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**Guideline for the Prevention of Oral and Oropharyngeal Mucositis
in Children receiving Treatment for Cancer or undergoing
Haematopoietic Stem Cell Transplantation**

COG Supportive Care Endorsed Guidelines

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The “Guideline for the prevention of oral and oropharyngeal mucositis in children receiving treatment for cancer or undergoing haematopoietic stem cell transplantation” was endorsed by the COG Supportive Care Guideline Committee in February 2016.

The source guideline is published (Sung L, Robinson P, Treister N, et al. BMJ Supportive & Palliative Care Published Online First: 24/03/2016 doi:10.1136/bmjspcare-2014-000804) and is available at: <http://dx.doi.org/10.1136/bmjspcare-2014-000804>

The purpose of this guideline is to to develop an evidence-based clinical practice guideline for the prevention of oral mucositis in children (0–18 years) receiving treatment for cancer or undergoing hematopoietic stem cell transplant.

The recommendations of the endorsed guideline are presented below.

Summary of Recommendations for the Prevention of Oral and Oropharyngeal Mucositis in Children receiving Treatment for Cancer or undergoing Hematopoietic Stem Cell Transplantation

RECOMMENDATIONS	Strength of Recommendation and Quality of Evidence
What prophylactic interventions are effective at preventing or reducing the severity of oral and oropharyngeal mucositis in children (0–18 years) receiving treatment for cancer or undergoing haematopoietic stem cell transplantation?	
<ul style="list-style-type: none"> We suggest that cryotherapy may be offered to cooperative children receiving chemotherapy or hematopoietic stem cell transplant conditioning with regimens associated with a high rate of mucositis 	Weak recommendation, Moderate quality evidence
<ul style="list-style-type: none"> We suggest that low-level light therapy may be offered to cooperative children receiving chemotherapy or hematopoietic stem cell transplant conditioning with regimens associated with a high rate of mucositis 	Weak recommendation, High quality evidence
<ul style="list-style-type: none"> We suggest that keratinocyte growth factor may be offered to children receiving hematopoietic stem cell transplant conditioning with regimens associated with a high rate of severe mucositis 	Weak recommendation High quality evidence

Appendix 1: 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.