Supplement Table 49. Organ failure-related outcomes reported in randomized controlled trials evaluating anti-inflammatory lipid-containing enteral nutrition formulations in patients with ARDS and ALI (KQ19)

Study (year)	Population / design	Key findings related to organ failure
Shirai, 2015 [135]	Sepsis-induced ARDS	No difference in SOFA or new organ failure, improved oxygenation and shorter ICU stay
Stapleton, 2011 [139]	ALI, phase II multicenter RCT	No improvement in organ failure scores; no difference in ventilator-free days or ICU-free days; no reduction in 60-day mortality.
Rice, 2011 [301]	ALI, large multicenter RCT	Non-pulmonary organ-failure–free days decreased (12.3 vs. 15.5, P=0.02), mortality tended to increase
Grau-Carmona 2011 [302]	Sepsis + ALI/ARDS	Trend toward lower SOFA (not significant), no difference in new organ failure incidence, shorter ICU stay
Elamin, 2012 [303]	ARDS, small RCT	Significant reduction in 28-day MOD score, shorter ICU stay
Parish, 2014 (304]	ARDS, single-center double-blind RCT	Improved oxygenation (PaO_2/FiO_2 ratio); no significant difference in SOFA score or organ failure progression; no clear mortality benefit at 28 days.

ARDS, acute respiratory distress syndrome; ALI, acute lung injury; SOFA, Sequential Organ Failure Assessment; ICU, intensive care unit; RCT, randomized controlled trial; DHA, docosahexaenoic acid; EPA, eicosapentaenoic acid; MOD, multiple organ dysfunction.