

Posterdiskussion - Supportivtherapie, Infektionen

P951 - Employment of G-CSF during dose-dense chemotherapy in routine care

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Introduction: Evaluation of the employment of G-CSF to deliver dose-dense chemotherapy in routine care 2008 - 2015.

Methods: All patients who received dose-dense chemotherapy in an oncology group practice between 2008 - 2015 were analysed retrospectively concerning treatment application and the type of G-CSF-usage.

Results: 190 patients with a median age of 54 (18 - 77) received 198 dose-dense chemotherapies, consisting of 846 cycles. 69 (36%) were female, 121 (64%) were male. Intention of treatment was curative in 55% and adjuvant in 45% of therapies. Curative protocols most frequently used were CAD (28%), BEACOPP(esc) (26%), R-CHOP-14 (13%) and CHOP-14 (11%). Adjuvant protocols most frequently used were ETC +/- Trastuzumab / Pertuzumab (43%), AC / EC-14 (29%), dtEC / Docetaxel (7%), TAC (7%) and Paclitaxel-14 (6%). G-CSF usage in the order of frequency was PEG-filgrastim in 34%, LIPEG-filgrastim in 29%, filgrastim in 27% and Lenograstim in 7%. 157 dose-dense chemotherapies were administered completely and could be evaluated in terms of delays in the protocol; of these 116 (74%) could be applied as planned without time delay. 23 therapies (12%) had to be discontinued for any reason (progress, toxicities). Febrile neutropenia occurred after 20 therapies (10%). No patient died as a cause of dose-dense chemotherapy.

Conclusion: The majority of patients receive pegylated filgrastim during dose-dense chemotherapy in routine care. Dose-dense chemotherapy can safely be applied to outpatients and febrile neutropenia rate is low.

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