



SUP-ICU trial

Intensivsymposium Hindsgavl, 2018



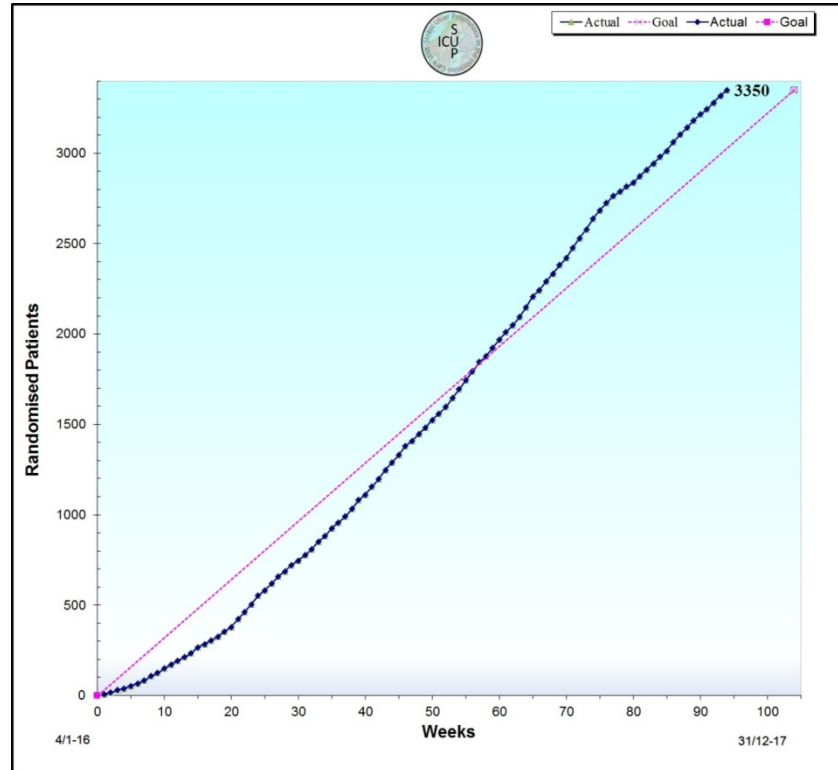
An International placebo-controlled RCT

- Population
 - **Acutely admitted ICU patients with high risk of stress-related GI bleeding**
- Intervention
 - **IV PPI (Pantoprazole)**
- Comparator
 - **IV Placebo (Saline)**
- Outcome
 - **90-day mortality**

Inclusion completed on:
22 October, 2017

90-day follow-up completed on:
20 January, 2018

Status

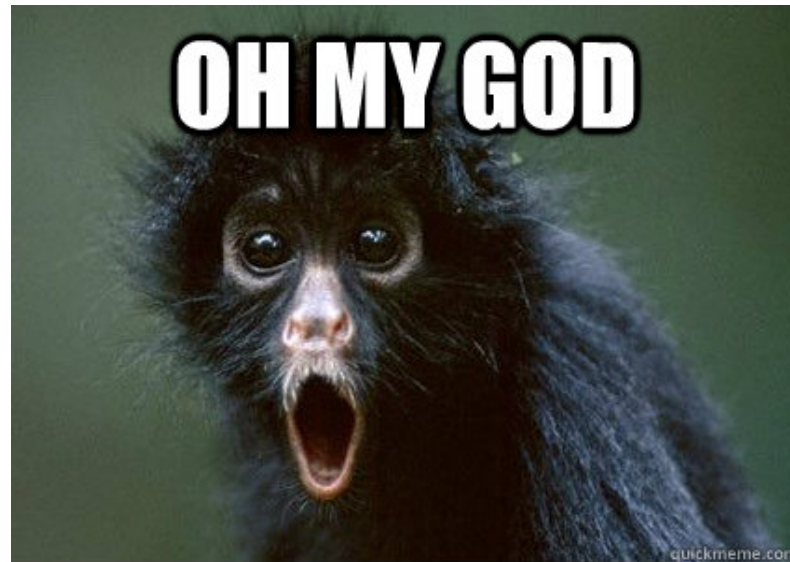


22 months/94 weeks/657 days

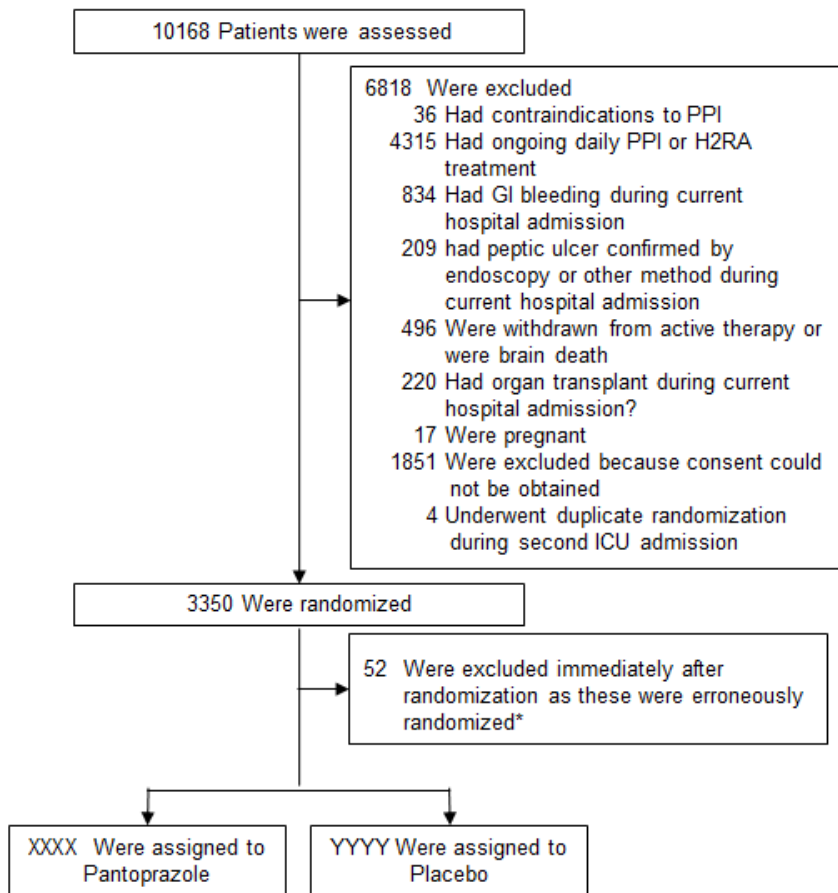


- Database "cleaning" and merging (February 2018)
- Statistics and manuscript writing (March 2018)
- Submission to journal (April 2018)

Preliminary Results



CONSORT



Characteristic	SUP-ICU (n=3291)
Age – years	67 (55-75)
Male gender – no. (%)	2106 (64)
Hours from ICU admission to randomization	15 (5-27)
Days from hospital admission to randomization	1 (1-3)
Emergency surgery during index hospitalization	1048 (32)
Elective surgery during index hospitalization	304 (9)

Characteristic	SUP-ICU (n=3291)
	<i>Comorbidities – no. (%)</i>
Chronic lung disease	657 (20)
Prev. myocardial infarction	298 (9)
Chronic heart failure (NYHA III-IV)	199 (5)
Use of corticosteroids	62 (2)
Hematological malignancy	119 (4)
Metastatic cancer	111 (3)
AIDS	7 (0.2)

Characteristic	SUP-ICU (n=3291)
<i>Risk factors for GI bleeding – no. (%)</i>	
Chronic liver disease	94 (3)
Chronic RRT	45 (1)
Coagulopathy	646 (20)
Use of anti-coagulants	999 (30)
Use of NSAID or ASA	533 (16)
Use of intravenous thrombolysis	47 (1)
Invasive mechanical ventilation	2588 (79)
Vasopressors or inotropes	2195 (67)
Acute RRT	-
SAPS II	-
SOFA Score	-

- 90-day mortality (n=1675) 31%
- Overt GI bleeding 7 %
- Clin. Sign GI bleeding 3 %
- Nosocomial infection 18 %
- Pneumonia (new onset) 16 %
- Clostridium Difficile 2 %
- AMI 4 %

Acknowledgements

A warm thank you to...



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SSAI



DASAIM

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**Grosserer Jakob
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Lægeforeningen



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Thank you!

www.sup-icu.com