

Consensus survey on the management of children with chemotherapy-induced febrile neutropenia and at low risk of severe infection.

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Abstract

Purpose: To identify national consensus criteria for the management of children with chemotherapy-induced febrile neutropenia (FN) and for evidence-based step-down treatment approaches for patients classified as having a low risk of severe infection. **Methods:** In August 2018, a five-section, 38-item survey was e-mailed to all pediatric hematology and oncology units in France. The five sections contained statements on possible consensus criteria for (i) the definition of FN, (ii) the initial management of children with FN, (iii) the conditions required for initiating step-down therapy in low-risk patients, (iv) the management strategy for low-risk patients, and (v) antibiotic treatment on discharge. Consensus was defined as 75% of “somewhat agree” + “strongly agree” answers. **Results:** Sixty-five physicians, all specialists in pediatric onco-hematology, from 18 centers completed the survey questionnaire (participation rate: 58%). A consensus was reached on 22 of the 38 statements, including the definition of FN, the criteria for step-down therapy in children at low risk of severe infection, and the initial care of patients with FN. There was no consensus on the type and duration of antibiotic therapy on discharge for patients at low risk of severe infection. **Conclusion:** A consensus has been reached on the criteria for initiating evidence-based step-down treatment of children with FN and a low risk of severe infection. The lack of consensus on the step-down antimicrobial regimen means that the post-discharge antibiotic treatment can be defined according to local preferences.

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