

A prospective study of chemotherapy-induced febrile neutropenia in the South West London Cancer Network. Interpretation of study results in light of NCAG/NCEPOD findings

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In 2008, the National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) report identified significant deficiencies in the level of care of cancer patients. Following the report of NCEPOD, the National Chemotherapy Advisory Group (NCAG) published specific recommendations related to the management of chemotherapy-related complications in 2009. This prospective study was performed to determine current practice and outcomes in hospitals within the South West London Cancer Network (SWLCN). 71 new hospital admissions for febrile neutropenia were reported involving 64 patients. The most common tumour types were breast cancer (18%) and lymphoma (18%), the most frequently recorded chemotherapy regime was the combination of cyclophosphamide, doxorubicin, vincristine, and prednisone (CHOP, 11%). Approximately 25% of patients received either colony-stimulating factor (CSF) or antibiotics as primary prophylaxis.

Admission for febrile neutropenia (FN) resulted in chemotherapy dose delays and dose reductions. As time is very important in the successful management of neutropenic events, a network-based standardised protocol within and across networks may help to improve quality of cancer care. Regular self-assessment procedures should be used to identify and eliminate weaknesses of cancer care.