



The Intensive Connection

HSRO Section Online Meeting, 26 October 2021, 16:00-17:30 CET

Participants

Christian Jung	Maurizia Capuzzo
Arzu Topeli	Michael Beil
Stefan Schaller	Michelle Chew
Andrea Rossi	Mohan Gurjar
Antonio Artigas	Otavio Ranzani
Bertrand Guidet	Ramiro Gilardino
Dylan de Lange	Rui Moreno
Jordi Rello	
Lotti Orvelius	

Christian Jung welcomed the group. He gave information on the topics listed in the agenda.

1. LIVES2021

The congress was successful in general. It was technically better than last year. There were 6000 participants, 320 international speakers, 30 hour (n=367) live presentations, 90 hour (n=365) on-demand presentations. HSRO Section proposed 6 sessions, 2 of which were selected, 1 related with geriatric medicine (divided in 2 parts). There were >40 posters related with the section. We look forward to a face-to-face meeting in 2022 (35th LIVES Congress in Paris).

2. Elections

Jean-Louis Teboul was elected as the new Congress Chair, Marlies Ostermann as the new Chair of the Research Committee, Antoine Vieillard-Baron as the Secretary, Ricard Ferrer Roca as the Treasurer. There was no election in the HSRO Section this year.



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3. Symposium on the “Elderly Patients in the ICU”

It was postponed due to the pandemic and if there is any new progress, there will be an update about it next year.

4. Congress (LIVES40)

There will be a Congress (LIVES40) in 12-14 May 2022 in Madrid due to the 40th anniversary of ESICM.

5. Research Activities

VIP (**V**ery old **I**ntensive care **P**atients) Project of the HSRO Section is ongoing for 5 years consisting of VIP1, VIP2 and COVIP studies. It was a very successful and productive project. There were 34 secondary publications and including all manuscripts such as editorials, policy papers, commentaries, reviews the total number of manuscripts reached 48. The local investigators were included in the publications so that they were listed in pub med, etc. The study web site is vipstudy.org.

- a) VIP1 was held in 2016-2017 in critically-ill elderly patients >80 years old. It focused on the effect of frailty on outcome. Main manuscript was published in Intensive Care Medicine.
- b) VIP2 was held in 2018-2019 in critically-ill elderly patients >80 years old. It focused on the interplay of various geriatric syndromes on outcomes. Main manuscript was published in Intensive Care Medicine.
- c) COVIP was held in 2020-2021. It focused on the outcome of critically-ill elderly patients (>70 years old) with COVID19. 376 ICUs were registered from 44 countries. There were funding from EU, France and Norway, and it was endorsed by ESICM. Close to 4000 patients were enrolled. In the primary manuscript published in Critical Care, frailty, more important than age, has been shown to be related with mortality. In the second manuscript, first and second surge were compared. Surprisingly, mortality in the second surge was greater than the first. It was also shown that use of corticosteroids was associated with worse outcome. This was published in ERJ 2021. In a new letter accepted for ICM, it was shown that



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as 7 day incidence/100,000 population increased, withholding and withdrawal of life support become more frequent in the younger age. This indicates, as pressure increase, life support limitations increase in relatively younger patients. Many other manuscripts are on the way.

VIP3 study is currently planned. Bertrand Guided gave information on it which is also called **Time Intensive care Limited Trial** (acronym TILT). It is still under development. It is related with uncertainties. The aims are how to standardize triage, patient assessment, family meetings, to get information about patient background and wishes, to define patient centered goals and burden of treatment, to explore what family and caregivers hope and expect from ICU admission, to give uptodate information about status and prognosis, to allow time for discussions of risks and benefits of ICU treatments, to identify clinical markers of improvement. The potential positive impacts would be to decrease LOS, decrease invasive procedures, increase team satisfaction, decrease anxiety and depression of family members. The study is a prospective, observational, multinational study. Several points are still under discussion.

Dylan de Lange gave information about the Intoxicate Study (former title Toxic-EU) endorsed by ESICM and EAPCCCT (European Association of Poisons Centers and Clinical Toxicologists). 160 ICUs have been registered. 362 patients have been enrolled. Preliminary data shows about 10% mortality. >2000 patients are needed.

Christian Jung gave information on SAPS-3D on behalf of Paul Zajic. The study is to develop a model that is capable of predicting the risk of readmission to intensive care and the risk of death during the same hospital stay after discharge from ICU. Besides, the outcome task force plans to assess influence of case load in the ICUs on patient outcomes.

There is no update on LOGIC Study aiming to join different registries. Christian Jung and Dylan de Lange will contact with Dave Dongelmans for more information. (Update after contact: This activity takes now place outside ESICM).

Antonio Artigas gave information on the initiative of gender equity and diversity led by Francesca Rubulotta. Some manuscripts have been published in the ICU Management Journal and a symposium called iWIN has been done with the release of a position paper at the end. The topic is being investigated in the COVID19 pandemic, as well.

Michelle Chew gave information on SANDMAN Study. There was a change in the protocol so that COVID19 patients have started to be included, as well. 760 centers have been registered but not all of them are active. Oxford Center became the coordinator again. The study is still open for new ICUs to register because it is a retrospective study.



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6. COST Application

Michael Beil gave information about the COST Application. COST is a EU funding organisation for science and technology research networks. A proposal was submitted last year which was not selected for funding though it received rather a high score. It was revised according to the reviewer comments and will be sent by Bertrand Guidet within the next 2 days. Funds have been increased so the chance of getting funding might be higher this year and the results will be declared in May 2022.

7. Task Forces

There are 3 task forces in the section: Quality and Safety, Outcome and Health Economics. They have to be renewed every 3 years (see SOP on sections). Responsible people should inform the Section Chair. Ramiro Gilardino from Argentina informed that he was involved in the Health Economics Task Force but since 2017 the group was not very active. Paul Zajic is running the Outcome Task Force. He will continue in the Task Force.

8. Responsibilities/Mandates

According to the new mandates, the elected Section Chair will propose representatives in different ESICM Committees. The representation must be in accordance with the diversity and inclusiveness criteria of the Society. Representatives will serve on the Research Committee, the Social Media and Digital Content Committee, the e-Learning Committee and the Clinical Training Committee. The nominations will be reviewed and approved by the Executive Committee. The representation will continue till the end of the mandate of the Section Chair. Nominations can be renewed only to a different Committee rather than the first Committee that they were assigned. The assignment of Arzu Topeli (Deputy of HSRO) in the Research Committee is still continuing, so nominations for the Social Media and Digital Content Committee, the e-Learning Committee and the Clinical Training Committee are needed. **If there is any volunteer or suggestion, Section Chair should be contacted.**

9. Webinar Invitation



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There will be a webinar about “The elderly patient in the ICU” on November 4th, 2021 by Bertrand Guidet and Susannah Leaver.

10. New Initiatives and Plans

Rui Moreno suggested to discuss the pandemic and end up with conclusions and future recommendations as soon as the pandemic is under control. There were discussions about collaboration with other sections, and about the importance of intermediate care units. Antonio Artigas raised the point of a standard training program, accreditation of ICUs and free movement of intensivists in Europe. Rui Moreno informed that there was a meeting after the LIVES Congress with the Executive Committee of the ESICM, EBICM and UEMS for free mobility of intensivists, common training program, and standard definitions for ICUs in Europe. It was emphasized that this is not an easy task.

Christian Jung thanked and closed the meeting hoping for face-to-face meetings in the future.