

	Prior to phage therapy		During phage therapy										After cessation of phage therapy										
	Inclusion ¹	D0 ²	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	W1	W2	W3	W4	W6	W8	W10	W12/3 months	6 months	12 months	
Musculoskeletal infection																							
ICF ¹	X																						
Demographics, MH, Conmeds	X																						
ASA score	X																						
Physical exam ³		X	X	X	X	X	X	X	X	X	X	X		X		X	X	X	X	X	upon indication		
Blood analysis		X	X	X		X			X			X		X		X	X	X	X	X	upon indication		
Serum collection ⁴		X	X	X		X			X			X		X		X	X	X	X	X			
Parameter collection ³		X	X	X	X	X	X	X	X	X	X	X		X		X	X	X	X	X	upon indication		
Deep tissue cultures ⁴	X ⁵		X ⁶	upon indication									upon indication										
Draining fluid ⁴			X	X	X	X	X	X	X	X	X	X											
PROMIS global health		X										X								X	X	X	
PROMIS pain interference		X										X								X	X	X	
PROMIS physical function		X										X								X	X	X	
Radiological evaluation		X										X								upon indication			
Chronic rhinosinusitis																							
ICF ¹	X																						
Demographics, MH, Conmeds	X																						
Physical exam including nasal endoscopy ³	X	X	X				X						X			X				X			
Blood analysis	X		X				X						X			X				X			
Serum collection ⁴	X		X				X						X			X				X			
Parameter collection ³		X	X				X						X			X				X			
Nasal swabs ⁴	X ⁵	X					X						X			X				X			
PROMIS global health	X												X			X				X			
PROMIS pain interference	X												X			X				X			
SNOT-22 questionnaire	X												X			X				X			
VAS score	X												X			X				X			
CT scan (Lund-Mackay score)		≤3 months before start of phage therapy	upon indication										upon indication										
Nasal endoscopy (Lund-Kennedy, Modified Davos scoring system)	≤3 months prior to inclusion		X				X						X		X					X			
Allergy testing	X or recent testing <5 years prior to inclusion		upon indication										upon indication										
Smell testing (Sniffin' sticks)	X																			X			
Sepsis																							
ICF ¹	X																						
Demographics, MH, Conmeds	X																						
Physical exam ³		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	upon indication		
Blood analysis	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	upon indication		
Serum collection ⁴	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Parameter collection ³	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	upon indication		
Hemocultures ⁴	X ⁵	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	upon indication		
SOFA score	X	X	X	X	X	X	X	X	X	X	X	X	daily until discharge										

Supplementary table 1. Flowchart of tests and sampling performed in patients receiving phage therapy. D: day; W: week; ICF: Informed Consent Form; MH: medical history; Conmeds: concomitant medications; ASA: American Society of Anesthesiologists; PROMIS: Patient-Reported Outcome Measurement Information System; SNOT: Sino-Nasal Outcome Test; VAS: Visual Analogue Scale, SOFA: Sequential Organ Failure Assessment.

¹ After positive evaluation by the CBL, informed consent is asked from the patient, either at the outpatient clinic or at the hospital ward.

² Day 0 is defined as the day prior to when phage therapy is started or the same day, prior to the first administration.

³ A physical exam and parameter collection will be performed before and after each phage administration for MSI and sepsis patients. For CRS patients, these tests will be performed at inclusion, before and after the first administration (at the outpatient clinic), and at each outpatient visit .

⁴ Depending on the sample type, all pathogens isolated during the duration of the study will be stored at -80°C for further analysis (deep tissue cultures, nasal swabs, sputum samples, hemocultures), and/or, all phages isolated during the duration of the study will be sequenced (serum samples, draining fluid, nasal swabs).

⁵ If no cultures or isolated pathogens are available at the time of inclusion, cultures (deep tissue cultures for MSI patients, nasal swabs for CRS patients and hemocultures for sepsis patients) will be taken at inclusion. The isolated pathogens are sent for susceptibility testing against the available phages. Only if the causative pathogens are susceptible to the available phages, phage therapy can be started.

⁶ Phage therapy for MSI patients is applied via a draining system that is placed during surgery. During this procedure, deep tissue cultures are taken again.