## Appendix 10. Research Gaps in Pediatric Fever and Neutropenia

<table>
<thead>
<tr>
<th>Research Gap</th>
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<tbody>
<tr>
<td>Identification of a validated high-risk stratification schema for pediatric fever and neutropenia</td>
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<td>Determination of the incremental value of a peripheral blood culture in addition to central venous catheter cultures of an adequate volume in children with fever and neutropenia</td>
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<tr>
<td>Identification of the optimal type and frequency of re-evaluation (for example, daily or every second day telephone contact or clinic visit) for pediatric outpatients with low-risk fever and neutropenia</td>
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<tr>
<td>Determination of the optimal treatment regimen for microbiologically documented sterile site infections during fever and neutropenia</td>
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<tr>
<td>Identification of the optimal frequency of blood culture sampling in persistently febrile pediatric patients with neutropenia who are either clinically stable or unstable</td>
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<td>Determination of the optimal duration of antibiotic therapy for patients with high-risk fever and neutropenia without bone marrow recovery for prolonged periods</td>
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<td>Determination of whether a strategy of routine galactomannan screening in IFD high-risk children is cost-effective and results in better clinical outcomes compared to a strategy without screening</td>
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<td>Determination of the clinical utility and optimal cut-off of β-D-glucan testing in IFD high-risk children</td>
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<td>Determination of the clinical utility of routine sinus imaging in children being evaluated for IFD</td>
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<td>Determination of the safety and efficacy of a pre-emptive antifungal approach in IFD low-risk and IFD high-risk children</td>
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<tr>
<td>Identification of the optimal investigation and treatment for viral infections in children with fever and neutropenia</td>
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</tbody>
</table>

Abbreviation: IFD – invasive fungal disease