

# NEUTROPENIA

Delayed-onset neutropenia can occur between **1 and 5 months** after rituximab.<sup>(1)(2)</sup>

## Empiric treatment of neutropenic fever

- An antipseudomonal beta-lactam, such as **cefepime, ceftazidime, piperacillin-tazobactam, meropenem, or imipenem.**<sup>(3)</sup>
- Treatment against methicillin-resistant *Staphylococcus aureus* (MRSA) with agents such as **vancomycin** should be included in empiric antimicrobial regimens when other additional clinical indicators are present, such as pneumonia, skin or soft tissue infection, or suspected catheter-related infection, or if the patient is hemodynamically unstable.<sup>(3)</sup>
- **GCSFs (Filgrastim)** can also be used in patients with neutropenic fever with additional risk factors for severe complications, such as those with an ANC of less than 100 cells/mm<sup>3</sup> and/or with pneumonia, hypotension, multi-organ failure, or invasive fungal infections.<sup>(3)(4)(5)</sup>
- Recovery with the use of a filgrastim product can occur within four days.<sup>(5)(6)</sup>

To keep a patient's ANC greater than 1,000 cells/mm<sup>3</sup>, maintenance strategies using Filgrastim once or twice weekly may be employed for several months for patients with prolonged neutropenia despite initial neutrophil recovery.<sup>(7)(8)</sup>

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