

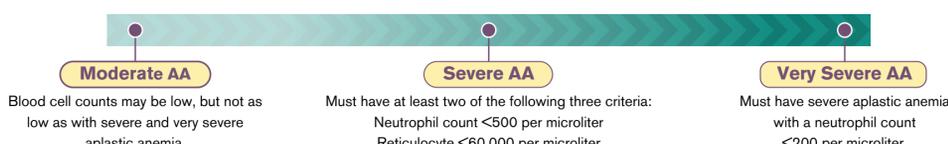
ASH 2026 Guidelines for the Diagnosis and Management of Severe and Very Severe Acquired Aplastic Anemia

Visual Summary of Recommendations



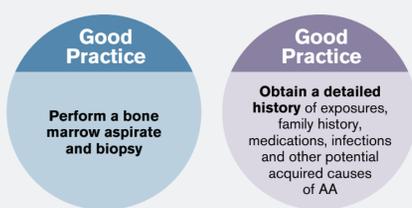
Aplastic Anemia Disease Definition

Aplastic Anemia (AA) is a bone marrow failure disorder in which marrow stops producing enough blood cells. It is characterized by severity level. ASH recommendations primarily address severe and very severe aplastic anemia.



Good Practice Statements for Diagnosis

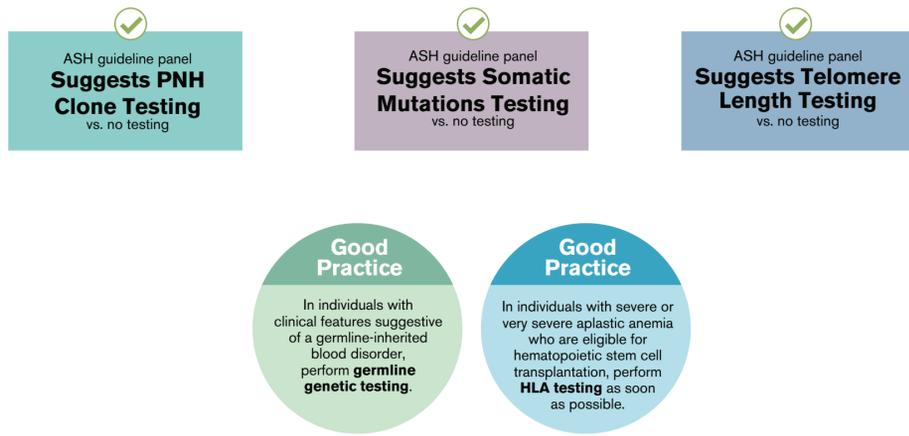
In individuals with **unexplained pancytopenia**, the ASH guideline panel considers it good practice to:



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

Diagnostic Evaluation

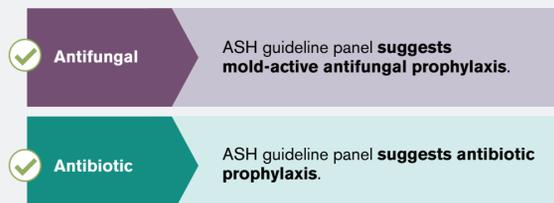
In individuals of **any age with severe or very severe AA**, and in those with **AA refractory to IST**:



AA: Aplastic Anemia; **HLA:** Human Leukocyte Antigen **IST:** Immunosuppressive Therapy; **PNH:** Paroxysmal Nocturnal Hemoglobinuria

Antimicrobial Prophylaxis

In individuals with suspected AA and **neutrophil counts below 500 per microliter**:



Frontline Therapies

For individuals with severe and very severe AA:

In selecting a therapy, consider:

- Age
- Comorbidities
- HCT-CI Score
- Eltrombopag availability
- Center transplant experience
- Type of donor available
- Timing of transplant
- Patient preferences

Transplant vs. IST Recommendations				
	Age	MSD vs. IST	MUD vs. IST	HID vs. IST
MSD Matched Sibling Donor HCT MUD Matched Unrelated Donor HCT HID Haploidentical Donor HCT IST Immunosuppressive Therapy	Under 20	MSD	MUD or IST	IST
	20-40	MSD	MUD or IST	IST
	Over 40	IST	IST	IST
Add eltrombopag for children and adults undergoing IST				

AA: Aplastic Anemia; **HCT-CI:** Hematopoietic Stem Cell Transplantation Comorbidity Index; **HID:** Haploidentical Donor; **IST:** Immunosuppressive Therapy; **MSD:** Matched Sibling Donor Hematopoietic Cell Transplant; **MUD:** Matched Unrelated Donor Hematopoietic Cell Transplant

Second Line Therapies

For individuals requiring second line therapy after initial IST:

In selecting a therapy, consider:

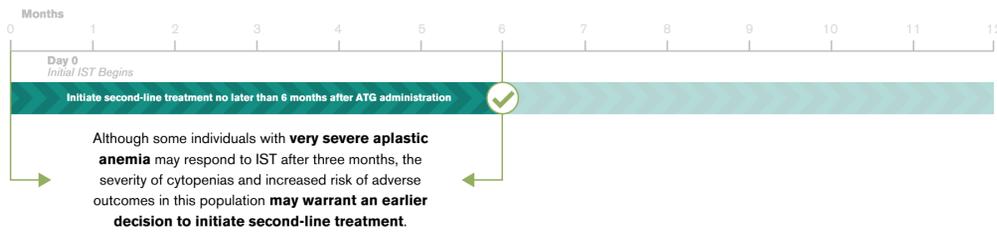
- Neutrophil count
- Availability of alternative treatments
- Characteristics of relapse
- Type of ATG available
- Timing of transplant
- Patient preferences

Second Line Therapy Recommendations			
	Age	Refractory No response to initial course of IST.	Relapse Responds to initial course of IST but subsequently recurs.
HCT Transplant ATG Second course of ATG-based therapy	Under 40	HCT	HCT or ATG
	40-60	HCT	HCT or ATG
	Over 60	HCT or ATG	ATG

ATG: Anti-thymocyte globulin; **HCT:** Hematopoietic Cell Transplant; **IST:** Immunosuppressive Therapy

Timing of Second Line Therapy

In individuals with severe and very severe AA, **who do not respond to immunosuppressive therapy**:



Learn more about the ASH 2026 Clinical Practice Guidelines on Aplastic Anemia at hematology.org/Aplasticanemia

	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.	

REFERENCE

Scheinberg P., O'Neal D.A., Basquiera A., Byrne M.T., Calado R., Desai R., DeZern A.E., Dufour C., Groarke E.M., Han H., Hosokawa K., Kansal R., Kulasekararaj A., Mossad S.B., Muus P., Patel B., Risitano A.M., Schrenzenmeier H., Sharma A., Shimamura A., Shimano K.A., Tortosa F., Avila C., Ragusa M., Izcovich A., Neumann I. American Society of Hematology 2026 Guidelines on diagnosis and management of Aplastic Anemia. *Blood Advances*. <https://doi.org/10.1182/bloodadvances.2025019051>

