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

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-IIB disease. In stage IIIA, mortality was lower in Non-Nordic patients after adjustment for age, while there were no significant differences in outcome in stage IIIB-IV disease.

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.