



## The 65th ASH Annual Meeting Abstracts

**ONLINE PUBLICATION ONLY****624.HODGKIN LYMPHOMAS AND T/NK CELL LYMPHOMAS: CLINICAL AND EPIDEMIOLOGICAL****Patient Characteristics and Outcomes of Nodular Lymphocyte Predominant Hodgkin Lymphoma at a Safety-Net System Compared to an Academic Comprehensive Cancer Center**

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**Purpose:**

Nodular lymphocyte predominant Hodgkin's lymphoma (NLPHL) is a rare subtype of Hodgkin lymphoma that often follows an indolent course although carries a risk of late recurrence and transformation. Given its rarity, there is significant variability in the treatment patterns at various healthcare centers. The aim of this study was to compare the patient characteristics and outcomes of NLPHL treated at a safety-net system compared to those treated at an academic comprehensive cancer center.

**Materials and Methods:**

Parkland Health (PH) is the safety-net system for uninsured/underinsured patients in Dallas County and is affiliated with the UT Southwestern NCI-designated Harold C. Simmons Comprehensive Cancer Center (SCCC). Electronic records of adult patients (age > 18) diagnosed with NLPHL between January 1st, 2007, and December 31st, 2022, at the two centers were reviewed and data on demographics, disease characteristics, treatments, and outcomes were collected.

**Results:**

A total of 53 patients were included in the study (25 at PH vs 28 at SCCC). The median age at diagnosis was 42 (IQR 32-54.5) and was not significantly different between the institutions (41.7 at PH vs 46.5 at SCCC). There was a trend towards male predominance at SCCC compared to PH, but this was not statistically significant. PH patients were more likely to belong to racial/ethnic minority groups (Black non-Hispanic 84% at PH vs 32% at SCCC; Hispanic 16% at PH vs 0% at SCCC,  $p < 0.01$ ) and to be uninsured (60% at PH vs 0% at SCCC,  $p < 0.01$ ). Overall, 38% of patients presented at a late stage (stage III-IV) and this was not different based on site of care (11 at PH vs 9 at SCCC;  $p = 0.37$ ). Patients were managed by observation alone ( $n = 4$ ), radiation only ( $n = 11$ ), combination chemotherapy and/or rituximab only ( $n = 22$ ), or combined modality ( $n = 12$ ). Site of care (PH vs SCCC) or race/ethnicity did not impact the treatment choice. At a median follow up of 60 months (IQR 21-83), 6 recurrences and 5 transformations were noted. Only 3 deaths occurred during the follow up period, for an overall median survival of 62 months (IQR 21.5-84.5).

**Conclusion:**

Despite health inequities that typically impact safety-net patients, we did not observe any differences in treatment patterns or outcomes of Nodular lymphocyte predominant Hodgkin lymphoma between patients treated at Parkland Health compared to Simmons Comprehensive Cancer Center.

**Disclosures** No relevant conflicts of interest to declare.

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