SUPPLEMENTARY MATERIAL

Supplemental 1

Search key:

("COVID-19") OR ("Wuhan virus") OR ("coronavirus") OR ("2019 nCoV") OR ("SARS-Cov-2")) AND (pancrea* OR amylase OR lipase)

Supplemental 2

Detailed method of data extraction: The following informations (when available) were extracted from all eligible studies into a standardized Excel data sheet designed based on recommendations of the Cochrane Collaboration.

Study information: author, year of publication, original language, DOI, contact details, design, total duration, country, number of centers, method of SARS-CoV-2 confirmation, concerns about bias, aims, inclusion and exclusion criteria.

Participant information: number of patients, number of COVID-19 patients, number of patients with pancreatic involvement, baseline characteristics, such as: age, gender, comorbidities.

Outcome information: nature of pancreatic involvement (acute pancreatitis, pancreatic enzyme elevation not constituting acute pancreatitis, pancreas histopathologic changes, other), serum amylase and lipase values, number of pancreas enzyme measurements in all patients, pancreas imaging modality and results, symptoms and other measured laboratory values, histological findings in patients with pancreatic involvement; hospitalization, severity, intensive care need and mortality of patients with pancreatic involvement.

Supplemental 3

Risk of bias in included studies:

Cohort studies:

Study ID	Modified Newcastle-Ottawa Scale						
	Selection			Outcome			
	Representativeness of cohort (Maximum: ★)	Ascertainment of exposure (Maximum:★)	Demonstration that outcome of interest was not present at the start of the study (Maximum: ★)	Assessment of outcome (Maximum: ★)	Was follow-up long enough for outcomes to occur (Maximum: ★)	Adequacy of follow up of cohorts (Maximum: ★)	Total score (out of 6)
Hossain *et al*[23]	-	★	-	-	-	★	★★ (2)
Li *et al*[22]	-	★	-	-	-	★	★★ (2)

Table S1 Risk of Bias assessment of the included cohort studies utilizing a modified version of the Newcastle-Ottawa Scale (NOS). Star sign in each category represents high quality. The outcome of interest was acute pancreatitits, and there were no exposed and non-exposed cohorts, just the cohort of COVID-19 patients, thus questions 1 and 2 of the original NOS were replaced by a question focusing on the representativeness of the cohort as a whole.

Case reports:

Author name	Q.1	Q.2	Q.3	Q.4	Q.5	Q.6	Q.7	Q.8	Overall
Aloysius *et al*[29]	Yes	No	Yes	Yes	No	No	No	No	3/8
Anand *et al*[44]	No	No	No	No	No	No	No	No	0/8
Gou *et al*[21] patient 1	No	No	No	No	Yes	No	No	Yes	2/8
Gou *et al*[21] patient 2	No	No	No	No	No	No	No	Yes	1/8
Hadi *et al*[45] patient 1	No	Yes	Yes	Yes	No	Yes	No	No	4/8
Hadi *et al*[45] patient 2	No	Yes	Yes	No	No	No	No	No	2/8
Meireles *et al*[46]	Yes	No	No	No	No	No	No	No	1/8
Morrison *et al*[20]	No	No	No	No	No	No	No	Yes	1/8

Table S2: Assessment of methodological quality and risk of bias by the Joanna Briggs Institute Critical Appraisal tools: Checklist for Case Reports

Q.1: Were patient's demographic characteristics clearly described?, Q.2 Was the patient's history clearly described and presented as a timeline?, Q.3:Was the current clinical condition of the patient on presentation clearly described?, Q.4. Were diagnostic tests or assessment methods and the results clearly described?, Q.5 Was the intervention(s) or treatment procedure(s) clearly described?, Q.6.Was the post-intervention clinical condition clearly described?, Q.7: Were adverse events (harms) or unanticipated events identified and described?, Q.8: Does the case report provide takeaway lessons?