
Guideline for the Management of *Clostridioides difficile* Infection in Pediatric Patients With Cancer and Hematopoietic Cell Transplantation Recipients

COG Supportive Care Endorsed Guidelines

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The “Guideline for the Management of *Clostridioides difficile* Infection in Pediatric Patients with Cancer and Hematopoietic Cell Transplantation Recipients: 2024 Update” developed by the Pediatric Oncology Group of Ontario (POGO) was endorsed by the COG Supportive Care Guideline Committee in August 2024.

The source guideline is published (Patel P, Robinson PD, Fisher BT, et al. Guideline for the management of *Clostridioides difficile* Infection in pediatric patients with cancer and hematopoietic cell transplantation recipients: 2024 Update. eClinMed 2024.) and is available at: <https://doi.org/10.1016/j.eclinm.2024.102604>

The purpose of the source guideline is to update the previously created clinical practice guideline for the management of *Clostridioides difficile* in pediatric patients with cancer and pediatric hematopoietic cell transplantation (HCT) recipients. Recommendations and good practice statements from the endorsed clinical practice guideline are presented in the tables below.

Summary of Recommendations for the Management of *Clostridioides difficile* Infection (CDI) in Pediatric Patients with Cancer and Hematopoietic Cell Transplantation (HCT) Recipients

RECOMMENDATIONS	Strength of Recommendation and Quality of Evidence*
What interventions should be used for the prevention of CDI in pediatric patients with cancer and HCT recipients?	
1. We suggest that probiotics not be used routinely for the prevention of CDI in pediatric patients with cancer and HCT recipients	Conditional recommendation Low quality evidence
What interventions should be used for the treatment of CDI in pediatric patients with cancer and HCT recipients?	
2. Use either oral metronidazole or oral vancomycin for the treatment of non-severe CDI in pediatric patients with cancer and HCT recipients	Strong recommendation Low quality evidence
3. Use either oral vancomycin or oral fidaxomicin for the treatment of severe CDI in pediatric patients with cancer or HCT recipients	Strong recommendation Low quality evidence
4. Consider fidaxomicin for the treatment of recurrent CDI in pediatric patients with cancer and HCT recipients	Conditional recommendation Low quality evidence
5. Do not use fecal microbiota transplantation routinely for the treatment of CDI in pediatric patients with cancer and HCT recipients	Strong recommendation Low quality evidence
6. We suggest that monoclonal antibodies not be used routinely for the treatment of CDI in pediatric patients with cancer and HCT recipients	Conditional recommendation Low quality evidence
7. We suggest that probiotics not be used routinely for the treatment of CDI in pediatric patients with cancer and HCT recipients	Conditional recommendation Low quality evidence

*see [Appendix 1](#)

**Summary of Good Practice Statements for the
Management of *Clostridioides difficile* Infection (CDI) in Pediatric Patients with Cancer and
Hematopoietic Cell Transplantation (HCT) Recipients**

GOOD PRACTICE STATEMENTS
1. In pediatric patients with cancer and HCT recipients experiencing CDI, follow infection control practices including isolation according to jurisdictional policies
2. In pediatric patients with cancer and HCT recipients, especially those who have experienced CDI, minimize systemic antibacterial administration where feasible

Appendix 1: Systems for Classifying Recommendations and Evidence used by the Source Clinical Practice Guidelines

I. GRADE

Strength of Recommendations:

Strong Recommendation	When using GRADE, panels make strong recommendations when they are confident that the desirable effects of adherence to a recommendation outweigh the undesirable effects.
Weak Recommendation	Weak recommendations indicate that the desirable effects of adherence to a recommendation probably outweigh the undesirable effects, but the panel is less confident.

Strength of Recommendations Determinants:

Factor	Comment
Balance between desirable and undesirable effects	The larger the difference between the desirable and undesirable effects, the higher the likelihood that a strong recommendation is warranted. The narrower the gradient, the higher the likelihood that a weak recommendation is warranted
Quality of evidence	The higher the quality of evidence, the higher the likelihood that a strong recommendation is warranted
Values and preferences	The more values and preferences vary, or the greater the uncertainty in values and preferences, the higher the likelihood that a weak recommendation is warranted
Costs (resource allocation)	The higher the costs of an intervention—that is, the greater the resources consumed—the lower the likelihood that a strong recommendation is warranted

Quality of Evidence

High Quality	Further research is very unlikely to change our confidence in the estimate of effect
Moderate Quality	Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate
Low Quality	Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate
Very Low Quality	Any estimate of effect is very uncertain

Guyatt, G.H., et al., *GRADE: an emerging consensus on rating quality of evidence and strength of recommendations*. BMJ, 2008; 336: 924-926.

Guyatt, G.H., et al., *GRADE: going from evidence to recommendations*. BMJ, 2008; 336: 1049-1051.