

ASH Guidelines on Myelofibrosis: What You Should Know



What it covers

- Evidence-based recommendations for the work-up and management of adult patients with myelofibrosis.



Why it matters

- MF is a rare myeloid malignancy with variable risk for disease-related symptoms, splenomegaly, venous or arterial thrombotic events, and progression to acute myeloid leukemia.
- Treatment strategies for higher-risk MF patients typically involve the use of JAK inhibitors for symptom response and/or spleen-size reduction.
- Across the spectrum of MF subtypes and real-world clinical scenarios, the use of JAK inhibitors, pegylated interferons, and other adjunctive therapies is largely guided by expert opinion.
- Allogeneic stem cell transplantation provides the only potential cure for MF. Early identification of appropriate patients for transplantation consideration is paramount.



Who it affects

- Hematologists who treat and/or perform allogeneic stem cell transplantation for patients with prefibrotic, primary, or secondary myelofibrosis.



What are the highlights

- For timely transplant consideration, extended molecular testing for high-molecular-risk mutations should be performed at diagnosis. In patients receiving JAK-inhibitor therapy, early referral for transplant consideration should be pursued rather than referral at the time of loss of response.
- Consider JAK inhibitors for lower-risk MF with disease-related symptoms or splenomegaly. Conversely, the panel suggests against initiating JAK inhibitors in higher-risk MF without symptoms or splenomegaly.
- MF-related anemia can be managed with anemia-directed JAK inhibitors or adjunctive therapies alongside ongoing, otherwise efficacious, JAK-inhibitor treatment.
- Consider aspirin in MF patients with the *JAK2* V617F driver mutation. For other patients, use shared decision-making that balances bleeding and thrombotic risk.
- Due to limited prospective data, the panel suggests against routine pegylated interferon in prefibrotic MF without a need for cytoreduction. Similarly, the panel suggests against routine iron chelation in overt MF with transfusional iron overload.

Total number of panel recommendations: 10

REFERENCE

Stein BL, Abdallah M, Abel GA, Abu-Zeinah G, Bhawe R, Ferrer Marin F, Gandhi A, Gupta V, Hernandez-Boluda JC, Hunter A, McLoman DP, Odenike O, Pettit K, Shomali W, Sirhan S, Srisuwananukorn A, Szuber N, Tamari R, Tremblay D, Vannucchi AM, Clark K, Jenkins L, Hasan B, and Murad MH. American Society of Hematology 2026 Guidelines for the Management of Myelofibrosis in Adults. *Blood Advances*. <https://doi.org/10.1182/bloodadvances.2026021650>.

For more information on the ASH Clinical Practice Guidelines on Management of Myelofibrosis, visit <https://www.hematology.org/education/clinicians/guidelines-and-quality-care/clinical-practice-guidelines/myelofibrosis>.

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