

For cancer patients receiving myelosuppressive regimens

# Support your patients' full-dose chemotherapy

**Start Neulasta® (pegfilgrastim) in the first cycle of chemotherapy for patients at moderate to high risk of neutropenic complications.**

- A single, fixed dose of Neulasta® per chemotherapy cycle has been shown to shorten the duration of severe neutropenia and reduce the incidence of febrile neutropenia.<sup>1,2</sup>
- Neutropenic complications are often the major impediment to maintaining the full dose of chemotherapy on schedule.<sup>3,4</sup>

**Clinical outcomes in many cancers may be optimized when patients complete their full-dose chemotherapy on schedule.<sup>5,6</sup>**

Neulasta® is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anticancer drugs associated with a clinically significant incidence of febrile neutropenia.

In clinical trials, the most common adverse event attributed to Neulasta® therapy following combination chemotherapy in patients (n = 465) with lymphoma and solid tumors was bone pain, reported in 26% of patients. The only serious adverse event not attributed to underlying disease or chemotherapy was a case of hypoxia. While not reported in patients receiving Neulasta®, rare events of adult respiratory distress syndrome, splenic rupture, and sickle cell crisis have been reported in patients receiving the parent compound, Filgrastim.

Please refer to the brief summary of Neulasta® prescribing information.



 **Neulasta®**  
(pegfilgrastim)  
Start with support