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

Material and methods A multicentred, retrospective, observational study was conducted in patients with early stage breast cancer who began treatment during 2018. Data collected were age, tumour histology, hormone receptor status, human epidermal growth factor receptor 2 (HER2) status, chemotherapy regimens, neutropenia grade (common terminology criteria for adverse events (CTCAE) V5.0) and filgrastim use.

Results During 2018, 38 patients started treatment (hospital A 23 patients, hospital B 15 patients). Median age was 53.7 years (hospital A 52.3 years; hospital B 55.7 years). Fourteen patients were hormone receptor positive, HER2 positive; 13 were hormone receptor positive, HER2 negative; 10 were triple negative; and only one was hormone receptor negative, HER2 positive.

Twenty-three patients received adjuvant therapy (accounted for 73.9% of hospital A) versus 15 neoadjuvant (60% of hospital B). Chemotherapy regimens most used were adriamycin–cyclophosphamide (AC) followed by weekly paclitaxel, adding trastuzumab±pertuzumab in HER2 positive patients. In hospital A, the four patients >65 years received docetaxel plus cyclophosphamide (TC) instead of AC. A triple negative patient was treated with AC followed by carboplatin plus nab-paclitaxel.

A total of 65.8% (hospital A 65.2%; hospital B 66.7%) of patients experienced grade 2 neutropenia or higher. Grade 4 neutropenia appeared in 23.7% of cases (hospital A 21.7%; hospital B 26.7%).

The use of filgrastim as prophylaxis was used in only one patient in hospital A with no record of neutropenia. On the other hand, hospital B had three patients who developed neutropenia grade 3 or 4. Only 33.3% of the neutropenias were treated in hospital A versus 60% in hospital B. No grade 2 was treated in hospital A, but all were treated in hospital B. Patients treated with TC had no neutropenia > grade 2.

Conclusion and relevance The greatest differences were the major use of neoadjuvant therapy and not using TC in hospital B. With a similar sample, significant variability existed in the practice with respect to filgrastim administration. Apparently, the widespread use of filgrastim in hospital B did not reflect an improvement. It is necessary to standardise a protocol in order to standardise filgrastim use and also administration of TC in elderly patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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