

NCCN Continuing Education

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Release date: July 10, 2026; Expiration date: July 10, 2027

Learning Objectives:

Upon completion of this activity, participants will be able to:

- Integrate into professional practice the updates to the NCCN Guidelines for Myeloproliferative Neoplasms
- Describe the rationale behind the decision-making process for developing the NCCN Guidelines for Myeloproliferative Neoplasms

Disclosure of Relevant Financial Relationships

None of the planners for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Individuals Who Provided Content Development and/or Authorship Assistance:

The faculty listed below have no relevant financial relationship(s) with ineligible companies to disclose.

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The faculty listed below have the following relevant financial relationship(s) with ineligible companies to disclose. All of the relevant financial relationships listed for these individuals have been mitigated.

Aaron T. Gerds, MD, MS, Panel Chair, has disclosed receiving consulting fees from Agios Pharmaceuticals, Inc., AN2 Therapeutics, Bristol Myers Squibb, Disc Medicine, Geron, GSK plc, Karyopharm Therapeutics Inc., Keros Therapeutics, Novartis Pharmaceuticals Corporation, and Takeda Pharmaceutical Company Limited.

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To view disclosures of external relationships for the NCCN Guidelines Panel, go to [NCCN.org/guidelines/guidelines-panels-and-disclosure/disclosure-panels](https://www.nccn.org/guidelines/guidelines-panels-and-disclosure/disclosure-panels)

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Myeloproliferative Neoplasms, Version 2.2026

Featured Updates to the NCCN Guidelines

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Abstract

The Philadelphia chromosome-negative myeloproliferative neoplasms (MPN) are a group of heterogeneous hematologic malignancies characterized by the proliferation of blood cells and consist of myelofibrosis, polycythemia vera, and essential thrombocythemia. The NCCN Guidelines for MPN were developed as a result of meetings convened by a multidisciplinary panel with expertise in MPN, with the aim of providing recommendations for the comprehensive care of adults with these diseases. The panel of experts convenes at least once a year to discuss requested changes to the Guidelines and to evaluate emerging data. These Guideline Insights focus on some of the recent updates for myelofibrosis.

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Overview

In 2023, the estimated incidence of myelofibrosis (MF) in the United States was 1.56 (95% CI, 1.38–1.77) per 100,000 person-years.¹ In a survey assessing the incidence rates (IRs) of different subtypes of myeloproliferative neoplasms (MPN) in the United States (2002–2016), the age-adjusted IRs per 100,000 person-years were highest for polycythemia vera (PV; 1.57) and essential thrombocythemia (ET; 1.55), while the IR for primary MF (PMF) was 0.44.²

The diagnosis and comprehensive care of patients with MPN has increased since the identification of JAK-STAT “driver” mutations (*JAK2*, *CALR*, and *MPL* mutations), and the development of therapies targeting the JAK-STAT pathway has resulted in significant improvements in disease-related symptoms and quality of life.³ However, certain aspects of clinical management regarding the diagnosis, assessment of symptom burden, and selection of appropriate symptom-directed therapies continue to present challenges for hematologists and oncologists.⁴ This article highlights recent updates to risk stratification and treatment recommendations for the comprehensive care of patients with MF.

Risk Stratification

Post-PV and Post-ET MF

Previously, MF Secondary to PV and ET-Prognostic Model (MYSEC-PM) was the only prognostic risk model recommended for post-PV or post-ET MF. Following an internal request to consider the inclusion of Mutation-Enhanced International Prognostic Scoring System (MIPSS)-70-Plus version 2.0 and DIPSS-Plus, based on data from 2 recent publications, the panel reached a consensus to add these prognostic models as options (see Figure 1).^{5,6} The panel also voted to determine which prognostic model is preferred. Based on the vote results, MIPSS-70-Plus version 2.0 is a preferred prognostic risk model.

The MYSEC-PM is a prognostic model that stratifies patients with post-PV or post-ET MF into 4 risk groups with distinct survival outcomes: low risk, intermediate-1, intermediate-2, and high risk.⁷ Stratification is based on age, hemoglobin level (<11 g/dL), circulating blasts (≥3%), *CALR* mutation status, platelet count (<150 × 10⁹/L), and constitutional symptoms. The median survival for these groups was not reached, 9 years, 4 years, and 2 years, respectively. Palandri et al⁸ validated the MYSEC-PM model in post-PV and post-ET MF. The model was successfully used to stratify patients into different risk categories, whereas the

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*Provided content development and/or authorship assistance.

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