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EFFECT OF G-CSF ON ANC LEVEL IN ALL (Acute Lymphoblastic Leukemia) PATIENT WITH NEUTROPENIA AND FEBRILE NEUTROPENIA DURING CHEMOTHERAPY

Abstract

Acute Lymphoblastic Leukemia (ALL) is the most common malignancy in children. Chemotherapy-induced neutropenia (CIN) is one of the serious adverse events that may cause complication such as febrile neutropenia. Neutrophils level is increased using G-CSF, whose effectiveness based on ANC (absolute neutrophil counts) pre and post G-CSF therapy level remains unknown. This study was to analyze the ANC level changes pre and post G-CSF therapy in neutropenia and febrile neutropenia patients with standard risk and high risk chemotherapy protocol. This was a retrospective-observational study from January 2010 to December 2013. Pre-therapy ANC level had been collected before receiving G-CSF therapy. Post-therapy ANC level was collected between day 1 to 7 after therapy discontinuation. Data were analyzed using paired t-test to determine ANC level changes pre- and post-therapy. Range of GCSF dose of neutropenia vs febrile neutropenia patient with SR protocols therapy was 9.172 ± 1.5646 vs 9.079 ± 1.646 μg/kgBW, and for HR protocols 9.909 ± 1.1229 vs 9.114 ± 1.8551 μg/kgBW/day. In conclusion, G-CSF in a dose of 5-10 μg/kgBW per day increases ANC level significantly in ALL patients with neutropenia under high risk and standard risk protocol and in ALL patients with febrile neutropenia under standard risk protocol. However, the increase of ANC level is not significant in ALL patients with febrile neutropenia under high risk protocol. (FMI 2014;50:179-186)

Keyword : chemotherapy, induced, neutropenia, acute, lymphoblastic, leukemia, pediatric, G-CSF,

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