

Supplemental information

Development and validation of SCOPE score:

A clinical score to predict COVID-19 pneumonia progression to severe respiratory failure

Evangelos J. Giamarellos-Bourboulis, Garyfallia Poulakou, Aline de Nooijer, Haralampos Milionis, Simeon Metallidis, Michalis Ploumidis, Pinelopi Grigoropoulou, Aggeliki Rapti, Francesco Vladimiro Segala, Evangelos Balis, Efthymia Giannitsioti, Paola Rodari, Ilias Kainis, Zoi Alexiou, Emanuele Focà, Brollo Lucio, Nikoletta Rovina, Laura Scorzolini, Maria Dafni, Sofia Ioannou, Alessandro Tomelleri, Katerina Dimakou, Glykeria Tzatzagou, Maria Chini, Matteo Bassetti, Christina Trakatelli, George Tsoukalas, Carlo Selmi, Charilaos Samaras, Maria Saridaki, Athina Pyrpasopoulou, Elisabeth Kaldara, Ilias Papanikolaou, Aikaterini Argyraki, Karolina Akinosoglou, Marina Koupetori, Periklis Panagopoulos, George N. Dalekos, and Mihai G. Netea

SUPPLEMENTARY APPENDIX

Development and validation of SCOPE score: a clinical score to predict progression of COVID-19 pneumonia to severe respiratory failure

Running title: SCOPE score for COVID-19 pneumonia

Evangelos J. Giamarellos-Bourboulis^{1,2}, Garyfallia Poulakou³, Aline de Nooijer⁴, Haralampos Milionis⁵, Simeon Metallidis⁶, Michalis Ploumidis⁷, Pinelopi Grigoropoulou⁸, Aggeliki Rapti⁹, Francesco Vladimiro Segala¹⁰, Evangelos Balis¹¹, Efthymia Giannitsioti¹², Paola Rodari¹³, Ilias Kainis¹⁴, Zoi Alexiou¹⁵, Emanuele Focà¹⁶, Brollo Lucio¹⁷, Nikoletta Rovina¹⁸, Laura Scorzolini¹⁹, Maria Dafni²⁰, Sofia Ioannou²¹, Alessandro Tomelleri²², Katerina Dimakou²³, Glykeria Tzatzagou²⁴, Maria Chini²⁵, Matteo Bassetti²⁶, Christina Traketelli²⁷, George Tsoukalas²⁸, Carlo Selmi²⁹, Charilaos Samaras³⁰, Maria Saridaki³¹, Athina Pырpasopoulou³², Elisabeth Kaldara³³, Ilias Papanikolaou³⁴, Aikaterini Argyraki³⁵, Karolina Akinosoglou³⁶, Marina Koupetori³⁷, Periklis Panagopoulos³⁸, George N. Dalekos³⁹, Mihai G. Netea^{4,40}

¹4th Department of Internal Medicine, National and Kapodistrian University of Athens, Medical School, Athens, Greece;

²Hellenic Institute for the Study of Sepsis, Athens, Greece;

³3rd Department of Internal Medicine, National and Kapodistrian University of Athens, Medical School, Athens, Greece;

⁴Department of Internal Medicine and Center for Infectious Diseases, Radboud University, 6500 Nijmegen, The Netherlands;

⁵1st Department of Internal Medicine, University of Ioannina, Medical School, Ioannina, Greece;

⁶1st Department of Internal Medicine, Aristotle University of Thessaloniki, Medical School, Thessaloniki, Greece;

⁷1st Department of Internal Medicine, G. Gennimatas General Hospital of Athens, Athens, Greece;

⁸2nd Department of Pulmonary Medicine, Sotiria General Hospital of Chest Diseases, Athens, Greece;

⁹Department of Internal Medicine, Elpis General Hospital, Athens, Greece;

¹⁰Dipartimento Scienze di Laboratorio e Infettivologiche - Fondazione Policlinico Gemelli IRCCS, Roma Italy

¹¹1st Department of Critical Care and Pulmonary Medicine, Medical School, National and Kapodistrian University of Athens, Evangelismos General Hospital, Athens, Greece;

¹²2nd Department of Internal Medicine, Tzaneio General Hospital of Piraeus, Athens, Greece;

¹³Department of Infectious – Tropical Diseases and Microbiology, IRCSS Sacro Cuore Hospital, Negrar, Verona, Italy;

¹⁴10th Department of Pulmonary Medicine, Sotiria General Hospital of Chest Diseases of Athens, Greece;

¹⁵2nd Department of Internal Medicine, Thriasio General Hospital of Eleusis, Athens, Greece;

¹⁶Spedali Civili, Brescia ASST Spedali Civili Hospital, University of Brescia, Italy;

¹⁷Department of Internal Medicine, Hospital of Jesolo, Italy;

¹⁸1st Department of Chest Medicine, National and Kapodistrian University of Athens, Medical School, Athens, Greece;

¹⁹Department of Internal Medicine, Spallanzani Institute of Rome, Italy;

²⁰1st Department of Internal Medicine, Korgialeneion-Benakeion General Hospital, Athens, Greece;

²¹Department of Therapeutics, National and Kapodistrian University of Athens, Medical School, Athens, Greece;

²²Unit of Immunology, Rheumatology, Allergy and Rare Diseases (UnIRAR), IRCCS Ospedale San Raffaele & Vita-Salute San Raffaele University, Milan, Italy;

²³5th Department of Pulmonary Medicine, Sotiria General Hospital of Chest Diseases, Athens, Greece;

²⁴1st Department of Internal Medicine, Papageorgiou General Hospital of Thessaloniki, Thessaloniki, Greece

²⁴3rd Dpt of Internal Medicine and Infectious Diseases Unit, Korgialeneion-Benakeion General Hospital, Athens, Greece;

²⁶Infectious Diseases Clinic, Ospedale Policlinico San Martino IRCCS and Department of Health Sciences, University of Genova, Genova, Italy;

²⁷3rd Department of Internal Medicine, Aristotle University of Thessaloniki, Medical School, Thessaloniki, Greece;

²⁸4th Department of Pulmonary Medicine, Sotiria General Hospital of Chest Diseases, Athens, Greece;

²⁹Department of Biomedical Sciences, Humanitas University, 20072 Pieve Emanuele and IRCCS Humanitas Research Hospital, via Manzoni 56, 20089 Rozzano, Milan, Italy

³⁰1st Department of Internal Medicine, Asklepieio General Hospital of Voula, Greece;

³¹1st Department of Internal Medicine, National and Kapodistrian University of Athens, Medical School, Athens, Greece;

³²2nd Department of Propedeutic Medicine, Aristotle University of Thessaloniki, Medical School, Thessaloniki, Greece;

³³2nd Department of Internal Medicine, Konstantopouleio General Hospital, Athens, Greece;

³⁴Department of Pulmonary Medicine, General Hospital of Kerkyra, Greece;

³⁵Department of Internal Medicine, Sotiria General Hospital of Chest Diseases, Greece;

³⁶Department of Internal Medicine, University of Patras, Rion, Greece;

³⁷1st Department of Internal Medicine, Thrasio General Hospital of Eleusis, Athens, Greece;

³⁸2nd Department of Internal Medicine, Democritus University of Thrace, Medical School, 681 00 Alexandroupolis, Greece

³⁹Department of Medicine and Research Laboratory of Internal Medicine, National Expertise Center of Greece in Autoimmune Liver Diseases, General University Hospital of Larissa, 41110 Larissa, Greece

⁴⁰Department of Immunology and Metabolism, Life and Medical Sciences Institute, University of Bonn, Germany

Supplementary Table 1. Characteristics of patients participating in both cohorts. Related to Figure 1.

	Discovery cohort (SAVE-MORE study)			Validation cohort I (SAVE study)			Validation cohort II (Dutch)		
	suPAR <6ng/ml (N=225)	suPAR ≥6ng/ml (N=390)	p-value	suPAR <6ng/ml (N=97)	suPAR ≥6 ng/ml (N=675)	p-value	suPAR <6ng/ml (N=25)	suPAR ≥6ng/ml (N=147)	p-value
Male gender, n (%)	154 (68.4)	257 (62.1)	0.119 ^a	57 (58.8)	420 (62.2)	0.505 ^a	19 (76.1)	96 (65.3)	0.363 ^a
Age, years, mean (SD)	53.2 (12.2)	60.6 (12.3)	<0.0001 ^b	53.4 (10.2)	61.9 (13.6)	<0.0001 ^b	64.2 (13.2)	66.8 (12.2)	0.330 ^b
BMI, kg/m ² , mean (SD)	29.1 (5.0)	29.5 (5.5)	0.365 ^b	na	na		24.9 (4.6)	29.2 (6.2)	0.011 ^b
COVID-19 pneumonia severity at enrolment, n (%)									
Moderate	55 (24.4)	56 (13.5)		23 (23.7)	180 (23.3)		12 (48.0)	31 (21.2)	
Severe	170 (75.6)	358 (86.5)	0.0007 ^a	74 (76.3)	495 (64.1)	1.00 ^a	13 (52.0)	115 (78.8)	0.011 ^a
Dexamethasone treatment, n (%)	173 (76.9)	357 (86.2)	0.004 ^a	74 (76.3)	495 (64.1)	1.00 ^a	13 (52.0)	115 (78.8)	0.011 ^a

^aFisher's exact test; ^bStudent's t-test

Abbreviations BMI: body mass index; na: non-available; SD: standard deviation; suPAR: soluble urokinase-type plasminogen activator receptor; WHO: World Health Organization

Supplementary Table 2 Distribution of the values of the SCOPE score according to the suPAR level in the discovery cohort Related to Figure 3.

SCOPE score	suPAR \geq6 ng/ml, (n)	suPAR <6 ng/ml, (n)	Total (n)*
≥ 6	267 Sensitivity: 64.2% (95%CI: 59.4-68.6) PPV: 75.6% (95%CI: 70.9-79.8)	86	353
< 6	149	137 Specificity: 61.4% (95%CI: 54.9-67.5) NPV: 47.9% (95%CI: 42.1-53.9)	286
Total (n)	416	223	639

*The p-value of comparison of this 2 x 2 Table using the Fisher's exact test is <0.0001 demonstrating that patients with suPAR \geq 6 ng/ml are distributed towards greatest values of the SCOPE score.

Abbreviations CI: confidence intervals; n: number; NPV: negative predictive value; PPV: positive predictive value

Supplementary Table 3 Distribution of the values of the SCOPE score according to the suPAR level in the validation cohort I Related to Figure 5.

SCOPE score	suPAR \geq6 ng/ml, (n)	suPAR <6 ng/ml, (n)	Total (n)*
≥ 6	491 Sensitivity: 72.7% (95% CIs: 69.3-75.9) PPV: 92.3% (95% CIs: 89.7-94.3)	41	532
<6	184	56 Specificity: 57.7% (95% CIs: 47.8-67.1) NPV: 23.3% (95% CIs: 18.4-29.1)	240
Total (n)	675	97	772

*The p-value of comparison of this 2 x 2 Table using the Fisher's exact test is <0.0001 demonstrating that patients with suPAR \geq 6 ng/ml are distributed towards greatest values of the SCOPE score.

Abbreviations n: number; NPV: negative predictive value; PPV: positive predictive value

Supplementary Table 4 Distribution of the values of the SCOPE score according to the suPAR level in the validation cohort II Related to Figure 6.

SCOPE score	suPAR \geq6 ng/ml, (n)	suPAR <6 ng/ml, (n)	Total (n)*
≥ 6	140 Sensitivity: 95.2% (95% CIs: 90.5-97.7) PPV: 89.2% (95% CIs: 83.3-93.1)	17	157
<6	7	8 Specificity: 32.0% (95% CIs: 17.2-51.6) NPV: 53.3% (95% CIs: 30.1-75.2)	15
Total (n)	147	25	172

*The p-value of comparison of this 2 x 2 Table using the Fisher's exact test is <0.0001 demonstrating that patients with suPAR \geq 6 ng/ml are distributed towards greatest values of the SCOPE score.

Abbreviations n: number; NPV: negative predictive value; PPV: positive predictive value

A)

	SRF/death (+) (n)	SRF/death (-) (n)	Total
CRP >50 mg/l	31 Sensitivity: 66.0% PPV: 27.7%	81	112
CRP ≤50 mg/l	16	174 Specificity: 68.2% NPV: 91.6%	190
Total (n)	47	255	302

B)

	SRF/death (+) (n)	SRF/death (-) (n)	Total
D-dimers >1.2 mg/l	8 Sensitivity: 17.0% PPV: 32.3%	29	37
D-dimers ≤1.2 mg/l	39	226 Specificity: 88.6% NPV: 85.3%	265
Total (n)	47	255	302

C)

	SRF/death (+) (n)	SRF/death (-) (n)	Total
Ferritin >700 ng/ml	24 Sensitivity: 51.1% PPV: 30.8%	54	78
Ferritin ≤700 ng/ml	23	201 Specificity: 78.8% NPV: 89.7%	224
Total (n)	47	255	302

D)

	SRF/death (+) (n)	SRF/death (-) (n)	Total
IL-6 >24 pg/ml	30 Sensitivity: 63.8% PPV: 37.0%	51	81
IL-6 ≤24 pg/ml	17	204 Specificity: 80.0% NPV: 92.3%	221
Total (n)	47	255	302

Supplementary Figure 1 Comparative performance of each of the four biomarkers to predict the progression into severe respiratory failure (SRF) or death the first 14 days. Related to Figure 2.

At each of the four panels, the cut-off is coming from the analysis of the Youden index of the co-ordinate points of the receiver operator characteristics curve.

A) C-reactive protein (CRP); B) D-dimers; C) Ferritin; D) interleukin (IL)-6

Abbreviations n: number; NPV: negative predictive value; PPV: positive predictive value

A)

	SRF/death (+) (n)	SRF/death (-) (n)	Total
CRP+D-dimers + ferritin ≥ 4	33 Sensitivity: 70.2% PPV: 26.8%	90	123
CRP+D-dimers + ferritin < 4	14	165 Specificity: 64.7% NPV: 92.2%	179
Total (n)	47	255	302

B)

	SRF/death (+) (n)	SRF/death (-) (n)	Total
CRP+D-dimers + IL-6 ≥ 4	38 Sensitivity: 80.9% PPV: 28.1%	97	135
CRP+D-dimers + IL-6 < 4	9	158 Specificity: 62.0% NPV: 94.6%	167
Total (n)	47	255	302

C)

	SRF/death (+) (n)	SRF/death (-) (n)	Total
CRP+ ferritin+ IL-6 ≥ 5	32 Sensitivity: 68.1% PPV: 37.6%	53	85
CRP+ ferritin+ IL-6 < 5	15	202 Specificity: 79.2% NPV: 93.1%	217
Total (n)	47	255	302

D)

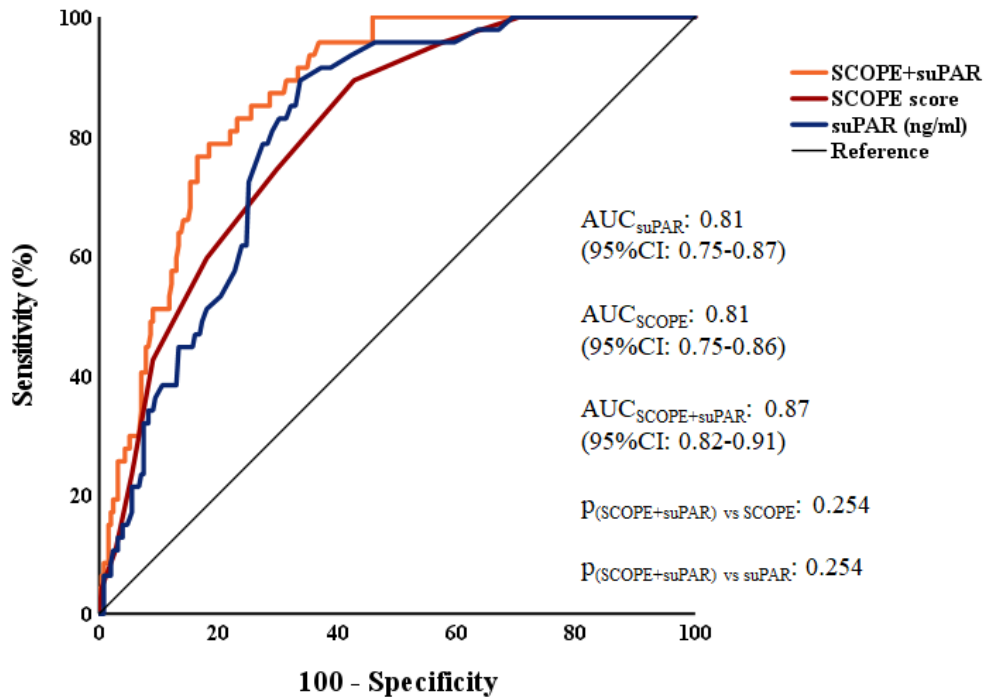
	SRF/death (+) (n)	SRF/death (-) (n)	Total
D-dimers + ferritin+ IL-6 ≥ 5	33 Sensitivity: 70.2% PPV: 37.1%	56	89
D-dimers + ferritin+ IL-6 < 5	14	199 Specificity: 78.0% NPV: 93.4%	213
Total (n)	47	255	302

Supplementary Figure 2 N-1 analyses of components of the SCOPE score to predict the progression into severe respiratory failure (SRF) or death the first 14 days in the discovery cohort. Related to Figure 2.

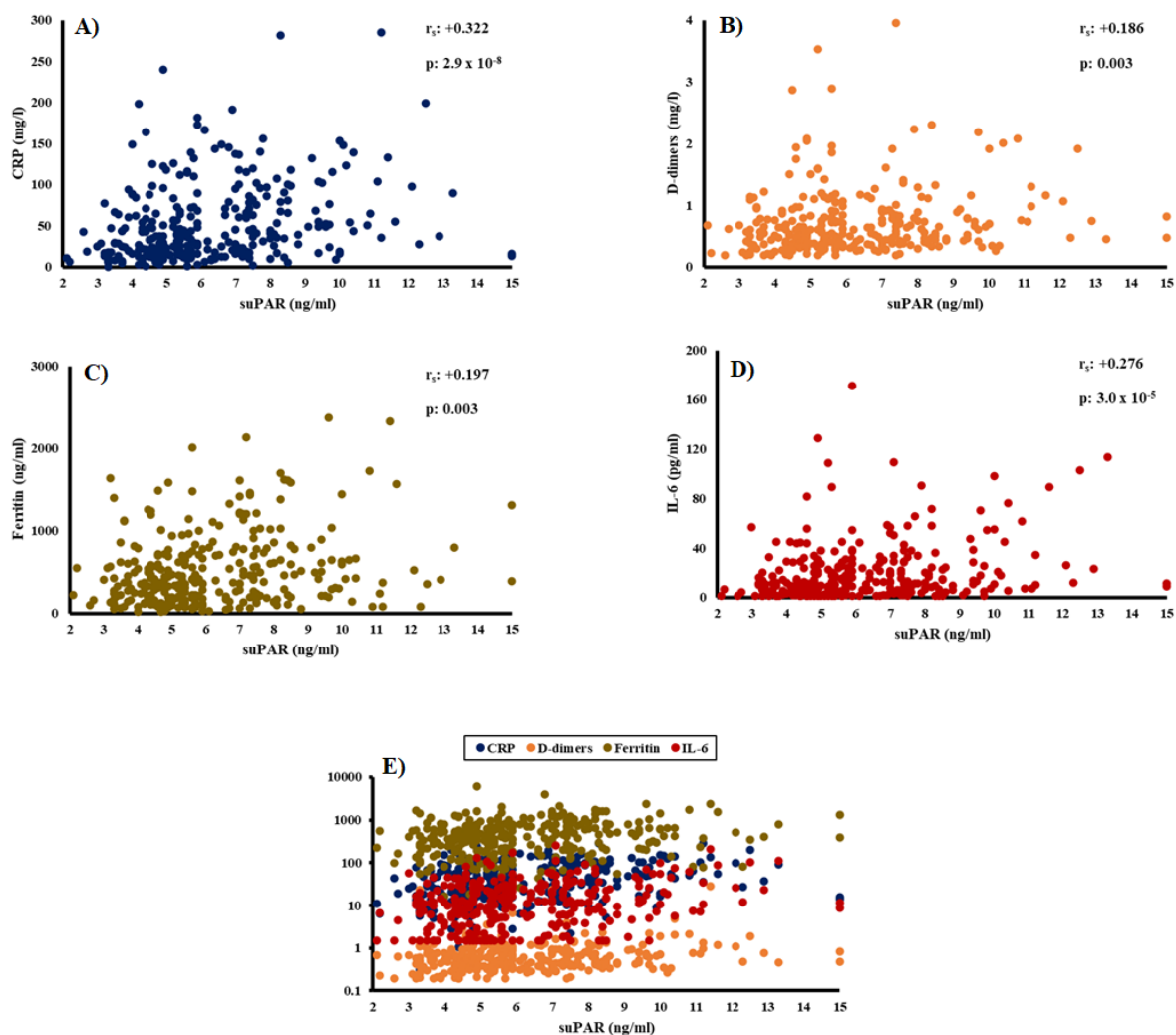
The quartiles of the measured concentrations of C-reactive protein, D-dimers, ferritin and interleukin (IL)-6 providing separate points were used to calculate four sub-scores. Sub-scores are (A) adding the points provided by CRP, D-dimers and ferritin; (B) adding the points provided by CRP, D-dimers and IL-6; (C) adding the points provided by CRP, ferritin and IL-6; and (D) adding the points provided by D-dimers, ferritin and IL-6. For each of the four sub-scores, the cut-off is coming from the analysis of the Youden index of the co-ordinate points of the receiver operator characteristics curve.

A) C-reactive protein (CRP); B) D-dimers; C) Ferritin; D) interleukin (IL)-6

Abbreviations n: number; NPV: negative predictive value; PPV: positive predictive value



Supplementary Figure 3 Comparative performance of suPAR, SCOPE score and their interaction for the prediction of progression into severe respiratory failure or death the first 14 days. Related to Figure 2. Receiver Operator Characteristic (ROC) curves of the SCOPE score, of suPAR and of their interaction to predict the progression into SRF or death the first 14 days. The areas under the ROC curves (AUROC) and the 95% confidence intervals of the SCOPE score, of suPAR and of their interaction are provided. The p-values of comparisons of the AUROCs are also provided.



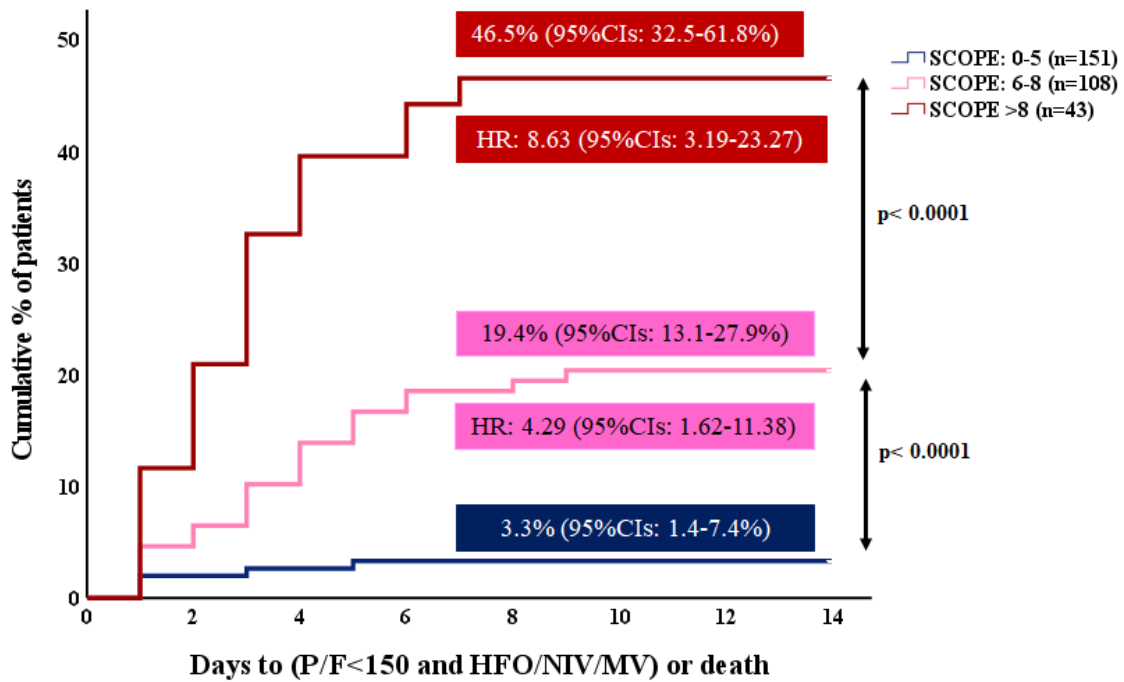
F)

	Univariate analysis		Multivariate analysis	
	OR (95% CIs)	p	OR (95% CIs)	p
CRP quartiles	1.58 (1.29-1.94)	<0.0001	1.35 (1.08-1.69)	0.009
D-dimers quartiles	1.19 (0.97-1.46)	0.088	*	
Ferritin quartiles	1.49 (1.21-1.84)	<0.0001	1.34 (1.07-1.68)	0.011
IL-6 quartiles	1.47 (1.18-1.83)	0.001	1.29 (1.02-1.64)	0.033

Supplementary Figure 4 Lasso regression analysis of the selection of biomarkers for the SCOPE score in the discovery cohort Related to Figure 2.

Correlation of the values of soluble urokinase plasminogen activator receptor (suPAR) with those of A) C-reactive protein (CRP); B) D-dimers; C) ferritin; and D) interleukin (IL)-6. The Spearman (r_s) rank of order correlations and the respective p-values are provided. P-values are corrected for multiple tests. The clustering of correlation between CRP, D-dimers, ferritin and IL-6 with suPAR is provided in panel E. The quartiles of CRP, D-dimers, ferritin and IL-6 have entered univariate and multivariate step-wise forward logistic regression analysis and results are shown in panel F. *did not enter the equation after 3 steps of forward analysis

Abbreviations CI: confidence intervals; OR: odds ratio



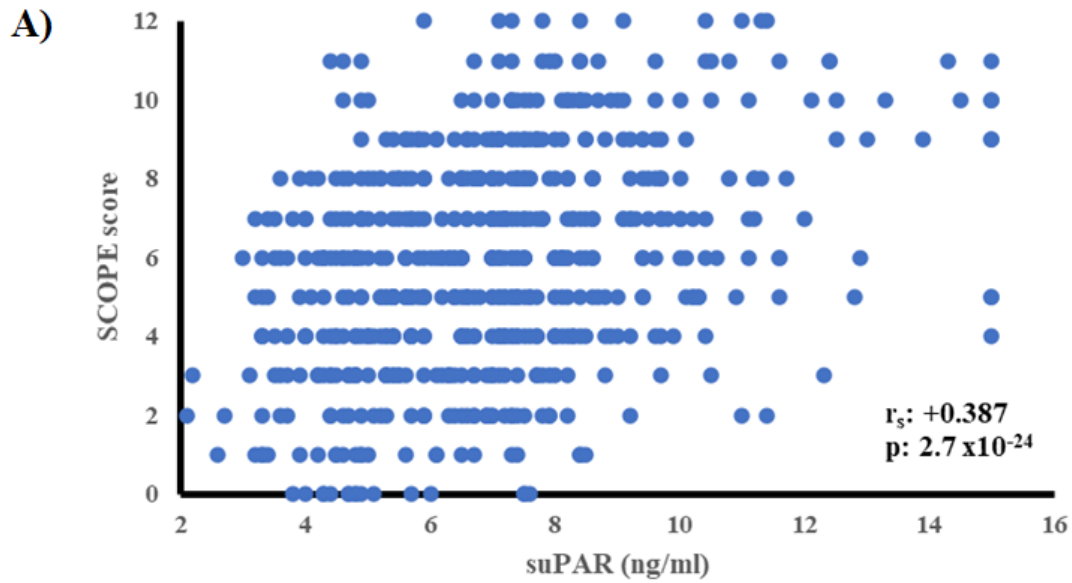
Patients at risk (n)

SCOPE >8	43	34	26	24	23	23	23	23
SCOPE 6-8	108	101	93	88	87	86	86	86
SCOPE 0-5	151	148	147	146	146	146	146	146

Supplementary Figure 5 Prognostic performance of different levels of the SCOPE score for severe respiratory failure (SRF) or death after 14 days Related to Figure 3.

Time to progression into SRF or death the first 14 days when the SCORE score is ranging between 0 and 5; between 6 and 8; and more than 8. This analysis includes 302 patients for which the four biomarkers of the SCOPE score were measured and for which clinical information for 14-day outcome was available. The p-values of the indicated comparisons by arrows are provided.

Abbreviations CI: confidence intervals; HFO: high-flow oxygen; HR: hazard ratio; MV: mechanical ventilation; n: number of patients; NIV: non-invasive ventilation



B)

suPAR (ng/ml)	SCOPE score (number of patients, %)						
	6	7	8	9	10	11	12
<2-3.9	5 (6.0)	4 (5.3)	2 (3.0)	0 (0)	0 (0)	0 (0)	0 (0)
4.0-4.9	15 (17.9)	9 (12.0)	6 (9.0)	1 (2.0)	2 (4.9)	3 (12.5)	0 (0)
5.0-5.9	8 (9.5)	9 (12.0)	12 (17.9)	8 (16.0)	1 (2.4)	0 (0)	1 (8.3)
6.0-7.0	16 (19.0)	12 (16.0)	15 (22.4)	10 (20.0)	4 (9.8)	1 (4.2)	0 (0)
7.1-8.0	17 (20.2)	17 (22.7)	12 (17.9)	15 (30.0)	7 (17.1)	5 (20.8)	4 (33.3)
8.1-9.0	11 (13.1)	7 (9.3)	6 (9.0)	4 (8.0)	14 (34.1)	3 (12.5)	1 (8.3)
>9.0	12 (14.3)	17 (22.7)	14 (20.8)	12 (24.0)	13 (31.7)	22 (50.0)	6 (50.0)

$r_s: +0.305; p: 4.7 \times 10^{-9}$

C)

<4 ng/ml	4.0-5.9 ng/ml	≥ 6 ng/ml
3.1%	22.3%	75.6%

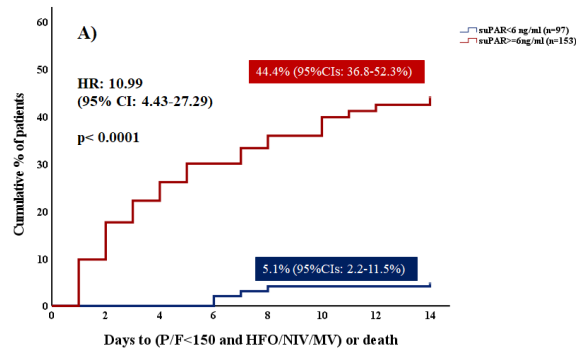
Supplementary Figure 6. Correlation between SCOPE score and suPAR Related to Figure 3.

A) Scatterplot demonstrating the correlation between suPAR and SCOPE score (n=639; all analyzed patients)

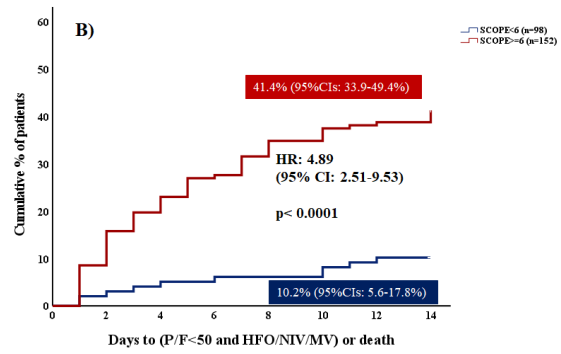
B) Heat map of suPAR concentration versus SCOPE score (n=353 patients with SCOPE score ≥ 6)

(C) and distribution with SCOPE ≥ 6 (n=353) into three main categories of suPAR (normal [<4.0 ng/ml]; intermediate [4.0 – <6.0 ng/ml] and high [≥ 6.0 ng/ml]).

Abbreviations r_s , Spearman's correlation coefficient; SCOPE, Severe COvid Prediction Estimate; suPAR, suPAR, soluble urokinase-type plasminogen activator receptor.



	0	2	4	6	8	10	12	14
suPAR ≥ 6 ng/ml	153	125	112	106	97	91	87	85
suPAR < 6 ng/ml	97	97	97	95	93	93	93	92



	0	2	4	6	8	10	12	14
SCOPE ≥ 6	152	128	117	110	99	95	93	89
SCOPE < 6	98	95	93	92	92	90	88	88

Supplementary Figure 7 Prognostic performance of suPAR and SCOPE score for progression into severe respiratory failure (SRF) or death the first 14 days in the validation cohort Related to Figure 5.

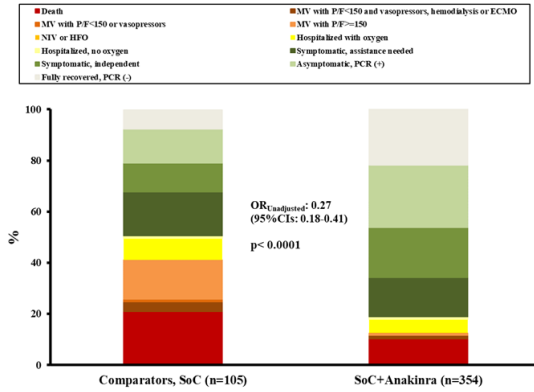
The analysis includes patients screened for eligibility for the SAVE trial. All the patients have similar baseline characteristics to the patients enrolled in the SAVE-MORE trial. More precisely, patients had WHO-CPS 4 or 5 and they received the same SoC treatment.

A) Time to progression into SRF or for death the first 14 days between patients with suPAR 6 ng/ml or more and patients with suPAR less than 6 ng/ml.

B) Time to progression into SRF or for death the first 14 days between patients with SCOPE score 6 or more and patients with SCOPE score less than 6.

Abbreviations CI: confidence intervals; HFO: high-flow oxygen; HR: hazard ratio; MV: mechanical ventilation; n: number of patients; NIV: non-invasive ventilation; suPAR: soluble urokinase plasminogen activator receptor

A)



B)

Variable	Univariate analysis		Multivariate analysis	
	OR (95% CIs)	p-value	OR (95% CIs)	p-value
Group of treatment (anakinra vs placebo)	0.27 (0.18-0.41)	<0.0001	0.29 (0.19-0.43)	<0.0001
Dexamethasone intake (Yes/No)	1.64 (1.10-2.46)	0.015	1.31 (0.87-1.98)	0.189
Severe COVID-19 pneumonia by WHO (Yes/No)	1.64 (1.10-2.46)	0.015	1.31 (0.87-1.98)	0.189

Supplementary Figure 8. Response to anakinra treatment of patients enrolled in the SAVE trial with SCOPE score 6 or more in the validation cohort I Related to Figure 5.

A) Distribution of the World Health Organization (WHO) Clinical Progression Scale (CPS) at day 28 of patients allocated to treatment with standard-of-care (SoC) and placebo and to treatment with SoC and anakinra. The odds ratio (OR) of the unadjusted ordinal regression analysis and the 95% confidence intervals (CIs) are shown.

B) Univariate and multivariate ordinal regression analysis of the WHO-CPS at day 28.

Abbreviations CI: confidence interval; ECMO: extracorporeal membrane oxygenation; HFO: high flow oxygen; MV: mechanical ventilation; NIV: non-invasive ventilation; OR: odds ratio; PCR: polymerase chain reaction; P/F: respiratory failure; SoC; standard-of-care