



# INTOXICATE study

International multi-center cohort

Newsletter INTOXICATE multi-center cohort study | 2023

## Inclusions ending! - No more new units - We contact you to improve data queries - Top recruiting countries – Study progress per country - Top 5 most missing data

Welcome to the second INTOXICATE Newsletter! We have made great progress and have recruited 1,430 patients! A big thank you to all the sites for their great efforts. We are getting closer to our target of 2000 patients despite the major delays in patient recruitment caused by the COVID-19 pandemic, the signing of data sharing agreements and patient informed consent forms. New unit enrolment has been completed and the patient inclusion period will end on 1 July 2023 for all sites. Until then, we are asking all sites to continue recruiting patients and to try to complete outstanding queries to improve data quality. We will start final data checking and closing patient records in September 2023.

We continue with our top recruiting countries (see table below): the Netherlands, Spain, Turkey, Sweden and Australia. We are continuing with the data quality checks in Castor and the blocking of checked and closed records. If the number of queries is significant, we will contact the main staff member of your unit by email to highlight the most complex queries directly. If desired, a meeting can be scheduled online to discuss all the query issues. Let's complete the queries to improve data quality.

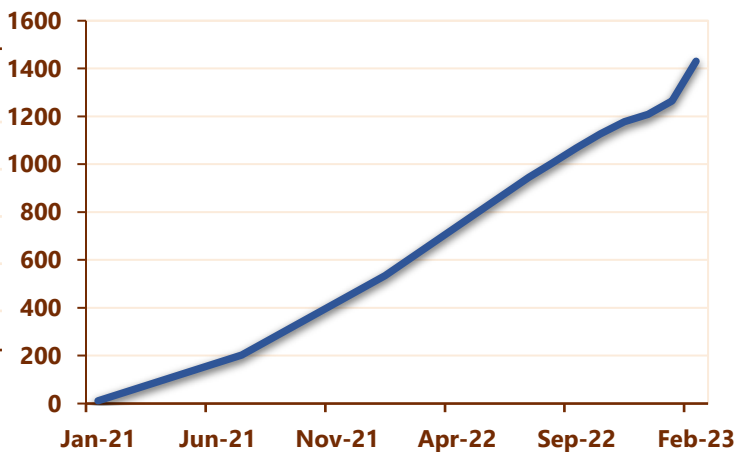
**A data sharing agreement is mandatory.** Local investigators will be recognised if they have enrolled at least 10 patients, and national coordinators will be recognised if they have contributed to the enrolment of at least 20 patients in their country.

### Top recruiting countries

Rank	Country	n Patients	(%)
1	Netherlands	640	45%
2	Spain	243	17%
3	Turkey	105	7%
4	Belgium	100	7%
5	Sweden	88	6%
6	Australia	63	4%



### Patient inclusions over time



Website:  
[www.toxicstudy.org](http://www.toxicstudy.org)

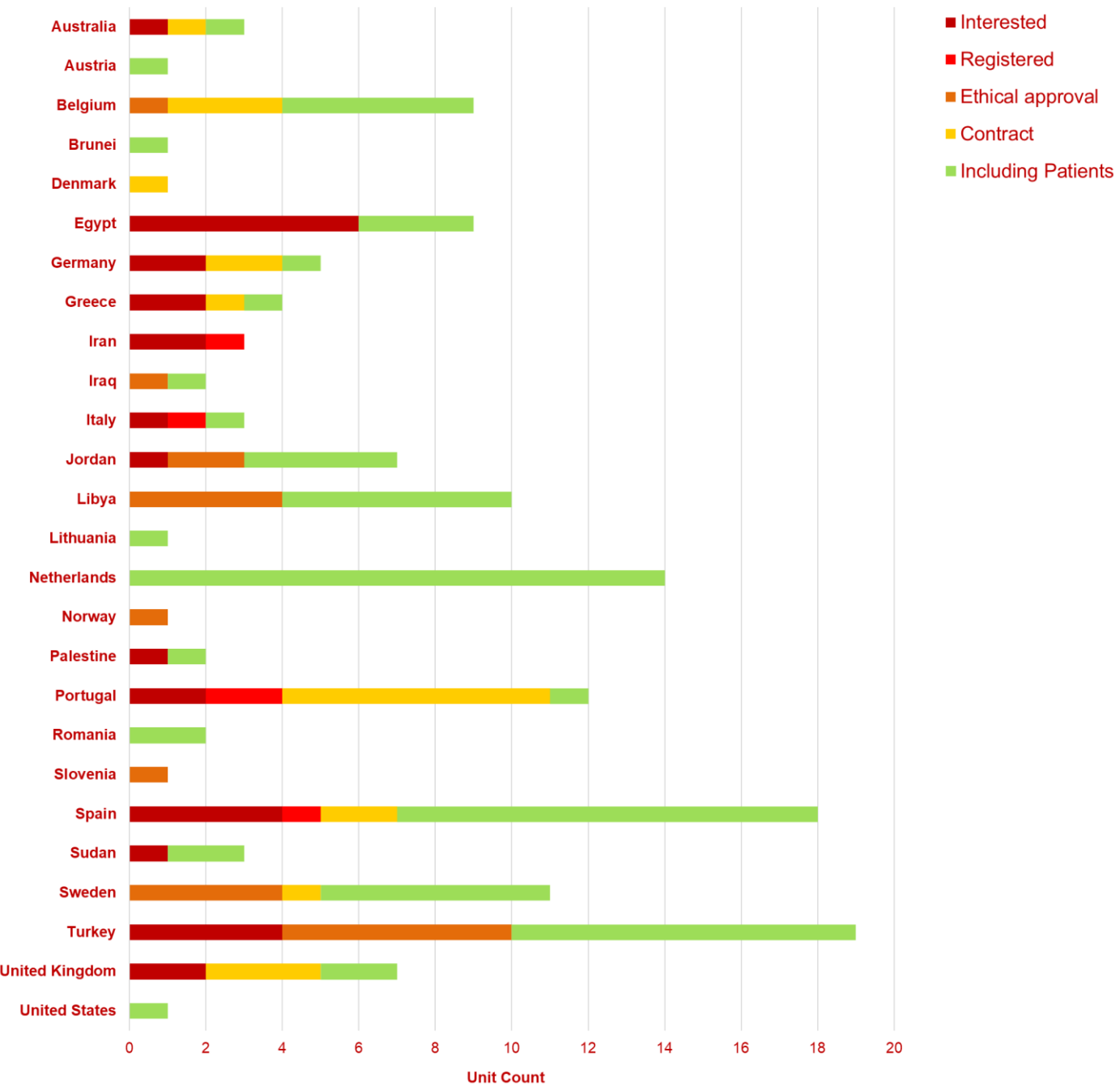



Whatsapp:  
0031 (0)6 36 17 15 40





E-email address:  
[contact@toxicstudy.org](mailto:contact@toxicstudy.org)

# Study progress at units per country



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***Keep up the good work!***

## Top 5 most missing data

1. Each page that contains a checklist also has a table below it. For each entry in the checklist, there must be at least one entry in the table, and vice versa. If a mistake is made in the table, the entry can only be removed by the INTOXICATE study team, so please leave a comment (using the gear menu) making it clear what needs to be removed. Completely blank rows in the table will be removed. If the exposure name is not in the list provided (Table Q10.4), please type: "Other" to enter the name manually.
2. For any unknown value or unit where the 'Unknown' or 'Not relevant' options do not apply, please select 'User missing' from the cogwheel menu (to the right of the question).
3. If treatments started within the first 24 hours in the ICU and continued beyond the first 24 hours in the ICU, please enter the treatment duration in both options (how many hours of treatment were given within the first 24 hours and how many hours of treatment were given after the first 24 hours).
4. Please note that you only need to enter the total amount of fluid given if it was at least 1.5 liters. If not, there is no need to enter it.



## First look

- 24% of patients received no ICU treatment in the first 24 hours of ICU stay and 56% after the first 24 hours.
- Within the first 24 hours of ICU stay, mechanical ventilation (32%) was the most common, followed by fluid resuscitation >1.5 liters (26%), no treatment (24%), and anticoagulant treatment (20%).
- After the first 24 hours in the ICU, the most common treatment is no treatment (56%), followed by mechanical ventilation (20%).
- 6% of patients eventually died in the ICU, 0.3% died in a hospital ward after being discharged from the ICU, and 0.6% died within 30 days of being discharged from hospital.
- We have updated the manual "Castor Manual of Operations - PATIENTS". A table with treatment definitions has been added. You can find the manual here: <https://toxicstudy.org/documents>

## To log or not to log

Please keep track of patients included/excluded in the local screening protocol and the total number of patients included/excluded per month in the aggregated screening protocol. Please send us your aggregated screening protocol so that we can check for selection bias that could affect the study results: <http://toxicstudy.org/documents>



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***Keep up the good work!***