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SURVIVAL DISPARITIES AMONG INDOLENT AND AGGRESSIVE NON-HODGKIN LYMPHOMAS IN ARMENIA

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INTRODUCTION

Non-Hodgkin lymphomas (NHL) encompass a diverse spectrum of malignancies with varying clinical behaviors. In Armenia, where resources may be limited, effective surveillance strategies are vital for timely detection and management. This retrospective study analyzes the surveillance practices and outcomes of patients diagnosed with indolent and aggressive NHL in Armenia.

METHOD

Conducted from 2012 to 2023, this study analyzed demographic and clinical data of 2239 NHL patients (54.8% male, 45.2% female) from the Yeolyan Hematology and Oncology Center and National Oncology center. Patients were divided into indolent and aggressive NHL subtypes based on histopathological and clinical criteria.

RESULTS

Differences in surveillance strategies between indolent (59%) and aggressive (41%) NHL subtypes were identified. Among all patients, 44.1% had DLBCL, 7.9% had SLL/CLL, 6.7% had MZL, 6.4% had FL, 2.5% had MCL, 1.7% had Burkitt's lymphoma, 1.2% had cutaneous T-cell lymphoma, 0.9% had ALCL, and 0.7% had WM, with unclassified lymphomas accounting for 25-27%. The median age for aggressive NHL patients was 56-58 years, and for indolent NHL, 60-66 years. Treatment strategies varied between indolent and aggressive NHL subtypes. While watchful waiting was typical for indolent forms, aggressive cases often required early intervention with radiation therapy, chemotherapy, or both. Local difficulties in accessing comprehensive diagnostics meant patients frequently presented to specialized centers at later disease stages. Additionally, affordability issues hindered access to new and expensive therapies, highlighting healthcare inequalities. One-year mortality rates were 34.3% for aggressive NHL and 30.8% for indolent lymphomas, with 59.5% of these cases being males. The highest one-year mortality was in AITL (47.3%) and the lowest in Burkitt's lymphoma (16.3%), with most aggressive lymphoma deaths occurring during the COVID-19 period (2020-2021). Estimated 5-year relative survival (RS) was 41.9% for aggressive forms and 51.2% for indolent forms; 10-year RS was 37.2% for aggressive forms and 43.3% for indolent forms.

CONCLUSIONS

This study highlights significant disparities in the surveillance and management of NHL subtypes in Armenia. The findings emphasize the need for improved diagnostic infrastructure and more equitable access to therapies to optimize outcomes for patients with both indolent and aggressive NHL.

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