International Journal of
Cancer Care and Delivery

Conference Abstracts
Vol. 6, Issue Supplement 2, 2026

Utilization Patterns of Venetoclax-Based Regimens for AML in a Community-Based Setting and Representative Populational Analyses

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Keywords: Acute myeloid leukemia (AML), Venetoclax, Racial disparities, Social determinants of health (SDOH)
Submission received: 2026-08-13 / Accepted: 2026-08-25 / Published: 2026-09-18
https://doi.org/10.53876/001a.129805

Abstract

Background

Azacitidine and Venetoclax were approved for treatment of AML in patients ineligible for intensive chemotherapy in 2020 (DiNardo C, et al. NEJM 2020). Only 3% of the trial population were racial minorities. Since the advent of modern therapeutics, few studies have assessed AML outcomes among racial minorities. Outcomes have largely involved social determinants of health (SDOH, Bouligny, I, et al Blood 2022). We aim to analyze Venetoclax utilization patterns based on age, race, and outcomes in our patient population in Memphis, TN.

Methods

A retrospective cohort study involving three cancer centers in Memphis, TN from January 2017 to March 2023 was conducted. Inclusion criteria were patients aged 18-85 diagnosed with Acute myeloid leukemia (AML) and in receipt of Venetoclax-based therapies. Adverse events were graded based on CTCAE criteria; number of lines of therapy, demographics, and other outcomes were annotated in each case. Of 558 patients reviewed, 101 patients met inclusion criteria. For simple comparative analysis, Fischer Exact test was performed. Cox proportional hazard and log-rank test were utilized to assess survival outcomes.

Results

Median age was 68 years. Patients were 45.5% female, 24.8% non-Hispanic Black (NHB), and 74.3% non-Hispanic White (NHW). 9.2% of patients were good risk (ELN criteria), 32.6% intermediate, and 58.9% poor. Between NHB and NHW cohorts, the median age at diagnosis was 63 vs. 70. There was no difference in CR rate between cohorts. Log-rank test stratified by cytogenetic risk showed no statistically significant survival difference in cohorts. Median OS for NHB was 16.2 months and NHW was 19.5 months. Adjusting for cytogenetic risk and age, AML outcomes did not differ significantly between NHW and NHB patients. 22.7% of NHB developed renal failure compared to 1.4% of NHW.

Conclusion

This retrospective cohort study highlights the utilization patterns of Venetoclax and race-based differences in Memphis, TN. The median age of diagnosis of AML in NHB patients was lower at diagnosis; further germline predisposition data needs to be evaluated. NHB patients had a higher

percentage of development of renal failure, which needs to be validated with a larger cohort.

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