

Figure S1. The optimal cut-point of MLR Determined by Maximally Selected Rank Statistics.

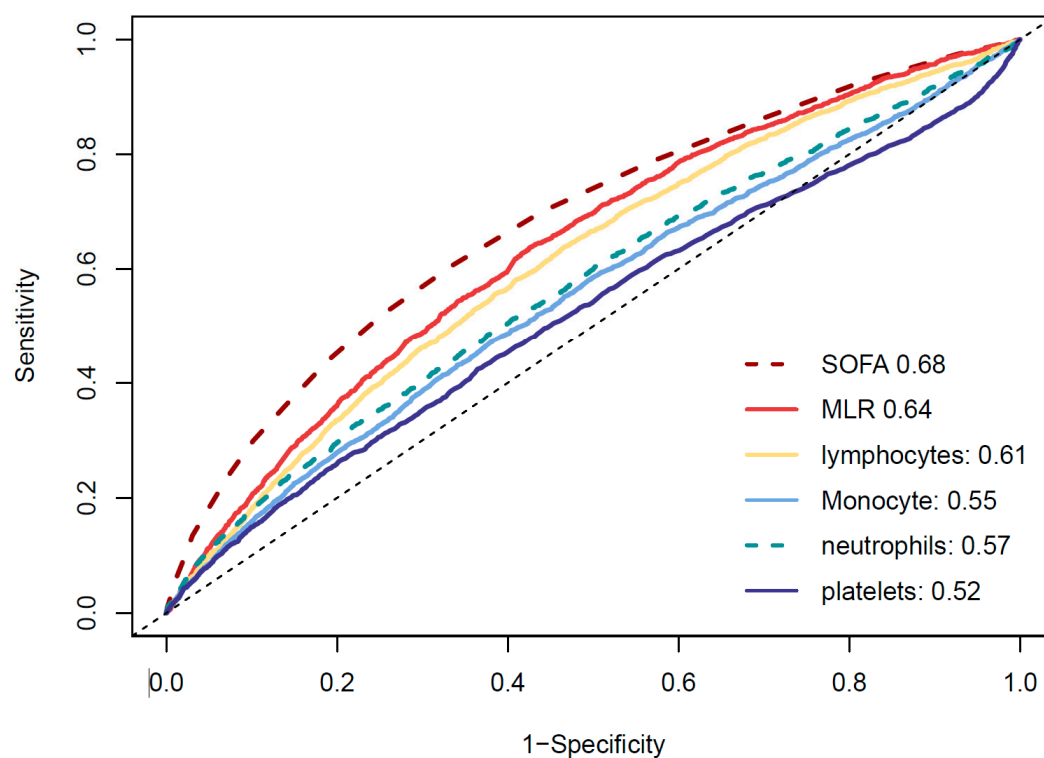


Figure S2. ROC curves of MLR correlate for predicting 30-day mortality, MLR, monocyte to lymphocyte ratio; SOFA, sequential organ failure assessment.

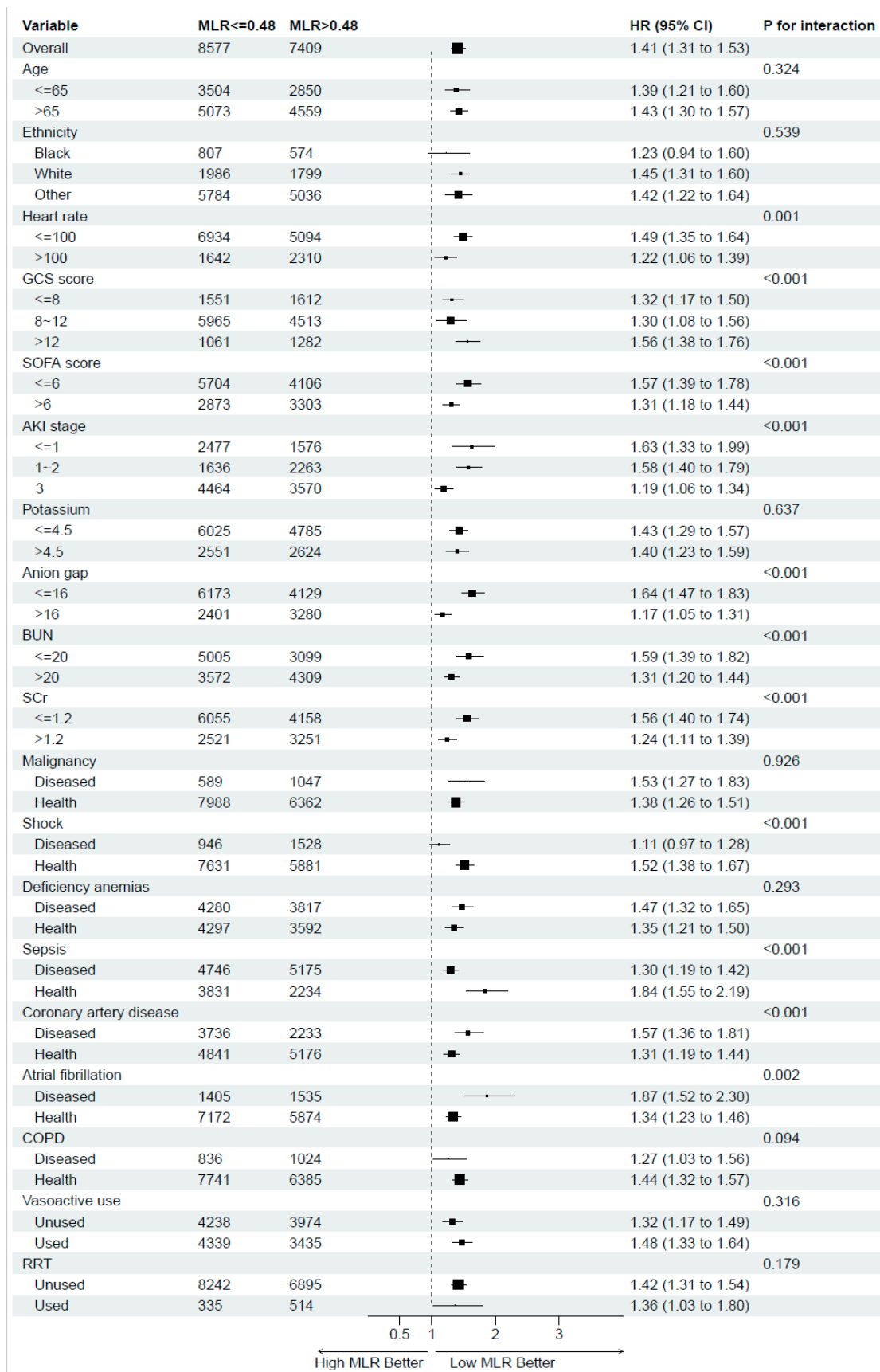


Figure S3. Subgroup analysis of the associations between 30-day all-cause mortality and the lymphocyte-to-lymphocyte ratio

Abbreviations: AKI Acute kidney injury, SCr serum creatinine, BUN Blood urea nitrogen, SOFA, GCS Glasgow Coma Scale, PO2 Partial pressure of oxygen, RDW red cell distribution width, MCV mean corpuscular volume, INR international normalized ratio, RRT renal replacement therapy, COPD chronic obstructive pulmonary disease.

HRs (95% CIs) were derived from Cox proportional hazards regression models. Covariates were adjusted as in model 2.

Table S1. Information of ROC curve in Figure S2.

Variables	AUC	95% CI	Threshold	Sensitivity	Specificity
MLR	0.64	0.63-0.65	0.48	0.627	0.587
Lymphocytes	0.61	0.60-0.62	1.20	0.627	0.548
Monocytes	0.55	0.54-0.57	0.63	0.475	0.617
Neutrophils	0.57	0.56-0.58	10.89	0.485	0.623
Platelets	0.52	0.51-0.54	282	0.261	0.798
SOFA score	0.68	0.67-0.69	7	0.606	0.663

AUC, area under the curve; CI, confidence interval; ROC, receiver operating characteristic.