In this article, we summarise a paper by **Alisa Movsisyan et al.**, published in the **OncoDaily Medical Journal**, offering the first nationwide overview of hematologic oncology in Armenia, covering epidemiology, diagnostics, treatment, outcomes, and system gaps that shape care across the country.

Title: The Experience of Hematologic Oncology in Armenia
Authors: Alisa Movsisyan et al.
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Full article

Armenia's hematologic oncology services have advanced notably in recent years, yet access, diagnostics, and radiotherapy capacity still constrain outcomes. Care is largely concentrated at the **Yeolyan Hematology and Oncology Center** in Yerevan, which houses adult and pediatric hematology, an ICU, surgery, stem-cell processing and cryopreservation, and comprehensive labs. An 8-color flow cytometry platform supports timely immunophenotyping, while molecular testing (FISH/RT-PCR/karyotype) is available but variably reimbursed; **NGS capacity** is nascent and expanding.

Epidemiology and care patterns. Incidence rates for AML/ALL are comparable to many LMICs and below high-income settings; **CML outcomes** reflect the TKI era with >90% 5-year OS and growing molecular monitoring. **Ph-negative MPNs** remain under-genotyped (limited JAK2/CALR/MPL testing historically), and **CLL incidence** is roughly half of US estimates, likely reflecting screening, access, and demographics. **Multiple myeloma** incidence is lower than in Western cohorts; survival lags where novel agents and cytogenetics/FISH panels are scarce. Lymphoma care relies on **R-CHOP** and related chemo-immunotherapy; rituximab access exists but can be logistically difficult, and other antibodies are not formally registered.

Radiotherapy is a bottleneck. With three EBRT units nationwide and limited advanced techniques, **RT utilization** for lymphomas and myeloma is well below optimal. A state program launched in 2019 covers RT at the National Center of Oncology, and a multi-year capacity-building plan aims to add high-energy linacs and modern planning.

Transplant and supportive care. Since 2017, Armenia has completed **>100 autologous transplants**, with the first **pediatric** allogeneic HCT performed and broader allo-HCT capability planned. Pediatric palliative care opened in 2021; an adult 30-bed unit at NCO began operating in 2022, with mobile pediatric **palliative services** rolling out beyond Yerevan.

Policy and future directions. National electronic registries (acute leukemias, CLL, MM; MPN/MDS already running) are coming online. Drug access is improving via foundations (e.g., **TKIs and second-generation BTK inhibitors**), and Armenia is engaging in **early-phase trials** to widen options. Priorities include formal guideline adoption, multidisciplinary pathways, molecular diagnostics expansion, modern RT, and sustainable **universal insurance** to reduce out-of-pocket costs.

Bottom line: Armenia's hematologic oncology ecosystem is moving forward on multiple fronts, diagnostics, transplant, palliative care, while targeted investment in **molecular testing, radiotherapy capacity, and equitable drug access** will determine how quickly outcomes converge with high-income benchmarks.