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What are the recommended management strategies for patients with low-risk febrile neutropenia?

Hello, my name is Dr. Christopher Flowers and I am associate professor of hematology and oncology at the Emory University School of Medicine and Winship Cancer Institute at Emory. I am often asked what the recommended management strategies are for patients with low-risk febrile neutropenia. As the lead author for the ASCO guideline for the management of febrile neutropenia in the outpatient setting, this is a question that often comes up for management of patients with low-risk febrile neutropenia. I think several important notes come out of this new ASCO guideline about how to manage these patients. First, it is critical that all patients who are being considered for management in the outpatient undergo risk assessment using a standardized scoring system like the MASCC or the Talcott's rules to identify what the particular risk of management of febrile neutropenia is in the outpatient setting and the risk of having complications from febrile neutropenia. Once those rules have been applied, then appropriate patients can be managed in the outpatient setting with, according to the recommend guidelines, outpatient strategies that include the use of fluoroquinolone antibiotics for patients who have not received prior fluoroquinolones as management strategies for low-risk patients. And additional rules are needed to monitor those patients and to further stratify those patients and identify those who do need to be admitted for additional observation and management in the inpatient setting and those who can continue to be managed in the outpatient setting.

In addition, there are questions regarding the recommended management for patients with high-risk febrile neutropenia. This is still the standard population that needs to be managed in the inpatient setting. In that setting, it is appropriate to identify the risks and the particular risks for certain sites of infection that can be managed in the inpatient setting directly. This typically involves using blood cultures, urine cultures to identify potential sources of infection, looking at line sites, chest x-rays, or other imaging modalities to try and identify other potential sites of infection and choosing inpatient IV antibiotics as appropriate based on that evaluation. There are additional new and emerging settings that are helping to address these oncologic emergencies. The ASCO clinical practice guideline for the outpatient management of febrile neutropenia is one such tool that helps in this regard, and additional tools like growth factor support and other emerging antibiotics may help in the future to change the outcome for this oncologic emergency.