

## Speech Abstract

Topic:

**Reimbursement Expansion of Pegfilgrastim for FN Prevention in Non – Myeloid Malignancies: Broader Access, Better Outcomes**

Abstract

Febrile neutropenia (FN) remains one of the most serious complications in oncology, often leading to hospitalization, dose delays, or chemotherapy dose reductions. These interruptions not only compromise treatment efficacy but may also negatively impact long-term survival. Traditionally, the use of granulocyte-colony stimulating factors (G-CSFs) has been an effective strategy to reduce FN incidence. Short-acting G-CSF, such as filgrastim, has demonstrated efficacy when administered daily until post-nadir recovery. However, daily injections can create adherence challenges and increase patient burden in some cases. This has led to the development of long-acting G-CSFs, such as pegfilgrastim, which provide sustained stimulation of neutrophil recovery with a single fixed dose per chemotherapy cycle. Both of filgrastim & pegfilgrastim and different treatment position.

With the upcoming expansion of reimbursement coverage on **September 1st**, Neulasta now allow its use in non-myeloid malignancies, without the requirement of concurrent bone marrow involvement. This broader access marks an important milestone in patient care, allowing more cancer patients to benefit from the convenience and efficacy of long-acting G-CSF. For clinicians, this means a greater ability to protect patients across a wider spectrum of chemotherapy regimens, while also aligning with international guidelines that recommend long-acting G-CSF as a preferred option for high-risk FN prevention.

It is also worth emphasizing the clinical positioning between filgrastim and pegfilgrastim.

Filgrastim remains a valuable option in situations requiring short-term or flexible use, such as dose adjustments or stem cell mobilization. Meanwhile, pegfilgrastim offers strong protection in standard chemotherapy cycles, reducing the risk of hospitalization, improving adherence, and ultimately supporting better outcomes and quality of life.

In conclusion, the expanded reimbursement for pegfilgrastim represents not just an administrative update, but a significant step forward in supportive oncology care. By integrating both short-acting and long-acting G-CSFs appropriately into clinical practice, we can provide individualized, effective, and patient-centered FN prevention.