

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

| Risk Assessment | Risk Categorization | Additional Risk Factors for Consideration | Treatment Determination |
|---------------------------|--|--|--|
| | Determined by assessment of factors, including but not limited to: <ul style="list-style-type: none"> • Disease • Chemotherapy regimen <ul style="list-style-type: none"> ○ High-dose therapy ○ Dose-dense therapy ○ Standard-dose therapy • Treatment intent (curative vs. palliative) | | |
| | High Risk (>20%) | Not applicable | Use G-CSF |
| | Intermediate Risk (10-20%) | Assess risk factors: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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.