

**Minutes Section Meeting** 17th Dec 2020 – 17:00-18:30 CET

Participants: Mette Berger (MB), Danielle Bear, Michael Casaer, Kenneth Christopher, Angelique de Man, Frantisek Duska, Gunnar Elke, Xavier Forceville, Kursat Gundogan (KG), Jan Gunst, Aileen Hill, Carole Ichai, Olivier Joannes-Boyau, David Lodahl, Jean-Charles Preiser, Annika Reintam Blaser (ARB), Olav Rooyackers, Ricardo Rosenfeld, Sergio Ruiz Santana, Pierre Singer, Jan Wernerman, Alexander Wilmer  
+ Nicolas van der Elst

Excused: K. Amrein; Y. Arabi, V. Fuhrman, S. Frühwald, M. Malbrain, Z. Puthuchery, J. Starkopf, A.-F. Rousseau, J. Wendon, A. van Zanten.

1. **Welcome** and Agenda by M Berger
2. **LIVES 2020 feedback:** overall positive, a lot of joint sessions with MEN representation, live sessions well received. Case Based fundamental (liver) new and to be developed in Copenhagen. Some difficulties with finding presentations were pointed out (MEN filter worked), but at the same time also the advantage of later on-demand access. MB will contact Cindy Martinez and ask for feedback on numbers of accesses
3. Completed projects: 5 completed in year 2020
  - 1) Vita-Trace M Casaer (published Clin Nutr)
  - 2) Research agenda. A Reintam Blaser (published Crit Care)
  - 3) Hypophosphatemia systematic review A Reintam Blaser (e-pub Clin Nut)
  - 4) Hypophosphatemia Point prevalence survey M Berger (accepted Clin Nutr)
  - 5) iSOFA A. Reintam Blaser (submitted)

**4. Next section projects**

**4.1 ICU-Phos** Carole Ichai

Study outline for a prospective observational cohort study with a 1 week enrollment time, daily electrolyte determination (P, Mg, Ca, Na, K) with an follow up for 7-28 days was presented and discussed.

The group agreed that such a next step is needed. Our conclusion that daily Pi determination was required had been criticized during the congress.

J.Gunst pointed out that daily measurements are not too much in light of evidence showing that intervention on refeeding hypophosphatemia improves outcome (Doig 2015).

ARB suggested that we need all consecutive patients to get results for prevalence.

M.Casaer suggested to clearly set the main objective, raised concerns about too detailed additional investigations (such as CAM-ICU) in a study with e.g. 40 ICUs and 20 patients per ICU, and suggested that daily measurements for 10 days rather than 7 could be justified considering sites using the late PN approach.

Specific data on outcome could be helpful to plan the next study (e.g. RCT with different targets/protocols). Therefore, we would probably need too studies (one with focus on prevalence and one with focus on outcome?) to work out a protocol for an RCT.

JC Preiser suggested collecting economic data to justify/provide data for this aspect of daily measurements, and insists on not missing information regarding refeeding syndrome  
K Christopher offered help for sample size calculation.

MB reminded that the HypoP survey showed that HypoP occurred in all ICUs whatever their size or type of admission.

J Wernerman suggested to stay with focus on prevalence/incidence. Dedicated sites are needed.

**Decisions:** First step, prospective observational study to be followed by RCT

C Ichai, M Berger and A Reintam Blaser develop the next version of the outline and send out to all for comments and suggestions. All who provide feedback will be invited for a web-meeting organized specifically for this project.

By 18<sup>th</sup> DEC interest signal: J.Wernerman, Ken Christopher

### 4.2 P Singer presents 3 projects

- **Data mining** in the field of gastrointestinal intolerance and metabolism. His group and IT specialists have developed a tool to get data out of any Clinical Information System, and an algorithm to analyze GI intolerance or other nutri-metabolic issues. Data would not be imported from any country but analyzed in the cloud after efficient anonymization. He invited investigators/sites to participate in this project. The participating sites (4 ideally) could send a specific question and get an answer to a question and contribute to further development of a decision-support system. Would be important that participating centers have different nutritional/metabolic strategies to be able to test different options on outcome.
- **Combined EN & PN** fish oil in patients with intestinal intolerance RCT: completed and submitted
- **New technology:** RCT using a smART® platform: new integrative tool for automated provision of enteral nutrition combining calorimetry, feeding tube with sensors detecting regurgitation has been presented at recent ESICM congress (industry session). Everybody is invited to see respective presentation on-demand. The next study will be planned and would recruit international sites: contact PS.

### 4.3 WG on GI function: A Reintam Blaser

After **Research agenda** publication, work just starts 😊: all the MEN section members are encouraged to take the lead in one of the following consensus processes:

- Enteral Feeding Intolerance (EFI): to identify the clinical importance of EFI and refine management strategies
- Core set of daily monitoring of GI function: compare studies on prevalence and clinical relevance of GI symptoms
- Core set of outcomes (COS = Core outcome set) for GI (dys)function: to unify outcomes to conduct meta-analyses
- Protocol of abdominal ultrasound (US) to assess GI function: protocolized US to supplement the clinical assessment of GI
- Descriptive definition of non-occlusive mesenteric ischemia (NOMI): Consensus definition of NOMI is needed for studies
- Reference methods to be used to measure gastric emptying, absorption of nutrients, and barrier dysfunction in studies

**iSOFA** study manuscript (rejected by ICM) submitted to Crit Care. The results were briefly presented and rationale for the new score (GIDS) presented. Validation of the score is the next step and participation of sites from the MEN section expected. Question A Wilmer: daily scoring? ARB - the score needs to be calculated daily in the validation study.

### 4.4 Other projects

- a. Survey on mesenteric ischemia has been developed by the ESPEN Acute Intestinal Failure Special Interest Group (ARB member of this group. Project has been submitted to ESPEN for endorsement. Question to the section members: do we support to ask for endorsement of this survey also by ESICM (next to other societies e.g. emergency surgery, vascular surgery, radiology worldwide) and aim for distribution of the survey via ESICM.

## Metabolism-Endocrinology-Nutrition MEN section

M Berger points out that ESPEN includes a mix of dieticians & physicians, and that the broader picture with help of other societies should be aimed. Sending it out to all MEN section members would be a good way.

F Duska informs that there are no strict submission deadlines for endorsement request: J De Waele is the person to contact.

**Decision:** the group agrees with asking for ESICM endorsement and distribution after ESPEN endorsement is received.

- b. Follow-up of Vita-Trace M Casaer. The new study on rare conditions of micronutrient deficiencies should be planned in longer perspective.

MB → informs briefly on the existence of the ESPEN micronutrient guidelines group: text should be available in 2021 and might help define objectives and tools for further trials (participants from the MEN section are MV, KG, AdM & MB).

G Elke asked whether this could be combined with ICU-Phos project. M Casaer responded that collection of data on some specific signs (e.g. glossitis, hair loss) could indeed be considered.

### 5. MEN section deputy change:

- 1) A BIG THANK YOU to [Valentin Fuhrmann](#) – Hamburg – Germany – past deputy
- 2) A WARM WELCOME to [Gunnar Elke](#) – Kiel – Germany – elected 2020

Gunnar Elke proposes to increase the number of MEN section meetings (2 actually during congress and ISICEM) and make them quarterly: MB + GE will send out doodles for next dates.

6. **Meeting closure:** M Berger thanks participating section members, and closes the meeting, wishing all **warm season's greetings**, and to stay healthy 😊.



Minutes: MB + ARB