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In-hospital Outcomes of Follicular Lymphoma Patients: Exploring Racial and Sociodemographic Influences

J Jayakumar MD[1], M Ginjupalli MD[1], B Vachhani MD[1], D Nanavaty MD[1]
[1] The Brooklyn Hospital Centre, Brooklyn, New York, USA

Mount Sinai

BACKGROUND

- Follicular lymphoma (FL) is the second most common Non-Hodgkin lymphoma worldwide, associated with excellent survival owing to its indolent nature.
- With improved survival, hospitalization rates and complications are also on the rise.
- Also, newer therapies showed varied responses among different populations, prompting a need for elimination of prevailing healthcare inequities.

AIM

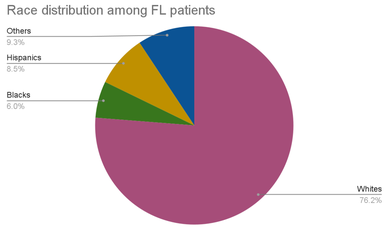
- Despite this, racial and sociodemographic disparities affecting specific outcomes among inpatients are yet to be analyzed.
- We aimed to explore the influence of race and sociodemographics on hospitalization outcomes in FL patients.

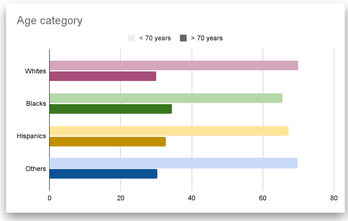
METHODS

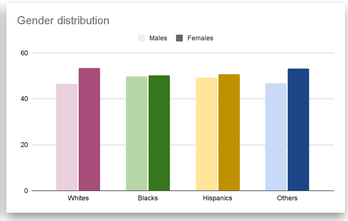
- A retrospective study was conducted using the National Inpatient Sample (2016-2020).
- ICD-10 codes were used to identify FL hospitalizations.
- Outcomes studied were type of admission (elective *vs* emergent), type of disposition (home *vs* facility or home-with-home-healthcare or deceased) and length of stay.
- Race was stratified to Whites, Blacks, Hispanics, and others.
- Multivariate regression was used to analyze the impact of race on in-hospital outcomes of FL after adjusting for age, gender, insurance, location, hospital characteristics, and Charlson Comorbidity Index.

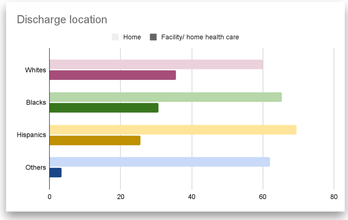
RESULTS

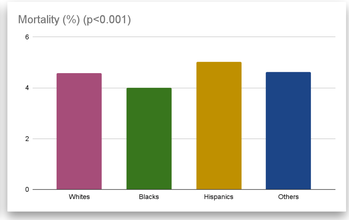
- 101,360 FL hospitalizations were identified, of which, 76.24% were White, 5.97% were Black, and 8.48% were Hispanic patients.
- Income varied among races with 51% of Whites having income in the 25th-50th percentile, 35.53% of others having income >76th percentile, and near equal distribution of income categories in Blacks and Hispanics (~25% in all 4 quartiles).
- Irrespective of race, most admissions were non-elective to large, urban teaching hospitals.
- There was no statistically significant difference in length of stay among races.











CONCLUSIONS

- Our findings reveal disparities in hospitalization outcomes among racial groups in FL, suggesting the need for tailored interventions.
- Implementing targeted treatments for various racial demographics could enhance in-hospital outcomes, but further investigation is required to confirm causality.

REFERENCES

1. Becnel M, Flowers CR, Nastoupil LJ. Disparities in lymphoma on the basis of race, gender, HIV status, and sexual orientation. Ann Lymphoma. 2017 Nov;1:8. doi: 10.21037/aol.2017.11.01. Epub 2017 Nov 17. PMID: 29608198; PMCID: PMC5877479.
2. Blansky D, Fazzari M, Mantzaris I, Rohan T, Dean Hosgood H 3rd. Racial and ethnic differences in all-cause mortality among Hispanics diagnosed with follicular lymphoma and chronic lymphocytic leukemia in the Bronx, NY. Cancer Causes Control. 2022 Jan;33(1):137-147. doi: 10.1007/s10552-021-01507-0. Epub 2021 Oct 22. PMID: 34677741; PMCID: PMC9737328.
3. Abodunrin FO, Akinyemi OA, Ojo AS, Elleissy Nasef K, Haupt T, Oduwole A, Olanrewaju O, Akinwumi B, Fakorede M, Ogunbona O. Racial Disparities in Survival Among Non-Hodgkin Lymphoma Patients: An Analysis of the SEER Database (2007-2015). Cureus. 2022 Jun 12;14(6):e25867. doi: 10.7759/cureus.25867. PMID: 35836466; PMCID: PMC9275381.

CONTACT INFORMATION

Jayalekshmi Jayakumar, MD
Resident, PGY 2, Internal Medicine
The Brooklyn Hospital Centre
Email: jjayakumar@tbh.org
Phone: 718-250-8000