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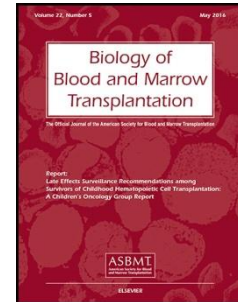
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Title

Granulocyte Colony-Stimulating Factor Use After Autologous Peripheral Blood Stem Cell Transplantation: Comparison of Two Practices

Authors

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Highlights

- Retrospective study of early versus ANC driven G-CSF in autologous PBSCT inpatients
- G-CSF was empirically started on day +5 versus day +12 only if ANC $<0.5 \times 10^9/L$
- No significant difference in time to engraftment, length of stay, and survival

Abstract

Administration of granulocyte colony-stimulating factor (G-CSF) after autologous peripheral blood stem cell transplantation (PBSCT) is generally recommended to reduce the duration of severe neutropenia; however, there is limited and conflicting data regarding the optimal timing of G-CSFs post-transplant. A retrospective study was performed at NewYork-Presbyterian/Weill Cornell Medical Center (NYP/WC) from November 5, 2013 to August 9, 2016 of adult inpatient autologous PBSCT patients who received G-CSF empirically starting on day +5 (early) versus day +12 only if absolute neutrophil count (ANC) was $<0.5 \times 10^9/L$ (ANC driven). G-CSF was dosed at 300 mcg for patient weight <75 kg or 480 mcg if ≥ 75 kg. One hundred consecutive patients underwent autologous PBSCT utilizing either the early (N=50) or ANC driven (N=50) practice. Patient and transplant characteristics were comparable in both groups. In the ANC driven group, 24% (N=12) received G-CSF on day +12 and 60% (N=30) were initiated earlier due to

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