NCCN Guidelines for Hematopoietic Growth Factors V.1.2019 – Web teleconference on 10/25/18

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
MGF-1 External request: Submission from Pfizer Inc., to consider the addition of filgrastim-aafi as a treatment option for patients with chemotherapy induced neutropenia and for hematopoietic stem cell mobilization, similar to filgrastim.	Based on a review of data and discussion, the panel consensus supported the inclusion of filgrastim-aafi as an option for the following indications: • Prophylaxis (category 1) and treatment of febrile neutropenia • Treatment of acute exposure to myelosuppressive doses of RT • Mobilization of hematopoietic progenitor cells in autologous setting o As a single agent option o Following combination chemotherapy o Concurrently with sargramostim (category 2B) o In combination with plerixafor • Mobilization of allogenic donors (category 2B) • Supportive care in the transplant setting See Submission for references.	15	0	0	12
MGF-1 External request: Submission from Mylan to review the data for the pegfilgrastim biosimilar, pegfilgrastim-jmdb, as an option to decrease the incidence of febrile neutropenia, for patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.	Based on a review of data and discussion, the panel consensus supported the inclusion of pegfilgrastim-jmdb as an option for the prophylaxis of febrile neutropenia and for the treatment of acute exposure to myelosuppressive doses of RT. These are category 2A recommendations. See Submission for references.	15	0	0	12
MGF-A Internal request: Institutional review comment to consider moving BEP from the list of examples of testicular cancer regimens with a high risk for febrile neutropenia to the list of examples of regimens with an intermediate risk.	Based on the discussion, the panel consensus was to move BEP from the list of examples of testicular cancer regimens with a high risk for febrile neutropenia to the list of examples of regimens with an intermediate risk.	15	0	0	12

MGF-A Internal request: Institutional review comment to consider including the following regimens in the examples of regimens with a high-risk for febrile neutropenia: • Head and Neck Squamous cell carcinoma: TPF (docetaxel, cisplatin, 5-fluorouracil) • Hodgkin lymphoma: brentuximab vedotin + AVD (doxorubicin, vinblastine, dacarbazine)	Based on the discussion, the panel consensus was to include the following regimens in the list of examples of regimens with a high-risk for febrile neutropenia: • Head and Neck Squamous cell carcinoma: TPF • Hodgkin lymphoma: brentuximab vedotin + AVD	15 15	0 0	0 0	12 12
MGF-A (2 of 5) Internal request: Institutional review comment to consider removing FEC (fluorouracil, epirubicin, cyclophosphamide) + docetaxel from the list of examples of breast cancer regimens with an intermediate-risk for febrile neutropenia, based on the removal of the regimen from the NCCN Guidelines for Breast Cancer.	Based on the discussion, the panel consensus was to remove FEC + docetaxel from the list of examples of breast cancer regimens with an intermediate-risk for febrile neutropenia.	15	0	0	12
ANEM-B External request: Submission from AMAG Pharmaceuticals to consider the following revisions to the table of iron products: 1. Include ferumoxytol 2. Update footnote d to include: “treatment of iron deficiency anemia in adults who have intolerance to oral iron or have had unsatisfactory response to oral iron”, ie. due to any etiology, no longer due to chronic kidney disease.	Based on a review of data and discussion, the panel consensus supported the inclusion of ferumoxytol in the table of parenteral iron options, for select cases. This is a category 2A recommendation. The panel consensus supported the following language in footnote d: Ferumoxytol is indicated for the treatment of iron deficiency anemia in adult patients who have intolerance to oral iron or have had unsatisfactory response to oral iron, or those with chronic kidney disease. There are no data to show the efficacy of ferumoxytol in patients with cancer. Ferumoxytol may cause interference with MRI scans causing potential false interpretation of organ iron overload. Reference: Schieda N. Parenteral ferumoxytol interaction with magnetic resonance imaging: a case report, review of the literature and advisory warning. Insights Imaging 2013;4:509-512.	15	0	0	12