

ASH ISTH 2026 Guidelines on Anticoagulant Prophylaxis of Pediatric Patients at Risk of VTE





Visual Summary of Recommendations



ASH ISTH 2026 guideline panel recommendations for use of anticoagulant prophylaxis in various populations of pediatric patients at risk of venous thromboembolism (VTE).

 No Anticoagulant Prophylaxis	Pediatric Population	 Anticoagulant Prophylaxis
<p>No Anticoagulant Prophylaxis* </p>	 <i>*Based on the individual assessment for risk of thrombosis and bleeding and patients' values and preferences</i>	<p>Anticoagulant Prophylaxis* </p>
<p>Suggests No Antithrombin Supplementation </p>	<p>Leukemia or Lymphoblastic Lymphoma</p>	<p>Antithrombin Supplementation</p>
<p>Suggests No Anticoagulant Prophylaxis </p>	<p>Solid Tumors <i>Including Hodgkin lymphoma</i></p>	<p>Anticoagulant Prophylaxis</p>
<p>No Anticoagulant Prophylaxis</p>	<p>Total Parenteral Nutrition <i>Considered for TPN for more than 60 days</i></p>	<p>Suggests Anticoagulant Prophylaxis </p>
<p>Suggests No Anticoagulant Prophylaxis </p>	<p><i>Short-term (≥7 days) CVAD</i></p> <p>Central Venous Access Device</p>	<p>Anticoagulant Prophylaxis</p>
<p>Suggests No Anticoagulant Prophylaxis </p>	<p><i>Medium/long-term (≥8 days) CVAD, in the absence of cancer or TPN</i></p>	<p>Anticoagulant Prophylaxis</p>
<p>No Anticoagulant Prophylaxis</p>	<p><i>Antiphospholipid antibody syndrome</i></p> <p>Antiphospholipid Antibodies</p>	<p>Suggests Secondary Anticoagulant Prophylaxis </p>
<p>Suggests No Primary Anticoagulant Prophylaxis </p>	<p><i>Persistently positive antiphospholipid antibodies and without history of thrombosis</i></p>	<p>Anticoagulant Prophylaxis</p>
<p>Suggests No Anticoagulant Prophylaxis </p>	<p>Trauma</p>	<p>Anticoagulant Prophylaxis</p>
<p>Suggests No Anticoagulant Prophylaxis </p>	<p>Hospitalization</p>	<p>Anticoagulant Prophylaxis</p>
<p>Suggests No Anticoagulant Prophylaxis </p>	<p>Critical Illness <i>with or without CVAD</i></p>	<p>Anticoagulant Prophylaxis</p>
<p>Suggests No Anticoagulant Prophylaxis </p>	<p>Surgery <i>Children undergoing noncardiac surgery</i></p>	<p>Anticoagulant Prophylaxis</p>

Learn more about the ASH ISTH 2026 Guidelines on Anticoagulant Prophylaxis of Pediatric Patients at Risk of VTE at hematology.org/VTE

		Recommendation Strength			
		Recommends... 	Recommends against... 	Suggests... 	Suggests against... 
		INTERPRETATION OF STRONG RECOMMENDATIONS		INTERPRETATION OF CONDITIONAL RECOMMENDATIONS	
Patients	Most individuals in this situation would want the recommended course of action, and only a small proportion would not.	Most individuals in this situation would want the suggested course of action, but many would not. Decision aids may be useful in helping patients to make decisions consistent with their individual risks, values, and preferences.			
Clinicians	Most individuals should follow the recommended course of action. Formal decision aids are not likely to be needed to help individual patients make decisions consistent with their values and preferences.	Different choices will be appropriate for individual patients; clinicians must help each patient arrive at a management decision consistent with the patient's values and preferences. Decision aids may be useful in helping individuals to make decisions consistent with their individual risks, values, and preferences.			
Polymakers	The recommendation can be adopted as policy in most situations. Adherence to this recommendation according to the guideline could be used as a quality criterion or performance indicator.	Polymaking will require substantial debate and involvement of various stakeholders. Performance measures should assess if decision making is appropriate.			
Researchers	The recommendation is supported by credible research or other convincing judgments that make additional research unlikely to alter the recommendation. On occasion, a strong recommendation is based on low or very low certainty in the evidence. In such instances, further research may provide important information that alters the recommendations.	The recommendation is likely to be strengthened (for future updates or adaptation) by additional research. An evaluation of the conditions and criteria (and the related judgments, research evidence, and additional considerations) that determined the conditional (rather than strong) recommendation will help identify possible research gaps.			

REFERENCE

Betensky M., Azzam M., Bercovitz R., Bhat R.V., Biss T., Branchford B., Brandao L.R., Chan A.K., Faustino E.V.S., Hamarsha O., Jaffray J., Jones S., Kawtharany H., Kerlina B.A., Khawandi J., Krider G., Kucine N., Kumar R., Male C., Monagle P., Pelland-Marcotte M.C., Raffini L., Raulji C., Sartain S.E., Takemoto C.M., Tarango C., van Ommen C.H., Velez M.C., Vesely S.K., Wiernikowski J., Williams S., Wilson H., Woods G., Mustafa R.A. American Society of Hematology International Society of Thrombosis and Hemostasis 2026 guidelines for Anticoagulant Prophylaxis of Pediatric Patients at Risk of Venous Thromboembolism (VTE). *Blood Advances*: 10.1182/bloodadvances.2025019415

