

ASH 2025 Guidelines on AML in Older Adults Summary of New, Updated & Unchanged Recommendations

Visual Summary of Recommendations



No.	Older Adult Population (55+)		Recommendation	Strength	Evidence Certainty	Changes from 2020	
1	Newly diagnosed AML		Recommends offering antileukemic therapy over best supportive care	✔	⊕⊕⊕○	Supporting evidence not reviewed, recommendation not updated in 2025	
2	a	Newly diagnosed AML considered candidates for intensive antileukemic therapy	Suggests conventional induction and post-remission therapy over HMA or LDAC monotherapy induction and post-remission therapy	✔	⊕⊕○○	2020 recommendation has been split into 2a and 2b, and venetoclax has been added to the comparison for 2b. "Intensive antileukemic therapy" changed to "conventional induction" "Less-intensive antileukemic therapy" changed to "HMA- or LDAC-based induction"	
	b		Suggests using either conventional induction and post-remission therapy or HMA- or LDAC-based induction and post-remission therapy in combination with venetoclax	✔	⊕○○○		
3	Newly diagnosed AML who achieve remission after at least a single cycle of conventional induction therapy and who are not candidates for allogeneic hematopoietic stem cell transplantation		Recommends post-remission therapy over no additional therapy	✔	⊕⊕○○	The recommendation is now strong instead of conditional and the wording has been changed to enhance clarity.	
4	a	Newly diagnosed AML considered appropriate for antileukemic therapy but not for conventional induction and post-remission therapy or for HMA-based combination therapy	Suggests azacitidine monotherapy over LDAC monotherapy	✔	⊕⊕○○	Now suggests azacitidine monotherapy over LDAC monotherapy instead of either HMA or LDAC.	
	b		Suggests 5-d decitabine monotherapy over 10-d decitabine monotherapy	✔	⊕⊕○○	New in 2025	
	c	Newly diagnosed AML considered appropriate for antileukemic therapy but not for conventional induction and post-remission therapy	Suggests HMA in combination with venetoclax over HMA alone	✔	⊕⊕⊕○	Now suggests combination therapy instead of either venetoclax or HMA monotherapy.	
	d	Newly diagnosed AML considered appropriate for antileukemic therapy but not for conventional induction and post-remission therapy or for HMA-based combination therapy	Suggests LDAC in combination with venetoclax over LDAC monotherapy	✔	⊕⊕○○	Now suggests combination therapy instead of either venetoclax or LDAC monotherapy.	
5	a	Newly diagnosed AML, considered appropriate for antileukemic therapy but not for conventional induction and post-remission therapy	with IDH1 mutation	Suggests azacitidine in combination with ivosidenib over azacitidine monotherapy	✔	⊕⊕○○	New in 2025
	b			Suggests using either HMA in combination with ivosidenib or HMA in combination with venetoclax	✔	⊕○○○	New in 2025
	c	with IDH2 mutation	Suggests azacitidine monotherapy over azacitidine in combination with enasidenib	✔	⊕⊕○○	New in 2025	
	d		Suggests HMA in combination with venetoclax over HMA in combination with enasidenib	✔	⊕○○○	New in 2025	
6	Newly diagnosed AML who achieve a response after receiving HMA- or LDAC-based induction and post-remission therapy		Suggests continuing therapy indefinitely until progression or unacceptable toxicity over stopping therapy	✔	⊕○○○	Wording has been changed to enhance clarity.	
7	Newly diagnosed AML who are candidates for conventional induction and post-remission antileukemic therapy and who have a FLT3 mutation		Suggests conventional induction and post-remission antileukemic therapy in combination with a FLT3 inhibitor over conventional induction and post-remission antileukemic therapy alone	✔	⊕⊕○○	New in 2025	
8	Newly diagnosed AML who have responded to initial antileukemic therapy, who are candidates for an allo-HCT during first remission, and who have non-favorable prognosis based on molecular and karyotypic characteristics		Suggests an allo-HCT over no transplantation	✔	⊕○○○	New in 2025	
9	Older adults with AML who are no longer receiving antileukemic therapy (including those receiving end-of-life care or hospice care)		Suggests having red blood cell transfusions be available over not having transfusions be available	✔	⊕○○○	Supporting evidence not reviewed, recommendation not updated in 2025	

AlloHCT: Allogeneic hematopoietic cell transplantation; **AML:** Acute Myeloid Leukemia; **FLT3:** FMS-like tyrosine kinase 3; **HMA:** Hypomethylating agent; **IDH1:** Isocitrate dehydrogenase 1; **IDH2:** Isocitrate dehydrogenase 2; **LDAC:** Low-Dose Cytarabine

Learn more about the ASH 2025 Clinical Practice Guidelines on AML in Older Adults at [hematology.org/amlguidelines](https://www.hematology.org/amlguidelines)

	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.	
Policymakers	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.		Policymaking 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.	

Evidence Certainty	
High Certainty	
⊕⊕⊕⊕	We are very confident that the true effect lies close to that of the estimate of the effect.
Moderate Certainty	
⊕⊕⊕○	We are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
Low Certainty	
⊕⊕○○	Our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.
Very Low Certainty	
⊕○○○	We have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect.

REFERENCE: Sekeres M.A., Mattison R., Artz A., Baer, M.R., Chua C.C., Demichelis-Gomez R., Egan P.C., Fletcher L., Foucar C., Garcia J.S., Gilberto L., Gómez De León A., Lancet J., Loh K.P., Malcovati L., Marini B., Platzbecker U., Sorror, M.L., Tinsley-Vance S., Treitz J., Oliveros M.J., Ibrahim S., Roldan Y., Guyatt G., Brignardello-Petersen R. American Society of Hematology 2025 guidelines for treating newly diagnosed acute myeloid leukemia in older adults. Blood Advances. doi: <https://doi.org/10.1182/bloodadvances.2025017934>

ASH guidelines are reviewed often by expert work groups convened by ASH. Resources derived from guidelines that require updating are removed from the ASH website.

For more information visit www.hematology.org/amlguidelines

