

Report shows poverty influences UK survival rates for treatable leukaemia

February 4 2014, by David Garner

Patients from less affluent backgrounds have a greater chance of dying from a form of chronic blood cancer than those from more affluent areas, according to a comprehensive study carried out by researchers at the University of York.

For the 500 people diagnosed with chronic myeloid leukaemia (CML) each year in the UK, the introduction of [tyrosine kinase inhibitor](#) (TKI) drugs a decade ago, taken as daily oral pills, turned this once fatal cancer into a manageable condition with a near normal life-span.

The new study, funded by the charity Leukaemia & Lymphoma Research and published online in *BMJ Open*, found that, despite equal access to the same clinical care and treatment, survival rates were significantly lower for patients living in more deprived areas.

Based in Yorkshire and Humberside and covering a population of 3.6 million, the research was undertaken by the Haematological Malignancy Research Network (HMRN). HMRN, a collaborative project between NHS clinicians and researchers in the Department of Health Sciences at York, gathers detailed information from 14 hospitals on every blood cancer patient's diagnosis, treatment and outcome.

The life-span of patients with CML diagnosed between 2004 and 2011 was similar to that reported from clinical trials – 90 per cent survived their leukaemia for five years or more – and this was the same in older and younger patients. However, using a standard measure of deprivation,

the researchers found statistically significant inequalities – around 95 per cent of CML patients from the most affluent groups were alive after five years, compared with just 80% of those from more deprived groups. Approximately 40 per cent of all patients lived in less affluent areas, yet this group accounted for 60 per cent of the deaths.

TKI therapy is life-long, requiring medication to be taken at set times each day, as well as regular out-patient appointments to monitor patients' response and well-being. The study authors believe that issues related to these factors could explain the difference in survival rates between social groups.

Dr Alex Smith, from the Department of Health Sciences at York, who led the research said: "These findings highlight the importance of conducting comprehensive population-based studies to examine treatment pathways across the entire patient population, rather than solely concentrating on findings from [clinical trials](#)."

Dr Russell Patmore, consultant haematologist and medical director for clinical support services at the Queens Centre for Oncology, said: "Modern treatment of CML has changed a disease that was usually fatal into a condition that can be easily and simply managed by oral medication. Treatment has been so successful that most patients can now expect to lead a normal life, and its therefore concerning that some are benefitting less than others.

"We suspect a major factor is that we are not supporting patients sufficiently to allow them to be fully compliant with a treatment that needs to be taken every day to be effective. We would encourage all teams treating patients with CML to use these findings to focus their resource where it is likely to be most beneficial. This includes helping patients to manage their CML by explaining fully the importance of daily treatment and providing easy access to ongoing support."

Dr Matt Kaiser, Head of Research at Leukaemia & Lymphoma Research, said: "The vast majority of patients diagnosed with CML in the UK are now living a near normal life, thanks to these new drugs that are freely available on the NHS. This study gives invaluable insight into real life issues that affect [blood cancer](#) patients. To give patients the best chance of long-term survival and quality of life, we need to confirm whether some patients may be dying because they are not taking their tablets regularly. This would be crucial in guiding what support [patients](#) need and how we can give it most effectively."

More information: "Determinants of survival in patients with chronic myeloid leukaemia treated in the new era of oral therapy: findings from a UK population-based patient cohort." Smith AG, Painter D, Howell DA, Evans P, Smith G, Patmore R, Jack A, Roman E. *BMJ Open*. 2014 Jan 15;4(1):e004266. [DOI: 10.1136/bmjopen-2013-004266](https://doi.org/10.1136/bmjopen-2013-004266).

Provided by University of York

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