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Jornal de Pediatria

Article: Oral vs. intravenous empirical antimicrobial therapy in febrile neutropenic patients receiving childhood cancer chemotherapy

Dear Editor,

I have read the recent publication in the journal with a great interest.[1] Cagol et al. concluded that "there was no difference in the outcome in oral vs. intravenous therapy."[1] There are some concerns and questions on this report. First, whether the number of subjects is statistically acceptable and whether there is any background differences among the subjects in both groups still require clarification. Second, it should be clarified that "no difference in the outcome" is related to the efficacy of the therapeutic alternative. However, there are no data on cost-effectiveness and cost-utility. Further studies on these aspects are needed.

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No conflicts of interest declared concerning the publication of this letter.

References

1. Cagol AR, de Castro Junior CG, Martins MC, Machado AL, Ribeiro RC, Gregianin LJ, et al. Oral vs. intravenous empirical antimicrobial therapy in febrile neutropenic patients receiving childhood cancer chemotherapy. J Pediatr (Rio J). 2009;85:531-5.

Authors' reply

We thank Professor Wiwanikit for his comments on our report. Professor Wiwanikit wonders whether there were background differences between both groups of patients and whether the number of patients in each arm allows a statistically acceptable interpretation. There was no apparent difference between patients in both arms as to age, gender, degree of neutropenia, disease status, and presence of comorbidities. We indeed found no difference in the outcome of patients receiving oral vs. intravenous therapy. We, however, pointed out in our paper that a prospective cooperative group trial with a larger number of patients is still required before we can make definitive recommendations on the safe use of oral therapy for febrile neutropenic (F&N) patients. In our paper, we also referred to other studies suggesting that low risk F&N patients can be successfully managed as outpatients. We believe there are limitations to a more widespread implementation of this approach, which include presence of medical comorbidities, social barriers and concurrent use of high-intensity chemotherapy protocols. In addition, there might be some reluctance by physicians to take additional risks, knowing that the established practice of inpatient management of F&N patients has a very low mortality rate.

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