



## The 65th ASH Annual Meeting Abstracts

## POSTER ABSTRACTS

## 731.AUTOLOGOUS TRANSPLANTATION: CLINICAL AND EPIDEMIOLOGICAL

**A Highly Successful Model to Decrease Racial Disparities and Increase Access to Autologous Transplants Among African Americans with Multiple Myeloma - Outreach and Satellite Transplant Clinics**

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**Background**

It is well known that racial disparities exist between White and African Americans (AA) with multiple myeloma (MM) resulting in an inferior outcome among AA. It is believed that the disparities are due to socioeconomic barriers that limit access to timely, appropriate and high quality medical care. A Veterans Administration study of MM patients showed that with equal access, AA have superior survival compared to Whites. Autologous hematopoietic stem cell transplant (AHST) is a standard treatment for MM and improves survival but only 20% of AA receive AHST compared to 39% for Whites. Possible obstacles for AA are lack of resources such as transportation, financial and family/care giver support to travel to a distant transplant center. There is extensive awareness and data regarding racial disparities in MM and recommendations for improvement. We present our experience to bring to attention a simple intervention to decrease the disparities in this retrospective IRB approved study.

**Methods**

At the Medical College of Georgia, Augusta University, Georgia, we embarked on a program of outreach beginning July 2017 to market our transplant and hematologic malignancy program with the intention of increasing patient referrals and transplant volumes. The health system and marketing/outreach program collaborated with our cancer center and provided resources to execute the project. This included personally traveling as a group and visiting community practices that were between 1 to 200 miles in our catchment area, meeting physicians, advanced practice providers (APPs), nurses, referral coordinators to apprise them of our services. The services included access to transplant faculty mobile numbers, a simple "ONE CALL ONLY" referral system and a meticulous line of communication. Beginning in early 2019, we started satellite clinics in two large community practices; practice A 65 miles and practice B 89 miles from our center. One transplant physician traveled to practice A and a second one to practice B once a month where patients with hematologic malignancies were evaluated for a consultation. Patients that required a transplant received induction treatment, pre-transplant work up including MM lab testing, organ function evaluation, scans, bone marrow exams at the satellite clinics to minimize travel and make it easier for patients and families. The transplant procedure itself including stem cell collection, conditioning regimen, stem cell reinfusion and recovery during myelo-suppression was performed at our transplant center. Upon discharge from the hospital, the subsequent post-transplant care was transitioned as early as possible back to the satellite clinics. This consisted of post-transplant discharge monitoring, restaging work up required such as MM blood work, scans and bone marrow evaluation. Recommendations regarding consolidation/maintenance treatment were made during one of the monthly transplant physician's satellite clinic visits but administered by the community oncologists. In this analysis, we only included patients with MM who received a transplant.

**Results**

Between 2013 and June, 2017 (no outreach and no satellite clinics) our transplant center did 81 MM transplants and 292 from July 2017 to July 2023. Before starting outreach and satellite clinics there were 3 transplants from practice A and 0 from practice B. From July 2017 to July 2023 (post outreach and satellite clinics) there were 64 transplants; 46 from practice A and 18 from practice B. The median age was 65.9 at time of transplant and 34 were male. The racial breakdown was 39 AA (60.9%) and 37.5% White. The median distance from the patients' homes to practice A and B was 16.9 and 34.8 miles and to the transplant center 85.7 and 99.25 miles respectively. 25 patients had Medicare and 39 private insurance.

**Conclusion**

We conclude that outreach, and personal and meticulous communication increases MM transplant referrals. Most importantly, setting up satellite clinics is an effective initiative and will not only increase transplant referrals, but most notably increases AHST access to AA. We think this is due to improving patient convenience by decreasing the number of visits to a distant transplant center, travel time and burden to care givers so the AA can be cared for closer to home. We believe that this is a simple yet very practical and effective way of decreasing disparities and making AHST more accessible to African Americans.

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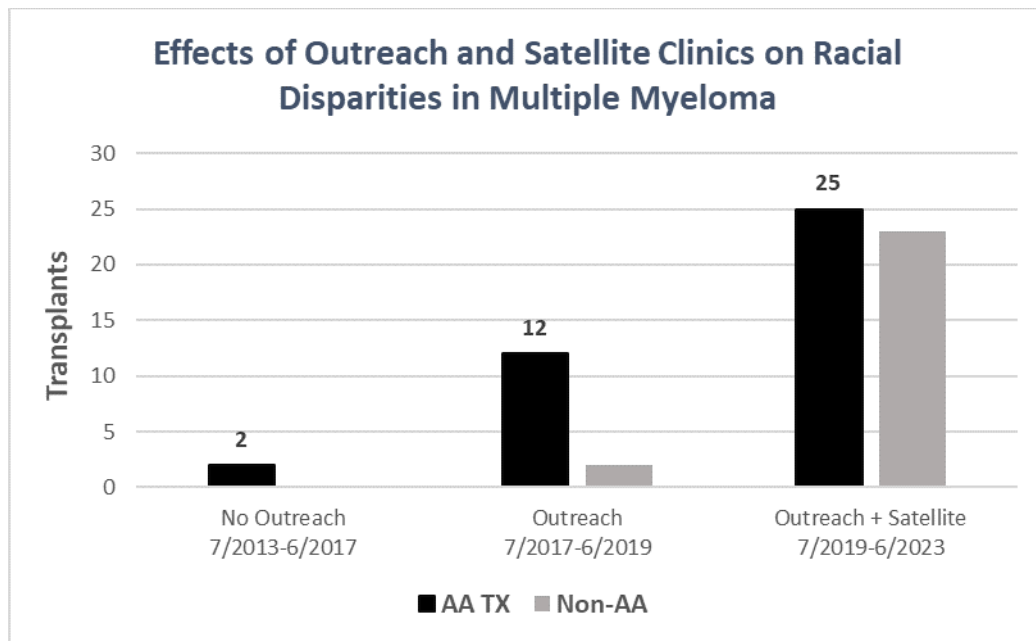


Figure 1

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