

4. FCH en cours de radiothérapie

- L'ASCO recommande d'éviter l'utilisation des FCH au cours d'une chimio-radiothérapie concomitante, particulièrement lorsqu'elle concerne le médiastin.
- En l'absence de chimiothérapie, les FCH peuvent être utilisés au cours de la radiothérapie seule si cette dernière risque d'induire une prolongation de la neutropénie (30).
- Dans les CPC, l'utilisation est à considérer avec précaution durant une chimio-radiothérapie concomitante (41).

5. Antibioprophylaxie des neutropénies

L'ASCO ne recommande pas d'antibioprophylaxie systématique (42). L'actualisation de la revue Cochrane comparant l'efficacité d'une prophylaxie par FCH ou d'une antibioprophylaxie en 2015, ne permet toujours pas de conclure en un intérêt de l'antibioprophylaxie (43).

Chez les patients particulièrement à risque pour la pneumocystose (corticothérapie de plus de 20 mg d'équivalent prednisone par jour pendant plus de 1 mois par exemple) une prophylaxie par Triméthoprime-Sulfaméthoxazole est recommandée (42).

Recommandation

L'antibioprophylaxie des neutropénies n'est pas recommandée au cours des chimiothérapies utilisées en oncologie thoracique.

Une antibioprophylaxie orale de la pneumocystose est recommandée chez les patients à risque :

- sulfaméthoxazole 800mg + triméthoprime 160mg (BACTRIM FORTE) : de 1cp par jour à 1 cp trois fois par semaine.
- sulfaméthoxazole 400mg + triméthoprime 80mg (BACTRIM ADULTE) : de 2 cp par jour à 2 cp trois fois par semaine.

6. Utilisation des FCH pour le traitement curatif des neutropénies

Les FCH ne sont pas recommandés dans le traitement curatif des neutropénie non fébriles (30).

Les FCH peuvent être considérés dans les situations à haut-risque infectieux et/ou en cas de facteurs de mauvais pronostic :

- Neutropénie attendue comme prolongée (>10 jours)
- Neutropénie profonde ($<0.1 \times 10^9$ PNN/L) ;
- Age > 65ans ;
- Maladie néoplasique non contrôlée ;
- Pneumopathie ;
- Sepsis sévère, choc septique ;
- Infection fongique invasive ;
- Hospitalisation lors de la survenue de la neutropénie fébrile ;
- ATCD de neutropénie fébrile.

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