group reported a beneficial clinical effect of RAS mutations in patients with AML in response to high dose cytarabine therapy (HiDAC) [22,23]. Last group did not show that patients with RAS mutations had significantly different outcomes [24]. This discrepancy between these studies findings may be explained by differences in the intensity of the chemotherapy protocols in use to treat group of patients and the number of cases analyzed [25].

In conclusion, N-RAS mutations show no influence on CR rate in AML patients. Further studies on larger scale to define the prognostic significance of N-RAS mutations were recommended.

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Correspondence to Dr. Nahidh K. Alwan
E-mail: nahidhkamel@yahoo.com
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