

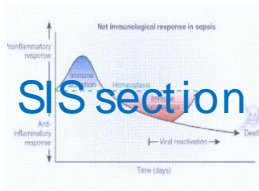
# SIS section



SIS						
Chair - Congress Committee	10/23	10/25	LEONE	Marc	France	<a href="mailto:marc.leone@ap-hm.fr">marc.leone@ap-hm.fr</a>
Chair - Elect	10/25	10/27	Russel	Lene	Denmark	<a href="mailto:lene.russell@mail.dk">lene.russell@mail.dk</a>
Research Committee	12/22	10/24	David	Sascha	Switzerland	<a href="mailto:sascha.david@usz.ch">sascha.david@usz.ch</a>
Social Media Committee	10/23	10/25	Gavrilovic	Srdjan	Serbia	<a href="mailto:srdjan_gavrilovic@yahoo.com">srdjan_gavrilovic@yahoo.com</a>
e-Learning Committee	10/23	10/25	Damiani	Elisa	Italy	<a href="mailto:elisa.damiani@univpm.it">elisa.damiani@univpm.it</a>
CTC Committee	10/23	10/25	Domizi	Roberta	Italy	<a href="mailto:robertadomizi@gmail.com">robertadomizi@gmail.com</a>

*Massimo Girardis, Benjamin Chousterman, Matthia Mueller*



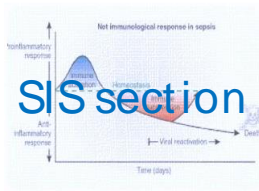


# SIS section



Next Chair: Lene Russell





# Lives 2024



## Thematic sessions (3 + 1 slots)

### The septic patient at the bedside

Room 112 Thematic Session

Moderator:  
E. Damiani (Ancona, Italy), G. Hernandez (Santiago, Chile) **Monday 7, 8h40**

08:40

**Clinical examination of my septic patient** M. Leone (Marseille)

09:00

**Body temperature control in sepsis: is it so critical?** N. Juffermans (Amsterdam, Netherlands)

09:20

**Is my septic patient immunosuppressed or hyper-inflamed?** D. Annane (Garches)

09:40

**Thrombocytopenia in sepsis: how to manage?** L. Russell (Hellerup, Denmark)

### What is a dysfunctional host response?

Thematic Session

Moderator:  
J. Helms (Strasbourg), M. Leone (Marseille) **Monday 7, 10h40**

•10:40

•**The clinical picture: symptoms of a dysregulated host syndrome** C. Dos Santos (Toronto, Canada)

•11:00

•**The uncontrolled immune response** M. Shankar-Hari (London, United Kingdom)

•11:20

•**A vasculocentric view: from endothelium to coagulopathy** S. David (Zurich, Switzerland)

•11:40

•**Metabolism: no life without energy** C. Bode (Bonn, Germany)

### Candida in sepsis: Actor or just bystander?

Thematic Session

Moderator:  
L. Russell (Hellerup, Denmark), J.-F. Timsit (Paris) **Wednesday 9, 9h40**

•09:40

•**Let's define invasive Candidiasis!** G. De Pascale (Roma, Italy)

•10:00

•**Immune response and candida infection** S. David (Zurich, Switzerland)

•10:20

•**Should we treat intra-abdominal candida infection?** M. Leone (Marseille)

•10:40

•**PK/PD for antifungals are also important!** D. Koulenti (London, United Kingdom)

### Organ failure in sepsis

Thematic Session

Moderator:  
L. Russell (Hellerup, Denmark), R. Ferrer (Barcelona, Spain)

•17:10

•**SOFA 2.0! My score... years later** J.-L. Vincent (Brussels, Belgium)

•17:30

•**A common chief mechanism of failure for all organs!** L. Derde (Utrecht, Netherlands)

•17:50

•**Tissue damage and tolerance** M. Girardis (Modena, Italy)

•18:10

•**Coagulopathy and DIC: symptom or cause of worse outcome** N. D. Nielsen (Albuquerque, United States of America)

More members are expected

## Debates (2 + 1 slots)

### Can I use anti-microbials without knowledge about pharmacokinetics?

Debate

Monday 7, 14h40

Moderator:

M. Mer (Johannesburg, South Africa), J. Lipman (Brisbane, Australia)

**Debate intervention** L. De Bus (Ghent, Belgium), C. McKenzie (Southampton, United Kingdom), H. Bracht (Ulm, Germany), M. Leone (Marseille)

### How to personalise adjunctive therapy in sepsis at the bedside?

Debate

Tuesday 8, 8h30

Moderator:

L. Russell (Hellerup, Denmark), M. Leone (Marseille)

**Debate intervention** S. Einav (Jerusalem, Israel), I. Martin-Loeches (Dublin, Ireland), R. Ferrer (Barcelona, Spain), D. Annane (Garches)

### Haemodynamic optimisation in septic shock: Target tissue perfusion

Debate

Tuesday 8, 9h20

Moderator:

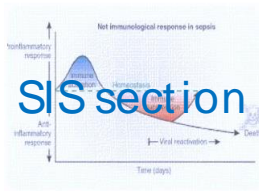
E. Damiani (Ancona, Italy), M. Girardis (Modena, Italy)

**Objectives** : Experts discuss their targets at the bedside in patients with septic shock

•09:20

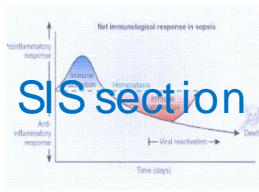
•**Debate intervention** O. Hamzaoui (Reims), F. R. Machado (São Paulo, Brazil), A.-C. Lukaszewicz (Lyon), G. Hernandez (Santiago, Chile)

*Goal:* maximize the number of attendees



# Research Comittee





# Social Media



## Social Media and Digital Content Committee

Srdjan Gavrilovic, MD, PhD  
ESICM SIS Section Representative

# Social Media and Digital Content Committee

Last updated : 02/10/2024 - 22 views

The members of the Social Media and Digital Content Committee are :



- **Nominated members:**
  - Segun Olusanya, United Kingdom
  - Nicolas Lim, Ireland
  - Marta Velia Antonini, Italy
  - Bianca Morosanu, Romania
- **Sections' Representatives:**
  - **AKI:** Caroline Newmann, Germany
  - **APM:** Emmanuel Pardo, France
  - **ARF:** Mariachiara Ippolita, Italy
  - **CD:** Christopher Lai, France
  - **DS:** TBA
  - **ETH:** Andre Ortiz Suñer, Spain
  - **FREM:** Kristine Koekkoek, Belgium
  - **HSRO:** Anne-François Rousseau, Belgium
  - **INF:** Gennaro De Pascale, France
  - **NIC:** Carolina Iaquaniello, Italy
  - **SIS:** Srdjan Gavrilovic, Serbia
  - **TEM:** Tommaso Squizzato, Italy
  - **TransBio:** Elena Chiodaroli, Italy

**N&AHP Committee Representative:** Elena Conoscenti, Italy

- **NEXT Committee Representatives:**
  - Margarita Borislavova, Bulgaria
  - Ana-Maria Ioan, Spain
  - Elena Sancho Ferrando, Spain

**Led by**



**Katia Donadello, Italy**

Chairperson of the Social Media and  
Digital Content Committee

- **Sections' Representatives:**
  - **AKI:** Caroline Newmann, Germany
  - **APM:** Emmanuel Pardo, France
  - **ARF:** Mariachiara Ippolita, Italy
  - **CD:** Christopher Lai, France
  - **DS:** TBA
  - **ETH:** Andre Ortiz Suñer, Spain
  - **FREM:** Kristine Koekkoek, Belgium
  - **HSRO:** Anne-François Rousseau, Belgium
  - **INF:** Gennaro De Pascale, France
  - **NIC:** Carolina Iaquaniello, Italy
  - **SIS:** Srdjan Gavrilovic, Serbia
  - **TEM:** Tommaso Squizzato, Italy
  - **TransBio:** Elena Chiodaroli, Italy

# Paper of the month

- Thank you Sascha and Mattia!

# Hydrocortisone plus fludrocortisone for community acquired pneumonia-related septic shock: a subgroup analysis of the APROCCHSS phase 3 randomised trial

Nicholas Heming et al. *Lancet Respiratory Medicine*, 2024

## RESEARCH AIM

To investigate the effect of **hydrocortisone + fludrocortisone** on **90-day mortality** among septic patients with and without **community-acquired pneumonia (CAP)**.

## BACKGROUND

Severity of CAP is often related to the intensity of inflammatory response.

The **CAPE COD** trial showed a **decreased 28-days mortality** in patients with CAP without shock receiving hydrocortisone<sup>1</sup>.

The **APROCCHSS** trial revealed that hydrocortisone in combination with fludrocortisone **lowered 90-day mortality by 6%** in heterogenous ICU patients with septic shock<sup>2</sup>.

This subgroup analysis of the APROCCHSS trial investigates the impact of hydrocortisone with fludrocortisone on a more **homogenous cohort of septic shock patients with or without CAP**.

## METHODS

**Design:** A priori subgroup analysis of the phase 3 randomized APROCCHSS trial.

**Population:** Adult patients (>18 years of age) with septic shock

**Intervention:** Hydrocortisone 50 mg iv. every 6 h + fludrocortisone 50 µg via a nasogastric tube once daily.

### Subgroups:

CAP vs. non-CAP, ARDS vs. non-ARDS

### Primary outcome:

90-days all-cause mortality

**Secondary outcomes:** Mortality at ICU discharge, hospital discharge, and at 28- and 180-days. Organ support-, organ failure-, hospital- and ICU-free days.

**Statistic:** Interaction between subgroups were assessed with logistic regression for odds ratio (OR) and a generalized linear binomial model for risk difference.

## RESULTS

1241 patients, from 34 centres in France were enrolled (September 2008 to June 2015): 562 with CAP, 648 without CAP, 31 without any classification.

### 90-day mortality:

Placebo	Treatment	OR (95%CI)	Placebo	Treatment	OR (95%CI)	p values mult. int.*	p values addit. int.**
<b>With CAP (n=562)</b>			<b>Without CAP (n=648)</b>				
143 /279 (51%)	109 /283 (39%)	0.60 (0.43-0.83)	157/329 (48%)	148/319 (46%)	0.95 (0.70-1.29)	0.046	0.046
<b>With ARDS (n=648)</b>			<b>Without ARDS (n=578)</b>				
186/328 (57%)	155/320 (48%)	0.72 (0.53-0.98)	115/288 (40%)	105/290 (36%)	0.85 (0.61-1.20)	0.045	0.042
<b>With CAP, without ARDS (n=215)</b>			<b>Without CAP, without ARDS(n=346)</b>				
43/106 (41%)	31/109 (28%)	0.58 (0.33-1.03)	68/174 (39%)	68/172 (40%)	1.02 (0.66-1.57)	0.124	0.130

\*multiplicative interaction, \*\* additive interaction

### Secondary endpoints:

**Reduced mortality** in septic CAP patients treated with hydrocortisone and fludrocortisone (OR with 95% CI) at:

- **Day 28:** 0.61 (0.43-0.87)
- **Day 180:** 0.59 (0.42-0.83)
- **ICU discharge:** 0.64 (0.46-0.90)
- **Hospital discharge:** 0.62 (0.44-0.87)

No significant differences between treatment and placebo group among patients with CAP for vasopressor-, organ failure-, ventilator-, ICU- and hospital-free days.

## SIS COMMENTS

This post hoc analysis of the APROCCHSS trial<sup>3</sup> evaluated the effects of hydrocortisone + fludrocortisone in septic shock patients with and without CAP, highlighting their potentially beneficial impact on both short- and long-term survival. The differential effects on mortality in CAP vs non-CAP septic patients underscores the nuanced responses of different sepsis subpopulations to immunomodulatory treatments.

A dysregulated host response to infection has been increasingly appreciated as the pathophysiological hallmark of the syndrome, making its modulation an appealing therapeutic target. However, huge heterogeneity with regard to factors related to both the wide spectrum of pathogens and the individual host response makes this extremely challenging; many trials using unstratified patients with sepsis have been negative. Therefore, the Surviving Sepsis Campaign guidelines have been cautious to recommend corticosteroids primarily for treating refractory shock rather than as a broad anti-inflammatory treatment in the initial management of sepsis<sup>4</sup>.

Recent studies, such as the CAPE COD trial<sup>1</sup>, have focused on a more homogeneous entity of CAP, yielding much more promising results. The CAPE COD trial showed a 6% mortality reduction in 800 ICU-admitted CAP patients. These findings are in line with the results from COVID-19 mega-trials (RECOVERY). The biggest difference lies in the fact that those researchers have investigated a unique disease compared to the sepsis *syndrome*.

This post hoc analysis of the APROCCHSS trial now demonstrated that the beneficial effect of steroids in CAP holds true if the disease has progressed to septic shock. Obviously, the trial's design does not allow us to conclude whether the improvement is due to local anti-inflammatory effects on the side of the pneumonia or the disruption of systemic inflammatory processes, thereby reducing the risk of multiorgan failure in sepsis. Clarifying whether corticosteroids primarily preserve pulmonary function or act as a protective agent against systemic multiorgan failure could influence the consideration of steroid application in other sepsis subpopulations.

Further research is essential to address these questions and better understand the role of anti-inflammatory agents in sepsis management. Nonetheless, drawing from the evidence accumulated through this and prior studies, we believe that corticosteroids should be considered an essential part of the treatment regimen for critically ill patients with CAP.

1. Dequin et al. Hydrocortisone in Severe Community-Acquired Pneumonia. The New England Journal of Medicine, 2023.
2. Annane et al. Hydrocortisone plus Fludrocortisone for Adults with Septic Shock. The New England Journal of Medicine, 2018
3. Heming et al. Hydrocortisone plus fludrocortisone for community acquired pneumonia-related septic shock: a subgroup analysis of the APROCCHSS phase 3 randomised trial. The Lancet Respiratory Medicine, 2024.
4. Evans et al. Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock. Critical Care Medicine, 2021





Von: [Estelle Pasquier](#) >

An: [Sascha David](#) > [roberta domizi](#) >

[Müller Mattia](#) >

Kopie: [LEONE Marc](#) >

[Communication](#) >

Heute, 19:01



## Aw: [EXTERN] Re: paper of the month - ESICM SIS section

Dear all,

Please accept my apologies for the delay.  
We will publish your work on the section page.  
We will also announce it on social media.

We hope that your work will engage more section to do the same.

Thanks a lot for your work

**Estelle PASQUIER,**  
Project Manager / Communication Coordinator  
ESICM  
19 Rue Belliard  
BE-1040 Brussels  
EU TRANSPARENCY REGISTER No 872244238453-62



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We hope that your work will engage more section to do the same.



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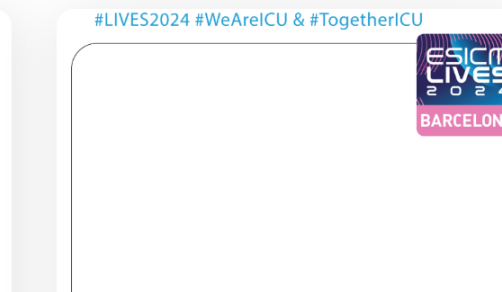
# Systemic Inflammation and Sepsis

Last updated : 03/10/2024 - 30 views

The Systemic Inflammation and Sepsis section is led by Marc Leone.

[Learn more about this section →](#)

## SIS News



## Education

### Courses

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### Webinars

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### Point of view

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- [Hydrocortisone plus fludrocortisone for community acquired pneumonia related septic shock: a subgroup analysis of the APROCCHSS phase 3 randomised trial](#)
- [Epidemiology and outcomes of hospital acquired bloodstream infections in intensive care unit patients the EUROACT 2 international cohort study](#)
- [Systemic inflammation and delirium during critical illness](#)
- [Continuous vs Intermittent  \$\beta\$ -Lactam Antibiotic Infusions in Critically Ill Patients With Sepsis](#)

## Research

### Projects

---

## SUMMER OVERVIEW – WEBINARS & PODCAST



### SIS webinar

24 October, 16:00 – 17:00 CEST

**Sepsis: Back to Basics**

### VOICES webinar

5 October, 12:00 – 16:30 CEST (LIVES 2024)

**Voices of ICU survivors: An ESICM-SCCM initiative**

### VITAL webinar

17 October, 16:00 – 17:00 CEST



### SIS podcast

16 October, 09:00 CEST

**Landiolol and Organ Failure in Patients With Septic Shock: The STRESS-L Randomized Clinical Trial**



*The Intensive Connection*



## ESICM TALK

LANDIOLOL AND ORGAN FAILURE IN PATIENTS  
WITH SEPTIC SHOCK:  
THE STRESS-L RANDOMIZED CLINICAL TRIAL



TONY WHITEHOUSE  
UNIVERSITY OF BIRMINGHAM,  
BIRMINGHAM, UK



ELISA DAMIANI  
MARCHE POLYTECHNIC  
UNIVERSITY,  
ANCONA, ITALY



AHMED ZAHER  
OXFORD UNIVERSITY HOSPITALS,  
OXFORD, UK

POWERED BY  
ESICM  
NEXT



**SIS podcast**  
**16 October, 09:00 CEST**  
**Landiolol and Organ Failure in  
Patients With Septic Shock: The  
STRESS-L Randomized Clinical  
Trial**

# SIS webinar

**24 October, 16:00 – 17:00 CEST**

## **Sepsis: Back to Basics**

**title:** Sepsis: Back to Basics

1.Introduction (3 min) by the moderators: Srdjan Gavrilovic & Roberta Domizi

2.Speaker 1: Sascha David  
(15 min) Topic 1: Vascular phenotype in sepsis

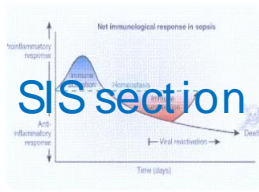
3.Speaker 2: Benjamin Chousterman  
(15 min) Topic 2: Sepsis induced cardiomyopathy

4.Speaker 3 : Lene Russell  
(15 min) topic 3: Sepsis induced immune suppression

5.(12 min) Q&A  
Managed by the moderators via Whatsapp

# Future plans

- Podcast with dr Richard Hotchkiss!
  - Podcast about immunity in the critically ill patient
- Thank you Elisa!
- Promoting all the great things SIS section is doing!

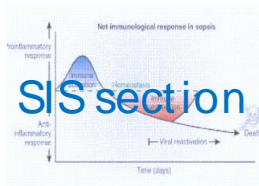


# E-Learning



## Report from the E-LEARNING COMMITTEE

Elisa Damiani



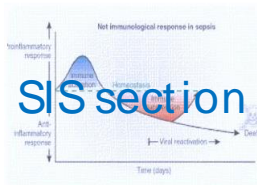
# ESICM Academy – ACE Courses update

<https://academy.esicm.org/>



- 8 ACE Courses for the SIS section

ACE Courses	Authors of original version	Authors for the update
Immunocompromised patients Part I	Folarin Sogbetun,Nathan D. Nielsen,Nishith Mewada,Olufisayo Otusanya	Irene Coloretti
Immunocompromised patients Part II	Folarin Sogbetun,Nathan D. Nielsen,Nishith Mewada,Olufisayo Otusanya	Luis Silvestre Chiscano
Immunocompromised patients Part III	Folarin Sogbetun,Nathan D. Nielsen,Nishith Mewada,Olufisayo Otusanya	Rea Andermatt
Immunocompromised patients Part IV	Folarin Sogbetun,Nathan D. Nielsen,Nishith Mewada,Olufisayo Otusanya	Benjamin Chousterman
Sepsis and Septic Shock Part I	Frank Bloos,Xavier Wittebole	Frank Bloos, Xavier Wittebole
Sepsis and Septic Shock Part II	Francisco Chacon Lozsan,Jaume Mesquida	Francisco Chacon Lozsan, Jaume Mesquida
Sepsis and Septic Shock Part III	Diego Bastos Porto,Carlos Enrique A. Orellana-Jimene	Diego Bastos Porto
Sepsis and Septic Shock Part IV	Ligia Pires,Lene Russel	Stefano Busani

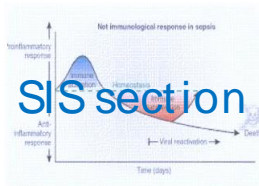


# ESICM Academy – ACE Courses update

<https://academy.esicm.org/>









 <b>SERIES I</b>	 <b>SERIES II</b>	 <b>SERIES III</b>	 <b>SERIES IV</b>
<b>Immunocompromised patients Part I</b> Recognizing the Immunocompromised Patient in the ICU Systemic Inflammation and Sepsis	<b>Immunocompromised patients Part II</b> Mechanisms of Acquired Immunodeficiency Systemic Inflammation and Sepsis	<b>Immunocompromised patients Part III</b> Managing the Immunocompromised Patient Systemic Inflammation and Sepsis	<b>Immunocompromised patients Part IV</b> Preventing Infection in the immunocompromised patient Systemic Inflammation and Sepsis
Enrolled <b>1648</b> 	Enrolled <b>1364</b> 	Enrolled <b>1317</b> 	Enrolled <b>1234</b> 
Last Updated: April 19, 2024	Last Updated: May 17, 2024	Last Updated: April 19, 2024	Last Updated: April 19, 2024

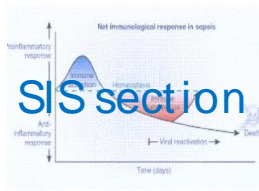


# ESICM Academy – ACE Courses update

<https://academy.esicm.org/>



 <p><b>Sepsis</b></p> <p>SERIES I</p>	 <p><b>Sepsis</b></p> <p>SERIES II</p>	 <p><b>Sepsis</b></p> <p>SERIES III</p>	 <p><b>Sepsis</b></p> <p>SERIES IV</p>
<b>Sepsis and Septic Shock Part I:</b> <b>Introduction, definitions and recognition of sepsis</b> Systemic Inflammation and Sepsis	<b>Sepsis and Septic Shock Part II</b> Resuscitation and hemodynamic support of the patient with sepsis Systemic Inflammation and Sepsis	<b>Sepsis and Septic Shock Part III</b> Identification and Control of the Source of Infection Systemic Inflammation and Sepsis	<b>Sepsis and Septic Shock Part IV</b> Adjuvant therapies in sepsis Systemic Inflammation and Sepsis
Enrolled <b>2687</b> 	Enrolled <b>2224</b> 	Enrolled <b>2011</b> 	Enrolled <b>1970</b> 
Last Updated: <b>April 19, 2024</b>	Last Updated: <b>April 25, 2024</b>	Last Updated: <b>May 24, 2024</b>	Last Updated: <b>July 31, 2024</b>



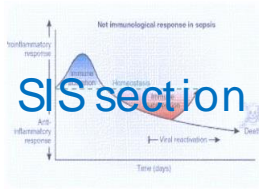
# «Meet the ACE courses authors»



- Presentations of some ACE Courses by some ESICM Academy authors
- Where: NAHP Lounge
- When: Monday 9 -9:40 a.m.  
Tuesday 9 - 10 a.m.  
Wednesday 9:40 -10:40 a.m

Everyone is welcome to participate!

# Contribution to ESICM Podcasts



- «The STRESS-L trial: interview to the first author»
- Contributors:
  - Ahmed Zaher (NEXT Committee)
  - Elisa Damiani (SIS section)
  - Tony Whitehouse (first author)
- Goal: to discuss the results, limitations and controversial aspects of the STRESS-L trial and analyze the implications for clinical practice and future research



October 25, 2023

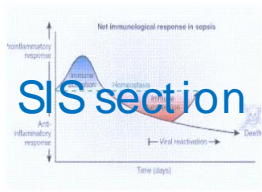
## Landiolol and Organ Failure in Patients With Septic Shock The STRESS-L Randomized Clinical Trial

Tony Whitehouse, MD<sup>1,2</sup>; Anower Hossain, PhD<sup>3</sup>; Gavin D. Perkins, MD<sup>1,3</sup>; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

JAMA. 2023;330(17):1641-1652. doi:10.1001/jama.2023.20134

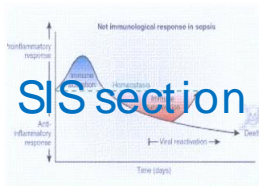
# Contribution to ESICM Podcasts



## Future projects:

- Interview to Prof. Ashish Kumar Khanna on «The multimodal approach to vascular failure in sepsis»
- Interview to Prof. Richard Hotchkiss on «The history of immunosuppression in sepsis» → Webinar?





# ESICM Education strategy insights CTC



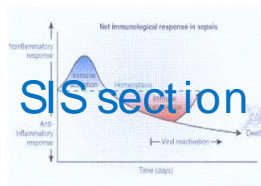
## Representative for SIS section in the CTC Monthly meetings:

### A. Annual planning for educational activities

- Stress on the role of the section representatives to link and communicate between CTC and the section
- New ideas and suggestions for future events and courses
- Focus on learning pathways and virtual courses

### B. Implementation of Clinical Fellowships

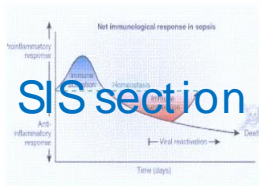
### C. Feedback on educational activities as observers (format, methodology...)



# Planning of 2024 educational activities



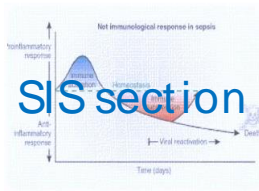
EDITION 2024	Format	Dec 2023	Jan	Feb	Mar	Apr	May	Jun	Jul/Aug
FOUNDATION COURSE IN HAEMODYNAMICS	Online	5-6							
ICF PRAGUE	Face to face			5-6					
EuroAfrica Conference - Cairo	Face to face			8-11					
SEPSIS & SEVERE INFECTIONS	Online			22-23					
EDIC I PREP COURSE	Online			27					
Kick off webinar AMS	TV channel			28					
AMS Thematic session 1	Online				8				
EDEC online Clinical Case ( 1 day course)	Online				13				
FOUNDATION COURSE IN ECLS/ECMO	Online				14-15				
ICF FDD Brussels	Face to face				22				
EDIC I EXAM	Online					2			
AMS Thematic session 2	Online					5			
FOUNDATION COURSE IN ARF&MV	Online					09-10			
Classical live online training (VICTORIA Study)	Online					15			
ICF Bucharest	Face to face					8-9			
EDIC II PREP COURSE	Online					16			
ICF RIGA	Face to face					17-18			
FDD +ICF ATHENS	Face to face					22-23-24			
NUTRITION IN CRITICAL ILLNESS	Online					24-25			
TRANSITION COURSE IN HAEMODYNAMICS	Online						2-3		
AMS Thematic session 3	Online						3		
EDIC II Exam	Online						7-8		
EuroMed, Marrakech	Face to face						15-18		
Patient Safety Live Session 1	Online						23		
RENAL REPLACEMENT THERAPY IN ICU	Online						27-28		
EDEC Monothematic session	Online						29		
LIVES Forum - Istanbul	Face to face						30-31	1	
EDIC II - Autumn 2024 registrations	Online							TBC	
Patient Safety Live Session 2	Online							6	
MASTER COURSE IN ECLS/ECMO	Online							11-12	
ICF VIENNA	Face to face							14-15	
Patient Safety Live Session 3	Online							20	
EuroAsia, Bengaluru	Face to face							21-23	
WORKSHOP FOR EDUCATORS	Online							21	
TRANSITION COURSE IN ARF&MV	Online							27-28	



# Sepsis and Severe Infections



	Excellent	Good	Fairly good	Poor	Very poor
Programme content					
Educational methodology and resources					
Participants' interaction					
Faculty support					
Organisation					
Other comments					



# Pre-recorded topics in VODs and Webinars

## EFFECT OF IMMUNOMODULATION ON THE MICROCIRCULATION AND ORGAN PERFUSION IN SEPSIS

*Roberta Domizi, MD, PhD*

Università Politecnica delle Marche

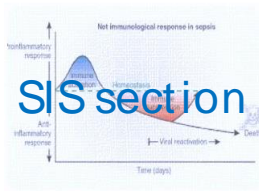
Clinic of Anaesthesia and Intensive Care – AOU delle Marche

**SIS (Systemic Inflammation and Sepsis) Section ESICM**

LIVES  
2024  
37<sup>TH</sup> ANNUAL  
CONGRESS  
05-09 OCTOBER  
BARCELONA

ESICM webinar: SIS section





# Education



Level 1  
Level 2

*On line activities*

Level 3

*Under construction*

*Lives 2025*

*Munich, in presence*

*Case, experiments, guidelines*

## Resources

### EDUCATION

Courses

Webinars

Point Of View

#### Sepsis and Severe Infections

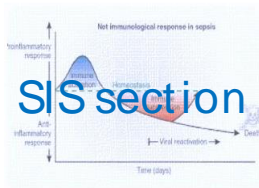
This 2-day e-course blends techniques that encourage maximum learning. Special attention is given to interactive activities, case-based discussions, workshops and problem-oriented approaches.

**Format:** Virtual

**Dates:** February 22-23, 2024

LEARN MORE

SIS / ID section – Hendrik Bracht



## Resources

## EDUCATION

[illegible]

# Education



Girardis, G., David, S., Ferrer, R., et al. Understanding, assessing and treating immune, endothelial and haemostasis dysfunctions in bacterial sepsis. *Intensive Care Med* 2024 <https://doi.org/10.1007/s00134-024-07586-2>

**Potential targets for sepsis include:**

- Steroids that blunt hypo-inflammatory response
- Albumin that stabilizes endothelial surface layer
- Complement inhibitors that favor procoagulant effects
- Checkpoint inhibitors that modulate excessive cytokine production

**EXPLANATION:** in sepsis, steroids are used to blunt hyperinflammatory response and not hypo-inflammatory response. Albumin restores blood pressure and is an endothelial surface layer stabilizer. Complement inhibitors prevent procoagulant effects of the cross-talk between complement and the haemostatic system while checkpoint inhibitors modulate cytokine production.

## Quizz

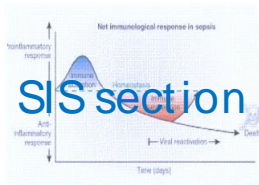
Leone, M., Nielsen, D.N., Russell, L. Ten tips on sepsis-induced thrombocytopenia. *Intensive Care Med* 50:1157–1160, 2024.  
<https://doi.org/10.1007/s00134-024-07478-5>

## QUIZ #2 - SIS

### My septic patient with a low platelet count:

- It is a rare event in sepsis
- Platelets interact with immune system
- The risk of thrombosis is excluded
- Platelets transfusion is recommended if  $< 150,000/\mu\text{L}$

**EXPLANATION:** in sepsis, thrombocytopenia is a frequent event. Platelets interact with immune and complement systems and thrombocytopenia does not exclude a thrombosis risk. The indication for platelets transfusion in sepsis is debated, except for invasive



# Publications

## Norepinephrine dosage



### FEATURE ARTICLES

## Position Paper on the Reporting of Norepinephrine Formulations in Critical Care from the Society of Critical Care Medicine and European Society of Intensive Care Medicine Joint Task Force

**OBJECTIVES:** To provide guidance on the reporting of norepinephrine formulation labeling, reporting in publications, and use in clinical practice.

**DESIGN:** Review and task force position statements with necessary guidance.

**SETTING:** A series of group conference calls were conducted from August 2023 to October 2023, along with a review of the available evidence and scope of the problem.

**SUBJECTS:** A task force of multinational and multidisciplinary critical care experts assembled by the Society of Critical Care Medicine and the European Society of Intensive Care Medicine.

**INTERVENTIONS:** The implications of a variation in norepinephrine labeled as conjugated salt (i.e., bitartrate or tartrate) or base drug in terms of effective concentration of norepinephrine were examined, and guidance was provided.

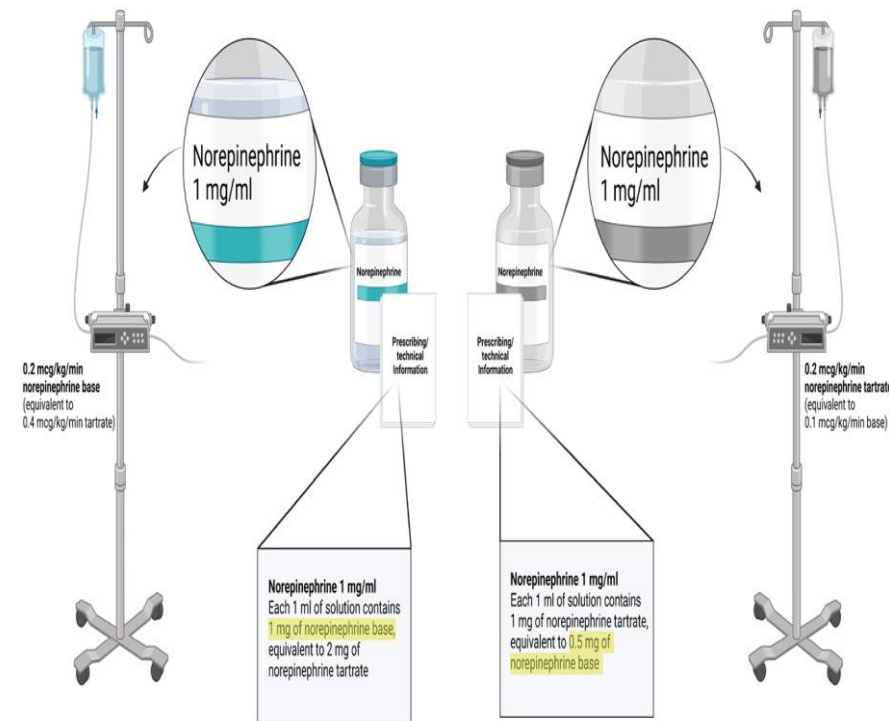
**MEASUREMENTS AND MAIN RESULTS:** There were significant implications for clinical care, dose calculations for enrollment in clinical trials, and results of datasets reporting maximal norepinephrine equivalents. These differences were especially important in the setting of collaborative efforts across countries with reported differences.

**CONCLUSIONS:** A joint task force position statement was created outlining the scope of norepinephrine-dose formulation variations, and implications for research, patient safety, and clinical care. The task force advocated for a uniform norepinephrine-base formulation for global use, and offered advice aimed at appropriate stakeholders.

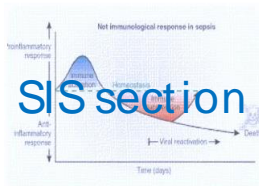
**KEYWORDS:** hypotension; norepinephrine; patient safety; research methods; shock; vasopressor

Norepinephrine (also named noradrenaline), a catecholamine vasopressor, is ubiquitous in contemporary critical care practice. This agent is recommended by the Surviving Sepsis Campaign as a first-line vasopressor and most providers report using this agent for the correction of hypotension in septic shock (1–4). Although mortality rates from septic shock have improved, the global incidence is rising (5), increasing the usage of norepinephrine in ICUs across the world. The impact of norepinephrine in critical care practice was evident when septic shock in-hospital mortality

Patrick M. Wieruszewski, PharmD, BCCCP<sup>1,2</sup>  
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Christa A. Schorr, DNP, MSN, RN, FCCM<sup>14,15</sup>  
Jan J. De Waele, MD, PhD<sup>16,17</sup>  
Ashish K. Khanna, MD, MS, FCCP, FASA, FCCM<sup>18,19</sup>



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# Publications

## Refractory septic shock



**Joint SCCM/ESICM position statement on the definition of refractory septic shock**

Society of  
Critical Care Medicine  
The Intensive Care Professionals



Hariyali Patel, MHA

### ESICM members



Marc Leone MD PhD



Michelle Chew MD PhD



Sheila Myatra MD



Ignacio Martin Loeches MD PhD



Lene Russel MD PhD



Glenn Hernandez MD PhD



Ines Lakbar MD PhD



### SCCM members



Ashish K Khanna MD MS FCCP FASA FCCM



Patrick Wieruszewski Pharm D



Siddharth Duggar MD FCCM



Susan Smith Pharm D FCCM



Michelle Gong MD FCCM



Christa Schorr DNP MSN



Laura Evans MD MSc FCCM



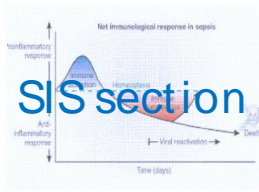
Refractory septic shock and alternative wordings: A systematic review of literature

Elio Antonucci<sup>1</sup>, Tania Polo<sup>2</sup>, Manuela Giovini<sup>3</sup>, Massimo Girardis<sup>4</sup>, Ignacio Martin-Loeches<sup>5</sup>, Nathan D. Nielsen<sup>6</sup>, Francisco José Chacón Lozano<sup>7</sup>, Ricardo Ferrer<sup>8</sup>, Ines Lakbar<sup>9</sup>, Marc Leone<sup>10</sup>

Pre-final version

ESICM / SCCM councils

Publication ICM February



# Publications

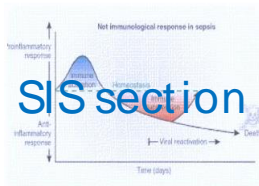


## Consensus definition of body temperature alterations

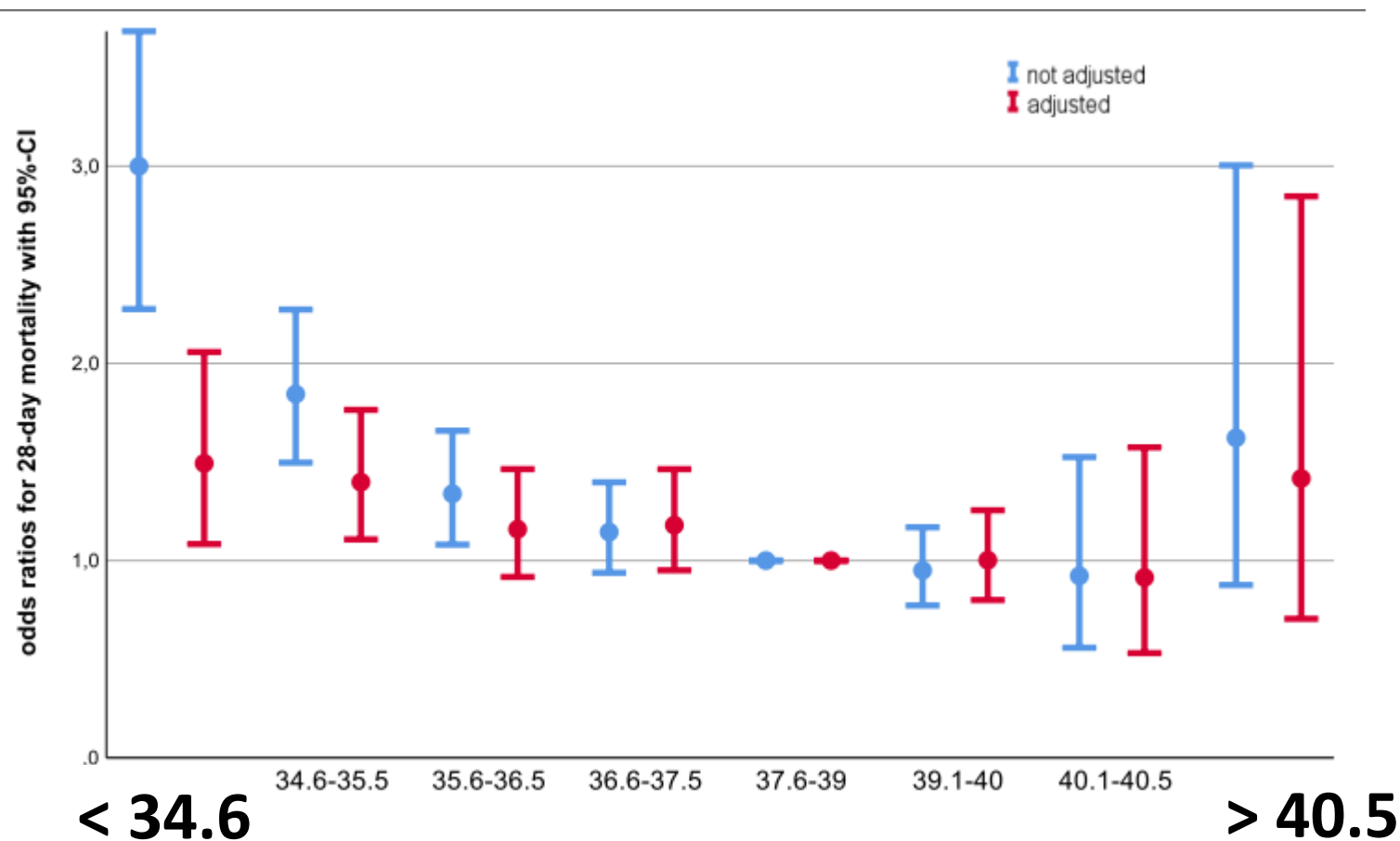
Nicole Juffermans

Erasmus Medical Center, Rotterdam, the Netherlands

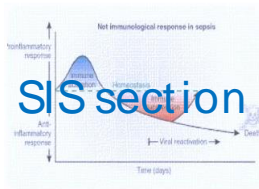




# Association of body temperature with mortality in patients with sepsis



40 hospitals  
N=6542 severe sepsis



# Survey on clinical management: do you treat fever in sepsis patients?

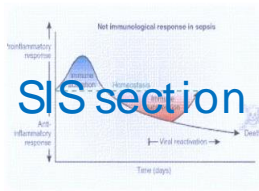


**Always/most of the time 67%**



**Never/rarely/sometimes 33 %**





# Survey on clinical management: do you rewarm hypothermic sepsis?

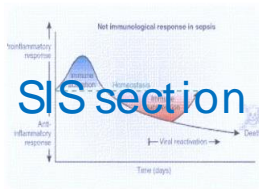


**Always/most of the time 75 %**

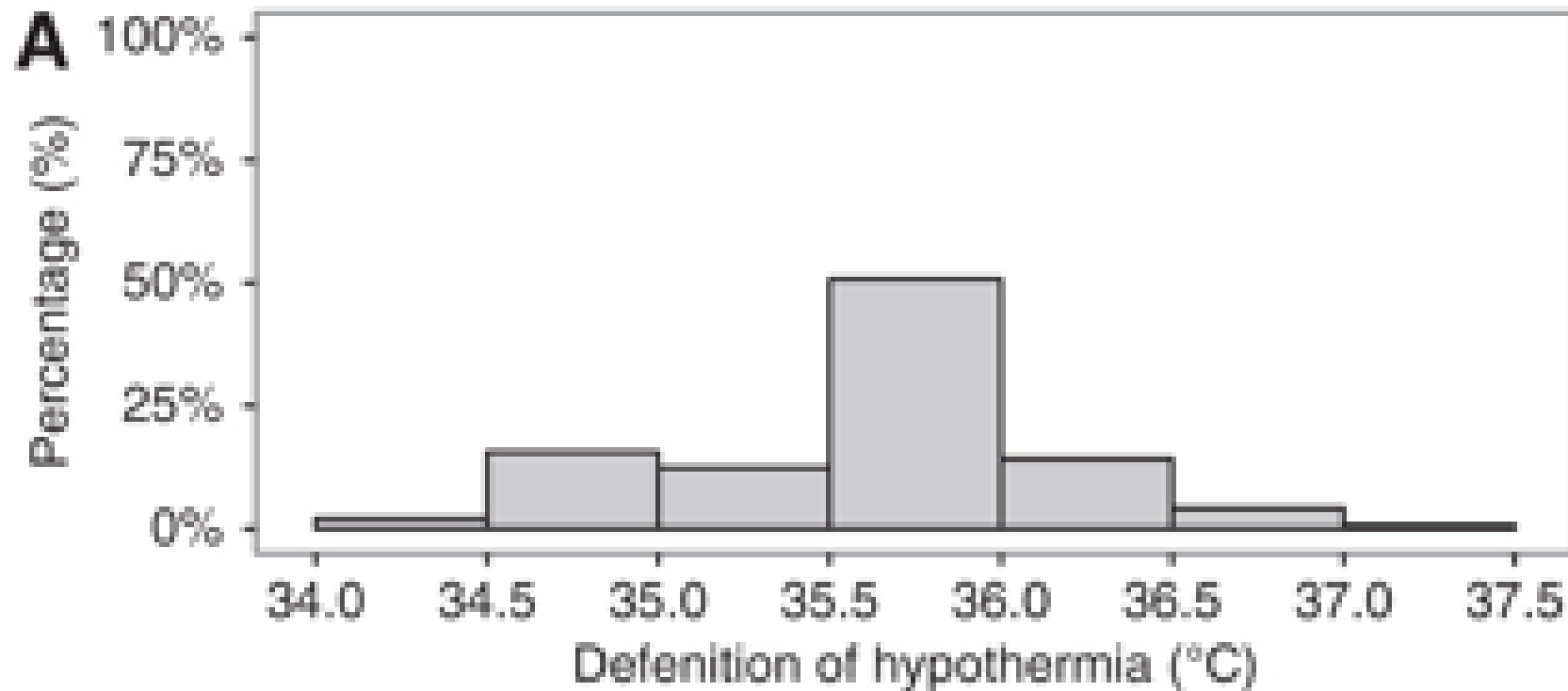


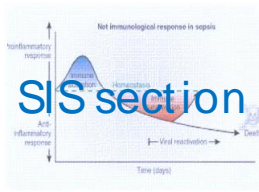
**Never/sometimes 25 %**





# Survey on management: when would you call it hypothermia ?



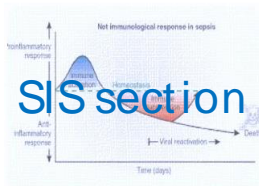


# Aim



**To provide definitions of body temperature alterations in sepsis:**

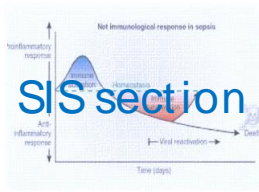
- cut-off temperature values**
- methodology of measurement.**



# Project group under MOU between societies

- Marc Leone (SIS)
- Andrew Conway (INF)
- Sharon Einav (Meth)
- Stijn Blot (NAHP)
- Laura Borgstedt (NEXT)
- Nicole Juffermans (co-chair)
- Dan Sweeney
- Kirstin Kooda
- Samantha Gambles-Farr
- Kelly Cawcutt
- ..
- Ryan Maves (co-chair)

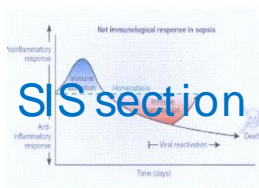


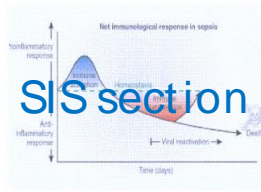


# Methods



- use data from registries for cut off points
- construct data-driven Delphi questions
- complete Oct 2025
- we need you in the expert panel !

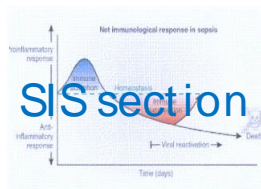




# Publications

## Monitoring of the immune response





# Publications



## Monitoring of the immune response

### Monitoring of the immune response in patient with sepsis: state of the science and consensus.¶

This document (Project) aims to define and provide statements, based on literature evidence and expert advice, for the most appropriate and feasible bedside method for monitoring the immune response in septic and septic shock patients. Implementing immune monitoring may help to evaluate and interpret clinical sepsis course and patient risks, representing a significant step toward a personalised approach to sepsis therapy.

## ■ 2. QUESTIONS (PICOs) ¶

### ■ Target population ¶

Patients admitted to ICU with sepsis or septic shock from: ¶

- a) → Community-acquired infections, commonly caused by microorganisms without resistances to antibiotics, with abrupt and dysregulated hyperinflammatory response, as for instance invasive pneumococcal-meningococcal diseases, necrotising fasciitis and streptococcal toxic shock syndrome. ¶
- b) → nosocomial-acquired infections, commonly caused by multi-drug-resistant microorganisms or fungi, and suspected immune-dysfunction/-immune-paralysis as for instance late-ventilatory-acquired pneumonia, invasive candidiasis, and bacteraemia by opportunistic agents. ¶

### ■ Interventions ¶

#### ■ Diagnostic tests and biomarkers of inflammatory response and immune system: ¶

- a) → Leukocytes Count ¶
- b) → Plasma cytokines (IL1, IL6, IL10) ¶
- c) → C-Reactive Protein ¶
- d) → Procalcitonin ¶
- e) → Disseminated Intravascular Coagulation score ¶
- f) → HLA-DR Monocytes ¶
- g) → Lymphocytes count ¶
- h) → Neutrophils/Lymphocytes ratio ¶
- i) → Lymphocytes subtype ¶
- j) → Immunoglobulin plasma concentration ¶
- k) → CMV-e HSV reactivation ¶
- l) → Ferritin ¶
- m) → TNF ¶

### ■ Comparisons (if appropriate) ¶

Gold Standard or none ¶

### ■ Outcomes ¶

Appropriateness and usefulness of monitoring will be evaluated considering the following outcomes: ¶

- → Changes in severity of clinical conditions (SOFA score and shock index) ¶
- → Rate of Secondary infections during ICU stay (including fungal and viral reactions) ¶
- → Stay (Ventilator, vasopressors, RRT, ICU, Hospital) ¶
- → Mortality (ICU, hospital, longest follow-up) ¶

¶

EXPERTS

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Chousterman Benjamin  
Cossarizza Andrea  
Damiani Elisa  
Ferrer Ricard  
Giomarellos-Bourboulis Evangelos  
Girardis Massimo  
Juffermans Nicole  
Leone Marc  
Loches Ignacio Martin  
Monneret Guillaume  
Nlerhauser Axel  
Payen Didier  
Picckers Peter (one of the group)  
Rello Jordi  
Rubio Ignacio  
Shankar-Hari Manu

METHODOLOGIST

Cortegiani Andrea

LITERATURE REVIEW TEAM

Coloretti Irene

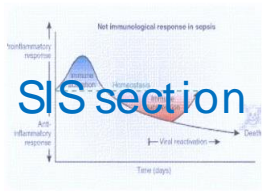
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RELEVANT DATES¶

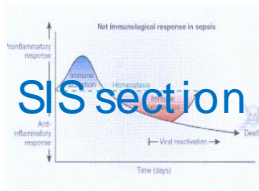
DATE	ACTIVITY	
November-24	invite participants and finalise the protocol	
December-24	Finalisation of questions	
January- February-25	Literature search and Summary of findings tables	
March-25	First Meeting for consensus	
April-25	Second Meeting for consensus	
May-June-25	First draft of document Circulation among panel members for comments and external reviewers	
July-25	Submission	

¶



# Our survey





# Ideas, proposals, future...



How being better?

How growing the number of members for SIS?

Programs for next year?

Papers for our pipeline?