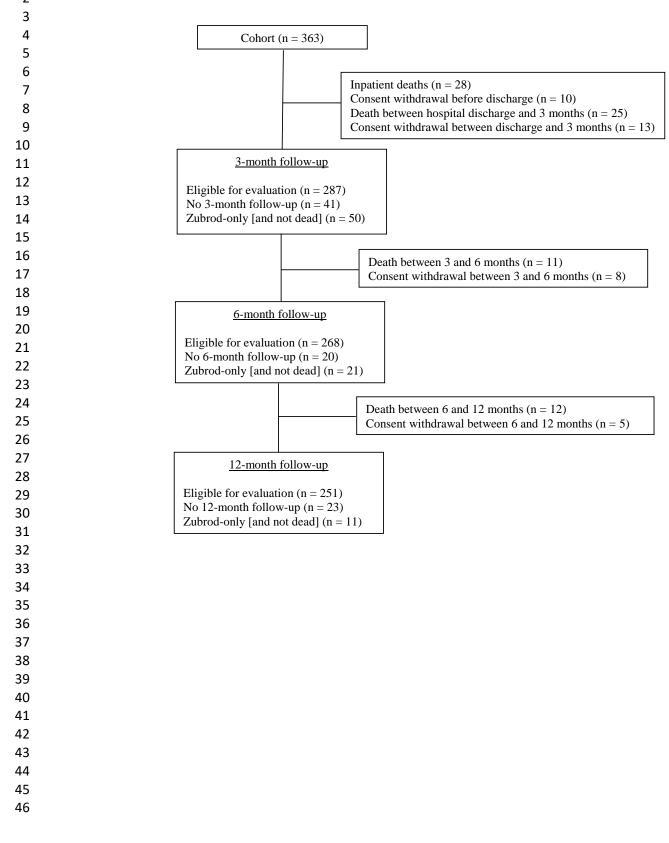
eFigure1. CONSORT diagram.



Biomarker type	Role	Category	Cell source	Healthy Controls Median (25th-75th)
Interleukin-6 (IL-6) [1]	Prototypic pro- inflammatory cytokine that is secreted in response to pathogen- associated molecular patterns (PAMPS). Cytokine that has an inhibitory effect on TNFα and IL-1 and activation of IL-10.	Inflammation	Macrophages, adipocytes and myocytes	5 (4, 8) pg/ml ^b
Interleukin-8 (IL-8) [2]	Chemokine, induces neutrophil chemotaxis to the infection site where it stimulates phagocytosis.	Inflammation	Macrophages, endothelial and epithelial cells	7 (5, 8) pg/ml ^b
Monocyte chemoattractant protein 1 (MCP-1) [3]	Induces chemotaxis, mainly of monocytes.	Inflammation	Monocytes, macrophages and dendritic cells	282 (234, 313) pg/ml ^b
C-reactive protein (CRP) [4]	Acute-phase protein secreted in response to cytokines.	Inflammation	Hepatocytes	11.1 (5, 19.8) mg/l ª
soluble programmed death-ligand 1 (sPDL-1) [5]	Inhibits the function of T and B cells of producing cytokine production, indicates immunosuppression.	Immunosuppression	Macrophages, T cells, B cells, epithelial and endothelial cells	54 (48, 64) pg/ml ^b
Absolute lymphocyte count (ALC) [6]	Indicator of immune suppression, and lower levels are linked to recurring infections.	Immunosuppression	Lymphocytes	1-3.2 (cells/cubic mm)
Absolute neutrophil count (ANC) [7]	Indicator of immune suppression, and higher levels are linked to sepsis severity.	Immunosuppression		1.7-7 (cells/cubic mm)
Interleukin-10 (IL-10) [8]	Produced by immune cells, inhibits the production of pro- inflammatory cytokines.	Immunosuppression	Monocytes	17.4 (10.9, 33.2) (pg/ml) ^ь
Glucagon-like peptide-1 (GLP-1) [9]	Peptide hormone with anti-inflammatory properties, and GLP- 1 increase is mediated by excrection of IL-6, and is associated with severity of sepsis.	Stress metabolism	intestinal enteroendocrine L-cells	0-15 (pM)
Albumin [10-11]	Transports hormones, bilirubin and fatty acids, maintains oncotic pressure. Constitutive protein of which production in decreased during an acute stress response.	Stress metabolism	Hepatocytes	3.4-5.4 (g/dl)

47	eTable1.	Description	of the	biomarkers	used in the	his study.
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Insulin-like growth factor 1 (IGF-1) [12]	Regulates cell metabolism, growth, proliferation and apoptosis in multiple organ systems. IGF-1 is abundant in the circulation and binds to	Catabolism	Hepatocytes	59.6 (44.9, 71.4) (ng/ml) ^ь
Insulin-like growth factor binding protein (IGFBP-3) [13]	IGFB. Is a circulating carrier of IGF-1 and regulates its biological effects by sequestering IGF-1 into a circulating reservoir, and thus reduces the free fraction of bioactive IGF in the blood.	Catabolism	Hepatocytes	2000.7 (1537.9, 2215.3) (ng/ml) ^b
Soluble vascular endothelial growth factor receptor-1 (Flt-1) [14]	Modulates endothelial cell proliferation, inhibits angiogenesis and upreagulates VEGF.	Angiogenesis	Endothelial cells	77 (64.1, 80.3) (pg/ml)°
Vascular endothelial growth factor (VEGF) [14]	Promotes angiogenesis, proliferation, migration and survival of endothelial cells, and contributes to inflammation and coagulation.	Angiogenesis	Macrophages, platelets, keratinocytes, endothelial cells	391.4 (206.4, 571.9) (pg/ml) °
Angiopoietin 2 (Ang2) [14]	Growth factor regulated by inflammatory signaling. Promotes angiogenesis in the presence of VEGF, and can potentiate apoptosis in the absence of vascular endothelial growth factor.	Angiogenesis	Endothelial cells	1709 (1405, 2356) (ng/mL) °
Interferon gamma-induced protein 10 (IP-10) [15]	Chemokine induces chemotaxis, mainly of monocytes/macrophages, T cells and dendritic cells; Inhibits angiogenesis.	Inflammation	Monocytes and endothelial cells	303.82 (247.02, 528.8) pg/ml ^b
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eTable2. Updated baseline demographics and predisposition characteristics of by age groups.

n (%) Male, n (%) Age in years, median (IQR 25th, 75th) Race, n (%) Caucasian (White) African American American Indian Asian Other Unknown Ethnicity, n (%) Hispanic or Latino Not Hispanic or Latino BMI, median (25th, 75th) Morbid obesity n (%)	75 (21%) 39 (52) 36 (28, 43) ^{a,b} 67 (89) 7 (9) 1 (1) 0 (0) 0 (0) 0 (0) 5 (7) 70 (93) 30.3 (25.8, 40.2) ^b	143 (39%) 76 (53) 58 (53, 62)° 124 (87) 18 (13) 0 (0) 0 (0) 1 (1) 0 (0) 4 (3) 139 (97)	145 (40%) 81 (56) 72 (69, 76) 133 (92) 10 (7) 0 (0) 1 (1) 0 (0) 1 (1) 1 (1) 1 (1) 1 (1)
Age in years, median (IQR 25th, 75th) Race, n (%) Caucasian (White) African American American Indian Asian Other Unknown Ethnicity, n (%) Hispanic or Latino Not Hispanic or Latino BMI, median (25th, 75th) Morbid obesity n (%)	36 (28, 43) ^{a,b} 67 (89) 7 (9) 1 (1) 0 (0) 0 (0) 0 (0) 5 (7) 70 (93)	58 (53, 62)° 124 (87) 18 (13) 0 (0) 0 (0) 1 (1) 0 (0) 4 (3) 139 (97)	72 (69, 76) 133 (92) 10 (7) 0 (0) 1 (1) 0 (0) 1 (1) 1 (1)
Race, n (%) Caucasian (White) African American American Indian Asian Other Unknown Ethnicity, n (%) Hispanic or Latino Not Hispanic or Latino BMI, median (25th, 75th) Morbid obesity n (%)	67 (89) 7 (9) 1 (1) 0 (0) 0 (0) 0 (0) 5 (7) 70 (93)	124 (87) 18 (13) 0 (0) 0 (0) 1 (1) 0 (0) 4 (3) 139 (97)	133 (92) 10 (7) 0 (0) 1 (1) 0 (0) 1 (1) 1 (1)
Caucasian (White) African American American Indian Asian Other Unknown Ethnicity, n (%) Hispanic or Latino Not Hispanic or Latino BMI, median (25th, 75th) Morbid obesity n (%)	7 (9) 1 (1) 0 (0) 0 (0) 0 (0) 5 (7) 70 (93)	18 (13) 0 (0) 0 (0) 1 (1) 0 (0) 4 (3) 139 (97)	10 (7) 0 (0) 1 (1) 0 (0) 1 (1) 1 (1)
African American American Indian Asian Other Unknown Ethnicity, n (%) Hispanic or Latino Not Hispanic or Latino BMI, median (25th, 75th) Morbid obesity n (%)	7 (9) 1 (1) 0 (0) 0 (0) 0 (0) 5 (7) 70 (93)	18 (13) 0 (0) 0 (0) 1 (1) 0 (0) 4 (3) 139 (97)	10 (7) 0 (0) 1 (1) 0 (0) 1 (1) 1 (1)
American Indian Asian Other Unknown Ethnicity, n (%) Hispanic or Latino Not Hispanic or Latino BMI, median (25th, 75th) Morbid obesity n (%)	1 (1) 0 (0) 0 (0) 0 (0) 5 (7) 70 (93)	0 (0) 0 (0) 1 (1) 0 (0) 4 (3) 139 (97)	0 (0) 1 (1) 0 (0) 1 (1) 1 (1)
Asian Other Unknown Ethnicity, n (%) Hispanic or Latino Not Hispanic or Latino BMI, median (25th, 75th) Morbid obesity n (%)	0 (0) 0 (0) 0 (0) 5 (7) 70 (93)	0 (0) 1 (1) 0 (0) 4 (3) 139 (97)	1 (1) 0 (0) 1 (1) 1 (1)
Other Unknown Ethnicity, n (%) Hispanic or Latino Not Hispanic or Latino BMI, median (25th, 75th) Morbid obesity n (%)	0 (0) 0 (0) 5 (7) 70 (93)	1 (1) 0 (0) 4 (3) 139 (97)	0 (0) 1 (1) 1 (1)
Unknown Ethnicity, n (%) Hispanic or Latino Not Hispanic or Latino BMI, median (25th, 75th) Morbid obesity n (%)	0 (0) 5 (7) 70 (93)	0 (0) 4 (3) 139 (97)	1 (1) 1 (1)
Ethnicity, n (%) Hispanic or Latino Not Hispanic or Latino BMI, median (25th, 75th) Morbid obesity n (%)	5 (7) 70 (93)	4 (3) 139 (97)	1 (1)
Hispanic or Latino Not Hispanic or Latino BMI, median (25th, 75th) Morbid obesity n (%)	70 (93)	139 (97)	
Not Hispanic or Latino BMI, median (25th, 75th) Morbid obesity n (%)	70 (93)	139 (97)	
BMI, median (25th, 75th) Morbid obesity n (%)			4 4 4 (00)
Morbid obesity n (%)	30 3 (25 8 40 2\b		144 (99)
Morbid obesity n (%)		29.8 (25.5, 39.1)	28.3 (24.4, 3
	19 (25) ^b	^с 31 (22) ^с	15 (10)
	19 (23)	51 (22)	13 (10)
Comorbidities, n (%) Hypertension	24 (32) ^{a,b}	88 (62) °	114 (79)
Coronary artery disease	4 (5) ^b	24 (17) °	61 (42)
Diabetes			
	12 (16) ^{a,b} 1 (1) ^{a,b}	56 (39) 28 (20)	56 (39)
Chronic lung disease		28 (20) 10 (7) c	41 (28)
Atrial fibrillation	$0(0)^{a,b}$	10 (7) °	32 (22)
Chronic renal disease	4 (5) ^b	19 (13)	27 (19)
Heart failure	2 (3) ^{a,b}	15 (11)	30 (21)
Peripheral artery disease	4 (5) ^{a,b}	9 (6) °	31 (21)
Active cancer	6 (8)	26 (18)	25 (17)
Prior Stroke	1 (1)	13 (9)	12 (8)
Substance abuse	7 (9)	15 (11)	11 (8)
Dementia	0 (0)	2 (1)	6 (4)
Liver disease	2 (3)	6 (4)	2 (1)
ESRD	1 (1)	18 (13) °	3 (2)
Number of comorbidities (adjudicated), n (%)	a,b		
0	38 (51)	21 (15)	6 (4)
1	16 (21)	35 (25)	23 (16)
2	17 (17)	35 (25)	33 (21)
≥3	4 (5)	52 (36)	83 (57)
Reason for Hospital Admission, n (%)			· ·
Planned Surgery	13 (17)	27 (19)	29 (20)
Trauma	11 (15)	14 (10)	11 (8)
Active Infection	48 (64)́	89 (62)	89 (61)
Non-Infectious / Chronic Problems	3 (4)	13 (9)	16 (11)
Emergency surgery (within 24 hrs), n (%)	44 (59)	78 (55)	65 (45)
Sepsis present on admission (≤48 hrs), n (%)	51 (68)	92 (64)	83 (57)
Hospital-acquired sepsis (>48 hrs), n (%)	24 (32)	51 (36)	62 (43)
Type of Infection n (%)	. (/		-= (••)
Intra- abdominal	13 (17) ^b	38 (27) ^c	54 (37)
Surgical Site Infection	24 (32) ^b	33 (23)	27 (19)
Pneumonia	11 (15)	24 (17)	25 (17)
Necrotizing Soft Tissue Infection	10 (13) ^b	24 (17) 24 (17) °	8 (6)
-			8 (8) 19 (13)
Urosepsis Other	10 (13) 6 (8)	13 (9) 9 (6)	
Other Catheter Related Blood Steam Infection	6 (8) 1 (1)	9 (6) 2 (1)	10 (7) 2 (1)

Sepsis severity, n (%)			
Sepsis	37 (48) ^{a,b}	39 (27)	34 (24)
Severe Sepsis	30 (40)	65 (46)	61 (42)
Septic Shock	8 (12) ^{a,b}	39 (27)	50 (34)
APACHE II Score (24 hrs), median (IQR 25th, 75th)	12 (7, 17) ^{a,b}	15 (11, 22)°	20 (16, 26)
SOFA score (24 hrs), median (IQR 25th, 75th)	6 (3, 7) ^{a,b}	7 (5, 9) °	8 (6, 10)
Culture Negative	20 (27)	53 (37)	58 (40)
Culture Positive	55 (73)	90 (63)	87 (60)
Bacterial – gram positive	10 (13)	21 (15)	24 (17)
Bacterial – gram negative	22 (29)	38 (27)	34 (25)
Fungal	2 (3)	5 (4)	3 (2)
Polymicrobial	21 (28) ^b	26 (18)	26 (18)
Sepsis Source Control Procedure, n (%)	56 (71)	105 (73)	93 (63)
Invasive procedures	31 (41)	74 (52)	72 (50)
Non-invasive procedures	25 (33)	31 (22) °	21 (15)

BMI = Body Mass Index, IQR = Interquartile Range, APACHE II = Acute Physiology + Age + Chronic Health Evaluation, SOFA = the Sequential Organ Failure Assessment. Statistical difference was labeled as ^a - young vs. middle-aged, ^b - young vs. older adults and ^c - middle-aged vs. older adults, with statistical significance set at p<0.05.

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eTable3. Hospital outcomes, clinical trajectory and discharge disposition for overall and

95 by age group.

Age Groups n (%)	Young 75 (21%)	Middle-aged 143 (39%)	Older 145 (40%
Need for mechanical ventilation, n (%)	40 (53) ^b	90 (63)	111 (77)
Ventilator free days (30 days), median (IQR 25th, 75th)	26 (26, 30) ^b	25 (21, 28) °	24 (17.5́, 30)
ICU length of stay, median (IQR 25th, 75th)	5 (3, 12) ^b	7 (3, 17) ^c	9 (4, 17)
Hospital free days (365 days), median (IQR 25th, 75th)	347 (321, 356) ^ь	340 (307, 354)	330 (68, 347)
Secondary infections/patient, mean (SD)	0.4 (0.8) ^b	0.5 (0.9)	0.6 (0.8)
Secondary infections/100 hospital days, mean (SD)	2.4 (6.7) ^b	1.7 (3.2)	2.6 (4.5)
AKI, n (%)	35 (47)	63 (44)	89 (61)
KDIGO Stage 1	16 (21)	34 (24)	35 (24)
KDIGO Stage 2	10 (13)	27 (19)	29 (20)
KDIGO Stage 3	9 (12)	15 (11)	25 (17)
Multiple organ failure (MOF) frequency, n (%) – by	4 (5) ^b	18 (13)	31 (21)
Denver	4 (3)-		31 (21)
30-day mortality, n (%)	4 (5) ^b	5 (4) °	24 (17)
Clinical Trajectory, n (%)			
Early Death	2 (3)	3 (2)	9 (6)
Chronic Critical Illness	15 (20) ^b	48 (34)	61 (42)
Rapid Recovery	58 (75) ^b	92 (64)	75 (52)
Discharge disposition, n (%)			
"Good" Disposition	63 (84) ^{a,b}	90 (63) ^c	54 (37)
Home	22 (34) ^b	30 (21) °	13 (10)
Homecare	36 (48) ^b	49 (34) °	24 (17)
Rehab	0 (0) ^b	11 (8)	15 (10)
"Poor" Disposition	12 (19) ^{a,b}	53 (37) °	82 (62)
Long Term Care Hospital	5 (7) ^b	19 (13)	30 (21)
Skilled Nursing	0 (0) ^{a,b}	21 (15)	32 (22)
Another Hospital	4 (5)	6 (4)	3 (2)
Hospice	0 (0)	2 (1)	6 (4)
Death	3 (4)	5 (4) °	20 (14)
Number of readmissions, mean (SD)	1 (2)	1 (2)	1 (1) ` ´

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eTable4. Long-term follow-up of physical function and cognitive status for overall and by

age group.

Age Groups n (%)			Young 75 (21%)	Middle-aged 143 (39%)	Older 145 (40%)
Physical function					(10,0)
Total SPPB					
	3 months		8.0 ± 0.9^{b}	5.4 ± 0.6 °	3.3 ± 0.6
	6 months		8.5 ± 1.1 ^b	5.9 ± 0.7	3.4 ± 0.7
	12 months		8.1 ± 1.5	5 ± 0.9	5.1 ± 1.′
Handgrip strength					
	3 months		30.6 ± 2.3 ^{a,b}	20.8 ± 2.4	27.2 ± 5.
	6 months		47.6 ± 6.0 ^{a,b}	25.5 ± 1.3	23 ± 1.1
	12 months		38 ± 2.4 ^{a,b}	27.6 ± 1.4 °	18.9 ± 2
Cognitive function					
Hopkins Verbal Lea	rning Test				
	3 months				
		Total recall	25.8 ± 1.0 ^{a,b}	20.8 ± 1.0	18.7 ± 0
		Delayed recall	9.5 ± 0.5 ^{a,b}	6.5 ± 0.6	$5.4 \pm 0.$
		Retention	91.9 ± 2.6 ^{a,b}	73.1 ± 5.3	65.8 ± 6
	6 months				
		Total recall	26.3 ± 0.9 ^{a,b}	23.3 ± 0.6 °	18.6 ± 1
		Delayed recall	9.3 ± 0.4 ^{a,b}	8 ± 0.3 °	5.4 ± 0.
		Retention	93 ± 1.6 ^b	86.7 ± 2.8 °	64.1 ± 7
	12 months				
		Total recall	27.3 ± 0.9 ^{a,b}	21.9 ± 1.8	20.8 ± 1
		Delayed recall	9.7 ± 0.3 ^{a,b}	6.5 ± 1.1	6.8 ± 0.
		Retention	94.5 ± 2.5^{a}	67.1 ± 10.9	80.9 ± 5.
COWA					
	3 months		40.4 ± 1.9 ^{a,b}	29.4 ± 2.2	28.2 ± 1.
	6 months		38.1 ± 1.4 ^{a,b}	33.7.5 ± 1.4	27.5 ± 1
	12 months		37.4 ± 1.9 ^b	31.5 ± 5.7	27 ± 2.4
MMSE					
	3 months		90.3 ± 2.3 ^b	84.5 ± 2.7	82.4 ± 3.
	6 months		94.8 ± 1.5 ^{a,b}	90.1 ± 1.2 °	78.9 ± 2.
	12 months		92.5 ± 2.5 ^b	87.1 ± 4.3	85.4 ± 2.

116 117 SPPB=short physical performance battery, COWA = Controlled Oral Word Association, MMSE = mini-mental state examination. Statistical difference was labeled as ^a - young vs. middle-aged, ^b - young vs. older adults and ^c - middle-aged vs. older adults, with

statistical significance set at p<0.05.

	Age g N (%)	roups	Young 75 (34%)	Older 145 (66%)		Older CCI 61 (45%)
C	Drgan	system dysfunction by SOFA on day 14, n (%)				
	Р	ulmonary	3 (4)	14 (10)	0 (0)	11 (18)
	С	NS	3 (4)	12 (8)	0 (0)	7 (11)
	С	ardiovascular	2 (3)	13 (9)	0 (0)	11 (18)
	R	enal	22 (29)	54 (37)	30 (40)	18 (30)
		coagulation	1 (1)	6 (4)	0 (0)	4 (7)
		lepatic	1 (1)	3 (2)	0 (0)	2 (3)
_		ated on day 14, n (%) ences	2 (3)	17 (12)	0 (0)	17 (28)
1	•	Remick DG, Bolgos G, Copeland S, Siddig	ui J. Role	of interleul	kin-6 in mo	ortality from
		physiologic response to sepsis. Infect Immu	un. 2005;7	3(5):2751-	2757.	
2	2.	Hack CE, Hart M, van Schijndel RJ, et al. Interleukin-8 in sepsis: relation to shock and				
		inflammatory mediators. Infect Immun. 199	92;60(7):2	835-2842.		
3	S.	Bossink AW, Paemen L, Jansen PM, Hack	CE, Thijs	LG, Van E	Damme J. P.	lasma level
		the chemokines monocyte chemotactic prot	teins-1 and	I -2 are elev	vated in hur	nan sepsis.
		Blood. 1995;86(10):3841-3847.				
4	l.	Povoa P, Almeida E, Moreira P, et al. C-rea	active prot	ein as an ir	ndicator of s	sepsis. Inter
		Care Med. 1998;24(10):1052-1056.				
5	5.	Watanabe E, Thampy LK, Hotchkiss RS. In	mmunoadj	uvant thera	py in sepsi	s: novel
		strategies for immunosuppressive sepsis co	ming dow	n the pike.	Acute Med	Surg.
		2018;5(4):309-315.				

eTable5. Amount of organ failures and ventilator use on day 14.

151	6.	de Jager CP, van Wijk PT, Mathoera RB, de Jongh-Leuvenink J, van der Poll T, Wever PC.
152		Lymphocytopenia and neutrophil-lymphocyte count ratio predict bacteremia better than
153		conventional infection markers in an emergency care unit. Crit Care. 2010;14(5):R192.
154	7.	Crouser ED, Parrillo JE, Seymour C, et al. Improved Early Detection of Sepsis in the ED
155		With a Novel Monocyte Distribution Width Biomarker. Chest. 2017;152(3):518-526.
156	8.	Steinhauser ML, Hogaboam CM, Kunkel SL, Lukacs NW, Strieter RM, Standiford TJ. IL-
157		10 is a major mediator of sepsis-induced impairment in lung antibacterial host defense. J
158		Immunol. 1999;162(1):392-399.
159	9.	Brakenridge SC, Moore FA, Mercier NR, et al. Persistently Elevated Glucagon-Like
160		Peptide-1 Levels among Critically Ill Surgical Patients after Sepsis and Development of
161		Chronic Critical Illness and Dismal Long-Term Outcomes. J Am Coll Surg.
162		2019;229(1):58-67 e51.
163	10.	Weil MH, Henning RJ, Puri VK. Colloid oncotic pressure: clinical significance. Crit Care
164		Med. 1979;7(3):113-116.
165	11.	Stamler JS, Jaraki O, Osborne J, et al. Nitric oxide circulates in mammalian plasma
166		primarily as an S-nitroso adduct of serum albumin. Proc Natl Acad Sci U S A.
167		1992;89(16):7674-7677.
168	12.	Elijah IE, Branski LK, Finnerty CC, Herndon DN. The GH/IGF-1 system in critical illness.
169		Best Pract Res Clin Endocrinol Metab. 2011;25(5):759-767.
170	13.	White IR. Uses and limitations of randomization-based efficacy estimators. Stat Methods
171		Med Res. 2005;14(4):327-347.
172	14.	Jesmin S, Zaedi S, Islam AM, et al. Time-dependent alterations of VEGF and its signaling

molecules in acute lung injury in a rat model of sepsis. Inflammation. 2012;35(2):484-500.

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- 174 15. Herzig DS, Luan L, Bohannon JK, Toliver-Kinsky TE, Guo Y, Sherwood ER. The role of
- 175 CXCL10 in the pathogenesis of experimental septic shock. Crit Care. 2014;18(3):R113.