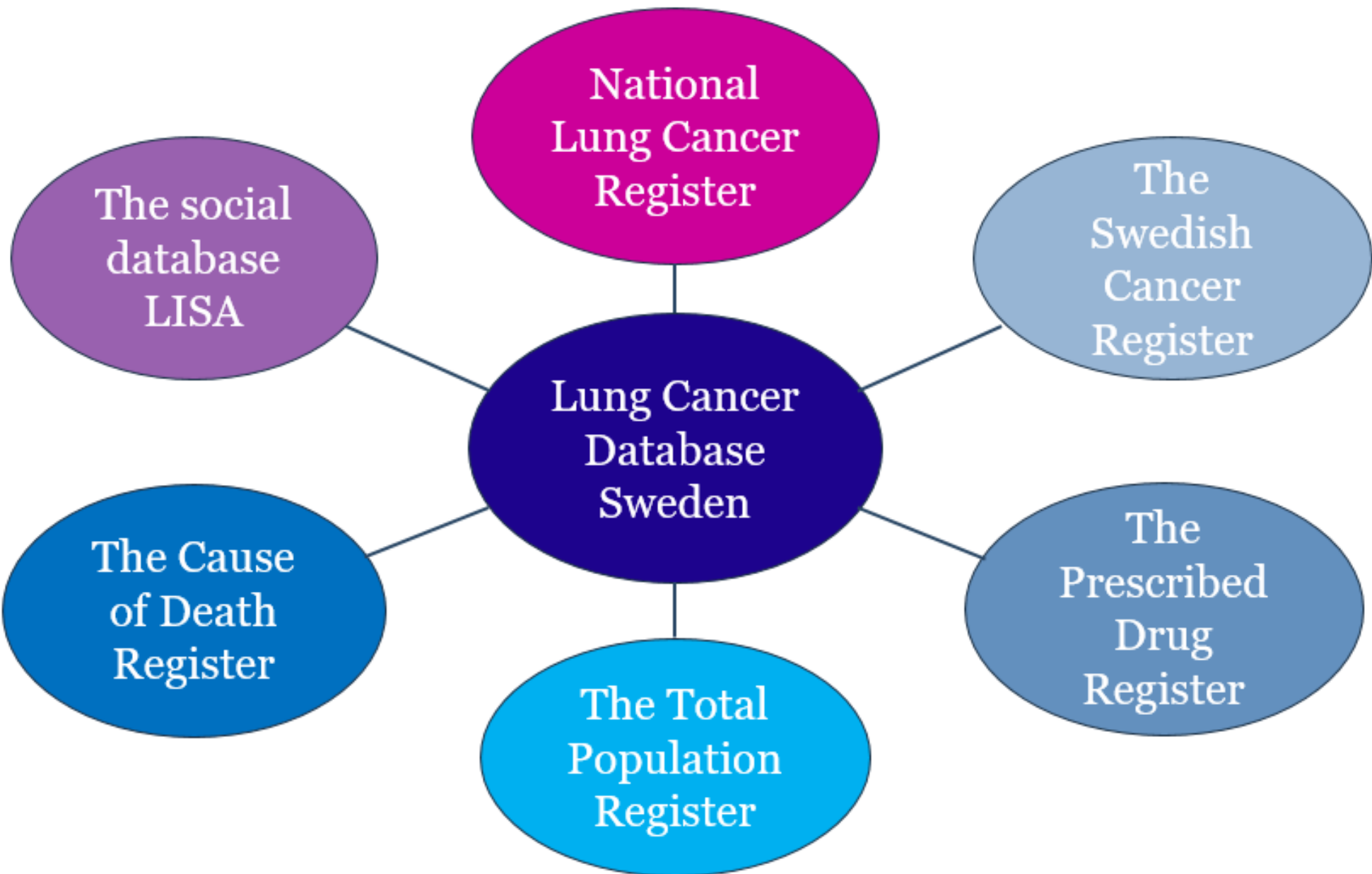
CONCLUSION

- ❖ **No differences** in management and outcomes were observed **between immigrants and native-born patients** with NSCLC after adjustment for age.
- ❖ Our findings show that lung cancer care is offered on **equal terms**. If anything, outcomes were better in Non-Nordic immigrants

MATERIAL

- ❖ We used information available in Lung Cancer Database Sweden (**LCBaSe**), a research database including detailed individual level data on **40 075 men and women** diagnosed with NSCLC in Sweden between 2002 and 2016.

FUNDING: This project was supported by grants from the Swedish Cancer Society, the Regional Research Council Uppsala-Örebro and the Gävle Cancer Society
DISCLOSURE No conflicts of interest to declare



CONTACT INFORMATION: linda.willen@regiongavleborg.se

RESULTS

- ❖ Compared to native-borns, Non-Nordic immigrants with NSCLC were characterized by being male, younger at diagnosis, with a higher educational level and a better performance status.
- ❖ Non-Nordic immigrants more often underwent PET-DT and were more often discussed in a multidisciplinary team setting.
- ❖ There were no differences in treatment modalities following adjustment for age, with the exception of concurrent chemoradiotherapy in stage IIIA disease which was more commonly used in Non-Nordic immigrants.
- ❖ In a fully adjusted model, Non-Nordic immigrants had lower overall and cause-specific mortality in stage IA-II B disease. In stage III A, mortality was lower in Non-Nordic patients after adjustment for age, while there were no significant differences in outcome in stage IIIB-IV disease.

