



## Original Article

Frequency of *DNMT3A* Mutations in Patients with Acute Leukemia in Mashhad

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## A B S T R A C T

**Article history**

Received: 14 Oct 2019

Accepted: 28 Apr 2020

Available online: 30 Nov 2020

**Keywords**

Acute lymphoblastic leukemia

Acute myeloid leukemia

*DNMT3A* mutation

**Background and Aims:** DNA methyltransferase3A (*DNMT3A*) is necessary for the adjustment of gene expression, and the mutations in the *DNMT3A* gene are reported in a variety of leukemia cases. *DNMT3A* mutations are during cancer progression and cause poor prognosis in many leukemias. Thus, this gene can be a target for new treatments. This study aimed to examine the distribution of *DNMT3A* mutations in Iranian acute leukemia patients.

**Materials and Methods:** In this study, diagnostic samples from 45 patients with *de novo* acute leukemia, including 22 acute myeloid leukemia (AML) patients, and 23 acute leukemia lymphoblastic (ALL) patients were screened, from April 2017 to March 2018 for the incidence of *DNMT3A* mutations by polymerase chain reaction and direct sequencing.

**Results:** A total of 2 (9.1%) AML cases and 1 (4.34%) ALL cases were found to have the *DNMT3A* R882H mutation. It was found that a total of 22.7% and 21.7% of patients with AML and ALL had polymorphism rs368516543, respectively. *DNMT3A* mutations were considerably associated with higher age in AML patients.

**Conclusions:** The findings suggest that the *DNMT3A* mutations are probably a new biomarker in the early examination and treatment of acute leukemia, even though further studies are needed.

## Introduction

Acute leukemia includes acute lymphoblastic (ALL), and myeloid leukemia (AML) are heterogeneous malignancies in which undeveloped and dysfunctional hematopoietic progenitors grow and accumulate in the bone marrow [1]. Acute leukemia accounts for <3% of all cancers [2], and an estimated 18700 novel cases of acute leukemia are forecasted for 2008 in the United States alone [3]. An accounted for 6000 novel cases of acute lymphoblastic leukemia are recognized annually in the USA [4]. Almost three-fourths of childhood leukemia ages are ALL. AML accounts for approximately 25% of all leukemias in adults in the Western world [5]. AML is the most common form of acute leukemia in adults [6]. Globally speaking, the highest prevalence of AML is in the U.S., Australia, and western Europe [7].

The methylation of DNA is an epigenetic modification that plays a considerable role in controlling gene expression, cellular disinclination, X-inactivation, imprinting, silencing of transposable elements, and gene regulation [8]. DNA methyltransferase catalyzes the transfer of a methyl group from S-adenosyl-methionine at CpG sites in the genome. In various types of malignancies, abnormal methylation of CpG islands in the promoter region has been reported, resulting in their expression's silencing [9]. Mutations in *DNMT3A* were first reported by Ley et al. [10]. Mutations in *DNMT3A* gene has been described in different hematologic malignancies, including AML in 14-34% of cases [11], 5-15% of myelodysplastic syndromes cases [12], 10% of chronic myelomonocytic leukemia

(CMML) patients [13], 5.7% of primary myelofibrosis cases [14], 12% of cases with systemic mastocytosis [15], and about 18% of T cell acute lymphoblastic leukemia patients [16]. In previous studies reported the poor prognostic impact of *DNMT3A* mutations [17], and *DNMT3A* mutations were associated with reduced overall survival, increased risk of relapse [11], and more frequent in patients with normal cytogenetics in AML patients and poor outcome [10]. *DNMT3A* mutations are highly correlated with mutations in the *NPM1* gene, *FLT3 ITD* and *TKD* gene, *IDH1/2* gene and older age, and FAB M5 type [11]. Several studies reported that *DNMT3A* mutations are stable during the disease. So, those abnormalities could be a potential marker for minimal residual disease [18]. This study aimed to examine the distribution of *DNMT3A* mutations in Iranian *de novo* acute leukemia patients for better risk categorization and targeted therapy in the Iranian population.

## Materials and Methods

### Patients

Forty five acute leukemia patients were selected, including 23 cases of ALL and 22 cases of AML admitted to Ghaem Hospital of Mashhad University of Medical Sciences, Iran, May 2017 to February 2018. Sample size calculation was done based on a meta-analysis of *DNMT3A* mutation in AML patients [11]. According to the *DNMT3A* mutation prevalence of 34.2%, type I error of 0.05, and 85% of precision using the required sample size formula was 40. Mutation bone marrow and peripheral blood cells were

gained from these patients at diagnosis. Laboratory data including French–American–British (FAB) classifications, bone marrow blast percentage, complete blood count, hemoglobin rate, and gene mutations were collected.

### Polymerase chain reaction (PCR) amplification and direct sequencing

Mononuclear cells from bone marrow or peripheral blood at diagnosis were accumulated in ethylenediaminetetraacetic acid (EDTA)-containing tubes. Genomic DNA was extracted by DNA extraction kit (FABGK001) and stored at -70°C in a refrigerator. The PCR amplification of exon 23 in the DNMT3A gene was done using forward primer 5'-TCCCAGTCCACTATACTGACGICTC-3' and reverse primer 5'-TCTCTCCATCCTCATGTTCTTGG-3' [19]. PCR was carried out in a 50 µL mixture containing 2×PCR mixture (A290401) 25 µL, primers 10 pmol for each, and genomic DNA 100 ng. PCR cycles inclusive pre-denaturation at 95°C for 5 min, denaturation at 95°C for 30 s, annealing at 65°C for 35s, extension at 72°C for 30 s, final extension at 72°C for 5 min and the product was kept at 4°C. Direct sequencing was performed with forward and reverse primers after PCR amplification. They were sequenced on a Genetic Analyzer (3130xl, Applied Biosystems, USA). Gene Codes Sequencer v5.4.6 analyzed the sequencing results. The Ethical Committee approved this study at the Mashhad University of Medical Sciences.

### Statistical analysis

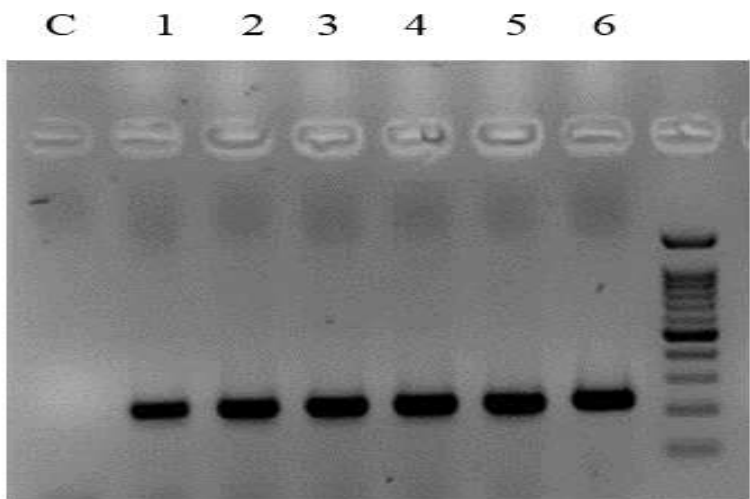
In this study, the relationship between gene mutations and other variables was investigated. Fisher's exact test was used to compare the differences between categorical variables. Mann-

Whitney was performed to compare the differences between continuous variables. All data analyses were performed using SPSS version 16.0, and  $p < 0.05$  was considered statistically significant.

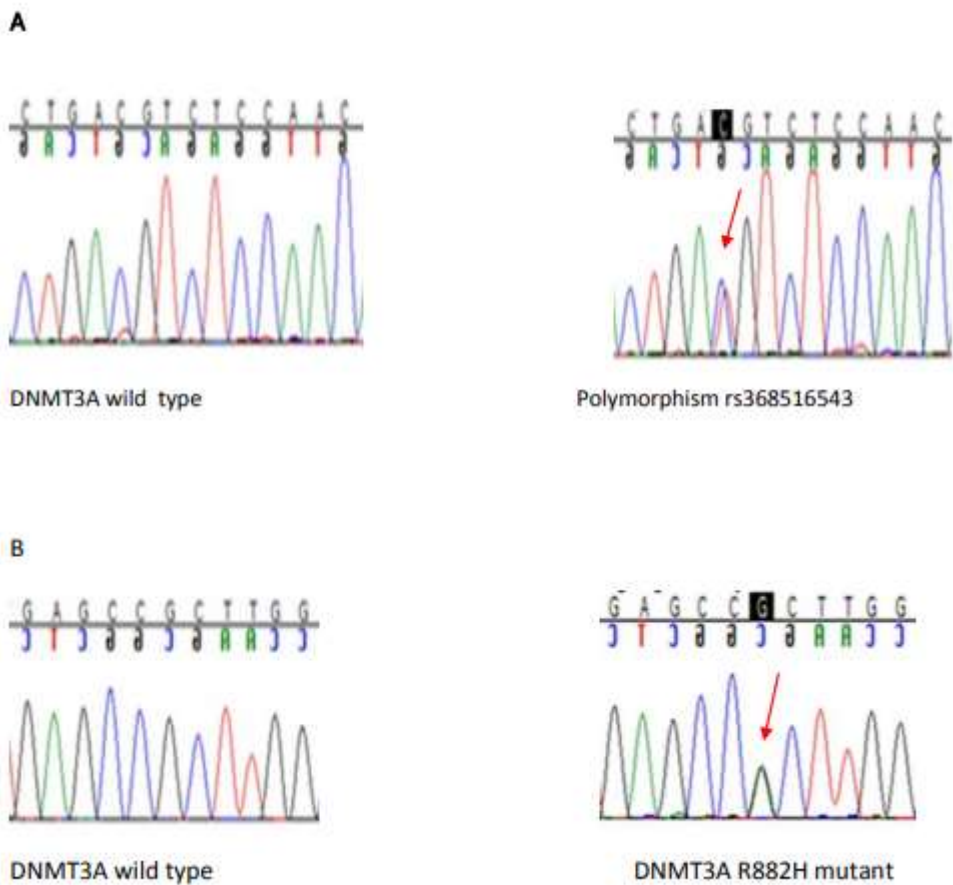
## Results

In this study, a total of 45 patients were studied, of which 23 (51%) had ALL and 22 (49%) patients with AML. The mean age of all patients was  $17.8 \pm 15.2$  years. The age also ranged from 0.09 to 20 and from 0.5 to 65 years for ALL and AML, respectively. Besides, among ALL patients, the frequency of males and among AML patients, females' frequency was more. The PCR product is shown in Fig. 1.

The most and least frequent form of leukemia in patients with AML was M1 and M4, respectively. In patients with AML, *NPM1* mutation has been studied in 15 patients, which was positive in 7 (46.7%) cases. *CEBPA* mutation has been evaluated in 12 patients, which was positive in 3 (25.2%) cases. Furthermore, *FLT3ITD* and *FLT3KTD* were also studied in 14 patients and were positive in 2 (14.3%) cases. In ALL patients, the blast percentage was  $86.7 \pm 17.3$  percent (ranged from 30 to 100 %), and in AML patients, on average, it was  $11.6 \pm 83.1$ % (the range of variations was from 50 to 95%). 22.7% and 21.7% of patients with AML and ALL had polymorphism *rs368516543*, respectively (Fig. 2A). Among all 45 patients, *DNMT3A* mutation in exon 23 was found in 3 cases (6.6%) (Table 1). All three mutants were *R882H* mutation (c.2645G>A) (Fig. 2B).



**Fig. 1.** Molecular analysis of *DNMT3A* mutation in Iranian acute leukemia patients. 1,2,3,4,5 and 6: different patient samples; C: Negative control; an example of PCR in exon 23 of the *DNMT3A* gene



**Fig. 2.** A: Polymorphism *rs368516543* (ACG>ATG); B: *DNMT3A* mutant (CGC>CAC) (the red arrow)

Overall, the frequency of mutation was not statistically different between ALL and AML ( $p=0.608$ ). *P.R882H* mutation was identified in 2

(9.1%) of 22 AML patients (Table 2). The basic clinical data of these patients were presented in Table 1. No relationship was observed between

*p.R882H* mutation and gender. The age of AML patients at diagnosis with *DNMT3A p.R882H* mutation was significantly more compared to those without mutations (Table 2). Even though the mean of white blood cell, red blood cell, hemoglobin, or platelet counts at diagnosis was higher in AML patients with *p.R882H* mutation than those without mutations, no statistical

difference was seen. 1 (4.3%) heterozygous *DNMT3A p.R882H* mutation was identified in a girl aged 6 years old with ALL-L2. The difference in age and hematologic parameters was not seen confirmed between patients with and without mutations. However, this patient was recognized with normal karyotype and negative *rs368516543* polymorphism (Table 3).

**Table 1.** The clinical and hematopoietic parameters of 3 patients with DNMT3A mutations

No	Sex/age (years)	Diagnosis	WBC ( $\times 10^9/L$ )	RBC ( $\times 10^{12}/L$ )	Platelet ( $\times 10^9/L$ )	Hemoglobin (g/dl)	Mutation
1	F/51	AML-M5	239.6	2.3	14.0	8.5	CEBPA, FLT3- TKD, NPM1, p.R882H
2	F/55	AML-M4	152.4	3.2	96.0	10.6	NPM1, p.R882H
3	F/6	ALL-L2	4.0	1.96	92.0	6.0	p.R882H

WBC= White blood cell; RBC= Red blood cell

**Table 2.** Distribution of *DNMT3A R882H* mutation in AML

Variable	<i>R882H</i> mutation	Wild-type	P-value
Acute myeloid leukemia	2	20	
Sex, male/female	0/2	10/10	0.481 <sup>‡</sup>
Age at diagnosis, years	53.0 $\pm$ 2.8	23.3 $\pm$ 16.4	0.035 <sup>†</sup>
WBC ( $\times 10^9/L$ ) at diagnosis	196.0 $\pm$ 61.6	76.7 $\pm$ 83.9	0.104 <sup>†</sup>
RBC ( $\times 10^{12}/L$ ) at diagnosis	2.7 $\pm$ 0.6	2.3 $\pm$ 0.9	0.485 <sup>†</sup>
Haemoglobin (g/dl) at diagnosis	9.5 $\pm$ 1.5	7.1 $\pm$ 2.5	0.104 <sup>†</sup>
Platelet ( $\times 10^9/L$ ) at diagnosis	120.5 $\pm$ 34.6	83.3 $\pm$ 95.9	0.173 <sup>†</sup>
FAB no.			
M0	0	1	0.459 <sup>‡</sup>
M1	0	10	
M2	0	1	
M3	0	1	
M4	1	4	
M5	1	2	
M6	0	1	
NPM1, positive/negative	2/0	5/8	0.200 <sup>‡</sup>
CEBPA, positive/negative	1/0	2/9	0.250 <sup>‡</sup>
FLT3TKD	1/0	1/12	0.143 <sup>‡</sup>
FLT3ITD	1/0	1/12	0.143 <sup>‡</sup>
Blast, Percent	92.5 $\pm$ 3.5	82.1 $\pm$ 11.7	0.139 <sup>†</sup>
<i>rs368516543</i> , Positive/Negative	1/1	4/16	0.411 <sup>‡</sup>
Karyotype classification	2/0	4/10	0.125 <sup>‡</sup>
Normal / abnormal			
Cytogenetic			
t(8;21)(q22;q22);AML1-ETO	0	1	0.999 <sup>‡</sup>
t(15;17)(q22;q21);PML-RARa	0	2	
Inv(16)(p13;q22);CBFB-MYH1	0	2	
Normal	2	7	

<sup>†</sup> Based on Mann -Whitney test; <sup>‡</sup> Based on Fisher's exact test.

WBC= White blood cell; RBC= Red blood cell

**Table 3.** Distribution of *DNMT3A* *p.R882H* mutation in ALL

Variables	<i>p.R882H</i> mutation	Wild-type	P-value
Acute leukemia lymphoblastic	1	22	
Sex, male/female	0/1	15/7	0.348 <sup>‡</sup>
Age at diagnosis, years	6.0	5.0 ± 10.2	0.522 <sup>‡</sup>
WBC (×10 <sup>9</sup> /L) at diagnosis	4.0	37.5 ± 36.4	0.348 <sup>‡</sup>
RBC (×10 <sup>12</sup> /L) at diagnosis	1.96	2.6 ± 0.8	0.485 <sup>‡</sup>
Haemoglobin (g/dl) at diagnosis	92.0	81.7 ± 76.9	0.609 <sup>‡</sup>
Platelet (×10 <sup>9</sup> /L) at diagnosis	6.0	6.9 ± 2.3	0.696 <sup>‡</sup>
FAB no.			
L1	0	10	
L2	1	12	0.999 <sup>‡</sup>
L3	0	0	
Blast, Percent	82.0	86.9 ± 17.6	0.435 <sup>‡</sup>
<i>rs368516543</i> , Positive/negative	0/1	5/17	0.999 <sup>‡</sup>
Karyotype classification	1/0	2/7	0.300 <sup>‡</sup>
Normal/anormal			
Cytogenetic			
t(12;21)(p13;q22);TEL-AML1	0	3	
t(9;22)(q34;q11);BCR-ABL	0	1	0.999 <sup>‡</sup>
Normal	1	12	

<sup>†</sup> Based on the Mann -Whitney test; <sup>‡</sup> Based on Fisher's exact test.

WBC= White blood cell; RBC= Red blood cell

## Discussion

Gene mutations and epigenetic changes play an essential role in the pathogenesis and prognosis of leukemia. DNMT3A is a crucial enzyme in the *de novo* DNA methylation at CpG sites, and *DNMT3A* mutations have been reported in a diversity of malignancies and are one of the significant molecular aberrations associated with AML [11]. In the present study, a group of 45 *de novo* acute leukemia patients was investigated with a Direct Sequencing approach of 23 exons in the *DNMT3A* gene to identify the frequency of *DNMT3A* mutations as well as their associations with other molecular abnormalities. The mutation taster tools were used to evaluate DNA sequence variants for their disease-causing potential [20]. Generally, the *DNMT3A* mutation rate of 6.6% and 22.2% polymorphism *rs368516543* was observed in

the total cohort. In this study, a missense mutation *p.R882H* (4.34%) was found in ALL patients. In previous studies, the frequency of *DNMT3A* gene mutations in ALL patients was reported to be between 0% to 18% [21]. In this article, two missense mutation *P.R882H* (9.09%) were found in AML patients, and in previous studies, the frequency of *DNMT3A* gene mutations in AML patients was reported to be between 4% to 30%. The difference in the prevalence of *DNMT3A* mutations in various studies may be due to differences in patient populations, methods used, and ethnic history [22]. No significant correlation was found between platelet count and hemoglobin levels with *DNMT3A* mutations, which were matched with the study's results done by Ibrahim et al. in 2015. While in other studies, *DNMT3A* mutations have been reported



with higher platelet counts [23] and lower hemoglobin levels [24].

In the present study, no significant correlation was found between sex and white blood cell count with *DNMT3A* mutations, which were agreed with the results of Ibrahim et al.'s study in 2015 [23], while in Lin et al.'s study in 2011 [25] and other studies, *DNMT3A* mutations have been reported with higher white blood cell counts [26] and in the study of Liu et al., in 2015, *DNMT3A* mutations were reported with lower white blood cell counting [19]. In AML, patients with *DNMT3A* mutations were older than the patients without *DNMT3A* mutations, which were in line with the results of Lin et al.'s study in 2011 [25] and other studies. While in ALL patients, no significant difference was found between mutant patients and without mutation patients. It was in contrast with Liu's results et al.'s in 2015 [19].

In this study, a significant relationship was not found between the blast percent of bone marrow and *DNMT3A* mutations, which were matched with the results of Ibrahim et al.'s study in 2015 [23] and Paganin et al. in 2011 [27]. Thol et al. in 2011 reported *DNMT3A* mutation strongly related to *NPM1* mutations [28]. Although positive relationships were not observed between *DNMT3A* and *NPM1* mutations, both AML patients mutated had *NPM1* mutations.

There was no significant relationship between *DNMT3A* and *CEBPA* mutations. It was according to the results of Marcucci et al.'s study in 2012 [29]. In this study, a

significant association between *DNMT3A* and *FLT3* mutations was not found. While in previous studies, a strong association between *DNMT3A* and *FLT3* mutations was reported [30].

Although a significant correlation between FAB classification and *DNMT3A* mutations was not discovered in this study. However, similar to previous studies, *DNMT3A* mutations in the AML population were observed in the monocytic category [10].

No significant relationship was found between cytogenetic abnormalities and *DNMT3A* mutations in AML patients, but both mutant patients had normal cytogenetics. As regards, normal cytogenetics tends to be an intermediate prognosis [31]. Therefore, patients with *DNMT3A* mutations with normal cytogenetics may also be prone to intermediate prognosis in this study, which was in line with previous results [24, 28]. The frequency of *DNMT3A* mutations in AML patients was higher than ALL patients, but further studies with larger groups are needed to compare these two groups.

22.7% and 21.7% of patients with AML and ALL had polymorphism *rs368516543*, respectively. In previous studies, the frequency of polymorphism *rs368516543* has not been reported. In mutation, tester has been reported polymorphism *rs368516543* as the cause of the disease. Consequently, further studies of the relationship between polymorphism *rs368516543* with *DNMT3A* mutations and prognosis in acute leukemia patients are recommended.

## Conclusion

This study showed that *DNMT3A* mutation occurred in Iranian acute leukemia patients. *DNMT3A* mutations are probably new biomarkers in the early examination and treatment of acute leukemia, although further studies involving larger groups are needed to assess prognosis and compare AML and ALL patients.

## Conflict of Interest

There is no conflict of interest to declare.

## Acknowledgments

This work was supported by a grant from Mashhad University of Medical Sciences. The authors would like to acknowledge the Cancer Molecular Pathology Research Center professors and staff at Ghaem Hospital of Mashhad.

## References

- [1]. Huang X, Ma D, Dong W, Li P, Lu T, He N, et al. Gene expression profiling of the DNMT3A R882 mutation in acute leukemia. *Oncology Letters* 2013; 6(1): 268-74.
- [2]. Greenlee RT, Hill-Harmon MB, Murray T, Thun M. Cancer statistics. CA: A Cancer Journal for Clinicians 2001; 51(1): 15-36.
- [3]. American Cancer Society. Cancer facts & figures. The Society; 2008.
- [4]. Siegel R, Naishadham D, Jemal A. Cancer statistics for hispanics/latinos. CA: A Cancer Journal for Clinicians 2012; 62(5): 283-98.
- [5]. Howlader N, Noone A, Krapcho M, Neyman N, Aminou R, Altekruse SF. SEER Cancer Statistics Review. National Cancer Institute, 1975-2009.
- [6]. Vitale A, Guarini A, Chiaretti S, Foà R. The changing scene of adult acute lymphoblastic leukemia. *Curr Opin Oncol*. 2006; 18(6): 652-59.
- [7]. Jemal A, Thomas A, Murray T, Thun M. Cancer statistics. Ca: A Cancer Journal for Clinicians. 2002; 52(1): 23-47.
- [8]. Reik W, Dean W, Walter J. Epigenetic reprogramming in mammalian development. *Science* 2001; 293(5532): 1089-93.
- [9]. Mompalmer RL, Bovenzi V. DNA methylation and cancer. *J Cell Physiol*. 2000; 183(2): 145-54.
- [10]. Ley TJ, Ding L, Walter MJ, McLellan MD, Lamprecht T, Larson DE, et al. DNMT3A mutations in acute myeloid leukemia. *New Eng J Med*. 2010; 363(25): 2424-433.
- [11]. Shivarov V, Gueorguieva R, Stoimenov A, Tiu R. DNMT3A mutation is a poor prognosis biomarker in AML: results of a meta-analysis of 4500 AML patients. *Leukemia Res*. 2013; 37(11): 1445-450.
- [12]. Itzykson R, Kosmider O, Fenaux P. Somatic mutations and epigenetic abnormalities in myelodysplastic syndromes. *Best Practice & Research Clinical Haematology* 2013; 26(4): 355-64.
- [13]. Jankowska AM, Makishima H, Tiu RV, Szpurka H, Huang Y, Traina F, et al. Mutational spectrum analysis of chronic myelomonocytic leukemia includes genes associated with epigenetic regulation: UTX, EZH2, and DNMT3A. *Blood* 2011; 118(14): 3932-941.
- [14]. Vannucchi AM, Lasho TL, Guglielmelli P, Biamonte F, Pardanani A, Pereira A, et al. Mutations and prognosis in primary myelofibrosis. *Leukemia* 2013; 27(9): 1861-869.
- [15]. Traina F, Visconte V, Jankowska AM, Makishima H, O'Keefe CL, Elson P, et al. Single nucleotide polymorphism array lesions, TET2, DNMT3A, ASXL1 and CBL mutations are present in systemic mastocytosis. *PloS One* 2012; 7(8): 43090.
- [16]. Grossmann V, Haferlach C, Weissmann S, Roller A, Schindela S, Poetzinger F, et al. The molecular profile of adult T-cell acute lymphoblastic leukemia: mutations in RUNX1 and DNMT3A are associated with poor prognosis in T-ALL. *Genes, Chromosomes and Cancer* 2013; 52(4): 410-22.
- [17]. Im AP, Sehgal AR, Carroll MP, Smith BD, Tefferi A, Johnson DE, et al. DNMT3A and IDH mutations in acute myeloid leukemia and other myeloid malignancies: associations with prognosis and potential treatment strategies. *Leukemia* 2014; 28(9): 1774-783.
- [18]. Wakita S, Yamaguchi H, Omori I, Terada K, Ueda T, Manabe E, et al. Mutations of the epigenetics-modifying gene (DNMT3a, TET2, IDH1/2) at diagnosis may induce FLT3-ITD at relapse in de novo acute myeloid leukemia. *Leukemia* 2013; 27(5): 1044-52.
- [19]. Liu YN, Zhang N, Wu Y, Yang L, Ding XY, Zhou JF, et al. DNMT3A mutation analysis in adult patients with acute lymphoblastic leukemia. *Journal of Huazhong University of Science and Technology [Medical Sciences]*. 2015; 35(3): 337-34.



- [20]. Schwarz JM, Cooper DN, Schuelke M, Seelow D. MutationTaster2: mutation prediction for the deep-sequencing age. *Nature Methods* 2014; 11(4): 361-62.
- [21]. Aref S, El Menshawy N, El Ghonemy MS, Abou Zeid T, El Baiomy MA. Clinicopathologic effect of DNMT3A mutation in adult T-Cell acute lymphoblastic leukemia. *Clinic Lymphoma Myeloma Leukemia* 2016; 16(1): 43-8.
- [22]. Hou HA, Kuo YY, Liu CY, Chou WC, Lee MC, Chen CY, et al. DNMT3A mutations in acute myeloid leukemia: stability during disease evolution and clinical implications. *Blood* 2012; 119(2): 559-68.
- [23]. Ibrahim L, Mahfouz R, Elhelw L, Abdsalam EM, Soliman R. Prognostic significance of DNMT3A mutations in patients with acute myeloid leukemia. *Blood Cell Mol Dis.* 2015; 54(1): 84-9.
- [24]. Roller A, Grossmann V, Bacher U, Poetzinger F, Weissmann S, Nadarajah N, et al. Landmark analysis of DNMT3A mutations in hematological malignancies. *Leukemia* 2013; 27(7): 1573-578.
- [25]. Lin J, Yao DM, Qian J, Chen Q, Qian W, Li Y, et al. Recurrent DNMT3A R882 mutations in Chinese patients with acute myeloid leukemia and myelodysplastic syndrome *PLoS One* 2011; 6(10): 26906.
- [26]. Zare-Abdollahi D, Safari S, Movafagh A, Riazi-Isfahani S, Ghadyani M, Feyzollah HG, et al. A mutational and expressional analysis of DNMT3A in acute myeloid leukemia cytogenetic subgroups. *Hematology* 2015; 20(7): 397-404.
- [27]. Paganin M, Pigazzi M, Bresolin S, Masetti R, Fagioli F, Chiaretti S, et al. DNA methyltransferase 3a hot-spot locus is not mutated in pediatric patients affected by acute myeloid or T-cell acute lymphoblastic leukemia: an Italian study. *Haematologica* 2011; 96(12): 1886-887.
- [28]. Thol F, Damm F, Lüdeking A, Winschel C, Wagner K, Morgan M. Incidence and prognostic influence of DNMT3A mutations in acute myeloid leukemia. *J Clin Oncol.* 2011; 29: 2889-896.
- [29]. Marcucci G, Metzeler KH, Schwind S, Becker H, Maharry K, Mrózek K, et al. Age-related prognostic impact of different types of DNMT3A mutations in adults with primary cytogenetically normal acute myeloid leukemia. *J Clin Oncol.* 2012; 30(7): 742.
- [30]. Saadi MI, Zarei T, Ramzi M, Arandi N. Mutation of the DNMT3A and IDH1/2 genes in Iranian acute myeloid leukemia patients with normal karyotype (CN-AML): association with other gene mutation and clinical and laboratory characteristics. *J Hematopathol.* 2018; 11(2): 29-36.
- [31]. Slovak ML, Kopecky KJ, Cassileth PA, Harrington DH, Theil KS, Mohamed A, et al. Karyotypic analysis predicts outcome of preremission and postremission therapy in adult acute myeloid leukemia: a Southwest Oncology Group/Eastern Cooperative Oncology Group Study. *Blood, The Journal of the American Society of Hematology* 2000; 96(13): 4075-83.