Table 1: Assessment for use of G-CSF for Febrile Neutropenia (FN) Prophylaxis in Adults			

Risk Assessment	**Risk Categorization**
	Determined by assessment of factors, including but not limited to:
	• Disease
	• Chemotherapy regimen
	  ○ High-dose therapy
	  ○ Dose-dense therapy
	  ○ Standard-dose therapy
	• Treatment intent (curative vs. palliative)
		Additional Risk Factors for Consideration	**Treatment Determination**

	High Risk (>20%)	Not applicable	Use G-CSF
	Intermediate Risk (10-20%)	**Assess risk factors:** • Prior chemotherapy or radiation therapy • Persistent neutropenia • Bone marrow involvement by tumor • Recent surgery and/or open wounds • Liver dysfunction (bilirubin greater than 2.0) • Renal dysfunction (CrCl less than 50 mL/min) • Age greater than 65 years receiving full chemotherapy dose intensity	**No Risk Factors:** Observe **1 or more Risk Factors:** Consider G-CSF
	Low Risk (<10%)	Not applicable	No G-CSF

Reference: NCCN. Myeloid growth factors. Version 1.2018. Updated March 2, 2018.

Table 2. Assessment for Use of G-CSF for Treatment of Febrile Neutropenia (FN) in Adults			
	History of G-CSF Use	**Evaluation**	**Treatment Determination**
Presentation with FN	Currently receiving or history of receiving prophylactic G-CSF	Individuals receiving daily prophylactic filgrastim, filgrastim-sndz, or tbo-filgrastim	Continue G-CSF
		Individuals who have received long-lasting prophylactic pegfilgrastim	No additional G-CSF
	No past history of prophylactic G-CSF	No risk factors for infection-associated complications	No therapeutic G-CSF
		Risk factors present for an infection-associated complication: • Sepsis syndrome • Age greater than 65 • ANC less than 100/mcL • Neutropenia expected to last more than 10 days in duration • Pneumonia or other clinically documented infections • Invasive fungal infection • Hospitalization at time of fever • Prior episode of FN	Consider therapeutic G-CSF

Reference: NCCN. Myeloid Growth Factors. Version 1.2018. Updated March 2, 2018.