

Article

Prognostic Value of Procalcitonin and C-Reactive Protein in 1608 Critically Ill Patients with Severe Influenza Pneumonia.

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1. Supplementary Online Content

1.1. Methods: Supplemental Methods

1.1.1. Data Collection and Validation

The data were collected using a paper CRF (case Report Form). CRF collect and record all protocol-required information, which is transcribed from patient source documents, such as hospital records and laboratory reports during the patient's participation in the study. Before being sent to the Study Coordinator (AR), these data were de-identified (not traceable to the patient) by removing the patient's name, medical record number, etc., and giving the patient a unique study number. We implemented a double data entry model for potential errors in real-time. Data were entered twice by two different Data Entry personnel based on the same set of data collected in the paper CRFs. All of the data were reviewed, and values that appeared incongruent or out of range were manually validated by confirming the accuracy of the data with the Study Coordinator (AR). The database was validated and cleaned before the statistical analysis and, finally, the study database was locked to prevent any further changes, and to ensure data consistency and integrity for the statistical reporting and analysis.

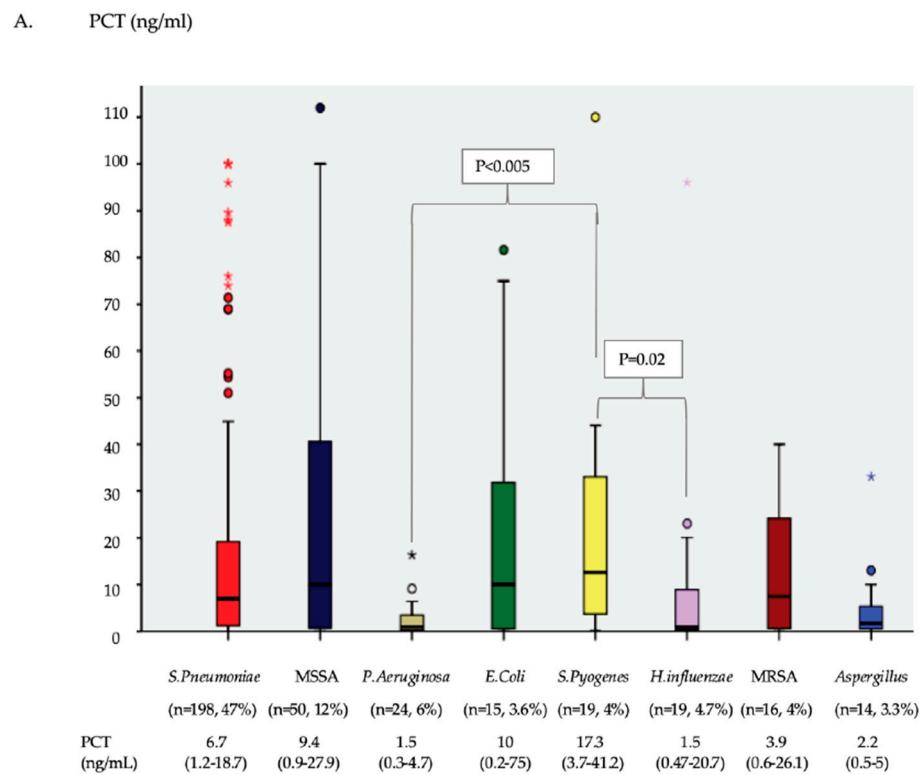
1.1.2. Study definitions

Shock was defined in accordance with the Surviving Sepsis Campaign guidelines (1); that is, patients in whom adequate fluid resuscitation and vasopressor therapy are unable to restore hemodynamic stability.

Acute Kidney injury (AKI) was defined according to Consensus Conference of the Acute Dialysis Quality Initiative (2).

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B. CRP

(mg/dL)

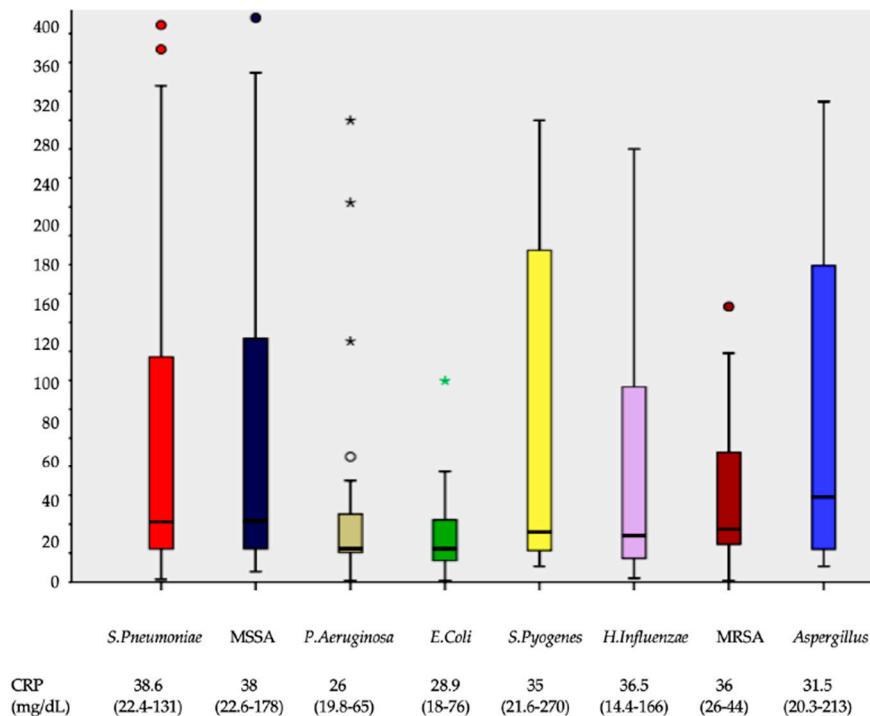
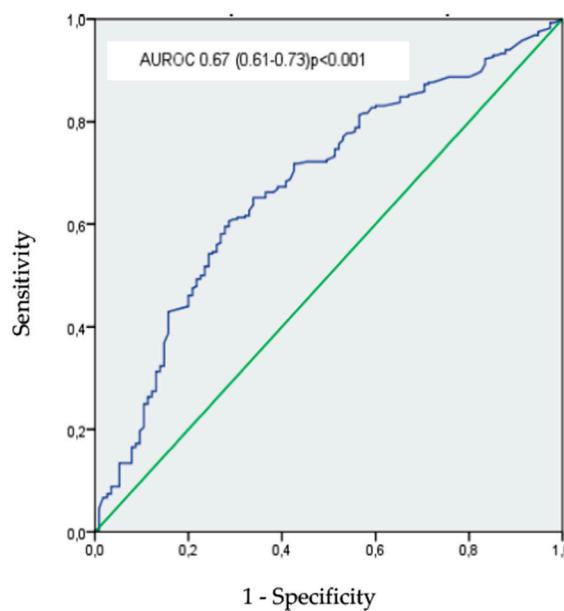


Figure S1. Box plot of serum PCT (A) and CRP (B) concentration by the most frequent isolated microorganisms.

The center of each box plot represents the median, with the box denoting the IQR, the whiskers representing 1.5 times the IQR, and dots showing outliers beyond the whiskers. Data are expressed as numbers (%) and medians (IQR). Abbreviations: PCT, procalcitonin; CRP, C-Reactive protein; MSSA, *Methicillin-sensitive Staphylococcus aureus*; MRSA, *Methicillin-resistant Staphylococcus aureus*; IQR (interquartile range).



Abbreviations: PCT, procalcitonin; GPC, Gram Positive bacteria cocci; GNB, Gran Negative bacteria bacilli.

Figure S2. Receiver operating characteristic curve for PCT to discriminate GPC from GNB pneumonia.

Table S1. Cut-off levels for procalcitonin to predict GPC respiratory infection.

Cut-Off Levels for PCT (ng/mL)	Sensitivity (%)	Specificity (%)	PPV (%)	NPV (%)	LR+	LR-
>3.5	61.2	68.6	82.3	42.6	1.95	0.57
>5.5	54.4	73.7	83.2	40.5	2.07	0.62
>7.5	49.1	76.3	83.1	38.6	2.07	0.67
>10	42.7	83.1	85.7	37.8	2.53	0.69
>20	27	85.6	81.7	33.7	1.87	0.85
>30	17	84.7	72.3	31.2	1.14	0.95

Abbreviations: PCT, procalcitonin; PPV, Positive predictive value; NPV, Negative predictive value; LR+, positive likelihood ratio; LR-, negative likelihood ratio.

Table S2. Characteristics of survivors and non-survivors in the study groups.

	PVP n = 1186			BC n = 422		
	Survivors (n = 922)	Non-survivors (n = 264)	P value	Survivors (n = 305)	Non-survivors (n = 117)	P value
Age (years)	53 (43–64)	59 (50–68)	0.001	59 (49–71)	61 (48–74)	0.53
Gender (male)	534 (57.9)	163 (61.7)	0.26	183 (60)	80 (68.3)	0.13
APACHE II score	15 (10–20)	20 (15–26)	0.001	18 (13–24)	23 (18–28)	0.001
SOFA score	5 (3–8)	8 (5–11)	0.001	6 (4–9)	9 (6.2–12)	0.001
Comorbidity						
COPD	157 (17)	146 (17.4)	0.88	88 (28.9)	37 (31.6)	0.59
Asthma	67 (7.3)	10 (3.8)	0.043	27 (8.9)	5 (4.3)	0.1
Chronic heart failure	109 (11.8)	40 (15.2)	0.15	34 (11.1)	27 (23.1)	0.002

Chronic Kidney Disease	73 (7.9)	36 (13.6)	0.005	24 (7.9)	13 (11.1)	0.29
Hematologic disease	54 (5.9)	46 (17.4)	0.001	21 (6.9)	17 (14.5)	0.015
Pregnancy	134 (14.5)	34 (12.9)	0.49	57 (18.7)	15 (12.8)	0.15
Obesity	87 (9.3)	26 (9.8)	0.79	16 (5.2)	7 (5.9)	0.77
Laboratory findings						
PCT (ng/mL)	0.53 (0.19–2.1)	0.82 (0.3–2.8)	0.001	3.8 (0.5–17.37)	6.9 (0.93–28.4)	0.039
CRP (mg/dL)	18 (12.8–110)	28.6 (14.6–106)	0.48	37.4 (20.28–115)	33.2 (19–99.8)	0.23
White blood cell count ($10^9/L$)	7.1 (4.1–11.9)	7.2 (3.5–11.4)	0.65	8.8 (3.9–15.5)	6.8 (1.8–12.8)	0.008
Complications						
Acute kidney failure	201 (21.8)	262 (99.2)	0.001	113 (37)	80 (68.4)	0.001
CRRT	54 (5.9)	86 (32.6)	0.001	32 (10.5)	343 (6.8)	0.001
Mechanical ventilation	722 (78.3)	252 (96.5)	0.001	229 (75.1)	115 (98.3)	0.001
Shock on admission	428 (46.4)	206 (78)	0.001	185 (60.7)	101 (86.3)	0.001
MODS	555 (60)	220 (83.3)	0.001	220 (72.1)	105 (89.7)	0.001
Clinical Outcomes						
MV (days)	9 (4–18)	11 (5–20)	0.03	10 (5–19)	8 (3–17)	0.06
ICU LOS (days)	10 (5–20)	12 (5–21)	0.57	11 (5–20)	9 (3–17)	0.019

Data are expressed as numbers (%) and medians (IQR). Abbreviations: PVP, primary viral pneumonia; BC, bacterial coinfection; IQR, interquartile range; APACHE, Acute Physiology and Chronic Health Evaluation; SOFA, sequential organ failure assessment; COPD, chronic obstructive pulmonary disease. PCT, procalcitonin; CRP, C-Reactive protein; CRRT, Continuous renal replacement therapy; MODS, Multiple organ dysfunction syndrome; MV, mechanical ventilation; LOS, length of stay; ICU, Intensive Care Unit.

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