

Table S.1: Quality assessment of cohort studies.

Study ID	Was the research question or objective in this paper clearly stated?	Was the study population clearly specified and defined?	Was the participation rate of eligible persons at least 50%?	Were all the subjects	Was a sample size justification, power description, or variance and effect estimates provided?	For the	Was the time	For exposures that	Were the	Were the	Were the people	Was the loss to	Were key potential	Quality	
				selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?		analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	frame sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g. categories of exposure, or exposure measured as continuous variable)?	exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?						outcome measures prespecified, clearly defined, valid, reliable, and assessed consistently across all study participants?
Servidio et al. 2021 [1]	Yes	Yes	Yes	No	No	Yes	Yes	NA	Yes	No	Yes	No	Yes	No	Fair
Oliver et al. 2020 [2]	Yes	Yes	Yes	No	No	Yes	Yes	NA	Yes	No	Yes	No	Yes	Yes	Good
Rambaran et al. 2019 [3]	Yes	Yes	Yes	Yes	No	Yes	Yes	NA	Yes	No	Yes	No	Yes	Yes	Good
Copeland et al. 2017 [4]	Yes	Yes	Yes	No	No	Yes	Yes	NA	Yes	No	Yes	No	Yes	No	Fair

Each question is answered: Yes=1, No=0.5, Not Reported (NR), Cannot Determine (CD) or Not Applicable (NA)=0. Quality rating: good (11-14 points) or fair (7.5-10.5 points) or poor (0-7 points).

References

1. Servidio AG, Simeone R, Zanon D, Barbi E, Maximova N. Levofloxacin Versus Ciprofloxacin-Based Prophylaxis during the Pre-Engraftment Phase in Allogeneic Hematopoietic Stem Cell Transplant Pediatric Recipients: A Single-Center Retrospective Matched Analysis. Antibiotics (Basel, Switzerland). 2021;10(12). 10.3390/antibiotics10121523

2. Oliver AC, Riva E, Mosquera R, Galeano S, Pierri S, Bello L, et al. Comparison of two different anti-infectious approaches after high-dose chemotherapy and autologous stem cell transplantation for hematologic malignancies in a 12-year period in British Hospital, Uruguay. Annals of hematology. 2020;99(4):877-84. 10.1007/s00277-020-03947-1

3. Rambaran KA, Seifert CF. Ciprofloxacin vs. levofloxacin for prophylaxis in recipients of hematopoietic stem cell transplantation. Journal of oncology pharmacy practice : official publication of the International Society of Oncology Pharmacy Practitioners. 2019;25(4):884-90. 10.1177/1078155218787286

4. Copeland V, McLaughlin M, Trifilio S. Ciprofloxacin vs levofloxacin for prophylaxis during hematopoietic stem-cell transplantation. Clinical transplantation. 2018;32(1). 10.1111/ctr.13145