RISK STRATIFICATION AND OVERALL SURVIVAL IN PATIENTS WITH PRIMARY MYELOFIBROSIS IN ARMENIA: REAL-WORLD DATA FROM A 10-YEAR COHORT

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AIM

The aim of our work was to evaluate risk stratification and survival outcomes of the patients with primary myelofibrosis (PMF) in Armenia for the last decade.

METHOD

The data were collected from the medical records of all patients diagnosed with PMF in Armenia between 01 January 2010 and 31 December 2020. Survival analysis was performed using the Kaplan–Meier.

CONCLUSIONS

Our study demonstrated significant diagnostic and therapeutic limitations in patients with PMF, which led to inferior outcomes mainly in high risk patients.

RESULTS

The total number of patients was 238, with a median age of 60 years (range, 28–88 years). Overall, 102 (42.9%) were female patients. By the time of data cutoff (April 30, 2026), 67 patients were alive. In all patients, the diagnosis was based on histological examination of bone marrow. The presence of BCR::ABL, JAK2, CALR, MPL mutations, or other clonal markers was estimated only in a limited number of patients. The vast majority of patients received treatment with hydroxycarbamide. None of the patients underwent allogeneic hematopoietic stem cell transplantation, which was not available in Armenia for that period. Diagnostic and treatment limitations were due to financial reasons, as the majority of expenses were out of pocket. The initial data set included 238 patients with myelofibrosis. After standardized data cleaning, diagnosis dates were available for all patients. Overall, 226 patients with valid survival data were included in the final Kaplan-Meier OS analysis. Median OS was 3.98 years. Survival was also analyzed according to IPSS risk groups. IPSS classification was available for 183 patients in the survival cohort; patients without IPSS classification were excluded from IPSS-stratified analyses only. For the main grouped IPSS analysis, intermediate-1 and intermediate-2 patients were combined into 1 intermediate-risk group. This grouping resulted in 34 low-risk patients, with estimated 5-year and 10-year OS rates of 86.8% and 57.7%, respectively; 119 intermediate-risk patients, with 5-year and 10-year OS rates of 50.3% and 26.0%, respectively; and 30 high-risk patients, with an estimated 5-year OS rate of 11.4%. Median OS was 13.99 years in low-risk patients, 8.37 years in intermediate–1-risk patients, 4.10 years in intermediate–2-risk patients, and 1.39 years in high-risk patients.

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