

HAVE SURVIVAL GAINS IN ACUTE MYELOID LEUKEMIA BEEN EQUITABLE? PERSISTENT RACIAL DISPARITIES IN A SEER ANALYSIS (2000–2023)

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INTRODUCTION

Therapeutic advances in acute myeloid leukemia (AML), including lower-intensity regimens and targeted therapies, have expanded treatment options, particularly for older adults. However, whether survival gains in the modern therapeutic era have translated into equitable outcomes across racial groups remains unclear.

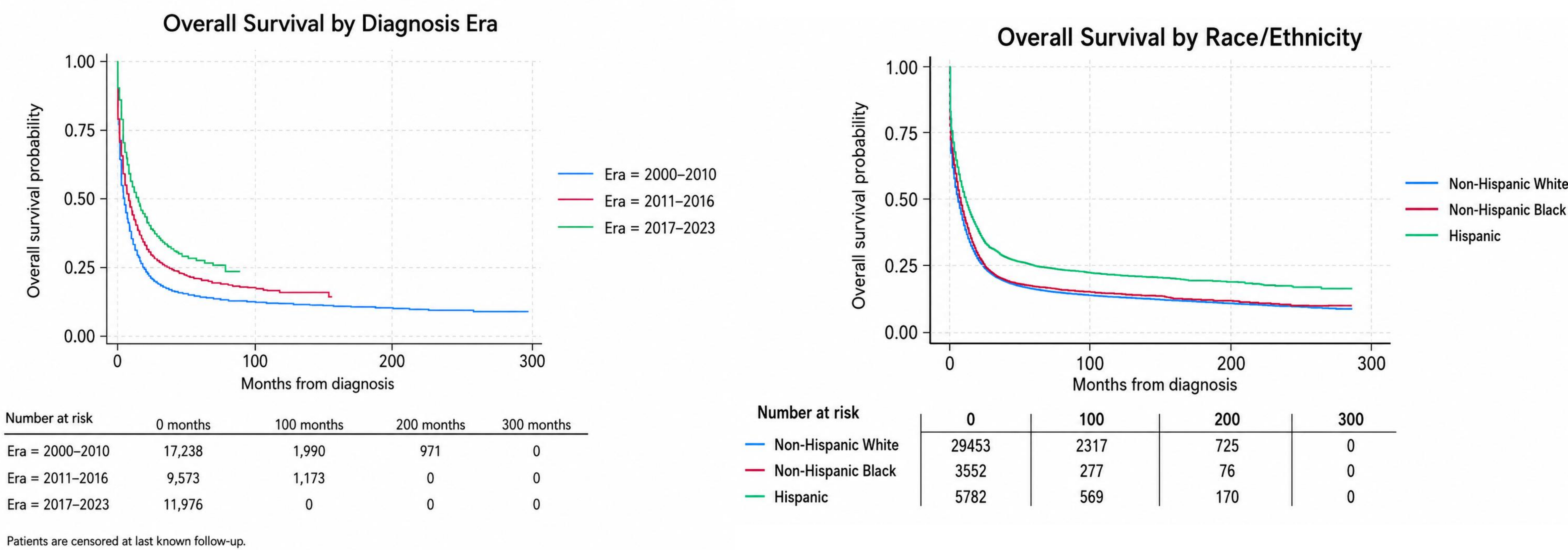
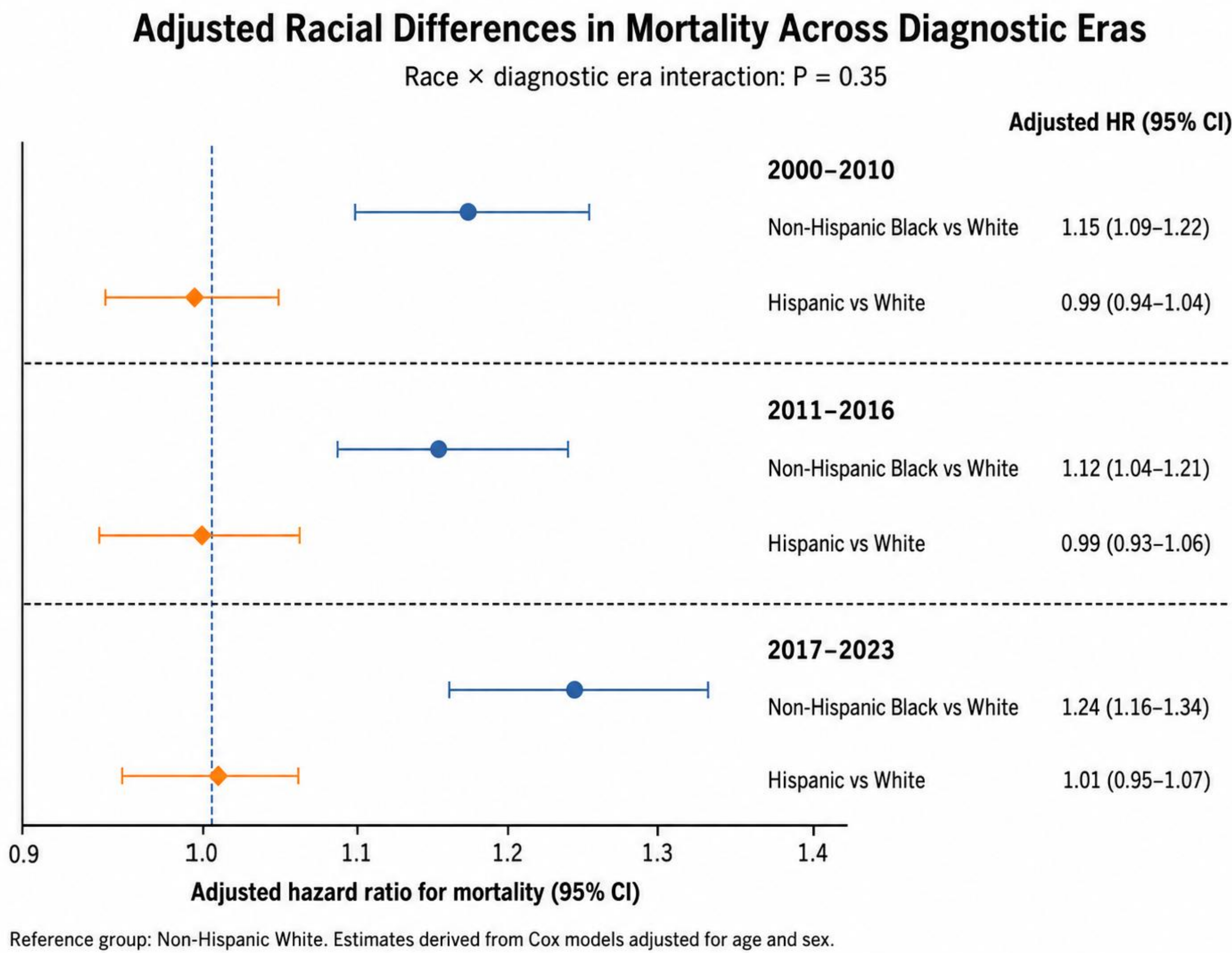
AIM

To determine whether temporal survival improvements in non–acute promyelocytic leukemia (non-APL) AML have been accompanied by attenuation of racial disparities.

METHOD

We conducted a retrospective cohort study using the Surveillance, Epidemiology, and End Results (SEER) database (2000–2023), including adults with non-APL AML. Patients were stratified by era of diagnosis: pre-modern (2000–2010), transitional (2011–2016), and contemporary treatment era (2017–2023), age (18–59, 60–75, >75), and race (non-Hispanic White, non-Hispanic Black, Hispanic). Diagnostic era was used as a proxy for evolving therapeutic exposure given the absence of treatment-level data in SEER. Overall survival (OS) was estimated using Kaplan–Meier methods and compared with the log-rank test. Multivariable Cox proportional hazards models assessed associations between era, age, sex, race/ethnicity, and OS, including interaction terms.

RESULTS



CONCLUSIONS

Survival in AML has improved substantially over time, particularly in the contemporary era. However, these gains have not translated into reductions in racial disparities, with non-Hispanic Black patients continuing to experience inferior outcomes despite parallel improvements across groups. These findings highlight the need for targeted strategies addressing structural barriers to care.

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