

ASH 2026 Guidelines for Relapsed/Refractory Management of Acute Lymphoblastic Leukemia in Adolescents and Young Adults (ALL in AYAs)

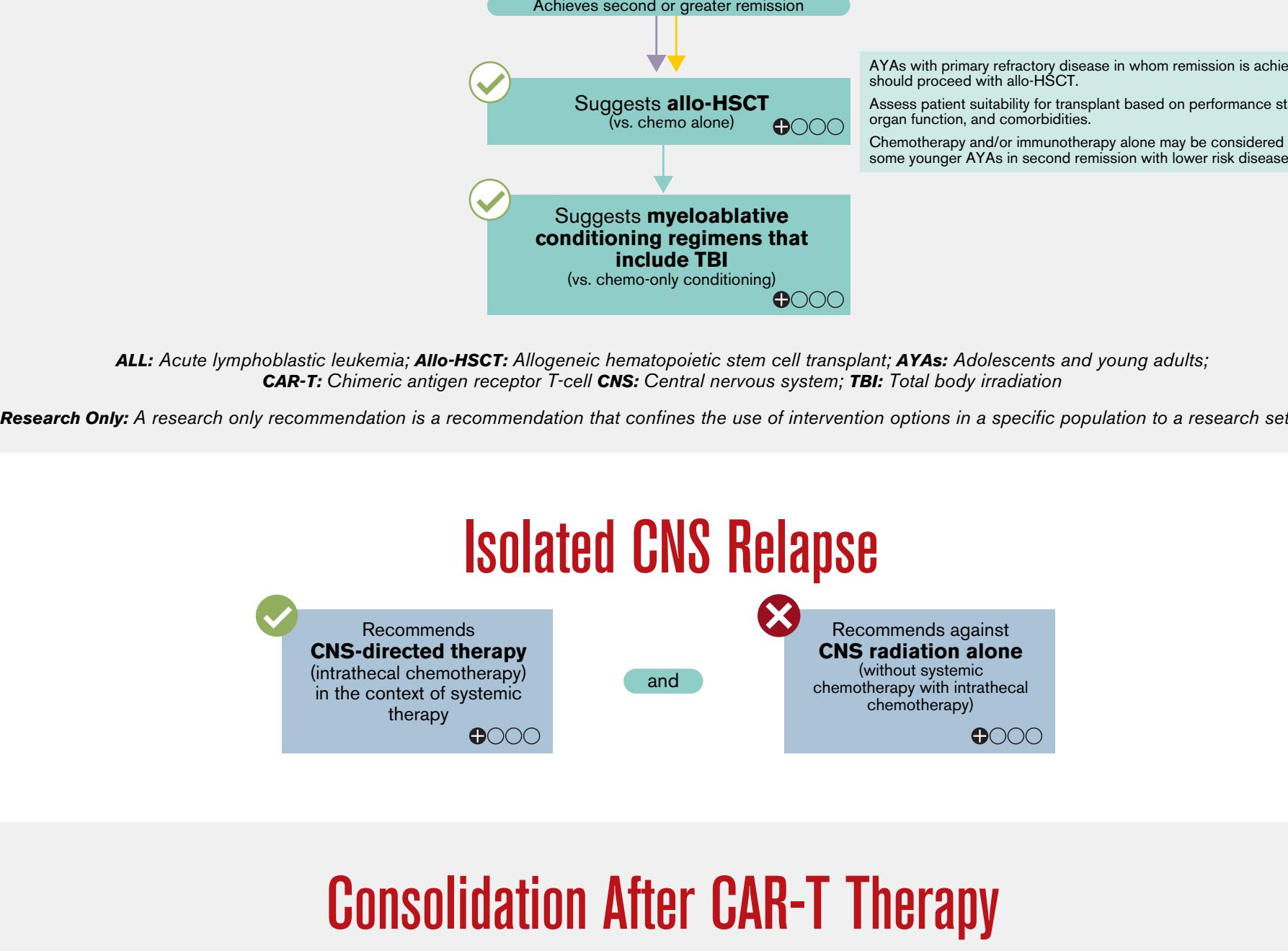
Visual Summary of Recommendations



Relapsed or Refractory Management of ALL in AYAs



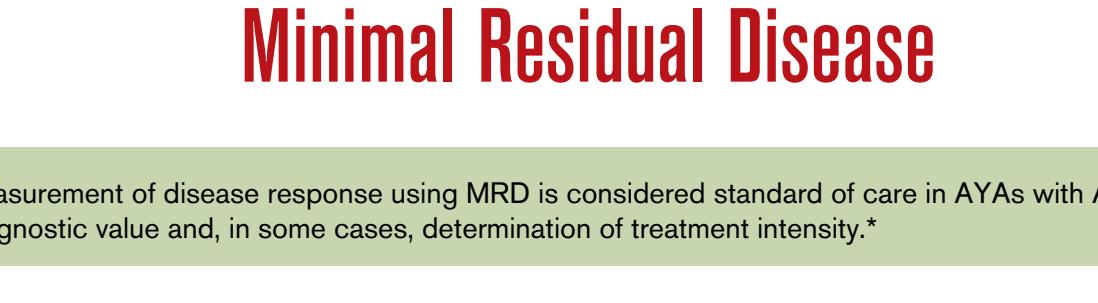
Therapeutic Approaches



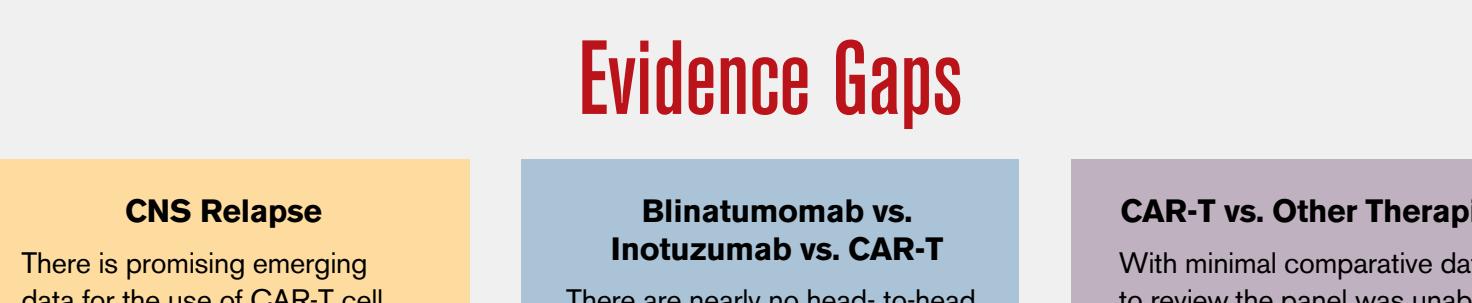
ALL: Acute lymphoblastic leukemia; **allo-HSCT:** Allogeneic hematopoietic stem cell transplant; **AYAs:** Adolescents and young adults; **CAR-T:** Chimeric antigen receptor T-cell; **CNS:** Central nervous system; **TBI:** Total body irradiation

Research Only: A research only recommendation is a recommendation that confines the use of intervention options in a specific population to a research setting.

Isolated CNS Relapse



Consolidation After CAR-T Therapy



Emerging evidence may aid in identifying individuals and clinical scenarios in which CAR-T therapy alone is sufficient, and in which the risks of transplant might outweigh the benefit. Individualized patient assessment and shared decision making are warranted.

* with FDA approved autologous CD19 CAR-T products (tisagenlecleucel and brexucabtagene autoleucel)

Minimal Residual Disease



Good Practice: Good practice statements (GPS) are ungraded recommendations that reflect what the guideline panel considers to be an uncontested marker of good care. While not fully supported by systematic evidence, GPS are strong, actionable, and widely accepted as beneficial best practices.

*For more information on the MRD approach, refer to the ALL in AYAs Frontline Management Manuscript Recommendation 15.

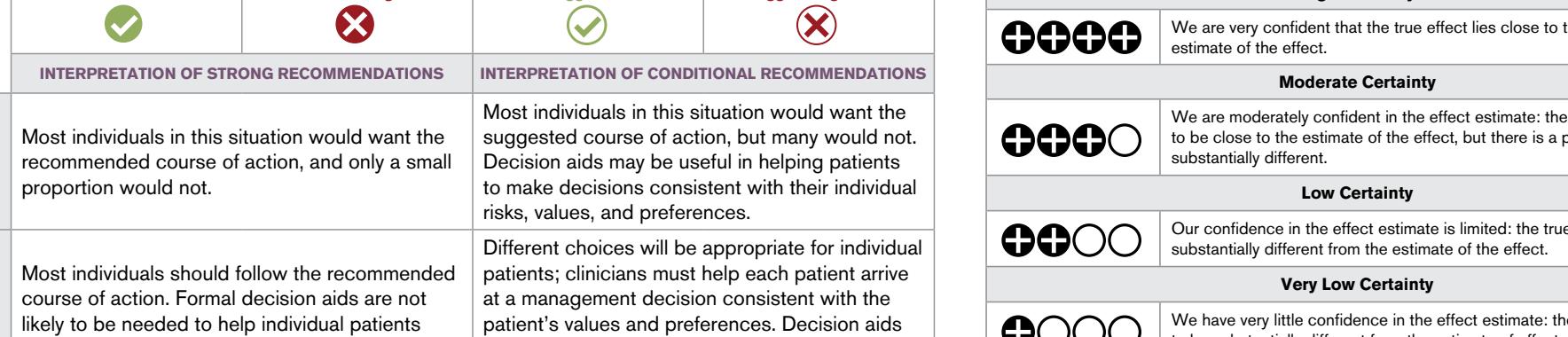
MRD: Minimal residual disease

Evidence Gaps



Psychosocial Care for AYAs

Good Practice Statements



Learn more about the ASH 2026 Clinical Practice Guidelines on ALL in AYAs at hematology.org/ALLguidelines