

AI in Hematology: EHA 2026 Focuses on Practical, Ethical Integration

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The rapid evolution of artificial intelligence (AI) presents both opportunities and challenges for hematology and oncology specialists. Clinicians face the immediate dilemma of understanding how to leverage AI tools for improved patient care while navigating complex ethical considerations and ensuring data integrity. The EHA 2026 session, "Future-Ready Hematologists: Practical and Ethical Use of Artificial Intelligence (AI) in Hematology and Oncology," aims to provide a framework for the responsible adoption of these technologies.

KEY TAKEAWAYS

- ° The Pivot: AI tools are moving from theoretical applications to practical integration in hematology and oncology.
- ° The Data: AI can enhance diagnostic accuracy and treatment planning, but requires rigorous validation and ethical oversight.
- ° The Action: Hematologists must develop competencies in AI literacy, data governance, and patient communication regarding AI-assisted care.

The integration of artificial intelligence (AI) into medical practice, particularly within the complex fields of hematology and oncology, necessitates a structured approach to ensure both efficacy and ethical compliance. The EHA 2026 session on AI in hematology and oncology highlights the pressing need for clinicians to understand the current capabilities and limitations of AI, as well as the practical steps required for its responsible implementation. This includes addressing concerns related to data privacy, algorithmic bias, and the maintenance of human oversight in clinical decision-making. The session emphasizes that while AI offers significant potential to augment diagnostic precision, personalize treatment strategies, and streamline administrative tasks, its deployment must be guided by robust ethical principles and a clear understanding of its impact on patient care and the clinician-patient relationship.

What the session addressed

The EHA 2026 session focused on several key areas critical for the future-ready hematologist. Firstly, it explored the current landscape of AI applications in hematology and oncology, including machine learning algorithms for image analysis in pathology, predictive models for disease progression and treatment response, and natural language processing for extracting insights from electronic health records. For instance, AI-powered image analysis tools have demonstrated the ability to identify subtle morphological changes in blood smears and bone marrow biopsies, potentially improving the early detection of hematological malignancies.¹ Predictive analytics, when applied to large datasets of patient outcomes, can assist in stratifying patients by risk and tailoring therapeutic interventions, moving towards more personalized

medicine.²

Secondly, the session delved into the practical considerations for integrating AI into existing clinical workflows. This included discussions on the infrastructure requirements, data standardization, and the need for interoperability between different AI platforms and hospital information systems. The importance of high-quality, diverse, and representative training data for AI models was underscored to mitigate algorithmic bias, which could otherwise lead to disparities in care for certain patient populations.³ Practical examples of AI-assisted decision support systems were presented, illustrating how these tools can provide clinicians with evidence-based recommendations, but always with the caveat that the final clinical judgment rests with the human expert. The session also addressed the regulatory landscape surrounding AI in medicine, noting the evolving guidelines from bodies such as the European Medicines Agency (EMA) and the U.S. Food and Drug Administration (FDA) regarding the validation and deployment of medical AI devices.⁴

A significant portion of the session was dedicated to the ethical implications of AI in hematology and oncology. This encompassed discussions on patient consent for data use, the transparency of AI algorithms (the 'black box' problem), and accountability for errors or adverse outcomes arising from AI-assisted decisions. The concept of 'explainable AI' (XAI) was introduced as a means to enhance clinician trust and understanding of AI recommendations, allowing for better interpretation and validation of the AI's reasoning.⁵ The session also highlighted the need for continuous education and training for hematologists to develop AI literacy, enabling them to critically evaluate AI tools, understand their limitations, and communicate effectively with patients about AI's role in their care. The potential for AI to exacerbate existing health inequalities if not implemented equitably was a recurring theme, emphasizing the need for inclusive design and deployment strategies.³

Limitations and Next Steps

While the potential benefits of AI are substantial, the session acknowledged several limitations and areas requiring further development. The generalizability of AI models trained on specific patient cohorts to broader, more diverse populations remains a challenge. The dynamic nature of medical knowledge and treatment protocols necessitates continuous updating and re-validation of AI algorithms, which can be resource-intensive. Furthermore, the legal and ethical frameworks for AI in medicine are still maturing, requiring ongoing dialogue between clinicians, ethicists, policymakers, and technology developers. Future efforts must focus on developing standardized protocols for AI validation, establishing clear guidelines for data governance, and fostering interdisciplinary collaboration to ensure that AI serves to enhance, rather than diminish, the humanistic aspects of patient care in hematology and oncology.

CLINICAL IMPLICATIONS

The EHA 2026 session on AI in hematology and oncology underscores a critical juncture for the specialty. The era of AI as a theoretical concept is over; it is now a practical reality demanding immediate engagement from clinicians. The expectation that hematologists will simply adopt AI tools without understanding their underlying mechanisms or ethical ramifications is naive. Instead, professional bodies like the European Hematology Association must prioritize comprehensive, hands-on training for their members, moving beyond abstract discussions to practical workshops on data interpretation, bias detection, and effective patient communication regarding AI-assisted diagnoses or treatment plans. Without this, the promise of AI to improve patient outcomes risks being overshadowed by clinician distrust or, worse, misapplication.

For the industry, the message is clear: transparency and explainability are no longer optional features for AI products in healthcare. The 'black box' approach will not gain traction with discerning clinicians who bear ultimate responsibility for patient care. Companies developing AI solutions for hematology and oncology must invest in explainable AI (XAI) frameworks that articulate the reasoning behind an AI's recommendation, allowing clinicians to critically evaluate its output. Furthermore, the validation of these tools must extend beyond internal datasets to real-world, diverse patient populations, demonstrating generalizability and mitigating algorithmic bias. Regulatory bodies, such as the FDA and EMA, will undoubtedly tighten their scrutiny, demanding robust evidence of safety, efficacy, and ethical compliance before widespread adoption. Patients, ultimately, stand to gain the most from the judicious integration of AI, but only if their trust is earned and maintained. This requires clinicians to be adept at explaining how AI contributes to their care, demystifying the technology without overstating its capabilities. The potential for AI to personalize treatment, predict disease trajectories, and even accelerate drug discovery in areas like acute myeloid leukemia or multiple myeloma is immense. However, if the ethical considerations around data privacy, algorithmic fairness, and human oversight are not meticulously addressed, patient apprehension could become a significant barrier to progress. The EHA 2026 session serves as a timely reminder that technology must always serve the patient, not the other way around.

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