Results: Analysis of the data obtained has shown that, during the reporting period the average annual incidence of MPN was 1.84 per 100,000 inhabitants, including 2.1 for male and 1.64 for female. Analysis of incidence rates of MPN in relation to sex and age in the period under study revealed high rates in patients in groups 65–74 (8.3) and 55–64 (5.12 per 100 thousand years), respectively. According to the data obtained in the group of patients with MPN, the high annual average incidence rates are noted in PMF (1.09 in 2018) and PV (0.89 in 2016), the lowest for ET (0.7 in 2016) per 100,000 population, respectively. In comparing our data to those obtained for 1966–1971 and 1998–2004 periods, one may detect a statistically significant increase in the total incidence of PMF and PV ($p < 0.001$).

Conclusion: Analysis of the incidence rate in MPNs adjusted for age and gender shown prevalence in group 65–74 (8.3) and in group 55–64 (5.13) per 100,000 inhabitants. The peak of incidence rate for both males and females was the age 65–74 and the male female incidence ratio in this age group was 11.3:6.2. The increasing incidence rate in MPNs in Armenia depends on the improvement of laboratory diagnosis. Thrombotic complications are observed in patients with MPN in 45.3% of cases. In most cases, thrombosis is the first clinical symptom of a myeloproliferative disease, which determines the need for the introduction into clinical practice of molecular genetic testing methods among patients with thrombosis, an increase in blood levels, splenomegaly for the early diagnosis of clonal hematopoiesis and the use of a targeted drug.

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LYMPHOMA

OP 06

The importance of next generation sequence in patients with diffuse large B cell lymphoma

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Objective: Diffuse large B cell lymphomas (DLBCL) are clinically and morphologically heterogen diseases. There are more than 150 gene mutations in DLBCL. Mutations effect disase survey by histon modification, cell proliferation, cell metabolism and differentiation, apoptosis, response to DNA injury, B cell and Toll-like receptor signalization, angiogenesis and immun regulation in patients with DLBCL. We aim to search gene expression frequency, the relation of mutative genes expression with treatment response and survey in patients with DLBCL.

Methodology: The DNAs of patients with DLBCL obtained from formalin fixed paraffin embedded biopsy material in Pathology Department as retrospectively. Illumina genom analyzer and qiaqen method for bioinformatic software was used. Total 141 gene were evaluated. SPSS 17.0 were used for statistically analyses. We used Shapiro-Wilk test relevance for distrubition. The results were described as a number, frequency, and percentage. The chi-squared and Student's *T*, Mann–Whitney *U* tests were used for the analysis. The results were assessed at a 95% confidence interval and a *p*-value of less than 0.05 was accepted as significant.

Results: We found mutation in 13 of 141 genes. The pathological genes were ANKRD26, BRCA1, BRCA2, EZH2, KMT2C, MSH6, MYC, MYD88, NF1, NOTCH1, PMS2, PTEN and WRN. There were relations among ANKRD26, BRCA2, MYD88, NOTCH1 genes with prognosis. The remission rates in patients with ANKRD26, BRCA2, MYD88, NOTCH1 were 33.3% ($p < 0.05$), 52.4% ($p < 0.05$), 0% ($p < 0.05$), 37.5% ($p > 0.05$), respectively. The relapse rates in patients with ANKRD26, BRCA2, MYD88, NOTCH1 gene mutation were 58.3% ($p < 0.05$), 38.1% ($p = 0.37$), 66.7% ($p = 0.23$), 62.5% ($p = 0.03$), respectively.

Conclusion: ANKRD26, BRCA2, MYD88, NOTCH1 genes effect prognosis in patients with DLBCL. Aggressive treatment can be useful in patients DLBCL that have ANKRD26, BRCA2, MYD88, NOTCH1 gene mutations.

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OP 07

Real experience of brentuximab vedotin for cutaneous T cell lymphomas

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Objective: Patients with relapsed/refractory CD30 positive lymphomas have relatively poor outcomes, with reported 3–5-year overall survival (OS) of only 30–50%. Mycosis fungoides (MF) and its leukemic variant, Sézary syndrome (SS), are the most common subtypes of cutaneous T cell lymphoma (CTCL). Brentuximab vedotin (BV) is an antibody-drug conjugate linking a CD30 antibody to four molecules of the microtubule inhibitor monomethyl auristatin E (MMAE), which has multiple proposed mechanisms of action BV is FDA-approved for relapsed Hodgkin's lymphoma (HL) and systemic anaplastic large cell lymphoma (sALCL). National Comprehensive Cancer Network guidelines have already incorporated BV as a primary treatment option in multifocal primary cutaneous anaplastic large cell lypmhoma (pcALCL) and MF.

Methodology: Between January 2018 and June 2020, 10 patients with CD30+ cutaneous T cell lymphoma (MF and pcALCL) who were treated with BV are evaluated in our study. One cycle of BV typically involves 1.8 mg/kg being administered intravenously once every 3 weeks. We detail our experience with BV and the position of BV in our treatment methods for CTCL.

Results: Ten patients (6 male and 4 female) have received BV in our center. Median age at time of commencing brentuximab was 54.5 years (range 34–72 years), 80% of patients had experienced at least one prior line of chemotherapy (range 0–2). Six patients with Mycosis Fungoides (MF) and large cell transformation (LCT) and one with high burden Sezary