Questionnaire about the use of Granulocyte Colony Stimulating Factors (G-CSF) in daily practice

Chemotherapy-induced neutropenia is a major risk factor for infection-related morbidity and mortality and also a significant dose-limiting toxicity in cancer treatment. Prophylactic G-CSF continues to be recommended in patients receiving a chemotherapy regimen with high risk of febrile neutropenia FN. When using a chemotherapy regimen associated with FN in 10–20% of patients, particular attention should be given to patient-related risk factors that may increase the overall risk of FN.
There are well-known patient related and treatment related risk factors that increase the risk of developing complications due to neutropenia. Despite the current NCCN and EORTC guidelines that triage the patients into different groups based on their cumulative risks, there are many clinical situations placed in the grey zone where there is no clear guidance to help the clinician to weigh the cost-benefit ratio putting into consideration the documented serious toxicities in addition to the financial one. The most current imperative factors that may impact the clinical decision is the COVID-19 pandemic.

This questionnaire represents an international collaboration of Dr. Ereny Samwel, a consultant of clinical oncology, Clinical Oncology Department, Assiut University, Egypt in collaboration with Dr.Karima Oualla Bennani an assistant Professor of Medical Oncology at Faculté de Médecine et de Pharmacie de Fès FMPF, Morocco, Dr. Narmin Talibova, a medical oncologist at Milli Onkologiya Mərkəzi / National Center of Oncology, Azerbaijan, and Dr. Snezhanna Gening, a researcher in Ulyanovsk Regional Clinical Oncology Center, Russia.
The aim of this project is to evaluate of the current practice of the use of G-CSF and the impact of current pandemic status on it.

*Required

1. Name

2. Where you are practicing *

Tick all that apply.

- [ ] Asia
- [ ] Europe
- [ ] Middle East
- [ ] North Africa
- [ ] North America
- [ ] South America
- [ ] Other: _____

3. Speciality *

Tick all that apply.

- [ ] Medical oncology
- [ ] Clinical Oncology
- [ ] Radiotherapy
- [ ] Other: _____

4. Where are you practicing *

Mark only one oval.

- ◯ Academic University hospital
- ◯ Public health care system
- ◯ Health insurance
- ◯ Private section
- ◯ Other: _____

5. Does G-CSF available at your daily practice *

Mark only one oval.

- Yes
- No

6. Does the health care insurance cover the use of the G-CSF use *

Tick all that apply.

- Completely
- Partially
- Not at all
- Patients have to pay out of pocket
- Please specify the percentage of out of pocket payment if feasible

Other: _____

7. Limitation to the prescription of the G-CSF use *

Tick all that apply.

- Inpatients only
- Outpatient only
- Both
- No limitation
- Please mention limitation like price, side effects or other

Other: _____

8. The routine use of G-CSF as a primary prophylaxis in the high risk patients *

Tick all that apply.

- No
- Yes
- please mention percentage if possible

Other: _____

9. Your practice in the management of high risk chemotherapy-induced afebrile neutropenia *

Tick all that apply.

- [ ] G-CSF
- [ ] Prophylactic antibiotics
- [ ] Both
- [ ] Other: _____

10. Do you assess systematically factors that increase the frequency/risk of FN such as Age > 65 years and comorbities when the risk related to the chemotherapy protocol is 10-20% (moderate risk) to reconsider the indication of GCSF? *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Maybe

11. Your practice in the management of moderate risk afebrile chemotherapy-induced neutropenia *

Tick all that apply.

- [ ] G-CSF
- [ ] Steroid
- [ ] Observation
- [ ] Prophylactic antibiotics
- [ ] Other: _____

12. Your practice in the management of low risk afebrile chemotherapy-induced neutropenia *

Tick all that apply.

- [ ] G-CSF
- [ ] Steroid
- [ ] Observation
- [ ] Prophylactic antibiotics

Other: [ ] _____

13. Does the current COVID 19 pandemic influence the rate of prescription of GCSF in the routine practice in terms of increased usage of the stimulating factors for the fear of immuno-compromised cancer patients catching SARS-CoV-2 infection? *

Mark only one oval.

- ( ) Yes
- ( ) No
- ( ) Please mention the sort of impact if feasible
- ( ) Other: _____