

| Day 1                       | Day 3                       | No. | Sex/age<br>(yr) | Underlying disease   | Reason for ICU admission   | ICU course between<br>day 1 and day 3  |
|-----------------------------|-----------------------------|-----|-----------------|--|--|--|
| Non-beneficial<br>admission | Beneficial<br>admission     | 1   | M/58            | Amyopathic dermatomyositis-<br>related organizing pneumonia<br>Bronchiectasis  | Acute respiratory failure d/t<br>pneumonia with RV failure<br>Septic shock d/t perianal<br>abscess             | Venous-arterial ECMO d/t<br>deteriorated RV failure<br>→ considering lung<br>transplantation   |
|                             |                             | 2   | M/73            | AML with persistent disease state after study chemotherapy   |  | Clinically improving state with reduced dose of vasopressor  |
| Beneficial<br>admission     | Non-beneficial<br>admission | 1   | M/75            | Esophageal cancer<br>(surgery refused)<br>s/p induction chemotherapy<br>s/p definite concurrent chemo-<br>radiation therapy 3 months ago<br>→ stable disease with ECOG PS 3<br>pneumonia twice within the<br>recent 2 months | Acute respiratory failure d/t asphyxia with GI bleeding  | Increased oxygen requirement<br>with severe muscle weakness  |
|                             |                             | 2   | M/57            | Neuroendocrine tumor with<br>tracheal invasion, cardiac, liver<br>metastasis with SVC syndrome   | For procedure (tracheal<br>stent insertion with ECMO<br>therapy)   | Successful procedure and<br>weaning off ECMO but with<br>progressive tumor lysis<br>syndrome and multi-organ<br>failure                        |
|                             |                             | 3   | M/73            | AML, MO<br>s/p 2nd chemotherapy 5 days ago<br>ECOG PS 0<br>COPD<br>Hypertension<br>Gout  | Acute respiratory failure with<br>septic shock d/t aspiration<br>pneumonia with colitis<br>during chemotherapy | Progressive septic shock<br>Severe hypoxemia<br>Severe intra-abdominal<br>hypertension<br>Multi-organ failure                                  |
|                             |                             | 4   | M/80            | COPD<br>Atrial fibrillation<br>Hypertension<br>History of pulmonary tuberculosis<br>History of CABG at 10 years ago  | Acute respiratory failure d/<br>t pneumonia with COPD<br>aggravation   | Deteriorated lung compliance<br>Suspected obstructive<br>pneumonitis d/t lung cancer<br>(higher possibility of the<br>presence of lung cancer) |

| Construction Table  |                              | La company of the constitution of | the shows a set to see a discount to see |                         |
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| Nunniementary Lanie | 1. Demographics and clinical | I colleses of the natients $W$    | ith changes in hercention                | netween day I and day 3 |
| Supplementary ravie |                              |                                   |  |                         |
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ICU: intensive care unit; RV: right ventricle; ECMO: extracorporeal membrane oxygenation; AML: acute myeloid leukemia; ECOG PS: Eastern Cooperative Oncology Group performance status; GI: gastrointestinal; SVC: superior vena cava; COPD: chronic obstructive disease; CABG: coronary artery bypass graft.