

MORTALITY TRENDS ACROSS NON-HODGKIN LYMPHOMA SUBTYPES IN OLDER ADULTS: A 25-YEAR CDC WONDER ANALYSIS (1999–2024)



A.Ahmad¹, I. A. Shah¹, A. Khan², S.Marjan³, A. Ahmad¹, M. H. Khan⁴

- 1. Khyber Teaching Hospital, Peshawar, Pakistan
- 2. Northwest Health-Porter, Valparaiso, IN, USA
- 3. Lady Reading Hospital, Peshawar, Pakistan
- 4. Stony Brook University Hospital, Long Island, NY, USA

INTRODUCTION

- Mortality trends at the population level across **non-Hodgkin lymphoma (NHL) subtypes** remain insufficiently explored in older adults.
- Understanding these trajectories may guide future public health strategies.

AIM

- To evaluate mortality trends in NHL among **-Older adults (55 and older)** in the United States
- From **1999 to 2024**
- Focusing on **gender, racial, and regional** disparities

METHOD

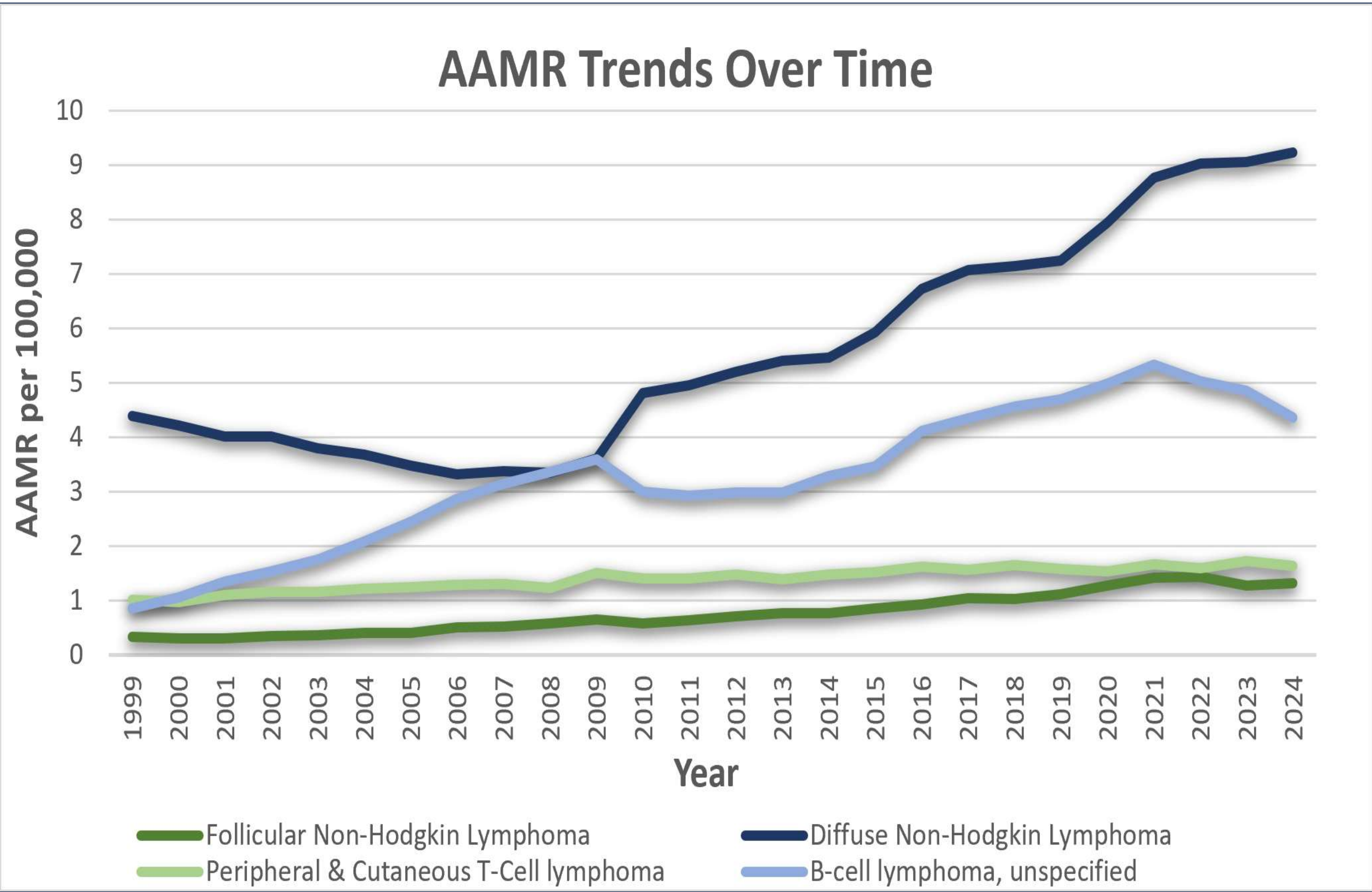
- Death certificate data from the **CDC WONDER database (1999 to 2024)** were analysed.
- Multiple causes of death** were identified using MCD-ICD-10 codes: **C82 (follicular NHL), C83 (diffuse NHL), C84 (peripheral and cutaneous T-cell lymphoma), and C85.1 (B-cell lymphoma).**
- Age-adjusted mortality rates (AAMR) per 100,000 persons
- Annual percent changes (APC) were calculated for adults aged 55 to 85+.

CONCLUSION

- Diffuse NHL has emerged** as the growing driver of NHL-related mortality.
- Follicular and B-cell lymphomas stabilized**, while **peripheral T-cell lymphoma remained lower but persistent.**
- These findings highlight the need for subtype-specific strategies emphasizing timely diagnosis, equitable access to therapies, and focused research

RESULTS

- A total of **227,689 NHL-related deaths** were recorded between 1999 and 2024.
- **Mortality increased from 1999 to 2022** (APC, 4.75%; CI, 4.5 to 5.2), followed by a **nonsignificant decline from 2022 to 2024** (APC, -1.59%; CI, -4.9 to 3.5)
- The **AAMR in 2024 was 16.4**.
- Follicular lymphoma** mortality rose from 1999 to 2022 (APC, 7.17%; 95% CI, 6.7 to 9.13), before plateauing from 2022 to 2024 (APC, -4.77%; 95% CI, -13.94 to 6.56), AAMR was 1.32.
- Diffuse NHL** declined from 1999 to 2006 (APC, -3.14%; CI, -8.09 to -0.25), then increased from 2006 to 2024 (APC, 6.04%; CI, 5.5 to 6.75), reaching an AAMR of 9.24.
- Peripheral T-cell lymphoma** increased persistently (APC, 1.86%; CI, 1.58 to 2.18), with an AAMR of 1.63.
- B-cell lymphoma** increased sharply from 1999 to 2008 (APC, 16.09%), later showed a decline from 2021 to 2024, (APC, -6.36%; CI, -10.98 to -2.39); AAMR was 4.36.



Deaths by Non-Hodgkin Lymphoma Subtype, 1999–2024

