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For all childhood cancer survivors, Landier, Hudson and colleagues recom-

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Parents, professionals disagree on outpatient oral antibiotics for children

A high degree of comfort and low fear/anxiety were among the reasons parents preferred outpatient treatments.

By Daniel Nester
CORRESPONDENT

Only 53% of parents of children with low-risk febrile neutropenia would choose outpatient oral antibiotic management while 71% of oncology professionals would choose that therapy, a Canadian study found.

The difference was not statistically significant, researchers said, but the ways respondents arrive at their decisions – and how they might change their mind – could provide some insight in deciding to use outpatient oral antibiotic treatment.

"We were able to identify the typical frequency/probability at which respondents would eventually give up their initial choice, given four different process of care attributes of interest," said **Lillian Sung, MD, FRCPC, PhD,** of the division of hematology/oncology at the Hospital for Sick Children in Toronto.

Although the scenarios presented were hypothetical, the methodologies used – most notably outlining thresholds when they would change that choice – might be useful in real-life, clinical settings, she said.

Knowledge of attitudes 'sketchy'

Outpatient management of febrile neutropenia, a standard option in low-risk adults, is advocated more in pediatric patients, based on the assumption that outpatient care offers an improved quality of life (QoL) for parents and children.

"This assumption is speculative," said Sung. Possible "process of care" attributes should be considered when deciding outpatient care: more clinic visits, for example, as well as a probability of requiring readmission to the hospital because of persistent fever or a deteriorating condition.

"Our knowledge of parents' and providers' preferential attitudes toward these process of care considerations is sketchy," she said.

Comparing preferences

Sung and her colleagues set out to compare and predict parents' and professionals' preferences by studying the responses of 75 parents of children receiving chemotherapy and 42 pediatric oncology health care professionals at the Hospital for Sick Children.

Respondents were given the same scenarios of inpatient and outpatient options. They then indicated their preference of treatment.

A threshold technique elicited the respondents' preference score for oral outpatient care as opposed to parental inpatient management. They then ranked how important seven factors were in making their initial choice.

Overall, more health care professionals (30 of 42; 71%) would initially choose outpatient management than parents (40 of 75; 53%). This difference was not statistically significant ($P = .08$).

In general, Sung said, parents who had a higher threshold for changing their decision to outpatient management with oral antibiotics were associated with higher anticipated QoL for the parent and child at home relative to hospital. They also gave a lesser rank to fear/anxiety and a higher importance rank for comfort.

Professionals who placed a lower importance rank for fear/anxiety were associated with higher strength of preference scores for outpatient oral antibiotic management.

"These observations imply that assumptions about parent/child QoL may affect parental choices regarding a management strategy, but these QoL assumptions do not underlie professionals' attitudes about management strategies," Sung said.

Parents also indicated other potential predictors: household income, age, cancer type, time between cancer diagnosis and interview, number of hospitalizations, child's ability to cope with hospitalization.

The threshold technique was easy and required a relatively short interview time, Sung said. She added that it "appears to be a feasible way to reveal attitudes toward process attributes in the pediatric oncology setting.

Most parents felt this technique would be useful in real-time decision making. This, in turn, implies that the threshold technique could be used as a value clarification tool to help parents arrive at informed, preference-based health care choices on behalf of their children. **H/Ot**

For more information:

Sung L, et al. Inpatient versus outpatient management of low-risk pediatric febrile neutropenia: Measuring parents' and healthcare professionals' preferences. *J Clin Oncol.* 2004;22:3922-3929.

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