

Study	Trial design	No. of patients	Population	Severity of AP	Intervention	Control	Primary outcome	Key findings
Yoo et al. (2012) ¹³	Open label RCT	40	Patients with AP Korea	All severities included	Pantoprazole 40 mg BD IV until oral intake resumed then PO	No pantoprazole administered	APACHE-II score at admission, at 48 hours, and at discharge	No difference in primary outcomes for control and intervention ($p>0.05$)
Ma et al. (2017) ¹⁴	Open label RCT	45	Patients with SAP China	SAP	Esomeprazole 40 mg IV daily for 7 days	No esomeprazole administered	APACHE-II score, SIRS score, and Marshall score at day 1, 3, and 7	No difference in primary outcomes for control and intervention ($p>0.05$)
Murata et al. (2015) ¹⁵	Observational studies	10 400	SAP patients admitted to hospitals ($n = 1021$) Japan	SAP	PPIs (various strength, frequency, routes)	No PPIs administered	Hospital mortality within 7, 14, and 28 days	No difference in primary outcomes for control and intervention ($p<0.001$)
Demcsák et al. (2020) ¹⁶	Cohort study	17 422	17 422 adult patients 59 centres in 23 countries	AP, all severities	ASD (PPIs and H ₂ RA)	No ASD therapy	Hospital mortality Rate of GI bleeding Rate of GI infection	Mortality was higher in those receiving ASD ($p<0.001$) GI bleeds were more common within ASD treatment groups vs control ($P<0.001$) No significant differences in GI infection for ASD receiving patients vs control ($P=0.276$)

AP = acute pancreatitis; APACHE-2 = Acute Physiology and Chronic Health Evaluation Score; ASD = acid suppressing drugs; BD = *bis in die* (twice a day); GI = gastrointestinal; H₂RA = histamine 2-receptor antagonists; h = hours; IV = intravenous; No. = number; PO = *per os* (by mouth); PPIs = proton pump inhibitors; RCT = randomised controlled trial; SAP = severe acute pancreatitis; SIRS = systemic inflammatory response syndrome; vs = versus.