

The impact of new European Organisation for Research and Treatment of Cancer guidelines on the use of granulocyte colony-stimulating factor on the management of breast cancer patients.

Zielinski CC, Awada A, Cameron DA, et al. *Eur J Cancer*. 2008;**44(3)**:353-65.

Study overview: This review discusses key recommendations from the 2006 EORTC guidelines for use of granulocyte colony-stimulating factor (G-CSF) relative to the management of breast cancer in adjuvant, neoadjuvant and metastatic disease settings in European practice.

Key findings: The authors identified the following implications for clinical practice. First, a larger number of patients now qualify for G-CSF primary prophylaxis, because it is recommended where overall febrile neutropenia (FN) risk is $\geq 20\%$, dose dense chemotherapy regimens are increasingly being used, and because patient risk factors that contribute to FN are becoming better recognised. Second, primary prophylaxis with G-CSF is recommended to maintain chemotherapy dosing schedule, where a reduction in dose intensity has the potential to compromise patient outcome. Third, when provided, G-CSF primary prophylaxis must be given effectively. The authors pointed out that while the guidelines suggest that any formulation of G-CSF can be used, daily G-CSF is often administered in short courses, which may compromise its efficacy.

Conclusions: The authors concluded that effective implementation of these evidence-based guidelines will benefit patients and reduce the burden on healthcare systems. They recommended that all patients should be individually assessed for FN risk prior to receiving chemotherapy, and supported the development of FN risk-scoring systems to help achieve this goal.

<http://www.ncbi.nlm.nih.gov/pubmed/18191396?dopt=Citation>