

## supportive care

1496P

### ATTITUDES OF PHYSICIANS TOWARD RISK ASSESSMENT AND USE OF GRANULOCYTE-COLONY STIMULATING FACTOR (G-CSF) AS PRIMARY PROPHYLAXIS (PP) IN PATIENTS (PTS) RECEIVING CHEMOTHERAPY WITH AN INTERMEDIATE RISK OF FEBRILE NEUTROPENIA (FN)

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**Aim:** For chemotherapy regimens with intermediate FN risk (10–20%), physicians should assess patient risk factors to determine whether overall risk is >20% and G-CSF PP is indicated<sup>1</sup>. This study described factors considered important by physicians when assessing FN risk and deciding to use G-CSF PP in pts receiving intermediate-FN-risk chemotherapy.

**Methods:** This prospective observational study (NCT01813721) was conducted in Europe, Australia and Canada. Before pt enrolment, investigators reported their own FN risk threshold at which they usually give G-CSF PP, and selected and ranked factors they considered important when assessing overall FN risk and deciding to give G-CSF PP (investigator baseline assessment). For each enrolled pt, their overall FN risk score and the same factors were assessed before starting chemotherapy (patient assessment), and whether G-CSF PP was planned was reported.

**Results:** The final analysis included 165 investigators (67% medical oncologists) and 944 pts (median age 61 years, range 20–94) with breast cancer (42%), lung cancer (39%) or NHL (19%). Stage IV disease was reported in 34% of pts; 1% had a history of FN. Table 1 lists factors most often ranked for FN risk assessment and G-CSF PP decision. The median investigator-reported FN risk threshold was 20% and the pt median overall FN risk score was 18%. G-CSF PP was planned in 82% pts with an overall FN risk score ≥ the investigator's threshold and in 19% pts with an overall risk score < their threshold.

**Conclusions:** The most frequently considered factors were chemotherapy regimen for assessing FN risk and FN risk assessment outcome for decision to initiate G-CSF PP. Other factors were selected less consistently at the investigator and pt level. A standardised approach to risk factor assessment may improve guideline adherence and G-CSF use.<sup>1</sup> Aapro et al. (2011) Eur J Cancer;47:8–32

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**Table: 1496P Top 5 most frequently listed factors deemed important by investigators in the overall FN risk assessment and the G-CSF PP decision, at baseline and for each individual patient**

Factors considered in overall FN risk assessment, % (95% CI)		Factors considered in G-CSF PP decision, % (95% CI)	
Investigator assessment (n = 165)	Patient assessment (n = 944)	Investigator assessment (n = 165)	Patient assessment (n = 944)
Chemotherapy agents in the backbone 88 (82–93)	Chemotherapy agents in the backbone 93 (88–96)	Outcome of FN risk assessment 89 (83–93)	Outcome of FN risk assessment 79 (71–84)
Prior history of FN 83 (76–89)	Tumour type 72 (61–82)	Age 80 (71–87)	Guidelines 67 (53–79)
Baseline laboratory values 76 (68–83)	Guidelines 62 (48–74)	Baseline laboratory values 74 (64–82)	Treatment intent 67 (59–74)
Age 73 (64–81)	Tumour stage 43 (34–53)	Guidelines 71 (61–78)	Age 51 (43–60)
Prior chemotherapy 71 (62–78)	Age 39 (32–48)	Treatment intent 69 (61–77)	ECOG/Karnofsky performance status 36 (28–45)

CI, confidence interval; ECOG, Eastern Cooperative Oncology Group.