



Healthcare Disparities in the Treatment of CLL/SLL: A Real-World Analysis of SEER Data

Background

The issue of healthcare disparities has recently gained a great deal of attention. Dr. Adam S. Kittai discussed the research he and his colleagues conducted on healthcare disparities in CLL/SLL and the implications for population health management. The study looked at patients diagnosed with CLL/SLL from the SEER database.



**Guest
Speaker**

Adam S. Kittai, MD

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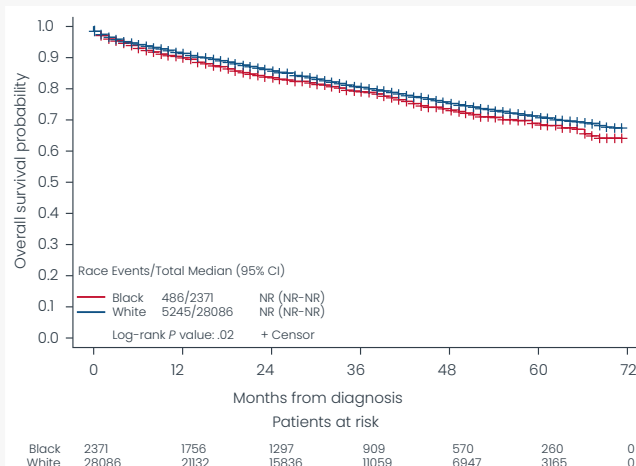
Key Highlights

- 1 For patients diagnosed with CLL/SLL from 2009 to 2019, Black race was a statistically significant independent variable prognostic of overall survival
- 2 The gap in overall survival decreased for Black and White patients diagnosed after 2014 (ie, the disparity was less after 2014 than prior to 2014)
- 3 Additional research is needed to understand the underlying cause of these disparities and to address issues with access to care

**Even in the era of novel therapies,
Black patients continued to have
poorer survival than White patients
with CLL/SLL**

Adapted with permission from Kittai AS, et al.
Blood Adv. 2023;7(11):2578.

**5-year overall survival by Black and White race
for patients diagnosed after 2014**



Abbreviations: CI, confidence interval; CLL, chronic lymphocytic leukemia; NR, not reached; SEER, Surveillance, Epidemiology, and End Results; SLL, small lymphocytic lymphoma.

Potential Factors Driving Healthcare Disparities in CLL

Dr. Kittai identified several factors that may be driving healthcare disparities, including:



Access to care



Appropriate cancer screenings and referrals



Lack of case management and social worker support

“As we talk about the development of new drugs and how they are implemented in society, it’s not only important to see if there’s a benefit of these drugs clinically. It’s even more important to make sure that **everybody in society has equal access to these drugs**, especially when they have such a **large impact on overall survival** in patients with various malignancies.”

— Dr. Adam S. Kittai

Additional Resources

Kogut SJ. Racial disparities in medication use: imperatives for managed care pharmacy. *J Manag Care Spec Pharm*. 2020;26(11):1468–1474.

Mato A, Nabhan C, Lamanna N, et al. The Connect CLL Registry: final analysis of 1494 patients with chronic lymphocytic leukemia across 199 US sites. *Blood Adv*. 2020;4(7):1407–1418.

Nabhan C, Aschebrook-Kilfoy B, Chiu BCH, et al. The impact of race, ethnicity, age and sex on clinical outcome in chronic lymphocytic leukemia: a comprehensive Surveillance, Epidemiology, and End Results analysis in the modern era. *Leuk Lymphoma*. 2014;55(12):2778–2784.

Nabhan C, Chaffee KG, Slager SL, et al. Analysis of racial variations in disease characteristics, treatment patterns, and outcomes of patients with chronic lymphocytic leukemia. *Am J Hematol*. 2016;91(7):677–680.

Shenoy PJ, Malik N, Sinha R, et al. Racial differences in the presentation and outcomes of chronic lymphocytic leukemia and variants in the United States. *Clin Lymphoma Myeloma Leuk*. 2011;11(6):498–506.

Reference: Kittai AS, Huang Y, Bhat SA, et al. Racial and socioeconomic disparities in CLL/SLL: analysis of SEER data from 2006 to 2019. *Blood Adv*. 2023;7(11):2575–2579.

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