



Letter of intent: VIP2 study

To whom it may concern

The very old intensive care patient study #2 (VIP2) is now launched throughout Europe. It is the follower of the VIP1 study where the main aim was to study connection between frailty and short term outcome in the very old ICU patients (≥ 80 years) (1).

The VIP2 study will continue including from the same patient group, and this time reinforce the clinical assessment of other ways to describe the elderly patient: co-morbidity, cognition and activity of daily life in addition to frailty assessment. Our goal is to create a score based mainly on items present at Hospital/ ICU admission, and not derived at or during the ICU stay. This way, such a score could hopefully assist in the difficult decision about to treat or not to treat an elderly patient in the ICU.

The VIP1 study was a huge success with more than 300 ICUs recruiting more than 5000 patients in 21 European countries. Using the same network, we now aim for 200 + ICUs and 3000+ patients. This time only emergency admissions to the ICU will be selected and the study will also in two pre-defined sub-group study long-term survival (6 months) and inter-rater variability of the Clinical Frailty Scale (CFS).

Since ethical requirement for a pure observational study vary from country to country within Europe, the VIP-2 study must seek ethical approval local, regional or national within a single country according to local requirements.

In Norway, the study was approved in March 2018 allowing for inclusion without consent (observational study) but with the possibility for survivors after information in retrospect, to withdraw their data from the study.

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Hans Flaatten, MD, PhD.

Professor in Intensive Care Medicine, University of Bergen, Norway

(hans.flaatten@uin.no)

Principal investigator VIP-2 study endorsed by European Society of Intensive Care Medicine (ESICM), and anchored in the section of health research and outcome (HSRO section).

1. Flaatten, H., de Lange, D. W., Morandi, A., Andersen, F. H., Artigas, A., Bertolini, G., et al. (2017). The impact of frailty on ICU and 30-day mortality and the level of care in very elderly patients (≥ 80 years). *Intensive Care Medicine*, 43(12), 1820–1828. <http://doi.org/10.1007/s00134-017-4940-8>

