

coMpliAnce with evideNce-based cliniCal guidelines in the managemenT of acute biliaRy pancreAtitis (MANCTRA-1)

**MANCTRA-1 Study CRF Form**

Question	Option
<b>Section 1 – General Informations</b>	
! Country	_____
! Name and Surname of the Local Lead	_____
! Email address of the Local Lead	_____
! ORCID ID of the Local Lead	_____
<b>Section 2 – Demographic Characteristics</b>	
■ Year of hospital admission for acute biliary pancreatitis	<input type="checkbox"/> 2019 <input type="checkbox"/> 2020
■ Patient age	_____
■ Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
■ Covid-19 status on admission	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Untested
■ Previous episodes of biliary pancreatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Admitting speciality	<input type="checkbox"/> HPB Surgery <input type="checkbox"/> General Surgery <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Gastroenterology
<b>Section 3 – Comorbidity</b>	
■ Charlson's comorbidity index	_____
■ Body Mass Index – BMI (Kg/m <sup>2</sup> )	_____
■ Clinical history of diabetes	<input type="checkbox"/> No diabetes <input type="checkbox"/> Diabetes with organ dysfunction <input type="checkbox"/> Diabetes without organ dysfunction
■ Clinical history of chronic pulmonary disease other than Covid-19 pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Clinical history of hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Clinical history of atrial fibrillation	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Clinical history of ischemic heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Clinical history of chronic kidney disease	<input type="checkbox"/> Yes-under medications <input type="checkbox"/> Yes-in permanent renal replacement therapy or in preparation for it <input type="checkbox"/> No
■ Clinical history of diseases of the hematopoietic system	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Patient on immunosuppressive medications on hospital admission	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 4 – Clinical Scores (LEAVE IT BLANK IF NOT CALCULATED DURING HOSPITAL ADMISSION)**

<p>■ Glasgow Coma Scale (GCS) Available at:  <a href="https://www.mdcalc.com/glasgow-coma-scale-score-gcs">https://www.mdcalc.com/glasgow-coma-scale-score-gcs</a></p>	_____
<p>■ qSOFA Available at: <a href="https://www.mdcalc.com/qsofa-quick-sofa-score-sepsis">https://www.mdcalc.com/qsofa-quick-sofa-score-sepsis</a></p>	_____
<p>■ WSES (World Society of Emergency Surgery) sepsis score Available at:  <a href="https://wjeb.biomedcentral.com/articles/10.1186/s13017-015-0055-0/tables/5">https://wjeb.biomedcentral.com/articles/10.1186/s13017-015-0055-0/tables/5</a></p>	_____
<p>■ BISAP (Bedside Index of Severity in Acute Pancreatitis) score Available at: <a href="https://www.mdcalc.com/bisap-score-pancreatitis-mortality">https://www.mdcalc.com/bisap-score-pancreatitis-mortality</a></p>	_____
<p>■ ASA score</p>	<p>■ 1          ■ 2          ■ 3          ■ 4          ■ 5</p>
<p>■ Glasgow-Imrie score Available at:  <a href="https://www.mdcalc.com/glasgow-imrie-criteria-severity-acute-pancreatitis">https://www.mdcalc.com/glasgow-imrie-criteria-severity-acute-pancreatitis</a></p>	_____
<p>■ Ranson's score Available at: <a href="https://www.mdcalc.com/ransons-criteria-pancreatitis-mortality">https://www.mdcalc.com/ransons-criteria-pancreatitis-mortality</a></p>	_____
<p>■ Apache II score</p>	_____
<p>■ Revised Atlanta Classification</p>	<p>■ Mild acute pancreatitis          ■ Moderately severe acute pancreatitis          ■ Severe acute pancreatitis</p>
<p>■ Organ failure during the hospital stay</p>	<p>■ None          ■ Cardiovascular          ■ Respiratory          ■ Renal</p>

**Section 5 – Vital signs on admission**

<p>■ Temperature (°C)</p>	_____
<p>■ Systolic blood pressure Systolic blood pressure on admission (mmHg)</p>	_____
<p>■ Heart rate on admission (bpm)</p>	_____
<p>■ Respiratory rate on admission (number of breaths/min)</p>	_____
<p>■ Blood oxygen saturation on admission (SpO2%)</p>	_____
<p>■ ICU admission during the hospital stay</p>	<p>■ Yes          ■ No</p>

**Section 6 – Laboratory tests on admission**

<p>■ WBC (cells/mm3)</p>	_____
<p>■ Neutrophils (cells/mm3)</p>	_____
<p>■ Platelets (mcL)</p>	_____
<p>■ INR (International Normalized Ratio)</p>	_____
<p>■ C-reactive protein (mg/L)</p>	_____

■ Aspartate aminotransferase – AST (U/L)	_____
■ Alanine aminotransferase – ALT (U/L)	_____
■ Total bilirubin (mg/dL)	_____
■ Conjugated bilirubin (mg/dL)	_____
■ Gamma-glutamyl-transpeptidase – GGT (U/L)	_____
■ Serum amylase (U/L)	_____
■ Serum lipase (U/L)	_____
■ Lactate DeHydrogenase – LDH (U/L)	_____
■ Procalcitonin – PCT (ng/mL)	_____
■ Lactates (mmol/L)	_____
<b><u>Section 7 – Diagnostic Imaging</u></b>	
■ Initial diagnostic imaging	<ul style="list-style-type: none"> <li>■ Ultrasound scan on admission</li> <li>■ CT scan on admission</li> <li>■ CT scan &lt;24h from hospital admission</li> <li>■ CT scan 24-48h from hospital admission</li> <li>■ CT scan &gt;48h from hospital admission</li> </ul>
■ MRCP	<ul style="list-style-type: none"> <li>■ MRCP on admission</li> <li>■ MRCP &lt;24h from hospital admission</li> <li>■ MRCP &gt;24h from hospital admission</li> <li>■ No MRCP from hospital admission</li> </ul>
■ Endoscopic ultrasound scan	<ul style="list-style-type: none"> <li>■ Yes &lt;24h from hospital admission</li> <li>■ Yes &gt;24h from hospital admission</li> <li>■ No EUS</li> </ul>
■ Re-evaluation with CT scan	<ul style="list-style-type: none"> <li>■ None</li> <li>■ &lt; 7 days</li> <li>■ 7-14 days</li> <li>■ 15-30 days</li> <li>■ &gt;30 days</li> </ul>
<b><u>Section 8 – Physical examination on admission</u></b>	
	<ul style="list-style-type: none"> <li>■ Localized abdominal pain</li> <li>■ Localized abdominal rigidity</li> <li>■ Diffuse abdominal pain</li> <li>■ Diffuse abdominal rigidity</li> <li>■ No abdominal pain/No abdominal rigidity</li> </ul>
<b><u>Section 9 – Concomitant findings on admission</u></b>	
■ Choledocholithiasis	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ Yes with common bile duct obstruction</li> <li>■ No</li> </ul>
■ Cholangitis	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
■ ERCP with sphincterotomy	<ul style="list-style-type: none"> <li>■ Yes-within 24h from hospital admission</li> <li>■ Yes within 24-48h from hospital admission</li> <li>■ Yes within 48-72h from hospital admission</li> <li>■ No</li> </ul>
<b><u>Section 10 – 30-day Morbidity</u></b>	
■ Gastric outlet obstruction	<ul style="list-style-type: none"> <li>■ Yes</li> </ul>

	<ul style="list-style-type: none"> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Pseudocyst</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Infected necrosis</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Endoscopic drainage of pseudocyst/walled-off necrosis</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ CT-guided fine needle aspiration in case of infected pseudocyst/walled-off necrosis</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Surgical necrosectomy</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes, laparoscopic</li> <li>■ Yes, open</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Timing of surgical necrosectomy</li> </ul>	<ul style="list-style-type: none"> <li>■ &lt;2 weeks from the onset of symptoms</li> <li>■ 2-4 weeks from the onset of symptoms</li> <li>■ &gt;4 weeks from the onset of symptoms</li> </ul>
<ul style="list-style-type: none"> <li>■ Setting of surgical necrosectomy</li> </ul>	<ul style="list-style-type: none"> <li>■ Upfront</li> <li>■ After failure of endoscopic necrosectomy</li> <li>■ After failure of endoscopic and percutaneous necrosectomy</li> </ul>
<ul style="list-style-type: none"> <li>■ Cystogastrostomy</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes, endoscopic</li> <li>■ Yes, surgical</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Abdominal compartment syndrome</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Open abdomen</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Timing of re-exploration</li> </ul>	<ul style="list-style-type: none"> <li>■ 24-48h</li> <li>■ 48-72h</li> <li>■ &gt;72h</li> </ul>
<ul style="list-style-type: none"> <li>■ Bleeding</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Bowel ischemia</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Bowel fistula</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Necrotizing cholecystitis</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<b>Section 11 – Medical Therapy</b>	
<ul style="list-style-type: none"> <li>■ Antibiotic prophylaxis</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Antifungal prophylaxis</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Use of somatostatin analogs</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Nutritional support on admission</li> </ul>	<ul style="list-style-type: none"> <li>■ Oral</li> <li>■ Enteral via NG feeding tube</li> <li>■ Enteral via NJ feeding tube</li> <li>■ Total parental nutrition</li> </ul>

	<ul style="list-style-type: none"> <li>■ Nihil per os</li> </ul>
<b><u>Section 12 – Cholecystectomy</u></b>	<ul style="list-style-type: none"> <li>■ Yes-within 3 days from hospital admission</li> <li>■ Yes-within 7 days from hospital admission</li> <li>■ Yes-within 14 days from hospital admission</li> <li>■ No-delayed cholecystectomy</li> </ul>
<b><u>Section 13 – 30-day mortality due to pancreatitis</u></b>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<b><u>Section 14 – Post-cholecystectomy 30-day morbidity and mortality</u></b>	
<ul style="list-style-type: none"> <li>■ Post-cholecystectomy morbidity</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<ul style="list-style-type: none"> <li>■ Post-cholecystectomy mortality</li> </ul>	<ul style="list-style-type: none"> <li>■ Yes</li> <li>■ No</li> </ul>
<b><u>Section 15 - 30-day hospital readmission</u></b>	<ul style="list-style-type: none"> <li>■ No</li> <li>■ Yes, due to surgical complications</li> <li>■ Yes, due to recurrent pancreatitis while awaiting interval cholecystectomy</li> </ul>
<b><u>Section 16 – Compliance with guidelines</u></b>	<ul style="list-style-type: none"> <li>■ The 2019 WSES guidelines for the management of Acute Pancreatitis patients (Leppäniemi A. et al. World Journal of Emergency Surgery, 2019)</li> <li>■ The 2005 UK guidelines for the management of Acute Pancreatitis (GUT, 2005)</li> <li>■ The 2018 American Gastroenterological Association Institute Guideline on Initial Management of Acute Pancreatitis (Crockett SD, Gastroenterology 2018)</li> <li>■ The 2015 Japanese guidelines for the management of acute pancreatitis (Yokoe M, J Hepatobiliary Pancreat Sci. 2015)</li> <li>■ The 2020 American Gastroenterological Association Clinical Practice Update: Management of Pancreatic Necrosis (Baron TH, Gastroenterology 2020)</li> <li>■ Other</li> <li>■ None</li> </ul>