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Author contact	greet.vandenberghe@med.kuleuven.be + 32 (0)16 344021
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Corresponding Author: Prof. Greet Van den Berghe, MD, PhD

Corresponding Author's Institution: Catholic University Leuven

First Author: Michael P Casaer, MD, PhD

Order of Authors: Michael P Casaer, MD, PhD; Alexander Wilmer, MD, PhD; Greet Van den Berghe, MD, PhD; Greet Van den Berghe, MD, PhD

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To the editor,

Heidegger et al. investigated the effect of supplemental-parenteral-nutrition (SPN) administered from day 4 to day 8 after ICU admission to patients already receiving substantial amounts of enteral nutrition (median 60%-80% of caloric target, interquartile-range 50%-100%).¹ Clinical outcomes were unaffected. Nevertheless, the authors conclude that less infections observed between day 9 and day 28 provides a rationale to advise this treatment. This conclusion appears biased.

First, the primary endpoint, as mentioned in the ClinicalTrials.gov website protocol prior to study completion² was “infections during ICU and hospital stay”. Surprisingly, the number of patients acquiring nosocomial infections from day 9 to day 28 in ICU was now reported as “primary endpoint”. The post-hoc ignoring of the first 4 days after randomization is particularly problematic.^{3,4} Infection rates reported in Table-3 were more frequent with SPN between day 4 and day 8 apparently annihilating lower rates after day 9. Total infections between day 4-28 indeed appear quite similar (114 versus 100). The number of patients acquiring new infections from ICU day 4 onward in the hospital (up to 3 months) should be reported, conform the original protocol.

Second, cumulative proportions of newly infected patients from day 9 to day 28, deducable from the Kaplan-Meier figure (Figure 4) are lower than the proportions in the results section. This indicates that censoring was performed prior to certain events, which is inappropriate.⁵

Hence, SPN for patients who can be fed enterally up to 60-80% of target may not provide any clinical benefit and thus can not be recommended.

Michael P. Casaer, Alexander Wilmer, Greet Van den Berghe

Department of Intensive Care Medicine (MPC, GVdB) and Medical Intensive Care Unit of the

Department of General Internal Medicine (AW)

University of Leuven (KU Leuven), B-3000 Leuven, Belgium

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