ASH® CLINICAL PRACTICE GUIDELINES

ASH 2026 Guidelines on ITP: What You Should Know

What it covers

- Adults with primary immune thrombocytopenia (ITP) who need initial treatment and/or additional (second-line) therapy after corticosteroids
- Balancing rapid platelet response with durable control, while minimizing treatment-related toxicity and incorporating patient preferences and quality of life into decision-making.
- Minimizing treatment-related toxicity from prolonged or repeated corticosteroid use that can impair quality of life.
- The role of rituximab and thrombopoietic agents in early treatment.
- Multiple second-line options (thrombopoietic agents, rituximab, BTK and SYK inhibitors, MMF, azathioprine) that differ in mechanism, delivery method, safety, and accessibility.

Why it matters

- Corticosteroids remain the backbone of initial therapy but are associated with substantial toxicity and impaired quality of life when used long term.
- Combination initial therapy with rituximab plus corticosteroids or a thrombopoietic agent plus corticosteroids has been associated with improved sustained response rates, reduced bleeding events, and decreased need for rescue treatments compared with corticosteroids alone.
- Recognizes additional second-line options (BTK inhibitors, SYK inhibitors, MMF) when standard approaches are not suitable.
- Ongoing evidence gaps and variability in patient preferences, safety, cost, and access support a shared decision-making approach.

Who it affects

- Hematologists and other clinicians involved in management of primary ITP.
- Adults with primary ITP and their caregivers.

What are the highlights

- For adults needing additional treatment after corticosteroids, thrombopoietic agents are the preferred second-line option for durable platelet responses; while rituximab may be considered in selected individuals, particularly those wishing to avoid long-term therapy.
- When a thrombopoietic agent or rituximab are not suitable or available, BTK inhibitors, SYK inhibitors, and MMF offer important alternative second-line options, with differing benefits, risks, cost, and access.

Total number of panel recommendations: 3
Total number of good practice statements: 4

REFERENCE

Cuker, A., Terrell, D.R., Sowdagar, H., Arnold, D.M., Audia, S., Bussel, J.B., González-López, T.J., Grace, R.F., Masias, C., McCrae, K.R., Mitrovic, M., Neunert, C., Panch, S.R., Shah, S., Shy, B., VandeVelde, J., Cines, D.B., Vesely, S.K. American Society of Hematology 2026 Guidelines for Immune Thrombocytopenia (ITP): Initial and Second-Line Therapy in Adults with Primary ITP. *Blood Advances*. 2026. https://doi.org/10.1182/bloodadvances.2026021269.

For more information on the ASH Clinical Practice Guidelines on Immune Thrombocytopenia (ITP), **visit** https://www.hematology.org/itpguidelines.