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Nutrition support for bone marrow transplant patients (Review)

Murray SM, Pindoria S

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[Intervention Review]

Nutrition support for bone marrow transplant patients

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REASON FOR WITHDRAWAL FROM PUBLICATION

This review is now out of date although it is correct as of the date of publication [Issue 4, 2008]. The original author team is unable to complete the update, hence the decision to withdraw.

We are seeking new authors to develop a new protocol which would serve to update the existing review and incorporate the latest evidence into a new Cochrane Review. However, we would suggest that the current topic is too broad and would therefore recommend reassessing the title prior to registration. Please contact PaPaS if you are interested: <http://papas.cochrane.org/contact-us>.

The editorial group responsible for this previously published document have withdrawn it from publication.

FEEDBACK

Including the study by Pytlik 2002, 2 October 2013

Summary

With regard to the analysis 'Parenteral nutrition with glutamine versus standard parenteral nutrition' I would respectfully ask the authors to consider the appropriateness of including the study by Pytlik 2002. The intervention group received daily GLN supplementation from day +1 to day +14 of transplant regardless of their need for PN. In fact the intervention group received PN for just 3.5 days on average. Hence this study was not of glutamine supplemented PN. If there is a benefit of GLN it is likely to be in those patients requiring nutritional support as per the other studies originally included (Ziegler and Schloerb). Subsequent studies have shown a benefit in allogeneic but not autologous transplant patients - if this review were to be updated it would be very useful to see meta-analysis per transplant type"

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Role: Haematology Dietitian

Reply

The inclusion criteria for this review were: Study type- Randomised Controlled Trial, Patient type - receiving any type of bone marrow transplant, and the Type of Intervention- must compare one form of enteral or parenteral nutrition with another mode of nutrition support or IV fluid. There was no minimum or maximum duration specified for receiving the intervention.

With the Pytlik 2002 study, the intervention group received daily GLN supplementation from day +1 to day +14 of transplant regardless of their need for PN. The intervention group received PN for just 3.5 days on average.

The duration for receiving the PN with or without GLN (albeit for an average of 3.5 days) was not a reason for excluding this study.

The hypothesis being that we do not know the optimum duration for receiving the intervention. This remains an included study.

In a future update a meta-analysis for the different types of transplants would be worthy to investigate.

Contributors

Susan Murray, Royal College of Physicians.

WHAT'S NEW

| Date | Event | Description |
|--------------|---------|---|
| 4 April 2014 | Amended | This review has been withdrawn. Please see Published notes. |

HISTORY

Protocol first published: Issue 1, 2001

Review first published: Issue 2, 2002

| Date | Event | Description |
|------------------|--|--|
| 4 April 2014 | Feedback has been incorporated | Feedback added regarding a query about the appropriateness of the Pytilik 2002 study for inclusion. See Feedback. |
| 12 November 2008 | Amended | Contact details updated |
| 13 August 2008 | Amended | This review update should have been put up for publication in Issue 3, 2008 but unfortunately due to technical error did not make it. |
| 14 May 2008 | Amended | Converted to new review format. |
| 30 April 2008 | New citation required and conclusions have changed | <p>This review is made up of four small sub reviews. For the update of this review 17 potential studies were identified in the re-run of the search which was conducted in June 2006. Five of the 17 studies were included, three of which were grouped within three other reviews which are included in this review that is: Oral Glutamine versus placebo (one study Aquino 2005 (n = 120 children)), Parenteral nutrition (PN) with Glutamine versus standard PN (one study Pytilik 2002 (n = 40)) and Parenteral nutrition versus Intravenous hydration (one study Roberts 2003 (n = 55)). The two other studies were not pooled but added to the eight other heterogenous studies identified in the original review.</p> <p>The addition of data from the studies by Aquino 2005 and Roberts 2003 does not affect the results or conclusions of the sub reviews that they were part of. However, for the sub review that compared PN with additional glutamine versus standard PN, following further analysis with the additional data from Pytilik 2002 the pooled result for hospital duration did not show the same benefit to patients who received the intervention PN with Glutamine in that, hospital duration no longer seemed to be reduced for patients who received the intervention. However, the likelihood that these patients will have less infections remains the same. In the original review of this material we proposed that for patients who were unable to have an adequate oral diet and who had gastrointestinal failure resulting in the need for PN, PN with added glutamine should be considered. We would now alter this</p> |

| Date | Event | Description |
|------|-------|---|
| | | <p>to say that giving patients PN with additional glutamine could be of benefit but also further research on this is required to further confirm this.</p> <p>Previous readers of this review would benefit from reading this updated review.</p> |
