

Use of Food Restrictions to Prevent Infections in Paediatric Patients with Cancer and Haematopoietic Cell Transplantation Recipients: A Systematic Review and Clinical Practice Guideline

COG Supportive Care Endorsed Guidelines

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“Use of food restrictions to prevent infections in paediatric patients with cancer and haematopoietic cell transplantation recipients: a systematic review and clinical practice guideline”, developed by the Pediatric Oncology Group of Ontario, was endorsed by the COG Supportive Care Guidelines sub-Committee in June 2025.

The source guideline is published (Phillips R, Fisher BT, Ladas E, et al. Use of food restrictions to prevent infections in paediatric patients with cancer and haematopoietic cell transplantation recipients: a systematic review and clinical practice guideline. eClinical Med 2025; 81:103093.) and is available at: <https://doi.org/10.1016/j.eclinm.2025.103093>

The purpose of the source guideline is to provide to develop evidence-based recommendations on the use of food restrictions to prevent infections in pediatric patients being treated for cancer or undergoing hematopoietic cell transplant (HCT). The good practice statement and recommendations from the endorsed clinical practice guideline are presented in the tables below.

Good Practice Statement on the Use of Food Restrictions to Prevent Infections in Pediatric Patients with Cancer and Hematopoietic Cell Transplantation (HCT) Recipients

GOOD PRACTICE STATEMENT
Follow practices for safe food handling, storing, preparation and consumption outlined by applicable health authorities.

Summary of Recommendations on the Use of Food Restrictions to Prevent Infections in Pediatric Patients with Cancer and Hematopoietic Cell Transplantation (HCT) Recipients

RECOMMENDATIONS	Strength of Recommendation and Quality of Evidence*
1. Should food restrictions be used to prevent infections in pediatric patients with cancer?	
We suggest that food restrictions not be routinely used for the prevention of infections in paediatric patients with cancer.	Conditional recommendation Moderate quality evidence
2. Should food restrictions be used to prevent infections in paediatric HCT recipients?	
We suggest that food restrictions not be routinely used for the prevention of infections in paediatric autologous HCT and allogeneic HCT recipients.	Conditional recommendation Low quality evidence

*see [Appendix 1](#)

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.
Conditional Recommendation	Conditional 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 conditional 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.