S5 Data for McHugh et al., "A Molecular Host Response Assay to Discriminate Between Sepsis and Infection-Negative Systemic Inflammation in Critically Ill Patients: Discovery and Validation in Independent Cohorts"

Disease Severity as a Potential Confounding Variable

1. Objective

The objective was to investigate whether severity of disease, as measured by APACHE IV score or SOFA score, might be a confounding variable in using *SeptiCyte Lab* to discriminate between cases (sepsis) and controls (infection-negative systemic inflammation).

2. Method

Analysis #1: The entire patient pool (Validation Cohorts 1+2+3+4+5, excluding patients classified with an infection likelihood of possible; n=306) was subjected to ROC curve analysis, using either *SeptiCyte Lab* score, SOFA score, or APACHE IV score as a classifier.

Analysis #2: The entire patient pool (Validation Cohorts 1+2+3+4+5, excluding patients classified with an infection likelihood of possible; n=306) was stratified into "bins" on the basis of SOFA score or APACHE IV score. SeptiCyte Lab was then applied to the separate "bins" and the resultant ROC curves were pairwise compared.

3. Results

Analysis #1: Comparative ROC curve analyses on the pooled data (Validation Cohorts 1+2+3+4+5, excluding patients classified with an infection likelihood of possible; n=306) have been presented in **Figure 5, Panel A** in the main text.

Analysis #2: Results of ROC curve analysis on subsets of the combined dataset, stratified on either APACHE IV Score or SOFA Score, are presented below in **Figure 1** (APACHE IV) and **Figure 2** (SOFA).

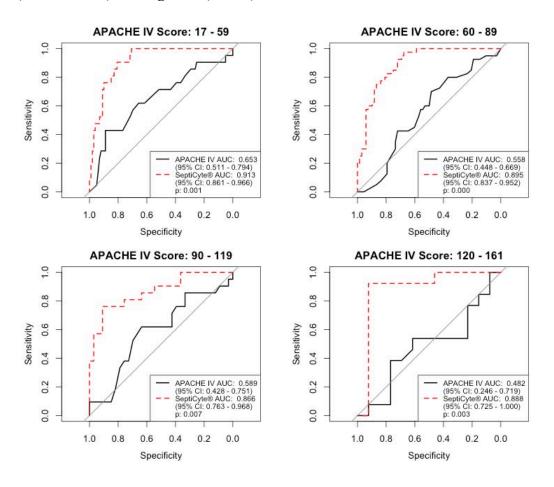


Figure 1: ROC plots for SeptiCyte Lab, after stratifying patients by APACHE IV score

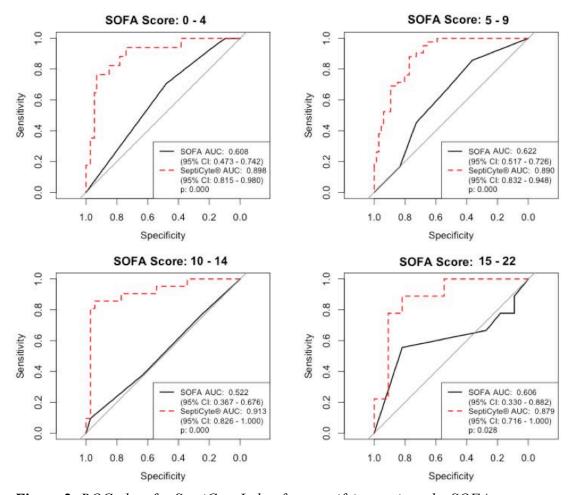


Figure 2: ROC plots for SeptiCyte Lab, after stratifying patients by SOFA score

The AUCs for the various bins are summarized in **Table 1** (APACHE IV Score) and **Table 2** (SOFA Score).

Table 1: Stratification of patients into APACHE IV Bins, followed by ROC curve analysis using SeptiCyte Lab.

Apache IV	Composition	AUC
bin		
17-59	99 controls, 21 cases	0.913 (95% CI: 0.861-0.966)
60-89	68 controls, 40 cases	0.895 (95% CI: 0.837-0.952)
90-119	33 controls, 21 cases	0.866 (95% CI: 0.763-0.968)
120-161	13 controls, 13 cases	0.888 (95% CI: 0.725-1.000)

Table 2: Stratification of patients into SOFA Bins, followed by ROC curve analysis using SeptiCyte Lab.

SOFA bin	Composition	Septicyte AUC
0-4	73 controls, 17 cases	0.898 (95% CI: 0.815-0.980)
5-9	66 controls, 42 cases	0.890 (95% CI: 0.832-0.948)
10-14	35 controls, 21 cases	0.913 (95% CI: 0.826-1.000)
15-22	11 controls, 9 cases	0.879 (95% CI: 0.716-1.000)

The p-values for comparison across bins are given in **Table 3** (for APACHE IV Score) and **Table 4** (for SOFA Score). We found no significant difference between *SeptiCyte Lab* ROC curves across the different "bins".

Table 3: p values for pairwise comparison of SeptiCyte Lab ROC curves, after stratifying patients by APACHE IV score

APACHE IV		1, 20.0		
Score	17-59	60-89	90-119	120-161
17-59	1.00	0.30	0.56	0.23
60-89	0.30	1.00	0.76	0.57
90-119	0.56	0.76	1.00	0.47
120-161	0.23	0.57	0.47	1.00

Table 4: p values for pairwise comparison of SeptiCyte Lab ROC curves, after stratifying patients by SOFA score

SOFA Score	0-4	5-9	10-14	15-22
0-4	1.00	0.87	0.41	0.99
5-9	0.87	1.00	0.30	0.92
10-14	0.41	0.30	1.00	0.60
15-22	0.99	0.92	0.60	1.00