Optimal Use of Granulocyte–Colony-Stimulating Factor in Patients With Cancer Who Are at Risk for Chemotherapy-Induced Neutropenia

Carrie Cappozzo, MSN, ANP-C

Purpose/Objectives: To provide an overview of the risks for and occurrence of chemotherapy-induced neutropenia in patients with cancer and its optimal prophylactic management with recombinant human granulocyte–colony-stimulating factor (G-CSF).

Data Sources: Original research, review articles, conference presentations, and published guidelines.

Data Synthesis: Chemotherapy-induced neutropenia is a common serious adverse event, and the risks for it can be predicted on the basis of patient characteristics and the chemotherapy regimen.

Conclusions: Optimal, cost-effective prophylactic management of chemotherapy-induced neutropenia with G-CSF requires the assessment of patient factors and the myelotoxicity of the chemotherapy regimen.

Implications for Nursing: Neutropenia and its complications can be serious adverse events in patients who are treated with chemotherapy. Nurses should be familiar with how to identify patients who are at risk for neutropenia and its complications and should be prepared to discuss the need for first-cycle use of G-CSF with the other members of the treatment team as necessary.

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eutrophils are the crucial first line of defense against pathogens such as bacteria and fungi (Burg & Pillinger, 2001). Produced in the bone marrow from blood progenitor cells, neutrophils have a relatively short half-life of about seven to eight hours in the peripheral blood. The high proliferative activity of neutrophil precursors and the high turnover of neutrophils in the periphery make them a target for cytotoxic agents that destroy rapidly proliferating cells in the body. Thus, patients with cancer who are treated with chemotherapy are at high risk for the development of neutropenia.

Neutropenia is a potentially serious side effect of cancer chemotherapy. Because neutrophils are responsible for protecting against infection, the presence of neutropenia may place a patient at serious risk for infection. Febrile neutropenia (temperature ≥ 38.2°C and absolute neutrophil count [ANC] ≤ 500 x 10^9/l) (Crawford et al., 1991) is a significant risk factor for life-threatening infections that can require hospitalization and IV antibiotics. The development of infectious complications associated with neutropenia correlates with the depth and duration of the ANC nadir (Boley, Buckley, Sathe, & Freireich, 1966). Patients with neutrophil counts below 1.0 x 10^9/l for one week had a 50% chance of infection and, as the duration of neutropenia increased, the risk of infection neared 100%. These patients had a mortality rate above 50% as long as their counts continued to fall, but...