OBJECTIVE

• To analyse the management of chemotherapy-associated neutropenia in early-stage breast cancer patients and compare the differences in two small hospitals of the same health area.

MATERIALS AND METHODS

• Multicenter retrospective observational study of patients with early-stage breast cancer who began treatment during 2018.
  - Age, histologic therapy, regimens.
  - Hormone Receptor status, filgrastim use.
  - Human Epidermal growth factor Receptor 2 (HER2) status.
  - Neutropenia grade (Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0).

RESULTS

N: 38 (A: 25; B:15)

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<table>
<thead>
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<tbody>
<tr>
<td>Median age</td>
<td>53.7</td>
</tr>
<tr>
<td>RH+ HER2+</td>
<td>14</td>
</tr>
<tr>
<td>RH+ HER2-</td>
<td>13</td>
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<tr>
<td>RH- HER2-</td>
<td>10</td>
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<tr>
<td>RH- HER2+</td>
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Neoadjuvant: 15 (60% of B)
Adjuvant: 23 (74% of A)

- AC--paclitaxel +/− trastuzumab +/− pertuzumab
- TC (only 4 patients >65)
- AC--carboplatin+nab-paclitaxel (only one patient)

Filgrastrim prophylaxis

• 1 in A without Np
• 3 in B with NP G3-4

CONCLUSIONS

• The greatest differences were the major use of neoadjuvant therapy and not using TC in hospital B. Having a similar sample, significant variability exists in the practice with respect to filgrastim administration. Apparently, the high use of filgrastim in hospital B does not reflect an improvement.
• It is necessary to establish a protocol in order to standardize filgrastim use and also the administration of TC in elderly patients.