# DISPARITIES IN B-LYMPHOBLASTIC LYMPHOMA: INSIGHTS FROM 1,275 PATIENTS IN THE NATIONAL CANCER DATABASE TREATED AT ACADEMIC AND COMMUNITY CANCER CENTERS

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## INTRODUCTION

- B-lymphoblastic lymphoma/leukemia (BLL): to 5 cases per 100,000 pop.
- 3000-4000 new cases of ALL in the USA. 2/3 of these are BLL cases

## AIM

To compare clinical characteristics and survival outcomes of patients affected by BLL treated at Academic Cancer Programs (ACPs) versus Community Cancer Programs (CCPs)

## METHOD

- Retrospective analysis of the National Cancer Database (NCDB)
- Years: 2004-2022
- Facilities classified
  - ❑ ACPs: Academic/research programs, including NCI centers
  - ❑CCPs: Community, comprehensive community, and integrated network cancer programs
- Demographic, clinical, and treatment variables were compared between cohorts.
- Overall survival (OS) assessed with Kaplan–Meier and Cox proportional hazards models
  - ❑ Adjustments: Age, race/ethnicity, insurance status, Charlson–Deyo score, distance from treating facility.

## RESULTS

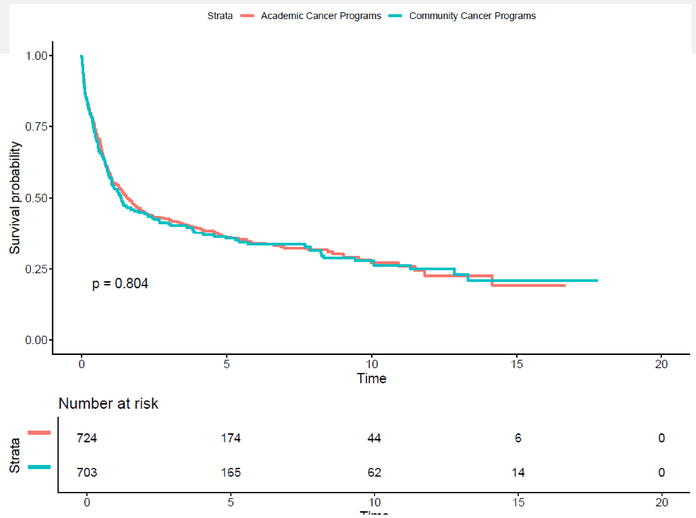
- Total of 1275 patients. Data available for 902 patients (70%)
  - ACPs: 611 (48%)
  - CCPs: 291 (23%)
- ACPs: Younger patient population. < 60 years: 46% vs 36% (CCPs)
- CCPs: Older patient population. ≥75 years: 25% vs 16% (ACPs)
- Insurance coverage:
  - ACPs: Private (45%), Medicare (38%)
  - CCPs: Medicare (47%), private (38%)
- Distance to treatment centers: 14 vs 8.8 miles (ACPs vs CCPs)
- Systemic treatment administration: 68% vs 58% (ACPs vs CCPs)
- Unavailable treatment information: 19% vs 24% (ACPs vs CCPs)
- 30-day & 90-day mortality: 4.2% & 6.2% vs 4.5% & 7.2% (ACPs vs CCPs)
- Percentage of alive patients at last follow-up: 33% vs 32% (ACPs vs CCPs)
- Adjusted mOS at 2, 5, & 10 years similar (0.463 vs. 0.448, 0.361 vs. 0.359, and 0.271 vs. 0.278vs 0.4; p=0.0017)

**Table 1**

| | ACP (N=611) | CCP (N=291) | P Value |
|---|---|---|---|
| Sex | | | |
| - Male | 295 (48%) | 137 (47%) | < 0.001 |
| - Female | 316 (52%) | 154 (53%) | |
| Age | | | |
| - < 60 | 279 (46%) | 104 (36%) | |
| - 60-75 | 97 (16%) | 74 (25%) | < 0.001 |
| - ≥ 75 | 235 (38%) | 113 (39%) | |
| Ethnicity | | | |
| - Hispanic | 69 (11%) | 33 (11%) | < 0.001 |
| - Non-Hispanic | 522 (85%) | 247 (85%) | |
| Race | | | |
| - White | 517 (85%) | 257 (88%) | |
| - Black | 57 (9%) | 22 (8%) | |
| Primary payor | | | |
| - Medicaid | 55 (9%) | 18 (6%) | |
| - Medicare | 235 (38%) | 138 (47%) | < 0.001 |
| - Private | 276 (45%) | 112 (38%) | |

**Table 2**

| | ACP (N=420) | CCP (N=285) | P Value |
|---|---|---|---|
| Treatment | | | |
| - Given | 416 (68%) | 168 (58%) | 0.009 |
| - Not given | 55 (9%) | 42 (14%) | |
| - Active surveillance | 21 (3%) | 5 (2%) | |
| Treatment timing (days) | 10 days | 11 days | |
| 90-day mortality | 588 (96%) | 279 (95%) | 0.450 |
| Median follow-up time (months) | 1.55 | 1.37 | 0.804 |




## CONCLUSIONS

- CCPs manage a more elderly population with greater reliance on Medicare
- CCPs patients traveled shorter distances
  - Possible economic/ transportation disparities to reach academic centers, particularly among the older cohort
- 30-day, 90-day mortality were similar between ACPs and CCPs.
- mOS at 2, 5, and 10 years were similar between ACPs and CCPs.
- However, only 70% of information available

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