



Background

- Neutropenic sepsis, a complication of cancer treatment, requires prompt attention.
- There's uncertainty regarding the transition from intravenous to oral antibiotics, antibiotic duration, and the necessity of hospitalization after initial management.



Design Overview

- **Study Type:** Randomized non-inferiority trial
- **Objective:** To determine whether early switch to oral antibiotic treatment in adults with neutropenic sepsis at low risk of complications is non-inferior to switching later.



Participant Details

- UK adults hospitalized with neutropenic sepsis were randomly assigned to switch to oral antibiotics within 12 to 24 hours or continue intravenous treatment for at least 48 hours.
- Among 129 participants from 16 centers, 125 were evaluated for the main outcome.
- Of these, 113 completed the prescribed treatment, forming the per-protocol group.

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Paper Highlights

Early switch to oral antibiotic therapy in patients with low-risk neutropenic sepsis (EASI-SWITCH): a randomized non-inferiority trial

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Outcomes

- The results indicated that in the per-protocol population, early oral switch was found to be non-inferior to standard care, but in the intention-to-treat population, the intervention was not found to be non-inferior.
- Additionally, the duration of hospital stay was shorter in the intervention arm, and there were no statistically significant differences in other secondary outcome measures.

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Take home messages

- Trial didn't meet intended sample size (230 patients) due to slow recruitment, common in cancer supportive care trials.
- Underpowered analysis led to inconclusive findings on early oral antibiotic switch effectiveness in low-risk neutropenic sepsis (NS) patients receiving cancer treatment.
- Intention-to-treat (ITT) analysis inconclusive, contrasting with non-inferiority finding in per-protocol (PP) population.
- Highlights variability in results based on patient populations.
- Emphasizes challenges and need for further research in cancer supportive care.
- Stresses importance of ensuring patient satisfaction with care.

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