



## Information overview of the VIP2 study (POETIC2 in UK)

Very old Intensive Care Patient-study 2: Development and validation of a prognostic score

An ESICM supported study conducted from the HSRO & NAHP sections in ESICM.

### Background and scope:

This study will seek to develop a prognostic score based on a large prospective multicentre Study of the critically ill very old, defined as patients  $\geq 80$  years, emergency admitted to an ICU.

We will gather age-specific information about the elderly patient: frailty, cognitive function, activity of daily life and co-morbidity, in addition to organ failure score. Outcomes will be registered as outcome at 30 days (alive or dead) and 6 months in a sub study. Also an inter-rater variability will be registered in a sub-study within the main study.

### Recruitment of patients

The goal is to recruit 20 consecutive ICU patients  $\geq 80$  years, or continue for a 6 months period. Based on VIP1 we hope to recruit 200-250 ICUs and 4-5000 patients.

We will not register any patient specific ID, just use gender and age (in rounded years). Each participating country of course must comply to the national rules for such a study meaning sending data to an external server and seek the local ethical clearance. In some countries this will be done by the national coordinators (see list).

### How to record data?

We use the same dedicated server at the Department of Epidemiology, University of Aarhus, Denmark, and have created a simple e-CRF for this study. It will be easy to enter both ICU background data and patient data. All in all, there are 19 different variables to register, some

simple (like age) and some more compound like SOFA score. The ICU background data must be collected before start of patient recruitment. The links to e-CRF and other documents related to the VIP2 study can be found on the web-site ([www.vip2study.com](http://www.vip2study.com)).

### Data security and storage

Data security in the VIP2 study follows industry standards. The data entry forms and database run on a secured server and are composed of a MySQL database and PHP web-application. Data is secured with Secure Socket Layer ([SSL](#)) encryption when transported into the database and data is stored on servers located on the campus of [Aarhus University](#), Aarhus C, Denmark. The servers are maintained and managed in a professional server environment in co-operation between the [IT Department](#) and the [Department of Clinical Medicine](#). The server rooms have physical access control and logging of personnel access. Other security measures include hardware and software firewalls. For technical inquiries please contact the data-manager: Jesper Fjølner, MD. email: [contact@vip2study.com](mailto:contact@vip2study.com).

### Study start

Our goal is to open for ICU recruitment from May 2018, and to start inclusion for 6 months. In the meantime, it is important to seek the necessary allowances (local/national regulations) for collecting data.

Professor Hans Flaatten, Bergen, Norway (PI) [hans.flaatten@kir.uib.no](mailto:hans.flaatten@kir.uib.no)

Ass professor Dylan deLange, Utrecht, The Netherlands, HSRO section Chair (ESICM)

### Steering group and national coordinators

Professor Bertrand Guidet, Paris, France

Ass. Professor Dylan deLange, Utrecht, The Netherlands (chair of the HSRO section)

Professor Rui Moreno, Lisbon, Portugal

Professor Alessandro Morandi, Hospital Ancelle di Cremona, Italy

Consultant nurse Carole Boulanger, Exceter, UK (chair of the NAHP section)

Professor Christian Jung, Dusseldorf, Germany

Dr. Jesper Fjølner, Web and IT-responsible, Aarhus, Denmark

Iwo Soliman, Utrecht, The Netherland, Statistician and epidemiologist

Ariane Boumendil, Paris, France, Statistician

Antonio Artigas, Barcelona, Spain, Spanish co-ordinator

Dylan deLange, Utrecht, The Netherlands, Dutch co-ordinator

Professor Bertrand Guidet, Paris, French co-ordinator

Finn Andersen, Ålesund Norway, Norwegian co-ordinator

Jesper Fjølner, Aarhus, Denmark, Danish Coordinator

Christian Jung, Dusseldorf, Germany, German co-ordinator

Brian Marsh, Dublin, Ireland, Irish co-ordinator

Rui Moreno, Lisboa, Portugal, Portuguese co-ordinator

Sandra Oyen, Ghent, Belgium, Belgian co-ordinator

Joerg Schefold, Bern, Switzerland, Swiss co-ordinator

Wojciech Szczeklik, Krakow, Poland, Polish co-ordinator

Andreas Valentin, Schwarzach, Austria, Austrian co-ordinator

Sten Walther, Linkoping, Sweden, Swedish co-ordinator

Ximena Watson, London, UK, UK co-ordinator

Tilemachos Zafeiridis, Larissa, Greece, Greek co-ordinator

### Data to be registered:

- Age & Gender
- Date of admission
- Reason for admission (only acute admission): separate list
- At admission recording of:
  - Clinical Frailty Scale
  - Activity of Daily Life (Katz ADL)
  - Cognitive function: IQCODE
  - Co-morbidity (CPS score)
  - SOFA score at admission (as each individual organ failure score (6))
  - Inter-rater variability of CFS (a sub-study)
- During admission recording of
  - ICU LOS as hours
  - Hospital LOS (days)
  - Intubation and MV (hours)
  - Vasoactive drugs (hours)
  - Non-invasive ventilation
  - RRT
  - Tracheostomy
- Vital status at
  - ICU discharge (all)
  - 30 days (all)
  - 6 months (in a sub-study cohort)