Aim: The classification systems for febrile neutropenia FN define groups of patients with high or low risk of developing complications during the episode, but they do not evaluate correctly which patients can be treated as outpatients, because up to 5-15 % of low risk patients suffer some kind of complication or even death.

Methods: A retrospective study in only one institution of episodes of febrile neutropenia in outpatients with solid tumors between January 2004 and December 2011. The clinical differences between patients treated in hospital and those treated as outpatients were analyzed by means of a multivariate analysis to design a protocol algorithm.

Results: A total of 250 patients were included. 173 (69.2%) patients underwent hospital treatment (PHT) and 77 (30.8%) were treated orally as outpatients (OP). Of the latter, none developed serious complications nor required admission. 12 clinical variables between PHT and OP were analyzed using logistic binary regression. Statistically significant differences were found, clinical factors favourable to outpatient treatment being: age<60 years (odds ratio OR, 3,18; 95% confidence interval CI, 1,26 to 8,01); neutrophils>100/mm³ (OR, 14; 95% CI, 4,67 to 41,09); ECOG<2 (OR, 33,28; 95% CI, 9,73 to 113,08); absence of infection site (OR, 6,23; 95% CI, 2,64 to 14,66) and >10 days between cycle of chemotherapy CC and FN episode (OR, 2,49; 95% CI, 1,01 to 6,19). The area under the curve for this model was 0.932 (p < 0,001, 95 IC, 0,901 to 0,963).

With these results we drew up a decision tree (it will be presented at the Congress if possible).

Conclusions: Ambulatory management is possible for patients with febrile neutropenia who are clinically stable and who present the above favourable clinical factors.

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