<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
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<tbody>
<tr>
<td><strong>MGF-4</strong> Internal request:</td>
<td>Based on the discussion, the panel consensus was to include tbo-filgrastim as a therapeutic MGF option for patient who present with febrile neutropenia, if they did not receive prophylactic G-CSF and there are risk factors present for an infection-associated complication. This is a category 2A recommendation.</td>
<td>YES: 17, NO: 1, ABSTAIN: 0, ABSENT: 9</td>
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</tbody>
</table>
| **MGF-4** Internal request: | Based on the discussion, the panel consensus supported the inclusion of the following growth factors as therapeutic options for patients who present with acute exposure to myelosuppressive doses of RT:  
- Filgrastim  
- Filgrastim-sndz  
- Filgrastim-aafi  
- Tbo-filgrastim  
- Pegfilgrastim  
- Pegfilgrastim-jmdb  
- Sargramostim | YES: 18, NO: 0, ABSTAIN: 0, ABSENT: 9 |
| **MGF-A** Internal request: | Based on the discussion, the panel consensus was to include the following bone cancer regimens in the list of examples of disease settings and chemotherapy regimens with a high/intermediate risk for febrile neutropenia:  
- VAI (vincristine, doxorubicin or dactinomycin, ifosfamide)  
- VDC-IE (vincristine, doxorubicin or dactinomycin, and cyclophosphamide alternating with ifosfamide and etoposide)  
- VIDE (vincristine, ifosfamide, doxorubicin or dactinomycin, etoposide)  
The panel consensus was to include the following bone cancer regimens in the list of examples of disease settings and chemotherapy regimens with an intermediate-risk (10-20%) for febrile neutropenia:  
- Cisplatin/doxorubicin  
- VDC (cyclophosphamide, vincristine, doxorubicin or dactinomycin) | YES: 18, NO: 0, ABSTAIN: 0, ABSENT: 9 |