

COG Supportive Care Endorsed Guidelines Educational Tool

Platelet Transfusion: 2025 AABB and ICTMG International Clinical Practice Guidelines

Metcalf RA, Nahirniak S, Guyatt G, et al. Platelet transfusion: 2025 AABB and ICTMG international clinical practice guidelines. JAMA. 2025 Aug 19;334(7.) and is available here:
<https://jamanetwork.com/journals/jama/article-abstract/2834703>


Purpose

- The purpose of this tool is to provide education specific to each supportive care guideline that has been endorsed by the Children's Oncology Group. This educational tool can be used to facilitate implementation of the COG-endorsed guideline at individual institutions.
- This information is not intended as the sole source of information regarding the COG-endorsed guideline. The source guideline document should always be consulted prior to making decisions about care delivery.
- Although every attempt has been made to assure that the content contained herein is as accurate and complete as possible as of the date of preparation, no warranty or representation, express or implied, is made as to the accuracy, reliability, completeness, relevance, or timeliness of this content.

How to Locate the COG-endorsed Supportive Care Guidelines

Member and Public Websites

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By Phase
All Phases | Phase 1 | Phase 2 | Phase 3 | Pilot

By Status
All Statuses | Open | Closed | Follow-Up Completed | New Only

By Protocol Number

By Protocol Title

Committees

IMedidata COG Foundation COG Public Drug Shortages

Administrative Discipline Disease Domain

- Bioethics
- Data Safety Monitoring Committee (DSMC)
- Diversity & Health Disparities
- Executive
- Industry Relations Advisory
- Institutional Performance Monitoring
- International Affairs
- Membership
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- Patient Advocacy
- Patient-Reported Outcomes
- Return of Results
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- Young Investigators


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- COG S (4/20/20)
- Spring (4/20/20)
- COG S (4/18/20)
- Sad Ne
- 2026 IF
- NIH Inv (4/8/20)
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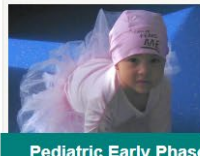
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Pediatric Early Phase-Clinical Trial Network (PEP-CTN)



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Within COG Protocols

Supportive Care Guidelines section of protocol:

For COG Supportive Care Guidelines see:

[https://childrensoncologygroup.org/index.php/cog-supportive-care-guidelines.](https://childrensoncologygroup.org/index.php/cog-supportive-care-guidelines)

General Information on COG-endorsed Supportive Care Guidelines

What to Know About COG-Endorsed Guidelines

How are the guidelines chosen?

- Rigorously developed, evidence-based guidelines are identified and evaluated by committee members with the AGREE tool and COG stakeholders.
- The task force identifies these guidelines and evaluates them for endorsement by COG

Where can each guideline be accessed?

- The COG Supportive Care Guidelines are linked to each COG protocol
- There will also be a link to each guideline on the COG Supportive Care Guidelines homepage

Who are the working group members?

- Inter-professional committee of pediatric hematology/oncology health care professionals

Archiving Policy

- Ensures the most up-to-date clinical practice guidelines are under active endorsement
- Guidelines will be archived that have not been updated by their developer within 6 years of the date of their publication
- Archived guidelines can be accessed on the webpage

Platelet Transfusion 2025 AABB and ICTMG International Clinical Practice Guidelines

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Key Components of the Guideline

“Platelet Transfusion 2025 AABB and ICTMG International Clinical Practice Guidelines”

<p>Developer:</p> <p>Association for Advancement of Blood and Biotherapies and International Collaboration for Transfusion Medicine Guidelines</p>	<p>Purpose:</p> <p>To provide recommendations in adult and pediatric populations in whom platelet transfusions are commonly performed.</p>	<p>Available at:</p> <p>https://jamanetwork.com/journals/jama/article-abstract/2834703</p>
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Good Practice Statement

Good Practice Statement for Platelet Transfusion

GOOD PRACTICE STATEMENT
Consider symptoms, signs, other laboratory parameters, bleeding history, medications, patients' values and preferences, alternative therapies, and overall clinical context when deciding to perform a platelet transfusion on a particular patient.

Summary of Recommendations

Summary of Recommendations for Platelet Transfusion

Note that only recommendations applicable to pediatric patients are summarized below.

RECOMMENDATIONS	Strength of Recommendation / Certainty of Evidence
<p>1.1 Nonbleeding patients with hypoproliferative thrombocytopenia actively receiving chemotherapy or undergoing allogeneic stem cell transplant (SCT): Platelet transfusion should be administered when the platelet count is $<10 \times 10^3/\mu\text{L}$</p>	<p>Strong / Moderate</p>
<p>Summary Justification: The data support no benefit with liberal strategies and a platelet count threshold $<10 \times 10^3/\mu\text{L}$ is practical for implementation.</p>	
<p>1.2 Preterm neonates without major bleeding: Platelet transfusion should be administered when the platelet count is $<25 \times 10^3/\mu\text{L}$</p>	<p>Strong / High</p>
<p>Summary Justification: The data support no benefits with liberal policies of $<50 \times 10^3/\mu\text{L}$ and the possibility of harm.</p>	
<p>1.3 Patients undergoing lumbar puncture: Platelet transfusion should be administered when the platelet count is $<20 \times 10^3/\mu\text{L}$</p>	<p>Strong / Moderate</p>
<p>Summary Justification: A platelet count threshold $<20 \times 10^3/\mu\text{L}$ is practical for implementation, and minimizes need for platelet transfusion, while recognizing the extremely low event rate estimate.</p>	

Summary of Recommendations

RECOMMENDATIONS	Strength of Recommendation / Certainty of Evidence
1.4 Patients with Dengue-related consumptive thrombocytopenia in the absence of major bleeding: No platelet transfusion	Strong / Moderate
Summary Justification: The data support no benefits with use of platelets as prophylaxis and possibility of harm.	
2.6 Nonthrombocytopenic patients undergoing cardiovascular surgery in the absence of major hemorrhage, including those receiving cardiopulmonary bypass: No platelet transfusion	Conditional / Very low
Summary Justification: The limited data available support no benefit with use of platelets.	

*see [Appendix 1](#)

Appendix Explaining the Strength and Certainty

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 or Conditional Recommendation	Weak or 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 Recommendation 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
Certainty in 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

Certainty in Evidence or Quality of Evidence

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

More information available at:
<https://childrensoncologygroup.org/clinical-practice-guideline-educational-modules>