Supplementary Information for:

**Validation of Inflammopathic, Adaptive, and Coagulopathic sepsis endotypes in COVID-19**

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**Supplemental Table 1.** Multiple regression of mortality on clinical and endotypes factors. F-stat p-value = 8x10^-5 . R squared = 0.21.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Estimate | Std Error | t statistic | P value |
| (Intercept) | -0.059 | 0.182 | -0.325 | 0.746 |
| Probability Inflammopathic or Coagulopathic | 0.288 | 0.097 | 2.963 | 0.004 |
| SOFA score | -0.00004 | 0.015 | -0.003 | 0.998 |
| Age (years) | 0.006 | 0.003 | 2.158 | 0.034 |

**Supplemental Figure 1.** The relationship of timing from symptom onset at enrollment with (A) respiratory failure and (B) endotype. Because hospital transfers were included, and were sicker at enrollment, there is an association of longer time from symptom onset with respiratory failure. No significant differences are seen across endotypes.

B

A



Days from symptom onset

to study enrollment

Severe respiratory failure

Inflammopathic

Adaptive

Coagulopathic

**Supplemental Figure 2.** Probabilities of endotype assignment as produced by the multivariable classifier. Note that for each sample, the sum of p(Inflammopathic) + p(Adaptive) + p(Coagulopathic) = 1. Few subjects have a ‘mid-range’ Adaptive score, and in particular no deaths had a high Adaptive probability. As shown in the upper-right box, there is a wide spectrum of Inflammopathic-Coagulopathic probabilities, indicating some difficulty in distinguishing between these two with the current classifier. Endotype was assigned to highest probability class for each sample.



p(Adaptive)

p(Coagulopathic)

p(Inflammopathic)