INPLASY PROTOCOL

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Review Stage at time of this submission: **The review has not yet started.**

Conflicts of interest:
None.

Effect of early enteral nutrition support for the management of acute severe pancreatitis: a protocol of systematic review

Guo, YB[1]; Liu, Y[2]; Ma, J[3]; Cai, Y[4]; Jiang, XM[5]; Zhang, H[6].

Review question / Objective: **Is early enteral nutrition support (EENS) effective for the management of acute severe pancreatitis (ASP)?**
Condition being studied: **Early enteral nutrition support; acute severe pancreatitis.**
Information sources: **Electronic databases will be searched from inception onwards to the present in Cochrane Library, PUBMED, EMBASE, Cumulative Index to Nursing and Allied Health Literature, Allied and Complementary Medicine Database, CNKI, and WANGFANG. We will not limit language and publication status. We will provide search strategy temple of Cochrane Library. Similar search strategies will be adapted for other electronic databases. In addition, we will perform relevant documents or reviews, website of clinical trial registers, and reference lists of eligible studies.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 03 July 2020 and was last updated on 03 July 2020 (registration number INPLASY202070009).

INTRODUCTION

Review question / Objective: **Is early enteral nutrition support (EENS) effective for the management of acute severe pancreatitis (ASP)?**

Condition being studied: **Early enteral nutrition support; acute severe pancreatitis.**

METHODS

Participant or population: **Patients with confirmed diagnosis of ASP will be included, irrespective educational background, race, gender, age, and duration of ASP.**

Intervention: **Interventional group: Patients who received EENS will be included.**

Comparator: Control group: Patients who received any management will be considered as a comparator. However, we will exclude comparators involved any forms of EENS.

Study designs to be included: The present study will include potential randomized controlled trials (RCTs) focusing on the effect of EENS for the management of ASP.

Eligibility criteria: The present study will include potential RCTs focusing on the effect of EENS for the management of ASP. We will exclude experimental study, case report, case series, non-clinical trials, uncontrolled trials, and non-RCTs.

Information sources: Electronic databases will be searched from inception onwards to the present in Cochrane Library, PUBMED, EMBASE, Cumulative Index to Nursing and Allied Health Literature, Allied and Complementary Medicine Database, CNKI, and WANGFANG. We will not limit language and publication status. We will provide search strategy temple of Cochrane Library. Similar search strategies will be adapted for other electronic databases. In addition, we will perform relevant documents or reviews, website of clinical trial registers, and reference lists of eligible studies.

Main outcome(s): Primary outcomes include levels of serum endotoxin, lactulose/mannitol ratio of urine, and tumor necrosis factor. Secondary outcomes are C-reactive proteins, white blood cell, interleukin-6, mortality rate, infection rate, and length of hospital stay.

Data management: Two independent authors will extract data using a pre-specified data collection form. It consists of publication details (such as title, year of publication, et al), patient information (such as gender, age, et al), specifics of study methods, treatments and controls (such as types of delivery, dosage, et al), outcome indicators, safety, and other essential information. Any conflicts will be cleared up by a third author. If essential data is unclear or missing, the original authors are contacted to request it.

Quality assessment / Risk of bias analysis: All eligible studies will be critically appraised by two independent authors using Cochrane risk of bias tool. It includes 7 aspects, and each item is divided into three levels: low, unclear or high risk of bias. In case of disagreements, the results will be discussed and settled down by a third author.

Strategy of data synthesis: We will utilize RevMan 5.3 software to perform data analysis. Whenever minor heterogeneity is identified across included studies, we will carry out quantitative synthesis of outcome results and will perform meta-analysis if two or more trials which report a similar primary outcome. Whenever remarkable heterogeneity is examined, we will perform subgroup analysis to explore possible causes. If we can still test obvious heterogeneity after subgroup analysis, we will not pool the outcome data, and as well as meta-analysis neither. If necessary, we will report study results using a narrative description.

Subgroup analysis: Subgroup analysis will be performed according to the different details of treatments and controls, different study quality and outcome indicators.

Sensibility analysis: Sensitivity analysis will be carried out to test robustness of synthesized results by eliminating low quality studies.

Country(ies) involved: China.

Keywords: Acute severe pancreatitis; enteral nutrition support; effect.

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Author 2 - Yan Liu.
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