Halfway but more inclusions needed! – We contact you to improve data queries – Top 5 recruiting countries - Study progress per country - Top 10 missing data

Welcome to our first INTOXICATE newsletter! We made great progress and recruited 953 patients! A big thank you to all sites for all your great efforts. We are almost halfway! However, due to the COVID-19 pandemic, signing of data sharing agreements and patient informed consent forms we experience some major delays in patient recruitment. To increase patient inclusions, we extend the inclusion period until 2023 for all sites and we like to request all sites to try and increase recruitment where possible. Let’s try and reach the goal of 2000 patients together!

First on the newsletter is our top 5 recruiting countries with a head start for the Netherlands with 424 patients (45% of all patients)! The runner up is Spain with 145 patients (15%)! On 3rd place is Turkey with 102 patients (11%), on 4th place Belgium with 39 patients (4%) and on 5th place is Lithuania with 35 patients (4%).

We started our quality checks of the data in Castor and locked the checked and finished records. When the amount of queries is substantial we will contact the primary collaborator of your unit to plan an (online) meeting to discuss the most elaborate queries directly. Let’s finish those queries interactively together!

Top 5 recruiting countries

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>n patients</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Netherlands</td>
<td>424</td>
<td>(45)</td>
</tr>
<tr>
<td>2.</td>
<td>Spain</td>
<td>145</td>
<td>(15)</td>
</tr>
<tr>
<td>3.</td>
<td>Turkey</td>
<td>102</td>
<td>(11)</td>
</tr>
<tr>
<td>4.</td>
<td>Belgium</td>
<td>39</td>
<td>(4 )</td>
</tr>
<tr>
<td>5.</td>
<td>Lithuania</td>
<td>35</td>
<td>(4 )</td>
</tr>
</tbody>
</table>

Patient inclusions over time
Welcome to our first INTOXICATE newsletter! We made great progress and recruited over 900 patients! A big thank you to all sites for your great efforts. Even when we still have a long way to go, we are almost halfway! However, due to the COVID-19 pandemic, signing of data sharing agreements and informed consent we experienced some major delays in patient recruitment. To increase patient inclusions, we extend the inclusion period until 2023 for all sites and we would like to implore all sites to try and increase recruitment where possible.

Let's try and reach that goal of 2000 patients together!

First on the newsletter is our top 5 recruiting countries with a head start for the Netherlands with 405 patients (46% of total patients)! The runner up is Spain with 136 patients (16% of total patients)! On 3rd place is Turkey with 80 patients (9%), on 4th place we have Lithuania with 35 patients (4%) and on 5th place is Belgium 33 patients (4%).

We started monitoring the data that are entered in Castor and have been sending data quality checks and started locking of the checked and finished records.

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Keep up the good work!
Welcome to our first INTOXICATE newsletter! We made great progress and recruited over 900 patients! A big thank you to all sites for your great efforts. Even when we still have a long way to go, we are almost halfway! However, due to the COVID-19 pandemic, signing of data sharing agreements and informed consent we experienced some major delays in patient recruitment. To increase patient inclusions, we extend the inclusion period until 2023 for all sites and we would like to implore all sites to try and increase recruitment where possible.

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Top 10 most missing data
1. Empty tables of questions 10.4 (Exposure), 11.7 (Symptoms) 16.2, 17.2 and 18.6 (Treatments).
2. If duration of ICU stay is <24 hours, please:
   1) Answer question 6.5.1 about the patient being transferred to another ICU
   2) Answer Q 18.4 and leave the rest open
3. If <18 years old, the patient must be excluded: do not leave “Age” open (Q 8.1)
4. Make sure that “Acute Myocardial Infarction” or “Arrhythmia” (Q 9.1), are consistent with ECG (step 15), or that “Chronic hemodialysis” or “Chronic kidney disease (CKD)” (Q 9.1), are consistent with serum creatinine (step 14)
5. Number of exposures (Q 10.1) must be equal to number of rows in the table of Q 10.4
6. If the exposure name is not in the list provided (table Q 10.4), please type: “Other” and enter the name manually
7. With unknown dose of exposure, enter “999” and “unknown” as unit (Q 10.4) or click the cogwheel and select “User missing”
8. Make sure symptoms (Q 11) are consistent with the rest of the report, e. g. in case of “Bradypnea”, respiratory rate is <10 (Q 12)
9. Make sure mean arterial pressure is higher then diastolic pressure (Q 12.3-4)
10. ECG (step 15):
    1) Is it the correct EGC (check date and time)
    2) Enter uncorrected QT
    3) Enter in milliseconds (ms)

To log or not to log
Please keep track of patients that are in- or excluded at your unit with the local screening log for local use (not to share with us) and the aggregated screening log where you keep track of the total in- or excluded patients per month. We ask for the aggregated log in order to check for selection bias that might influence study results. You can find the log documents here: https://toxicstudy.org/documents

First look
- That 31% of patients did not receive ICU treatment in the first 24 hours of ICU stay and 64% after the first 24 hours
- Within the first 24 hours of ICU stay only mechanical ventilation was more prevalent than no treatment with only 1%! Whereas no treatment is the most prevalent treatment in patients at the ICU after the first 24 hours
- 8% of patients eventually died at the hospital and 0.5% after 30 days
- We updated the manual “Castor Manual of Operations – PATIENTS” A table with treatment definitions was added. You can find the manual here: https://toxicstudy.org/documents

Keep up the good work!

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