Overall survival differs by treatment setting in older adults with classical Hodgkin Lymphoma: a National Cancer Database analysis

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INTRODUCTION

- Classical Hodgkin lymphoma (cHL) has high cure rates in younger patients but worse outcomes in older adults.
- Five-year overall survival in elderly patients ranges from 49–65%, compared with nearly 90% in younger cohorts. This may be due to higher relapse rates, treatment-related mortality, and intolerance of intensive chemotherapy.
- Despite this, data examining outcomes in elderly patients with cHL, particularly those older than 75 years, remain limited.

AIM

- We aimed to evaluate the impact **of treatment setting on survival** in cHL patients aged ≥75 years.
- To our knowledge, this is first analysis comparing characteristics and survival between older patients treated at **academic cancer programs (ACP)** versus **community cancer programs (CCP)**.

METHOD

- Performed a **retrospective analysis** of U.S. patients with cHL from 2004–2022 using the National Cancer Database (NCDB).
- Demographic, clinical, and survival data were compared between ACP and CCP.
- ACP included academic and NCI-designated centers; CCP included community, comprehensive community, and integrated network programs.
- Kaplan-Meier and Cox models compared **overall survival (OS),** adjusting for age, race/ethnicity, insurance status, Charlson-Deyo score, and distance from facility.

CONCLUSIONS

- Among patients aged ≥75 years with cHL, treatment at ACP was associated with a statistically significant improvement in OS compared with CCP (log-rank $p < 0.001$), despite a higher proportion of advanced-stage disease at ACP. These differences occurred alongside higher treatment rates and longer follow-up at ACP.
- This analysis suggests that treatment setting is an important system-level factor influencing survival. Further studies are needed to identify modifiable components of care delivery and to optimize treatment strategies for this high-risk population.

RESULTS

Total patients	9,330		
Median age	80 years		
	ACP	**CCP**	**p-value**
Non-Hispanic ethnicity	87%	88%	p<0.001
Medicare insurance	85%	88%	p<0.001
Patients with Stage III and IV disease	55%	51%	p=0.005
Median time from diagnosis to last contact or death	21 months	14 months	p<0.001
Patients undergoing treatment	58%	54%	P<0.001

Figure 1. Patient demographics and clinical characteristics in patients treated at ACP vs CCP.

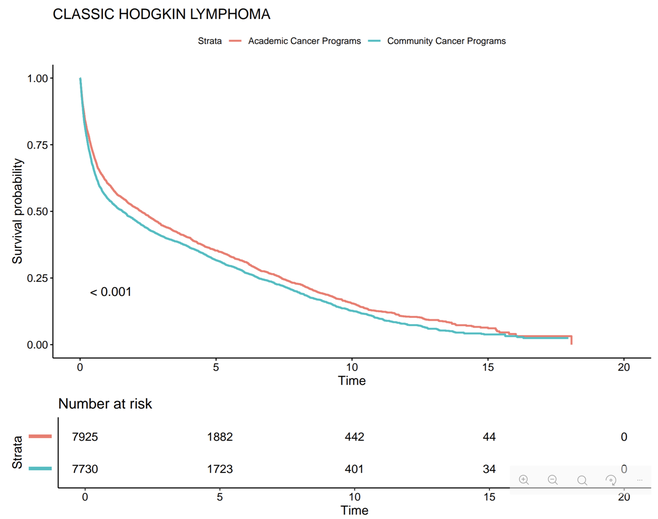

Figure 2. Kaplan-Meier Survival Curve demonstrating higher overall survival rate in ACP versus CCP treated patients after adjusting for demographics, insurance status, comorbidities and distance from treating facility. Two and five-year survival for ACP vs CCP was 52% vs 47% and 35% vs 32%, respectively. Median survival time was 2.25 years for ACP and 1.57 years for CCP, with a statistically significant overall survival advantage for ACP ($p<0.001$).

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REFERENCES

Cheng PTM, Villa D, Gerrie AS, Freeman CL, Slack GW, Gascoyne RD, Farinha P, Craig JW, Skinnider B, Wilson D, Scott DW, Connors JM, Sehn LH, Savage KJ. The outcome of older adults with classic Hodgkin lymphoma in British Columbia. Blood Adv. 2022 Nov 22;6(22):5924-5932. doi: 10.1182/bloodadvances.2022008258. PMID: 36075016; PMCID: PMC9701622.