# Saturday, December 7: Medicine for All: Addressing Health Care Disparities to Improve Treatment on Blood Diseases

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## 703 Area-Based Socioeconomic Disparities in Survival of Children with Newly Diagnosed Acute Myeloid Leukemia: A Report from the Children's Oncology Group

**Lena E. Winestone,** Kelly D Getz, Kira O Bona, **Brian T. Fisher, et al.**

CONCLUSIONS Lower area-based income and education were associated with significantly inferior EFS and OS among patients with AML on the last two Phase 3 COG trials. Moreover, zip-code based low SES is an independent risk factor for mortality in pediatric AML. Additional studies to understand mechanisms of observed socioeconomic disparities in treatment outcomes will inform interventions that may mitigate these inequities.

## 381 Are Racial Disparities in Acute Myeloid Leukemia (AML) Clinical Trial Enrollment Associated with Comorbidities and/or Organ Dysfunction?

**Abby Statler,** Brian P. Hobbs, Tomas Radivoyevitch, Sudipto Mukherjee, et al.

**CONCLUSIONS** Within this cohort, renal function eligibility criteria may be an important barrier to enrollment, specifically within the AA population. Since there is no association between clinically insignificant renal laboratory values and OS or response, the liberalization of such criterion may be justified. Future trials that broaden the renal function eligibility criterion have the potential to accrue more diverse pt populations, which may reduce recruitment racial disparities and improve the generalizability of the trials' results.

**425** Minorities Do Not Have Worse Outcomes for Diffuse Large B Cell Lymphoma (DLBCL) If Optimally Managed

**Bei Hu,** Tommy Chen, Danielle Boselli, Rupali Bose, et al.

**CONCLUSION** Unlike previous population-based studies that have shown racial disparities with superior outcomes for Caucasians and for patients with private insurance, our single center experience demonstrates similar survival outcomes between Caucasians and non-Caucasians diagnosed with *de novo* DLBCL, despite differences in insurance coverage favoring Caucasians. In the R/R setting, similar proportions of both groups underwent stem cell transplantation and enrolled on clinical trials. The likely explanation is that our safety net cancer center, with extensive nurse navigator support and access to standard treatments, stem cell transplants and cutting-edge clinical trials may abrogate the inferior outcomes in minority populations that have been previously reported.

**782** Breaking the Glass Ceiling of Age in Transplant in Multiple Myeloma

**Pashna N. Munshi,** Parameswaran Hari, David H. Vesole, Artur Jurczyszyn, et al.

**CONCLUSIONS** This is the largest study of AHCT in older adults with MM. More MM patients ≥70 years are being transplanted in the US over time. While our data may highlight referral and access biases regarding which older patients may be referred for ASCT, our results confirm that patients ≥70 years can undergo transplant safely and achieve similar benefits as 60-69 years' old patients. Our results also suggest that melphalan 200 mg/m2 may be given safely in the ≥70 years population. While melphalan conditioning dose 140 mg/m2 in the ≥70 group is associated with worse outcomes, this is likely a surrogate for higher frailty and comorbidities in this cohort of patients. Our analysis confirms that AHCT has similar benefits in terms of disease control (REL and PFS) in both young and older MM patients. This benefit is seen even in a contemporaneous era where proteasome inhibitors and/or immunomodulator drugs are used in upfront treatment. Thus, AHCT remains a safe consolidation therapy across all age groups of MM patients.

**793** Medicare Patients Receiving Chimeric Antigen Receptor T-Cell Therapy for Non-Hodgkin Lymphoma: A First Real-World Look at Patient Characteristics, Healthcare Utilization and Costs

**Karl M. Kilgore,**Iman Mohammadi, Amy Schroeder, Christie Teigland, et al.

**CONCLUSIONS** The results of this real-world study indicate that older patients with multiple comorbidities can be treated successfully with CAR T therapy, and that post-index care was associated with lower hospitalization rates, bed days, ED visits, and lower total costs during this period.