INTRODUCTION

The Nebraska Cancer Registry (NCR) started collecting data in 1987 and has roughly 200,000 cases. In recognition of the accuracy and completeness of the data that it has collected, the North American Association of Central Cancer Registries has awarded the Nebraska Cancer Registry its gold standard certificate of data quality for 19 consecutive years (1995-2013).

Currently, there is a lack of research that examines the cancer status of immigrant populations in the United States using statewide database. The aims of this study are to access cancer status of Nebraska immigrants, and to examine the clinical and demographic characteristics of Nebraska immigrants with cancer.

METHODS

Probabilistic linkages were performed between immigrant data obtained from Nebraska Department of Health and Human Services (NDHHS) Medicaid Program and NCR file that run up until 2015.

Immigrant populations in the analysis included, but were not limited to, lawful permanent residents, refugees, asylees, Cuban and Haitian entrants, and paroled aliens. For data linkage, Link Plus software was utilized and manual review was performed after linkage.

RESULTS

Among 14,539 Nebraska immigrants, the linkage produced 187 cases of matched cancer diagnoses based on 176 immigrants. The 8 most common cancers consisted of the breast (n=38), thyroid gland (n=20), prostate (n=14), kidney and renal pelvis (n=12), colon and rectum (n=11), non-Hodgkin lymphoma (n=11), lung (n=10), and oral cavity (n=9).

Descriptive analysis on clinical characteristics demonstrated that 47% of cases had stage of localized, 26% were regional, 19% were distant, and 8% were unstaged. There were 111 females and 65 males, and vital status records showed that 164 were alive and 12 had passed. Additionally, 29.4% of cases were diagnosed in 2009 or earlier. The majority of patients were diagnosed at 50 or older (66.3%) while about one third were diagnosed under the age of 50 years old.

DISCUSSION

The findings illustrated that there is a relatively large number of immigrants with thyroid cancer. Consistent with the past finding, researchers have found higher thyroid cancer incidence among Southeast and East Asian immigrants in Ontario, Canada. Furthermore, compared to non-immigrant populations with breast cancer, the age of diagnosis for breast cancer tended to be younger among immigrant populations with breast cancer. One study that employed US National Health Interview Survey observed that immigrant women of different ethnic groups were less likely to be diagnosed with breast and cervical cancer compared to US-born women. Another study found that the incidence rates of prostate cancer among immigrants were similar to those of US-born populations.

Conclusion

Cancer surveillance in immigrant populations is crucial as it accesses the trends and patterns of cancers, and could serve to establish early interventions. Further studies are warranted to examine cancer screening status, and to determine if disparities exist in the utilization of cancer screening services between non-immigrants and different immigrant populations.

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REFERENCES


