

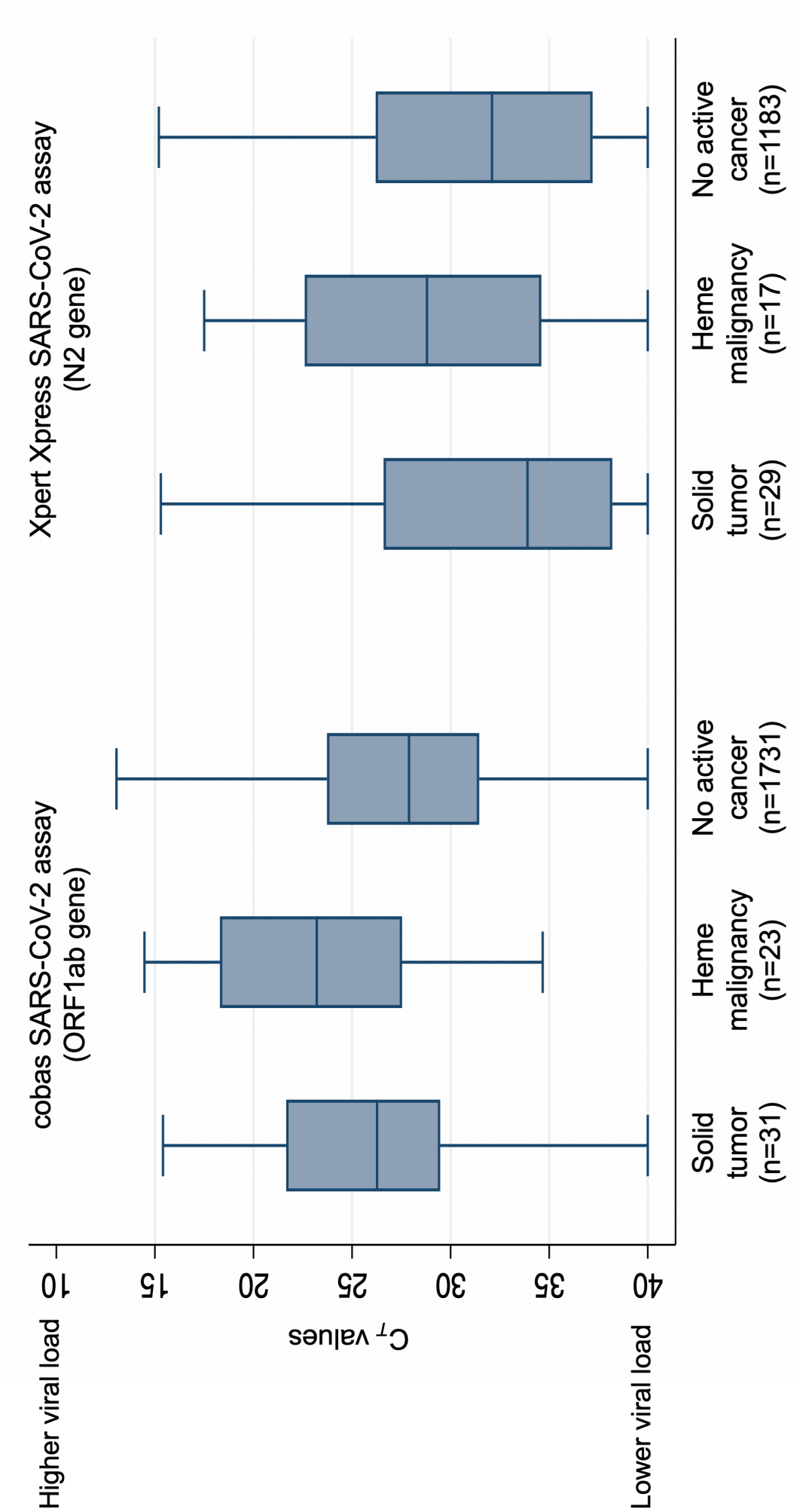
**Supplemental Information**

**SARS-CoV-2 Viral Load Predicts Mortality**

**in Patients with and without Cancer**

**Who Are Hospitalized with COVID-19**

**Lars F. Westblade, Gagandeep Brar, Laura C. Pinheiro, Demetrios Paidoussis, Mangala Rajan, Peter Martin, Parag Goyal, Jorge L. Sepulveda, Lisa Zhang, Gary George, Dakai Liu, Susan Whittier, Markus Plate, Catherine B. Small, Jacob H. Rand, Melissa M. Cushing, Thomas J. Walsh, Joseph Cooke, Monika M. Safford, Massimo Loda, and Michael J. Satlin**



## **SUPPLEMENTAL INFORMATION**

**Supplemental Figure 1. SARS-CoV-2  $C_T$  values using SARS-CoV-2-specific gene targets in patients admitted to the hospital with COVID-19, stratified by malignancy type and assay. Related to Figure 2A.**  $C_T$  values were generated for the ORF1ab gene target for the cobas SARS-CoV-2 assay and the N2 gene target for the Xpert Xpress SARS-CoV-2 assay. Median values are represented by horizontal lines and boxes represent 25<sup>th</sup>-75<sup>th</sup> percentiles.

**Supplemental Table 1. Multivariate Model of Factors Associated with High SARS-CoV-2 Viral Load on Admission with Inclusion of Duration of Symptoms as a Co-Variate.**

**Related to Table 2.**

<b>Variable</b>	<b>Adjusted OR (95% CI)</b>	<b>P value</b>
Cancer status		
No active cancer	Reference	
Solid tumor	0.83 (0.44-1.59)	0.58
Hematologic malignancy	2.37 (1.13-4.99)	<b>0.023</b>
Age, per year increase	1.02 (1.01-1.03)	<b>&lt;0.001</b>
Race/ethnicity		
White (non-Hispanic)	Reference	
Black (non-Hispanic)	0.76 (0.54-1.07)	0.12
Asian (non-Hispanic)	1.20 (0.91-1.58)	0.20
Hispanic	0.79 (0.61-1.02)	0.07
Other or missing	0.90 (0.65-1.26)	0.55
Congestive heart failure	1.63 (1.13-2.35)	<b>0.008</b>
Diabetes mellitus	1.47 (1.21-1.77)	<b>&lt;0.001</b>
Chronic kidney disease	2.51 (1.85-3.40)	<b>&lt;0.001</b>
Inhaled or nasal steroid use as an outpatient	1.69 (1.13-2.52)	<b>0.01</b>
Nursing home/rehabilitation facility resident	1.70 (1.26-2.30)	<b>&lt;0.001</b>
Relationship to apex of COVID-19 in New York City		
Pre-apex (March 15 - 29)	1.65 (1.30-2.09)	<b>&lt;0.001</b>
Apex (March 30 - Apr 8)	Reference	
Post-apex (April 9 - May 14)	0.87 (0.70-1.07)	0.19
Hospital		

NYP/Queens	Reference	
NYP/WCMC	1.27 (1.01-1.60)	<b>0.045</b>
NYP/LMH	1.62 (1.25-2.11)	<b>&lt;0.001</b>
Duration of symptoms, per day increase	1.00 (1.00-1.00)	0.79

High viral load is designated as having a  $C_T$  value  $<25$  using the cobas SARS-CoV-2-specific gene target (ORF1ab) and a  $C_T$  value  $<27$  using the Xpert Xpress SARS-CoV-2 assay-specific gene target (N2). The different definitions were derived from published data that indicate  $C_T$  values for the Xpert Xpress assay (N2 gene) are approximately 2 cycles greater than  $C_T$  values for the cobas assay (ORF1ab gene; Smithgall et al., 2020). Bolded  $P$  values indicate those that meet statistical significance.

Abbreviations: CI, confidence interval; LMH, Lower Manhattan Hospital; NYP, NewYork-Presbyterian; OR, odds ratio; WCMC, Weill Cornell Medical Center

**Supplemental Table 2. Factors Associated with High SARS-CoV-2 Viral Load on Admission, Using the Same Cutoff ( $C_T < 25$ ) for Both the cobas SARS-CoV-2 and Xpert Xpress SARS-CoV-2 Assays. Related to Table 2.**

<b>Variable</b>	<b>Univariate model</b>	<b><i>P</i> value</b>	<b>Multivariate model</b>	<b><i>P</i> value</b>
	<b>Unadjusted OR</b>		<b>Adjusted OR</b>	
	<b>(95% CI)</b>		<b>(95% CI)</b>	
Cancer status				
No active cancer	Reference		Reference	
Solid tumor	1.33 (0.77-2.28)	0.31	1.11 (0.62-1.99)	0.72
Hematologic malignancy	2.65 (1.42-4.95)	<b>0.002</b>	2.90 (1.48-5.69)	<b>0.002</b>
Demographics				
Age, per year increase	1.03 (1.02-1.03)	<b>&lt;0.001</b>	1.02 (1.02-1.03)	<b>&lt;0.001</b>
Female	0.95 (0.81-1.12)	0.56		
Race/ethnicity				
White (non-Hispanic)	Reference		Reference	
Black (non-Hispanic)	0.70 (0.52-0.95)	<b>0.020</b>	0.76 (0.55-1.05)	0.10
Asian (non-Hispanic)	1.05 (0.83-1.32)	0.69	1.21 (0.94-1.57)	0.15
Hispanic	0.52 (0.42-0.64)	<b>&lt;0.001</b>	0.73 (0.57-0.94)	<b>0.013</b>

Other or missing	0.68 (0.51-0.91)	<b>0.010</b>	0.96 (0.70-1.31)	0.80
Comorbidities				
Obesity (BMI >30: n=2832) <sup>a</sup>	0.75 (0.63-0.90)	<b>0.002</b>		
Coronary artery disease <sup>a</sup>	1.70 (1.38-2.10)	<b>&lt;0.001</b>		
Congestive heart failure	2.34 (1.75-3.15)	<b>&lt;0.001</b>	1.44 (1.04-1.98)	<b>0.028</b>
Diabetes mellitus	1.71 (1.45-2.02)	<b>&lt;0.001</b>	1.78 (1.39-2.29)	<b>&lt;0.001</b>
Hypertension	1.60 (1.36-1.88)	<b>&lt;0.001</b>	0.78 (0.61-1.01)	0.06
Chronic pulmonary disease <sup>a</sup>	1.60 (1.30-1.97)	<b>&lt;0.001</b>		
Chronic kidney disease	2.36 (1.83-3.03)	<b>&lt;0.001</b>	1.98 (1.50-2.61)	<b>&lt;0.001</b>
Cirrhosis	0.86 (0.37-2.04)	0.74		
HIV infection	1.04 (0.46-2.37)	0.93		
Solid organ transplant <sup>a</sup>	1.90 (1.08-3.36)	<b>0.026</b>		
Inflammatory bowel disease	2.60 (0.65-10.44)	0.18		
Rheumatic disease	1.02 (0.65-1.60)	0.94		
Home medications				
Inhaled or nasal steroid	2.06 (1.46-2.90)	<b>&lt;0.001</b>	1.77 (1.23-2.56)	<b>0.002</b>
Oral steroid	2.04 (1.37-3.03)	<b>&lt;0.001</b>	1.73 (1.13-2.66)	<b>0.012</b>
Calcineurin inhibitor <sup>a</sup>	2.00 (1.09-3.64)	<b>0.024</b>		

Mycophenolate <sup>a</sup>	2.13 (1.19-3.80)	<b>0.011</b>		
Social characteristics				
Active smoker	1.00 (0.63-1.60)	1.00		
Former smoker <sup>a</sup>	1.36 (1.11-1.66)	<b>0.003</b>		
Recent international travel	0.87 (0.34-2.19)	0.76		
Known exposure to COVID-positive patient	1.01 (0.80-1.27)	0.95		
Healthcare worker	0.94 (0.56-1.58)	0.82		
Undomiciled	1.39 (0.76-2.57)	0.29		
Nursing home/rehabilitation facility resident	1.90 (1.52-2.36)	<b>&lt;0.001</b>	1.52 (1.18-1.96)	<b>0.001</b>
Duration of symptoms prior to admission	1.00 (1.00-1.00)	0.49		
ED Presentation				
Relationship to apex of COVID-19 in New York City				
Pre-apex (March 15 - 29)	1.45 (1.19-1.77)	<b>&lt;0.001</b>	1.65 (1.28-2.12)	<b>&lt;0.001</b>
Apex (March 30 - Apr 8)	Reference		Reference	
Post-apex (April 9 - May 14)	0.78 (0.64-0.94)	<b>0.01</b>	0.78 (0.62-0.99)	<b>0.043</b>
Hospital				
NYP/Queens	Reference		Reference	
NYP/WCMC	1.16 (0.96-1.40)	0.13	1.22 (0.94-1.59)	0.13



NYP/LMH	1.98 (1.58-2.49)	<b>&lt;0.001</b>	1.55 (1.17-2.04)	<b>0.002</b>
cobas SARS-CoV-2 test (vs. Xpert Xpress test)	1.94 (1.63-2.30)	<b>&lt;0.001</b>	1.62 (1.24-2.12)	<b>&lt;0.001</b>

High viral load is designated as having a  $C_T$  value  $<25$  using the SARS-CoV-2-specific gene target (cobas SARS-CoV-2 assay,

ORF1ab gene; Xpert Xpress SARS-CoV-2 assay, N2 gene). Bolded  $P$  values indicate those that meet statistical significance.

Abbreviations: BMI, body mass index; CI, confidence interval; ED, emergency department; HIV, human immunodeficiency virus;

LMH, Lower Manhattan Hospital; NYP, NewYork-Presbyterian; OR, odds ratio; WCMC, Weill Cornell Medical Center

<sup>a</sup>Removed from final multivariate model because  $P$  value  $>0.1$  in multivariate analysis.

**Supplemental Table 3. In-Hospital Mortality and SARS-CoV-2 Admission Viral Load, Stratified by RT-PCR Assay, Using the cobas SARS-CoV-2 Assay C<sub>T</sub> Value Cutoffs for Both Assays. Related to Table 3.**

	<b>cobas SARS-CoV-2 assay</b>	<b>Xpert Xpress SARS-CoV-2 assay</b>	<b>Combined data from both assays</b>
All patients			
High viral load (n=838)	37.5% <sup>a</sup>	44.2% <sup>a</sup>	39.5% <sup>a</sup>
Medium viral load (n=836)	23.5%	29.9%	25.6%
Low viral load (n=1340)	12.4%	18.6%	15.7%
Patients with cancer			
High viral load (n=40)	44.4%	46.2%	45.0% <sup>b</sup>
Medium viral load (n=24)	35.3%	14.3%	29.2%
Low viral load (n=36)	20.0%	11.5%	13.9%

Variables are expressed as % in-hospital mortality.

High viral load, C<sub>T</sub> value <25; medium viral load, C<sub>T</sub> value 25-30; low viral load, C<sub>T</sub> value >30 using SARS-CoV-2-specific target (cobas SARS-CoV-2 assay, ORF1ab gene; Xpert Xpress SARS-CoV-2 assay, N2 gene).

<sup>a</sup>P value comparing mortality by viral load using a trend analysis was <0.001.

<sup>b</sup>P value comparing mortality by viral load using a trend analysis was 0.003.

### **Clinical Data Abstraction Team**

Zara Adamou BA, Haneen Aljayyousi BA, Mark N. Alshak BA, Bryan K. Ang BA, Elena Beideck BS, Orrin S. Belden BS, Sharmi Biswas MD, Anthony F. Blackburn BS, Joshua W. Bliss PharmD, Kimberly A. Bogardus BA, Chelsea D. Boydstun BA, Clare A. Burchenal MPH, Daniel A. Cabrera PhD, Eric T. Caliendo BS, John K. Chae BA, David L. Chang BS, Frank R. Chen BS, Kenny Chen BA, Andrew Cho PhD, Alice Chung BA, Alisha N. Dua MRes, Andrew Eidelberg BS, Rahmi S. Elahjji BA, Mahmoud Eljaby MMSc, Emily R. Eruysal BS, Kimberly N. Forlenza MSc, Rana Khan Fowlkes BA, Rachel L. Friedlander BA, Gary George BS, Shannon Glynn BS, Leora Haber BA, Janice Havasy BS, Alex Huang BA, Hao Huang BS, Jennifer H. Huang BS, Sonia Iosim BS, Mitali Kini BS, Rohini V. Koppam BS, Jerry Y. Lee BA, Mark Lee BS BA, Aretina K. Leung BA, Han A. Li BA, Bethina Liu AB, Charalambia Louka BS, Brienne Lubor BS, Dianne Lumaquin BS, Matthew L. Magruder BA, Ruth Moges MSc, Prithvi M. Mohan BS, Max F. Morin BS, Sophie Mou BA, J. J. Nario BS, Yuna Oh BS, Noah Rossen BA, Emma M. Schatoff PhD, Pooja D. Shah BA, Sachin P. Shah BA, Daniel Skaf BS, Shoran Tamura BS, Ahmed Toure BA, Camila M. Villasante BA, Gal Wald BA, Graham T. Wehmeyer BS, Samuel Williams BA, Ashley Wu BS, Andrew L. Yin BA, Lisa Zhang BA, Yili Zhao BS BA