Novel scoring system for early diagnosis of necrotizing enterocolitis: integrating clinical and laboratory data with urinary caveolin-1 levels

| Stage | Systemic signs | Abdominal signs | Radiographic signs | Treatment | |
|---|---|---|--|---|--|
| IA Suspected | Temperature instability, apnea, bradycardia, lethargy | Gastric retention, abdominal distention, emesis, heme-positive stool | Normal or intestinal dilation, mild ileus | NPO, antibiotics × 3 days | |
| IB Suspected | Same as above | Grossly bloody stool | Same as above | Same as IA | |
| IIA Definite, mildly ill | Same as above | Same as above, plus absent bowel sounds with or without abdominal tenderness | Intestinal dilation, ileus, pneumatosis intestinalis | NPO, antibiotics × 7 to 10 days | |
| IIB Definite, moderately ill | Same as above, plus mild metabolic acidosis and thrombocytopenia | Same as above, plus absent bowel sounds, definite tenderness, with or without abdominal cellulitis or right lower quadrant mass | Same as IIA, plus ascites | NPO, antibiotics × 14 days | |
| IIIA Advanced, severely ill, intact bowel | Same as IIB, plus hypotension, bradycardia, severe apnea, combined respiratory and metabolic acidosis, DIC, and neutropenia | Same as above, plus signs of peritonitis, marked tenderness, and abdominal distention | Same as IIA, plus ascites | NPO, antibiotics × 14 days, fluid resuscitation, inotropic support, ventilator therapy, paracentesis | |
| IIIB Advanced, severely ill, perforated bowel | Same as IIIA | Same as IIIA | Same as above, plus pneumoperitoneum | Same as IIIA, plus surgery | |

Supplementary Table SI. Bell's modified criteria for necrotizing enterocolitis [13]

DIC – disseminated intravascular coagulation, NPO – "nil per os" or nothing by mouth.

| Species | Primer name | Primer sequence (5' to 3') | Annealing temp [°C] | Amplicon size [bp] | Reference (number) | |
|--|----------------|----------------------------|------------------------|-----------------------------|---|--|
| Klebsiella spp. 16s rRNA | Kleb-F | AGCACAGAGAGCTTG | 55 | 127 | (Kurupati <i>et al.,</i> 2004) [37] | |
| | Kleb-R | ACTTTGGTCTTGCGAC | | | | |
| Escherichia coli | hlyD-F | ACAGGCTTCAGTAATCAG | 54 | 173 | (Enderle <i>et al.,</i> 2014) [38] | |
| Uropathogenic (UPEC) <i>hlyD</i> gene | hlyD-R | CGACGTTAATAAAACCAATATC | - | | | |
| Pseudomonas spp. 16s | Pseudo-F | ACTTTAAGTTGGGAGGAAGGG | 60 | 252 | (Bergmark <i>et al.,</i> 2012) [39] | |
| rRNA | Pseudo-R | ACACAGGAAATTCCACCACCC | | | | |
| Lactobacillus spp. 16s | Lacto-F | TGGAAACAGRTGCTAATACCG | 62 | 233 | (Byun <i>et al</i> ., 2004) [40] | |
| rRNA | Lacto-R | GTCCATTGTGGAAGATTCCC | | | | |
| Clostridium spp. 16s | Clost-F | TACCHRAGGAGGAAGCCAC | 55 200 | (Song <i>et al.</i> , 2004) | | |
| rRNA | Clost-R | GTTCTTCCTAATCTCTACGCAT | | | [41] | |
| Genus Bacteroides 16s | Bctd-F | CGTTCCATTAGGCAGTTGGT | 60 | 110 | (Converse <i>et al.</i> , 2009) [42] | |
| rRNA | Bctd-R | CGTAGGAGTTTGGACCGTGT | - | | | |
| Genus Prevotella 16s | Prev-F | GGGATGCGTCTGATTAGCTTGTT | 55 | 176 | (Datcu <i>et al.,</i> 2013) [43] | |
| rRNA | Prev-R | CTGCACGCTACTTGGCTGGTTC | - | | | |
| Bifidobacterium | Bifido-F | GGGATGCTGGTGTGGAAGAGA | 60 | 231 | (Haarman and Knol, 2005) [44] | |
| spp. 16s rRNA | Bifido-R | TGCTCGCGTCCACTATCCAGT | - | | | |

Supplementary Table SII. Primer sequences for qPCR intestinal microbiota

| Parameter | Definition | Aiken index of validity* | |
|---|---|-----------------------------|--|
| Abdominal cellulitis | Abdominal physical examination showed tenderness and discoloration of abdominal wall. Yes = 1, No = 0 | 0.83 | |
| Abdominal plain X-ray | Abdominal plain X-ray showed pneumatosis intestinalis, portal venous gas, or pneumoperitoneum. Yes = 1, No = 0 | 1.0 | |
| Advanced neonatal resuscitation | The need of positive-pressure ventilation, compression and tracheal intubation, or epinephrine administration at birth. Yes = 1, No = 0 | 0.17 | |
| Gestational age < 32 weeks or birthweight < 1500 g | Gestational age < 32 weeks or birthweight < 1500 g (very low birthweight criteria or less). Yes = 1, No = 0 | 0.5 | |
| Platelet count | Platelets count from venipuncture showed < 150 000/ml. Yes = 1, No = 0 | 0.5 | |
| Sepsis | Clinical picture of temperature instability and bradycardia, supported with positive blood culture confirming bacteremia or procalcitonin level > 2.0 ng/ml. Yes = 1, No = 0 | 0.5 | |
| (Oro)gastric retention | Emesis or residual retention > 20% feed volume or discolored emesis/residual. Yes = 1, No = 0 | 0.5 | |
| Abdominal distention | Abdominal girth (circumference) at the level of umbilicus increase > 3 cm from baseline. Yes = 1, No = 0 | 0.67 | |
| Metabolic acidosis | Metabolic acidosis from blood gas analysis showed decrease of pH < 7.35 and plasma bicarbonate (< 22 mmol/l). Yes = 1, No = 0 | 0.5 | |

Supplementary Table SIII. Parameter definitions in the scoring system with their respective Aiken indices

Aiken (1980) introduced a measure to assess the validity of items and determine content validity (Aiken, 1980). Aiken's validity test entails evaluating whether an item is valid from the perspective of evaluators (raters). Three experts assessed the validity of the observational guidelines using Aiken's method. According to Retnawati (2016), Aiken's agreement index can be classified into three categories: (1) low validity if the score is below 0.4, (2) moderate validity if the score is in the range from 0.4 to 0.8, and (3) high validity if the score exceeds 0.8.



Supplementary Figure S1. Participants flow diagram