PLACE IN SITE FILE #4.2.1

Protocol change log for INCEPT

Protocol version		Date of approval in CTIS Part I	Date of approval in CTIS Part II	Participant information	eCRF	
Start version: 1.3 Dated: 13-02-25		Date of approval: 17-02-25	Date of approval: 14-02-25	Start version: 1.3 Dated: 07-02-25	Start version: 1.0 Dated: 12-06-25	
Protocol version	**Short description of protocol change**	**Date of approval in CTIS Part I**	**Date of approval in CTIS Part II**	**Changes in participant information**	**Correction in eCRF**	**What changes have been made in the eCRF**
New version: 1.4 Dated: 20-08-25	• Updated timeline (section 1 and section 13). • Updates to reporting checklists and their use: checklists now refer to sections instead of pages (to facilitate updating), and SPIRIT updated to 2025 version (and additional details have been to multiple sections to comply with the updated version: specific contributions in section 2.4;	Date of approval: 29-08-25	Date of approval: 29-08-25	☐ No ☒ Yes, new version: 1.4 Dated: 25-06-25 This new version only concern changes in wording not leading to any	☐ No ☒ Yes, new version: 2.0 Dated: 18-09-25	The Short CAM and bCAM delirium assessment tools were added, but these changes were implemented in the first live version of eCRF (considered a NSM). The updated version of the eCRF relates to the addition Thromboprophylaxis domain.

	dissemination in section 18.1 [renamed section title], and minor additional details elsewhere) (section 7.1, and appendix 1, section 21.1). • Added the Short CAM and bCAM delirium assessment tools (section 8.9). • Clarification that life support will only be registered in-hospital (section 8.9). • Clarification regarding the procedure for submission of annual safety reports (section 8.10). • Updated process for the approval of co-enrolment with other trials (section 13). • Variables required for core outcomes are now explicitly listed in section 14.6 and appendix 5, section 21.5 in addition to section 8.9. • Added further details on how stopping rules are determined and evaluated with regards to type 1 error rates in domains with >2 arms (section 9.9).			changes in meaning		

	• Updates and clarifications regarding the roles of the platform sponsor and domain sponsors throughout the core protocol, including an expanded summary of the roles and the tasks and responsibilities generally designated to domain sponsors (section 16.1) • Updated **Table S3** to display absolute differences before relative differences, due to the primary estimands being on the absolute scale and changed the number of decimal points for some fields (appendix 4, section 21.4). • Minor corrections, updates, and semantic edits in multiple places not leading to any changes in meaning.					

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New version: 1.5 Dated: 01-04-2026	• Changes in section on oversight by the competent authorities to state that closed reports may be shared with the competent authorities if requested, but this will not be done routinely (due to the lack of support for doing this in a way that upholds confidentiality in CTIS) (section 7.2). • Updates with regards to outcome assessment of patient-reported outcomes at day 180 (HRQoL and cognitive function): these outcomes will not be registered by blinded outcome assessors, but procedures aimed at reducing the risk of bias will be used instead (section 8.7 and 8.9). • Clarifications regarding which safety outcomes are registered according to the risk level of each domain, and which safety outcomes are included in the	Date of approval: 18.06.2026	Date of approval: 18.06.2026	☒ No ☐ Yes, new version: Dated:	☒ No ☐ Yes, new version: Dated:	

	secondary outcome *'one or more domain-specific safety outcomes* according to risk levels (section 8.9 and section 8.10). • Updated the example feasibility criterion regarding data to focus on continued data collection instead of data use and rephrasing of the recruitment proportion criterion (Table 3, section 8.12). • Clarifications with regards to the role of the IDMSC and the 48-hour window before implementing adaptations following adaptive analyses (section 17). • Clarifications regarding feasibility results shared with the IDMSCs; as these data are shared at feasibility meetings, they will generally not be included the annual safety meetings (section 17).					

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	• Minor corrections/updates/semantic edits in not leading to any changes in meaning. • Change from medicine products to ATC-codes in all countries					

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New version: Dated:		Date of approval:	Date of approval:	☐ No ☐ Yes, new version: Dated:	☐ No ☐ Yes, new version: Dated:	