

Author(s):
Question: Immunonutrition compared to standard nutrition for colorectal cancer surgery
Setting:
Bibliography:

| Certainty assessment | | | | | | | № of patients | | Effect | | Certainty | Importance |
|---|-------------------|------------------------|---------------|----------------------|-------------|----------------------|-----------------|--------------------|-------------------|-------------------|------------------|------------|
| № of studies | Study design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | immunonutrition | standard nutrition | Relative (95% CI) | Absolute (95% CI) | | |
| Lee SY et al. 2021. Complications, 30-day readmission, hospital length of stay and weight. | | | | | | | | | | | | |
| 1 | randomised trials | serious ^{1a} | not serious | not serious | not serious | none | -/88 | -/88 | not estimable | | ⊕⊕⊕○ Moderate | |
| Moya P et al. 2016. Wound infection and length of stay. | | | | | | | | | | | | |
| 1 | randomised trials | serious ^{2,b} | not serious | not serious | not serious | none | -/61 | -/61 | not estimable | | ⊕⊕⊕○ Moderate | |
| Moya P et al. 2016. Complications and length of stay. | | | | | | | | | | | | |
| 1 | randomised trials | serious ^{3,b} | not serious | not serious | not serious | none | -/122 | -/122 | not estimable | | ⊕⊕⊕○ Moderate | |
| Wierdak M et al. 2021. Inflammatory response (TNF-α, CXCL8, CXCL1, superficial neutrophil infiltration), morbidity, length of stay or readmissions. | | | | | | | | | | | | |
| 1 | randomised trials | serious ^{4,c} | not serious | not serious | not serious | none | -/14 | -/12 | not estimable | | ⊕⊕⊕○ Moderate | |
| Xu J et al. 2017. Length of hospital stay, infections and inflammatory molecules. | | | | | | | | | | | | |
| 9 | randomised trials | serious ^d | not serious | serious ^e | not serious | none | -/502 | -/502 | not estimable | | ⊕⊕○○ Low | |

CI: confidence interval

Explanations

- a. Most of the included patients were non-obese, well-nourished patients. Small number of malnourished patients (8.5%). Adherence to nutritional supplements was not evaluated.
- b. Malnourished patients were excluded.
- c. Small number of patients included.
- d. Three studies did not give the sufficient information about randomization. Blinding of participants and personnel was conducted in four studies.
- e. More studies with specific timings (preoperative, perioperative, and postoperative) are needed for better understanding of immunonutrition in clinical practice.

References

1.Lee SY, Lee J,Park H-M,Kim CH,Kim HR. Impact of Preoperative Immunonutrition on the Outcomes of Colon Cancer Sur-gery: Results from a Randomized Controlled Trial. Ann Surg 2021. <https://doi.org/10.1097/SLA.0000000000005140..> .
2.Moya P, Soriano-Irigaray L,Ramirez JM,Garcea A,Blasco O,Blanco FJ,et al. Perioperative Standard Oral Nutrition Sup-plements Versus Immunonutrition in Patients Undergoing Colorectal Resection in an Enhanced Recovery (ERAS) Protocol: A Multicenter Randomized Clinical Trial (SONVI Study). Medicine (Baltimore) 2016, <https://doi.org/10.1097/MD.0000000000003704..>, 95:e3704.. .
3.Moya P, Miranda E,Soriano-Irigaray L,Arroyo A,Aguilar M-D-M,Bellón M,et al. Perioperative immunonutrition in nor-mo-nourished patients undergoing laparoscopic colorectal resection. Surg Endosc 2016, <https://doi.org/10.1007/s00464-016-4836-7..>, 30:4946-53.. .
4.Wierdak M, Surmiak M,Milian-Ciesielska K,Rubinkiewicz M,Rzepa A,Wysocki M,et al. Immunonutrition Changes In-flammatory Response in Colorectal Cancer: Results from a Pilot Randomized Clinical Trial. Cancers 2021, <https://doi.org/10.3390/cancers13061444..>, 13:1444.. .