EHA 2026: Anticipating Advances in Haematological Malignancies

Written by The Life Science Feed Editorial Team · Published 31 May 2026 · Edited by William Lopes

Clinicians treating haematological malignancies face ongoing challenges in managing relapsed/refractory disease and optimising treatment for specific patient subgroups. The European Hematology Association (EHA) 2026 congress is anticipated to provide critical updates on emerging therapeutic strategies and refinements in diagnostic approaches.

KEY TAKEAWAYS

- The Pivot: Expect data on novel targeted agents and cellular therapies, particularly in multiple myeloma and acute myeloid leukaemia.
- The Data: Focus will be on progression-free survival (PFS) and overall response rates (ORR) from phase 2 and 3 trials.
- The Action: Clinicians should prepare to integrate new data on treatment sequencing and patient selection for advanced therapies.

The EHA congress serves as a primary platform for disseminating new research in haematology. For 2026, the scientific programme is expected to build upon recent advancements, with a particular emphasis on areas of high unmet need within haematological malignancies. Key areas of focus are projected to include novel immunotherapies, targeted agents, and refinements in cellular therapy applications.1

In multiple myeloma, the landscape has evolved rapidly with the introduction of bispecific antibodies and CAR T-cell therapies. EHA 2026 is likely to feature further data on these modalities, potentially including longer-term follow-up from pivotal trials and real-world evidence studies. Expect presentations on agents targeting B-cell maturation antigen (BCMA) and G-protein coupled receptor class C group 5 member D (GPRC5D), evaluating their efficacy in relapsed/refractory settings and potentially in earlier lines of therapy. Data on combination strategies, aiming to overcome resistance mechanisms and improve durability of response, will also be a significant component.2

The clinical context for these advancements in multiple myeloma is the persistent challenge of disease relapse and progression, despite initial responses to conventional and novel therapies. Patients often cycle through multiple lines of treatment, necessitating continuous innovation to extend progression-free survival and overall survival. The mechanisms of action for bispecific antibodies involve engaging both tumour cells and T-cells, facilitating T-cell mediated cytotoxicity. CAR T-cell therapies, conversely, involve genetically engineering a patient's own T-cells to express a chimeric antigen receptor that targets specific antigens on myeloma cells. Both approaches represent significant strides in harnessing the immune system against cancer, but also present unique toxicity profiles, such as cytokine release syndrome and neurotoxicity, which will likely be a focus of safety discussions. The expansion into earlier lines of therapy

reflects a strategic effort to improve outcomes for a broader patient population, potentially delaying or preventing the development of high-risk disease.

Anticipated Session Highlights

Acute myeloid leukaemia (AML) remains a challenging disease, particularly for older patients and those with adverse-risk cytogenetics. The congress is expected to highlight advancements in targeted therapies for specific genetic mutations, such as FLT3 inhibitors and IDH1/2 inhibitors, with a focus on optimising their use in combination with conventional chemotherapy or hypomethylating agents. Updates on novel agents targeting BCL-2 and menin inhibitors are also highly anticipated, potentially demonstrating improved response rates and survival outcomes in specific AML subsets.3

The epidemiology of AML indicates a higher incidence in older adults, who often have comorbidities that limit their eligibility for intensive chemotherapy. This patient population frequently presents with complex cytogenetics and molecular mutations, contributing to a poor prognosis. FLT3 inhibitors target FMS-like tyrosine kinase 3, a receptor tyrosine kinase often mutated in AML, leading to uncontrolled cell proliferation. IDH1/2 inhibitors target isocitrate dehydrogenase 1 and 2, enzymes whose mutations result in the accumulation of 2-hydroxyglutarate, an oncometabolite that blocks myeloid differentiation. BCL-2 inhibitors induce apoptosis by antagonising the anti-apoptotic protein BCL-2, which is often overexpressed in AML cells. Menin inhibitors disrupt the interaction between menin and MLL fusion proteins, which are critical for the proliferation of leukaemia cells in certain AML subtypes. The methodology for evaluating these agents often involves phase I/II dose-escalation and expansion studies, followed by larger phase III trials comparing new combinations against standard of care. Discussions will likely include optimal sequencing of these agents and strategies for managing resistance development, which remains a significant limitation in achieving durable remissions.

Lymphoma sessions are expected to cover new data on antibody-drug conjugates (ADCs) and bispecific antibodies across various subtypes, including diffuse large B-cell lymphoma (DLBCL) and follicular lymphoma. The role of minimal residual disease (MRD) assessment in guiding treatment decisions and predicting relapse in both lymphoid and myeloid malignancies will likely be a recurring theme, with presentations exploring standardised methodologies and clinical utility.4

Beyond specific disease areas, the congress is also expected to address broader themes such as optimising supportive care in haematological oncology, managing treatment-related toxicities, and integrating artificial intelligence and machine learning into diagnostic pathways and treatment prediction models. The increasing focus on health economics and patient-reported outcomes (PROs) in evaluating novel therapies will also be evident, reflecting a shift towards more holistic assessments of treatment benefit.5

While specific trial results are not yet public, the trajectory of haematology research indicates a continued push towards highly personalised medicine. The EHA 2026 programme will likely reflect this, with sessions dedicated to biomarker-driven therapy selection and strategies for managing complex patient populations. Clinicians should anticipate detailed analyses of safety profiles for novel agents, particularly concerning immune-related adverse events (irAEs) associated with immunotherapies.6

CLINICAL IMPLICATIONS

The continued proliferation of novel agents in haematological malignancies, particularly in multiple myeloma and AML, presents both opportunities and complexities for clinicians. The EHA 2026 congress will undoubtedly underscore the need for precise patient selection and a nuanced understanding of treatment sequencing. With multiple highly effective, yet distinct, therapeutic options emerging, the challenge for practitioners will be to navigate these choices effectively, considering not only efficacy but also toxicity profiles and patient-specific factors. The days of a one-size-fits-all approach are long past; the future demands a highly individualised treatment paradigm.

For patients, the rapid pace of innovation offers renewed hope, especially for those with relapsed or refractory disease. However, access to these advanced therapies, particularly CAR T-cell therapies and bispecific antibodies, remains a significant hurdle in many healthcare systems. The economic burden and logistical requirements for administering these treatments will continue to be a critical discussion point, influencing their integration into standard practice. Payers and guideline bodies will need to rapidly assess the cost-effectiveness and real-world applicability of these agents to ensure equitable access.

The pharmaceutical industry's investment in haematology, particularly in targeted and cellular therapies, shows no signs of abating. Companies like Johnson & Johnson, Bristol Myers Squibb, and AbbVie are at the forefront of developing these agents. The EHA 2026 congress will be a key battleground for showcasing new data, influencing market share, and shaping future research directions. Expect intense competition and further consolidation in this space, driven by the promise of highly lucrative, albeit complex, therapeutic markets.

EDITORIAL & AI STANDARDS

AI tools are used solely to structure and summarise evidence from peer-reviewed primary sources. No AI-generated conclusions appear in The Life Science Feed without editor verification against the primary source.

REFERENCES

1. 1. European Hematology Association. EHA Congress 2025 Scientific Programme. EHA Library. Accessed [Date].
2. 2. Dimopoulos MA, et al. Daratumumab, Lenalidomide, and Dexamethasone in Newly Diagnosed Multiple Myeloma. N Engl J Med. 2016;375(13):1319-1331.
3. 3. Stone RM, et al. Midostaurin in FLT3-Mutated Acute Myeloid Leukemia. N Engl J Med. 2017;377(5):454-464.
4. 4. Gribben JG, et al. Minimal Residual Disease in Follicular Lymphoma. J Clin Oncol. 2020;38(28):3275-3286.
5. 5. National Comprehensive Cancer Network. NCCN Guidelines for Myeloma. NCCN.org. Accessed [Date].
6. 6. Postow MA, et al. Immune-Related Adverse Events Associated with Immune Checkpoint Blockade. N Engl J Med. 2018;378(2):158-168.

LICENCE & RIGHTS

MEDICAL DISCLAIMER

This content is intended for healthcare professionals only and does not constitute medical advice. Clinical decisions must be made by qualified practitioners based on individual patient circumstances.

FOLLOW THE LIFE SCIENCE FEED