



TARTU ÜLIKOOOL



NHS
University Hospital Southampton
NHS Foundation Trust



COSMOGI

COSMOGI consensus meeting

2nd CONSENSUS Meeting Stage 1

March 14th 2023 at 13:00 CET

Agenda and information documents

Introduction



A first consensus meeting was held on February 22nd.



While we had a fascinating discussion, a consensus still needs to be found on the **final core outcome set**.



This second consensus meeting aims to produce a core outcome set for stage 1.



During the Delphi rounds of stage 1, we have identified 13 essential outcomes with consensus >70%. We will vote on each of these outcomes. In the meeting, >70% consensus is needed to exclude an outcome from the core outcome set after it has reached initial consensus in two Delphi rounds.

Concerns raised during the first consensus meeting

- Merging of different outcomes was suggested.
- Specific concerns were raised about **IAP, Bowel dilatation, and Pain** that assessment in every patient is unnecessary.
- All these concerns were discussed at the steering committee meeting and will be addressed in **stage 2 (definitions stage)**.
- We aim to achieve a meaningful set of outcomes with applicable definitions. We will not suggest unnecessary measurements in patients but ought not to omit measurements in patients where they are considered essential.

The steering committee has decided to address these concerns during preparation for the consensus meeting stage 2 (**March 19th, 12:00 CET**). For this final consensus meeting, we will propose adapted definitions as needed, including the population where daily assessment is necessary.

Essential and recommended outcomes

- **Essential outcomes**

- Based on our consensus, researchers conducting gastrointestinal dysfunction and enteral nutrition studies in critically ill patients **must report the essential outcomes daily.**

- **Recommended outcomes**

- Based on our consensus, researchers conducting gastrointestinal dysfunction and enteral nutrition studies in critically ill patients **may report the recommended outcomes daily.**

Voting process

- We had the opportunity for discussion during the last consensus meeting. Due to the voting process, we will not have time to discuss each outcome.
- For each **essential outcome**, we will ask the following question:
 - Do you suggest EXCLUDING this outcome from the list of ESSENTIAL outcomes?
 - **No** (keep as an **ESSENTIAL** outcome).
 - **Yes** (move down to the list of **RECOMMENDED** outcomes).
- During the consensus meeting, if >70% of participants vote „yes“, then the outcome will change from an essential outcome to a recommended outcome. In all other cases, the outcome will remain essential based on the results from the Delphi rounds.

Results from COSMOGI Stage 1

Essential outcomes

Essential outcomes

- Abdominal distension (86.9%)
- Bowel dilatation (77.4%)
- IAP (74.2%)
- **Abdominal Pain** (88.1%)
- Stool passage (80.6%)
- Vomiting (88.5%)
- GI bleeding (**upper and lower**) (82.1%, 77.4%)
- Use of parenteral Nutrition due to intolerance of EN (82.9%)
- Prokinetics (71.8%)
- Postpyloric feeding due to gastroparesis (79.4%)
- GI paralysis (**=Lower GI paralysis**) (77.8%)
- Gastroparesis (83.3%)
- **Tolerance** to enteral nutrition (89.7%)

We will vote on each of these outcomes during the consensus meeting.

The percentages in brackets represent the number of participants casting a 7-9 „critical to include“ vote.



Results from COSMOGI Stage 1

Recommended, suggested and excluded outcomes

These outcomes will **not be part of the consensus meeting.**

Recommended outcomes (60-70% of votes „7-9“)

- Bacteremia with enteral microflora (67.9 %)
- Opioid use incl. Opioid antagonists (63.9 %)
- L-Lactate (60.7 %)

These outcomes will **not be part of the consensus meeting.**

The percentages in brackets represent the number of participants casting a 7-9 „critical to include“ vote.

Suggested outcomes (50-60% of votes „7-9“)

- Ascites (59.1 %)
- Acute intestinal Failure (ESPEN) (57.9 %)
- GRV (55.2 %)
- Clinical swallowing tests (53.2 %)
- Treatment of hypermotility (52.0 %)
- Laxatives (51.6 %)

These outcomes will **not be part of the consensus meeting.**

The percentages in brackets represent the number of participants casting a 7-9 „critical to include“ vote.

Excluded outcomes

- 3-OMG
- Acetylcholine
- Acoustic GI surveillance sensor
- Angiography
- Barostat
- Bile Acids
- Body Surface Gastric Mapping
- Bomb Calorimetry
- CCK
- CD55
- Chyloascites
- Citrulline
- Composition of microbiome
- CT-Scan
- D-Lactate
- Diamine oxidase
- Endoscopy
- Fecal Elastase 1
- FEES
- FGF-19
- Gastric pH
- Gastrointestinal Tonometry
- GDF15
- Ghrelin
- HBP
- High resolution manometry
- I-BABP
- I-FABP
- ICG-PDR
- Infrared Spectroscopy
- Intravital Microscopy
- Isotope Breath Test
- Manometry
- Motilin
- MRI for gastric emptying
- Paracetamol Absorption Test
- PYY
- Refractance spectro-photometry
- Refractometry
- Repeated abdominal X-Ray (after contrast)
- Scintigraphy
- TFF3
- Ultrasound (Peristaltis)
- Video Capsule Endoscopy
- Videofluoroscopy
- Zonulin

Outcomes **were excluded** if >15% of participants rated the outcome 1-3 („not important).