When solid evidence coming from biochem- istry and physiology was extrapolated to clinical settings,.2 it allowed the upgrading of recommendations to an A or B level, enabling the use of "shall" or "should" in the recommendation formulation. Dose recommendations based on existing RDA are attributed a level A as they are based on internationally validated evidence, whereas those based on DRI are given a level B. As many recommendations are supported by limited evidence, they underwent a consensus process, which resulted in a per- centage of agreement (%). The "strong consensus "qualification required >90 % of agreement, and "consensus" was defined as an agreement of 75e90 % of the experts and participants [5].Methods The ESPEN micronutrient-working group attempted to apply the 2015 standard operating procedures for ESPEN guidelines and consensus papers with PICO questions (patient, intervention, comparator, outcome) [4], but failed due to a lack of intervention trials, resulting in structured reports for each MN based on sys- tematic review.The literature was searched for evidence regarding 1) different diseases (see x 3), 2) therapeutic interventions (enteral nutrition, parenteral nutrition, renal replacement .(therapy), and 3) special periods of life (pregnancy, elderly

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