Appendix C: Growth Factors

Patient evaluation should be performed every cycle to determine the risk categorization and treatment intent. The following risk factors are associated with dose-limiting neutropenia and should be considered:

- **Neutropenic events:**
  - FN, particularly first cycle
  - Severe neutropenia, particularly first cycle
- **Patient Factors:**
  - Age
  - Ethnicity
  - Education
  - Compliance
- **Comorbidities:**
  - Cardiovascular disease
  - Renal disease
  - Obesity or BMI >2 m²
  - Poor functional or nutritional status
  - Connective tissue disease
- **Disease factors:**
  - Stage
  - Prior treatment
  - Marrow involvement
- **Treatment variables:**
  - Prior treatment
  - Chemotherapy regimen
  - Treatment intent, dose and schedule
  - Physician/ practice variables
  - Practice setting
  - Practice site
  - Training/experience

**High Risk**

Prophylactic colony stimulating factor (CSF) support is recommended for a patient considered at high risk, regardless of whether the treatment is intended to be curative, to prolong survival, or to manage symptoms. Refer to NCCN Clinical Practice Guidelines in Oncology™ Myeloid Growth Factors for more information.
Intermediate Risk
The use of prophylactic CSF support should be based on physician-patient discussion of the risk-benefit ratio of the likelihood of developing FN, the potential consequences of a neutropenic event, and the implications of reduced chemotherapy dose delivery. Treatment goals (ie, curative/adjuvant, prolong survival, or symptom management) should be considered. Refer to NCCN Guidelines for more information.

Low Risk
For patients at low risk, use of CSFs is not considered cost effective. Refer to NCCN Guidelines for more information.

Febrile neutropenia risk of each template is assigned based on NCCN Guidelines. If the specific regimen was not mentioned in NCCN Guidelines, the health care provider is referred to NCCN Guidelines for more information.