

# For young adults with blood cancer, pediatric centers may improve survival

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Adolescents and young adults with acute leukemia have a survival advantage if they receive treatment at a pediatric cancer center versus an adult center, according to a new study.

The study, published online today in *Blood Advances*, a journal of the American Society of Hematology, also suggests that treatment at a center affiliated with the National Cancer Institute (NCI) improves overall survival.

Evidence suggests that adolescents and [young adults](#) (AYA) with acute lymphocytic leukemia (ALL) fare better when treated with pediatric protocols, which are not uniformly used in adult [cancer](#) centers. This study was designed to provide a real-world understanding of the location of care and front-line regimens administered to newly diagnosed AYAs with ALL.

Researchers reviewed California Cancer Registry data from 2004-2014 and identified 1,473 newly diagnosed ALL patients ages 15-39. They then designated the patients' center of care as either pediatric or adult, noting whether the facility was affiliated with the NCI, and assessed overall survival based on treatment setting.

475 of 1,473 (32%) AYA patients with ALL received care in a pediatric setting; 422 (89%) of these patients received front-line ALL therapy at NCI-designated cancer centers. Among the 998 patients treated in an adult setting, only 406 (28%) received care in an NCI-designated center.

Treatment in a pediatric setting was independently associated with a significantly higher overall survival compared to treatment in an adult setting (hazard ratio=.53), as was treatment in an NCI-designated [center](#) (hazard ratio=.80).

"Physicians and treatment teams in pediatric and NCI-designated cancer settings may be more experienced in caring for [acute lymphocytic leukemia](#) in adolescents and young [adults](#), and this may in part may explain why we are seeing better outcomes in these centers," said lead author Lori Muffly, MD, of Stanford University Department of Medicine.

Study authors note that ALL treatment guidelines were updated in recent years to recommend the [treatment](#) of AYA patients with pediatric protocols. Although the authors found that only a minority of AYAs treated in adult cancer centers received these types of protocols during the time period studied, survival of AYA patients with ALL treated in adult cancer centers is expected to improve as more adult cancer centers update their practice to use these protocols since the 2014 data cutoff.

This study suggests that referral of newly diagnosed AYA [patients](#) with ALL to pediatric and NCI-designated centers should be strongly considered.

Findings from this study were presented during an oral presentation at the 59th American Society of Hematology Annual Meeting in Atlanta.

Provided by American Society of Hematology

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