Outcomes of essential thrombocythaemia (ET)

Essential thrombocythaemia (ET) is a rare, slow-growing blood cancer. It results in too many platelets in your blood, leading to blood clots, bleeding and other symptoms. Blood clots pose the main risk to your health when you have ET. Find out how your haematology team assess your risk of blood clots, and how outcomes vary according to your ET risk group.

General outcomes for ET

When we explore outcomes for people with essential thrombocythaemia (ET), they're usually related to risk groups. So, here's a reminder of what risk groups are in ET.

ET is often divided up into very low or low, medium (intermediate), and high-risk groups. They help your haematology team assess and monitor how much of a risk ET is to your health. They work out your risk group based on factors like:

- Your age
- Whether you've had a blood clot already
- Whether you have a change to the *JAK2* gene

They'll work out your risk group after you've been diagnosed and through regular monitoring. Your risk group can change over time.

In broad terms, risk groups reflect how likely you are to develop blood clots.

It is important to understand that your risk group helps your haematology team look after you and offer you the best treatment for your situation. It cannot tell you how and when your ET will affect you, or how your ET may respond to treatment.

As a general guide, if you have low-risk ET, your outlook is usually better than if you have high-risk ET. This is because low-risk ET is less likely to pose a risk to your health due to blood clots.

Outcomes are also usually better in people with ET who do **not** develop myelofibrosis (MF) or acute myeloid leukaemia (AML). They often live almost as long as people in the general population.

Leukaemia Care Registered Charity Number 1183890. Scotland Registered Charity Number SC049802
Helpline: 08088 010 444

Transformation into another blood cancer is unusual, particularly in the first 10 years of having ET.

If you are interested in general survival rates for ET, we include some figures in the next section. You may prefer not to look at these.

Average survival for people with ET

In general, people with ET live long lives. Outcomes for people with ET vary from person to person, depending on their risk group and other factors.

It is important to remember that survival numbers cannot tell you what will happen in individual situations. They look at what happened to groups of people with a similar diagnosis in the past. They are based on data collected over many years, when people may not have received treatments available now.

In people with cancer, overall survival rates are commonly quoted. These are averages. They do not tell you what will happen to you. For ET, outcomes vary depending on risk groups, age at diagnosis and other factors.

Overall survival rates

Average survival for people with ET is about 18 years. Younger people (40 or under) usually survive for longer than 35 years.

- Some people do not live as long as this. Some people live longer.
- It is important to remember that most people diagnosed with ET are over 60 – and many are over 70 – so they can still live a long life.

Outcomes vary from person to person. One of the things that can affect your outcome is your risk group. Experts estimate that:

- People with low-risk ET survive for an average of 34 to 47 years.
- People with intermediate-risk ET survive for an average of 14 to 21 years.
- People with high-risk ET survive for an average of 8 to 14 years.

Again, some people do not live as long as this. Some people live longer.

Leukaemia Care Registered Charity Number 1183890. Scotland Registered Charity Number SC049802
Helpline: 08088 010 444

If you want to know as much as possible about your outlook, talk to your haematology team. They will be able to take into consideration everything they know about you, your ET and the care they can offer you.

If you are struggling to come to terms with your diagnosis, you can speak to us on our helpline on 08088 010 444.

Sources we used to develop this information

Godfrey AL, Green AC, Harrison CN. Essential thrombocythemia: challenges in clinical practice and future prospects. Blood. 2023 Apr 20;141(16):1943-53. https://doi.org/10.1182/blood.2022017625 [Accessed Aug 2025]

Szuber N, Vallapureddy RR, Penna D, Lasho TL, Finke C, Hanson CA, Ketterling RP, Pardanani A, Gangat N, Tefferi A. Myeloproliferative neoplasms in the young: Mayo Clinic experience with 361 patients age 40 years or younger. American Journal of Hematology. 2018 Dec;93(12):1474-84. https://doi.org/10.1002/ajh.25270 [Accessed Sep 2025]

Szuber N, Mudireddy M, Nicolosi M, Penna D, Vallapureddy RR, Lasho TL, Finke C, Begna KH, Elliott MA, Hook CC, Wolanskyj AP. 3023 Mayo Clinic patients with myeloproliferative neoplasms: risk-stratified comparison of survival and outcomes data among disease subgroups. In Mayo Clinic Proceedings 2019 Apr 1 (Vol. 94, No. 4, pp. 599-610). Elsevier. https://doi.org/10.1182/blood-2018-99-109740 [Accessed Sep 2025]

Tefferi A, Vannucchi AM, Barbui T. Essential thrombocythemia: 2024 update on diagnosis, risk stratification, and management. American Journal of Hematology. 2024;99:697-718. https://doi.org/10.1002/ajh.27216 [Accessed Sep 2025]

About our information

This information is aimed at people in the UK. We do our best to make sure it is accurate and up to date but it should not replace advice from your health professional. Find out more about our information.

Leukaemia Care Registered Charity Number 1183890. Scotland Registered Charity Number SC049802
Helpline: 08088 010 444

Page last reviewed: 30 November 2025
Updated March 2026
Next review due: 31 October 2028

Trusted Information Creator
Patient Information Forum

Leukaemia Care Registered Charity Number 1183890. Scotland Registered Charity Number SC049802
Helpline: 08088 010 444