Pediatric Engagement

There is interest from 6 Canadian pediatric centers in being part of the BALANCE team (table below).

Our systematic review of the literature, only detected 1 previous trial of shorter versus longer treatment duration, and this was performed in neonates (n=66) with equal relapse rates in both treatment arms. Our systematic review of trials of shorter versus longer treatment duration for bacteremia, also included more trials involving children (n=4,657) than adults (n=3,038). Our national practice survey of recommended treatment duration recommendations included both adult and pediatric specialists in critical care and infectious diseases. Therefore, there may be equipoise for a trial of 7 vs. 14 day treatment in these younger patients, and so we are supporting a parallel process of ongoing pre-trial preparatory work to determine the current state of antibiotic practices in pediatric ICUs, feasibility of recruitment, case fatality rates in pediatric bacteremia, and potential need for alterations to the BALANCE inclusion/exclusion selection criteria in the pediatric context. Eventually, the addition of pediatric sites could add to the literature on treatment of infections in critically ill patients, and improve the generalizability of our findings. However, in this application we seek funding only to study adult patients in participating adult ICUs, and our sample size calculations are based upon known practice and outcomes in this context.

Investigator	Hospital	City	Province
Jamie Hutchinson	Hospital for Sick Kids	Toronto	ON
Melissa Parker	McMaster University Children's	Hamilton	ON
Patricia Fontela Ron Gottesman	Montreal Children's Hospital	Montreal	QC
Philippe Jouvet	CHU Sainte-Justine	Montreal	QC
Elaine Gilfoyle	Alberta Children's Hospital Foundation	Calgary	AB
Gonzalo Garcia	Stollery Children's University of Alberta Edmonton	Edmonton	AB