#### Electronic Supplementary Material

## Predictive accuracy of the Quick Sepsis-related Organ Failure Assessment score in Brazil:

### a prospective multicenter study

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#### METHODS

#### **Data collection**

The case manager of each institution prospectively entered all data into the study database. The managers were instructed to register the worst Glasgow coma score, the highest respiratory rate and the lowest systolic blood pressure for each patient. The details for data collection are available online data supplement. As a strategy to minimize partial missing data, the case managers could include qSOFA data in the database only when all 3 variables were available. As our main objective was to pragmatically assess the sensitivity of qSOFA in mortality prediction as if it was used as a screening tool, we considered only the values available at the moment the healthcare team raised the suspicion of sepsis and started diagnostic and treatment measures such as laboratory samples, blood cultures and antibiotic administration. For patients enrolled in the ED, we collected the worst values for each component from hospital admission until the moment the healthcare team suspected sepsis. For patients in wards, we collected data from the 24 hours immediately prior to the suspicion of sepsis. We also collected the severity scores of the Sequential Organ Failure Assessment (SOFA) with the

worst values on the day of sepsis diagnosis and the Simplified Acute Physiology Score 3 (SAPS 3) for those admitted to the ICU. We assessed transfer to the ICU only in the first 24 hours after sepsis diagnosis. We obtained data on ICU length of stay for those admitted to the ICU in the first 24 hours of sepsis and on hospital length of stay for all patients. All patients were followed until hospital discharge.

## Definitions

Life-threatening organ dysfunction was defined as the presence of any of the following: systolic blood pressure <90 mmHg or mean arterial pressure <65 mmHg or reduction in systolic blood pressure >40 mmHg; creatinine >2.0 mg/dL or diuresis less than 0.5 mL/kg/h in the last 2 hours; bilirubin >2 mg/dL; platelet count <100,000 cells/mm3; lactate >2 mmol/L (or above the reference value); coagulopathy (international normalized ratio >1.5 or activated partial thromboplastin time >60 sec); PaO2/FiO2 ratio <300 or a recent or increased O2 need to maintain SpO2 >90%.

Vasopressor-dependent sepsis was defined as the need of vasopressors for sepsis-induced hypotension, despite adequate fluid resuscitation (20).

Public institutions were those whose major income came from the Sistema Unico de Saude (the universal public health care system in Brazil) and private institutions were those whose main source of income was private healthcare companies.

# RESULTS

Table E1. General characteristics of the participating institutions.

Variable	All institutions $(n = 74)$
Hospital location	
State capitals	47 (63%)
Countryside	27 (37%)
Hospital geographic region	
Southeast	58 (78%)
South	6 (9%)
Middle West	5 (7%)
Northeast	3 (4%)
North	2 (2%)
Main source of income	
Public system	27 (36%)
Private health system	47 (64%)
Emergency services	66 (89%)
Teaching status	
Academic	41 (55%)
Non-academic	33 (45%)
Hospital size	
$\leq 100$ beds	15 (20%)
101 to 500 beds	55 (74%)
$\geq$ 500 beds	4 (5%)
Intensive care unit size	
$\leq 10$ beds	15 (20%)
11 to 50 beds	51 (69%)
> 50 beds	8 (11%)

	Cohort 1			Cohort 2		
Variable	Patients with missing qSOFA values (n = 123)	Patients with available qSOFA values (n = 5460)	P-value	Patients with missing qSOFA values (n=573)	Patients with available qSOFA values (n = 4711)	P-value
Age (years)	63 (45.5 - 80)	64 (41 - 80)	0.89	69 (56 - 81)	65 (48 - 78)	<0,001
Male sex	61 (49.6)	2519 (46.1)	0.50	332 (57.9)	2432 (51.6)	0.005
SAPS 3 score (points) <sup>a</sup>	45 (38 - 50) (n=10)	54 (43 - 64) (n=2023)	0.03	68 (54 - 84) (n=74)	58 (48 - 68) (n=2441)	<0,001
SOFA score (points)	1 (0 - 3) (n=58)	1 (0 - 4) (n=5189)	0.44	4 (1 - 7) (n=306)	3 (2 - 6) (n=4354)	0.09
Severity of illness Infection without organ dysfunction Sepsis	59 (48.0) 55 (44.7)	2477 (45.4) 2427 (44.5)	0.56	0 (0) 370 (64.6)	0 (0) 3480 (73.9)	-
Vasopressor- dependent sepsis	9 (7.3)	556 (10.2)		203 (35.4)	1231 (26.1)	
Number of organ dysfunction	1 (0 - 1)	1 (0 - 2)	0.42	1 (1 - 2)	2 (1 - 2)	0.05
Mechanical ventilation	23 (18.7)	589 (10.8)	0.008	202 (35.3)	1185 (25.2)	<0,001
ICU length of stay (days)	6 (3 - 12.3) (n=39)	4.4 (2.1 - 9.3) (n=2137)	0.12	5.3 (2.7 - 11.7) (n=172)	4.7 (2.4 - 10.3) (n=2491)	0.29
Hospital length of stay <sup>a</sup> (days)	9.6 (4.1 - 19.9)	5.9 (2.0– 12.0)	< 0.001	11.7 (5.1-23.7)	8.8 (4.1 – 19.1)	0.06
Hospital mortality	28 (22.8)	766 (14.0)	0.009	224 (39.1)	1338 (28.4)	< 0.001

Table E2. Main characteristic for patients with missing values for qSOFA and the study population – cohort 1 and 2

Data are expressed as n (%) or median (interquartile range).

<sup>a</sup> hospital length of stay calculated from the diagnosis of sepsis until hospital discharge.

qSOFA = Quick Sequential Organ Failure Assessment. COPD = chronic obstructive pulmonary disease. SAPS = Simplified Acute Physiologic Score. SOFA = Sequential organ-failure assessment. ICU= intensive care unit.

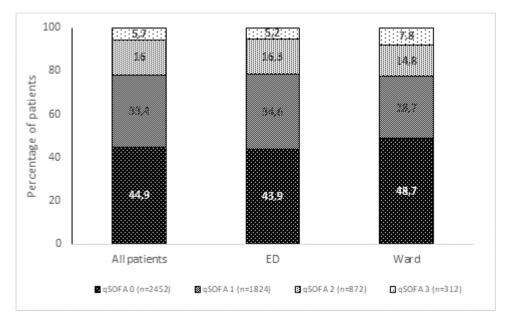


Figure E1 – Frequency of positive qSOFA components among emergency and ward patients with infection without organ dysfunction or sepsis in cohort 1 according to the location of sepsis diagnosis. ED – emergency department.

Table E3. Performance of qSOFA $\geq 2$  to predict mortality in cohort 1 considering only cases with available qSOFA (main analysis), and imputing all missing values of qSOFA  $\geq 2$  or all missing values  $\leq 1$ 

Main analysis (only cases with available qSOFA values)	only cases with vailable qSOFAqSOFA imputed as $\geq 2$	
5460	5583	5583
53.9 [50.3 - 57.5]	55.5 [52.0 - 59.0]	52.0 [48.5 - 55.5]
83.6 [82.5 - 84.6]	81.9 [80.8 - 83.0]	83.9 [82.8 - 84.9]
34.9 [32.2 - 37.7]	33.7 [31.2 - 36.4]	34.9 [32.2 - 37.7]
91.7 [90.9 – 92.5]	91.7 [90.9 – 92.5]	91.3 [90.5 - 92.1]
3.28 [2.99 - 3.60]	3.07 [2.82 - 3.35]	3.23 [2.94 - 3.55]
0.55 [0.51 - 0.60]	0.54 [0.50 - 0.59]	0.57 [0.53 - 0.62]
75 [73.2 – 76.9]	74.6 [72.8 – 76.4]	73.6 [71.5 – 75.5]
	(only cases with available qSOFA values) - 5460 53.9 [50.3 - 57.5] 83.6 [82.5 - 84.6] 34.9 [32.2 - 37.7] 91.7 [90.9 - 92.5] 3.28 [2.99 - 3.60] 0.55 [0.51 - 0.60]	(only cases with available qSOFA values)qSOFA imputed as $\geq 2$ -5460558353.9 [50.3 - 57.5]55.5 [52.0 - 59.0]83.6 [82.5 - 84.6]81.9 [80.8 - 83.0]34.9 [32.2 - 37.7]33.7 [31.2 - 36.4]91.7 [90.9 - 92.5]91.7 [90.9 - 92.5]3.28 [2.99 - 3.60]3.07 [2.82 - 3.35]0.55 [0.51 - 0.60]0.54 [0.50 - 0.59]

qSOFA = quick Sequential Organ Failure Assessment. SIRS = Systemic Inflammatory Response Syndrome. SOFA = Sequential Organ Failure Assessment. PPV = positive predictive value. NPV = negative predictive value. LR = likelihood ratio. AUROC = Area under the ROC curve.

Table E4 Performances for the prediction of ICU admission within 24 hours and the composite endpoint of ICU admission within 24 hours plus ICU length
of stay greater than 48 hs among patients with suspected infection in cohort 1.

Variable	qSOFA≥2	qSOFA≥1	qSOFA ≥ 1 or lactate > 2mmol/L	SIRS criteria ≥ 2	Organ dysfunction ≥ 1	SIRS ≥ 2 + organ dysfunction ≥ 1	SOFA≥2
ICU admission within 24h							
N	5460	5460	5319	5460	5460	5460	5189
Sensitivity	39.7 [37.7-41.9]	78.3 [76.5- 80.0]	88.2 [86.7- 89.5]	76.4 [74.5- 78.2]	79.6 [77.8- 81.3]	60.4 [58.3-62.5]	69.7 [67.6- 71.6]
Specificity	90.1 [89.0- 91.0]	60.0 [58.3-61.7]	45.6 [43.9- 47.4]	25.2 [23.7-26.7]	61.6 [59.9- 63.2]	72.3 [70.7-73.8]	67.0 [65.3- 68.6]
PPV	72.2 [69.5- 74.7]	56.0 [54.2- 57.8]	52.0 [50.3- 53.6]	39.9 [38.4- 41.4]	57.4 [55.6- 59.2]	58.6 [56.5- 60.6]	57.8 [55.8- 59.8]
NPV	69.7 [68.3-71.1]	81.0 [79.3- 82.5]	85.2 [83.5-86.9]	62.1 [59.5-64.7]	82.3 [80.7-83.7]	73.7 [72.2- 75.2]	77.3 [75.6- 78.8]
Positive LR	4.00 [3.56- 4.49]	1.96 [1.87-2.05]	1.62 [1.57- 1.68]	1.02 [0.99- 1.05]	2.07 [1.97-2.17]	2.18 [2.04-2.32]	2.11 [1.99- 2.23]
Negative LR	0.67 [0.65- 0.69]	0.36 [0.33- 0.39]	0.26 [0.23- 0.29]	0.94 [0.85- 1.03]	0.33 [0.30- 0.36]	0.55 [0.52- 0.58]	0.45 [0.42- 0.49]
ICU admission within 24h -	+ ICU length of stay	>48h					
N	5446	5446	5305	5446	5446	5446	5175
Sensitivity	41.9 [39.5- 44.3]	79.5 [77.5-81.4]	89.3 [87.6-90.7]	76.3 [74.2- 78.4]	82.5 [80.6- 84.3]	63.0 [60.6- 65.3]	73.0 [70.7-75.2]
Specificity	87.1 [86.0- 88.2]	55.6 [54.0- 57.2]	41.7 [40.1-43.3]	25.0 [23.6- 26.4]	57.5 [55.9- 59.1]	69.2 [67.7-70.6]	63.6 [62.0- 65.2]
PPV	58.4 [55.6-61.3]	43.6 [41.9- 45.4]	40.4 [38.8- 42.0]	30.6 [29.2- 32.0]	45.7 [43.9- 47.5]	46.9 [44.8- 49.0]	46.5 [44.5- 48.5]
NPV	77.6 [76.3- 78.9]	86.3 [84.8- 87.6]	89.7 [88.2-91.1]	70.9 [68.4- 73.4]	88.4 [87.1- 89.6]	81.2 [79.8- 82.5]	84.5 [83.0- 85.8]
Positive LR	3.25 [2.94- 3.60]	1.79 [1.71- 1.87]	1.53 [1.48- 1.58]	1.02 [0.99- 1.05]	1.94 [1.86- 2.03]	2.04 [1.92- 2.17]	2.01 [1.90- 2.11]
Negative LR	0.67 [0.64- 0.70]	0.37 [0.33- 0.41]	0.26 [0.22- 0.30]	0.95 [0.85- 1.05]	0.30 [0.27- 0.34]	0.53 [0.50- 0.57]	0.42 [0.39- 0.46]

qSOFA = Quick Sequential Organ Failure Assessment. SIRS = Systemic Inflammatory Response Syndrome. SOFA = Sequential Organ Failure Assessment. PPV = positive predictive value. NPV = negative predictive value. LR = likelihood ratio. ICU = intensive care unit. Table E5. Main characteristics of patients in Cohort 2 (patients presenting outside of the ICU with

Variable	All patients $(n = 4711)$	Hospital survivors (n = 3373)	Hospital non- survivors (n = 1338)	P value
Type of institution				< 0.0001
Public	1451 (30.8)	721 (21.4)	730 (54.6)	
Private	3260 (69.2)	2652 (78.6)	608 (45.4)	
Age (years)	65 (48 - 78)	63 (44 – 77)	69 (56 - 80)	< 0.0001
Male sex	2432 (51.6)	1687 (50.0)	745 (55.7)	< 0.0001
Comorbidities		. ,		
Cancer	824 (17.5)	497 (14.7)	327 (24.4)	< 0.0001
Diabetes	1160 (24.6)	840 (24.9)	320 (23.9)	0.48
Chronic heart failure	462 (9.8)	285 (8.4)	177 (13.2)	< 0.0001
COPD	413 (8.8)	284 (8.4)	129 (9.6)	0.18
Chronic renal failure	574 (12.2)	372 (11.0)	202 (15.1)	< 0.0001
Arterial hypertension	2037 (43.2)	1424 (42.2)	613 (45.8)	0.03
Immunossupression	726 (15.4)	454 (13.5)	272 (20.3)	< 0.0001
SAPS 3 score (points) <sup>a</sup>	58 (48 - 68)	54(44-62)	70 (60 - 82)	< 0.0001
Source of infection	. ,		× ,	<.0001
Lung	2208 (46.9)	1516 (44.9)	692 (51.7)	
UTI	881 (18.7)	721 (21.4)	160 (12.0)	
Abdominal	626 (13.3)	421 (12.5)	205 (15.3)	
Others	996 (21.1)	715 (21.2)	281 (21.0)	
Type of infection				<.0001
Community acquired	3514 (74.6)	2702 (80.1)	812 (60.7)	
Healthcare associated <sup>a</sup>	1197 (25.4)	671 (19.9)	526 (39.3)	
Severity of illness				< 0.0001
Sepsis	3480 (73.9)	2813 (83.4)	667 (49.9)	
Vasopressor-dependent	1231 (26.1)			
sepsis		560 (16.6)	671 (50.1)	
Location at sepsis presentation				< 0.0001
Emergency department	3509 (74.5)	2673 (79.2)	836 (62.5)	
Wards	1202 (25.5)	700 (20.8)	502 (37.5)	
ICU admission in 24 hours <sup>b</sup>				
From ED	1813 (51.7)	1342 (50.2)	471 (56.3)	0.002
From wards	744 (61.9)	409 (58.4)	335 (66.7)	0.003
Time to sepsis diagnosis (h)	0.15 (0.0 - 1.0)	0.1(0.0-0.7)	0.3(0.0-2.4)	< 0.0001
Mechanical ventilation	1185 (25.2)	429 (12.7)	756 (56.5)	< 0.0001
ICU length of stay (days)	4.7 (2.4 – 10.3)	4.1 (2.4 – 8.7)	6.5 (2.3 – 14.5)	< 0.0001
Hospital length of stay <sup>c</sup> (days)	8.8 (4.1 – 19.1)	8.9 (4.8 – 17.6)	8.2 (2.4 – 19.3)	< 0.0001

sepsis), both for all patients and for survivors compared to non-survivors.

Data are expressed as n (%) or median (interquartile range). Percentages are column percents when given for the entire population and row percents when given for the population categorized by hospital outcomes.

<sup>a</sup>Healthcare-associated infections include those infections acquired by out-clinic, hospice and homecare patients as well as those not present at hospital admission and started after 48 hours of hospital stay.

<sup>b</sup>percentages for survivors and non-survivors calculated for the total number of ED patients (n = 3509) or ward patients (n = 1202)

<sup>c</sup> hospital length of stay calculated from the diagnosis of sepsis until hospital discharge.

COPD = chronic obstructive pulmonary disease. SAPS = Simplified Acute Physiologic Score. SOFA = Sequential organfailure assessment. UTI = urinary tract infection. ED = emergency department. ICU= intensive care unit.

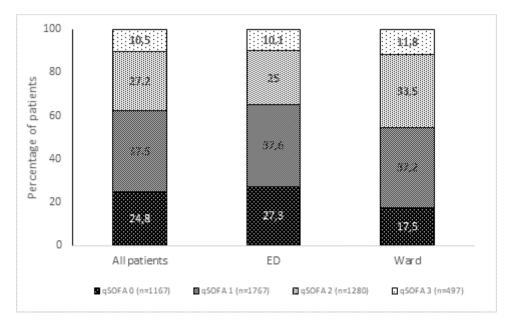


Figure E2. – Frequency of positive qSOFA components among emergency and ward patients with sepsis in cohort 2 according to the location. ED = emergency department.

Variable	All patients $(n = 4711)$	Hospital survivors $(n = 3373)$	Hospital non- survivors (n = 1338)	P value
$qSOFA \ge 2$			(11 1556)	< 0.0001
No	2934 (62.3)	2427 (82.7)	507 (17.3)	
Yes	1777 (37.7)	946 (53.2)	831 (46.8)	
qSOFA criteria				
Respiratory rate $\geq 22$				< 0.0001
No	2615 (55.5)	2066 (79.0)	549 (21.0)	
Yes	2096 (44.5)	1307 (62.4)	789 (37.6)	
Glasgow < 15				< 0.0001
No	3315 (70.4)	2640 (79.6)	675 (20.4)	
Yes	1396 (29.6)	733 (52.5)	663 (47.5)	
$\text{SBP} \leq 100$		· · · · · · · · · · · · · · · · · · ·		< 0.0001
No	2385 (50.6)	1930 (80.9)	455 (19.1)	
Yes	2326 (49.4)	1443 (62.0)	883 (38.0)	
qSOFA		~ /	× /	< 0.0001
0	1167 (24.8)	1046 (89.6)	121 (10.4)	
1	1767 (37.5)	1381 (78.2)	386 (21.8)	
2	1280 (27.2)	736 (57.5)	544 (42.5)	
3	497 (10.5)	210 (42.3)	287 (57.7)	
Organ dysfunctions	2(1-2)	1(1-2)	2(1-3)	< 0.0001
Number of organ dysfunction	· · · ·			< 0.0001
1	2347 (49.8)	1950 (83.1)	397 (16.9)	
2	1370 (29.1)	968 (70.7)	402 (29.3)	
3	659 (14.0)	350 (53.1)	309 (46.9)	
4 or more	335 (7.1)	105 (31.3)	230 (68.7)	
Lactate $> 2 \text{ mmol/L}$	2474 (62.9)	1781 (62.3)	693 (64.3)	
$qSOFA \ge 1$ or lactate > 2mmol/L <sup>a</sup>	()	1,01 (02.0)	(0.1.5)	< 0.0001
No	373/4585 (8.1)	338 (90.6)	35 (9.4)	
Yes	4212/4585 (91.9)	2941 (69.8)	1271 (30.2)	
SIRS $\geq 2 + \text{organ dysfunction} \geq 1$			12,1 (00.2)	< 0.0001
No	2578 (54.7)	2159 (83.7)	419 (16.2)	0.0001
Yes	2133 (45.3)	1214 (56.9)	919 (43.1)	
SOFA score (points)	3(2-6)	3(1-5)	7(4-10)	< 0.0001
SOFA points			, (1 10)	< 0.0001
0	490/4354 (11.3)	476 (97.1)	14 (2.9)	0.0001
1	556/4354 (12.8)	488 (87.8)	68 (12.2)	
2	625/4354 (14.4)	547 (87.5)	78 (12.5)	
3	538/4354 (12.4)	448 (83.3)	90 (16.7)	
4	464/4354 (10.7)	355 (76.5)	109 (23.5)	
5 or more	1681/4354 (38.6)	843 (50.1)	838 (49.9)	
$SOFA \ge 2$ points	()	0.10 (0.011)	000 (1919)	< 0.0001
No	1046/4354 (22.2)	964 (92.2)	82 (7.8)	0.0000
Yes	3308/4354 (76.0)	2193 (66.3)	1115 (33.7)	
SIRS criteria			(55.7)	0.003
0	106 (2.3)	80 (75.5)	26 (24.5)	0.000
1	955 (20.3)	669 (70.1)	286 (29.9)	
2	2130 (45.2)	1567 (73.6)	563 (26.4)	
3	1262 (26.8)	895 (70.9)	367 (29.1)	
4	258 (5.5)	162 (62.8)	96 (37.2)	
SIRS $\geq 2$	200 (0.0)			0.411

Table E6. Screening tools among patients with sepsis in Cohort 2, both for all patients and for survivors compared to non-survivors.

No	1061 (22.5)	749 (70.6)	312 (29.4)	
Yes	3650 (77.5)	2624 (71.9)	1026 (28.1)	

Data are expressed as n (%) or median (interquartile range). Percentages are column percents when given for the entire population and row percents when given for the population categorized by hospital outcomes.

<sup>a</sup> lactate is available for 4585 patients and SOFA score for 4354.

qSOFA = Quick Sequential Organ Failure Assessment. SBP = systolic blood pressure. SIRS = Systemic Inflammatory Response Syndrome. SOFA = Sequential Organ Failure Assessment.