

Supplementary Fig. S1 Kaplan-Meier survival curves of cancer patients with COVID-19 stratified by cancer types.

Supplementary Table S1 Clinical indicators and complications definitions

Karnofsky	Performance	A medically derived metric from 0 to 100 that reflects a
Score		person's ability to perform certain ordinary tasks in order
		to determine a patient's suitability for therapy or to
		evaluate a patient's progress after a therapeutic
		procedure with 100 being completely intact, 70 being
		unable to carry on these normal activities, 50 indicating a
		need for considerable assistance, 40 being totally
		disabled, and hospitalization recommended for scores of

	30 or less.		
ECOG performance status	The ECOG Scale of Performance Status is used to		
score	measure how the disease impacts a patient's daily living		
	abilities (known to physicians and researchers as a		
	patient's performance status). 0—Fully active, able to		
	carry on all pre-disease performance without restriction.		
	1—Restricted in physically strenuous activity but		
	ambulatory and able to carry out work of a light or		
	sedentary nature, e.g., light house work, office work.		
	2—Ambulatory and capable of all selfcare but unable to		
	carry out any work activities; up and about more than		
	50% of waking hours. 3—Capable of only limited		
	selfcare; confined to bed or chair more than 50% of		
	waking hours. 4—Completely disabled; cannot carry on		
	any selfcare; totally confined to bed or chair. 5—Dead		
Nutrition Risk Screening	Nutrition Risk Screening 2002 (NRS2002) a tool for		
2002	assessing the nutritional risk of inpatients recommended		
2002	by the European Society Parenteral & Enteral Nutrition		
	(ESPEN). Total score ≥3: patients are at nutritional risk		
	and need to develop a nutrition support plan. Total score		
	< 3: review weekly nutrition risk screening.		
Stage IV	Patients with metastatic cancer.		
Adjuvant therapy	chemo/radiotherapy plus targeted/ immunotherapy.		
Severe pneumonia	Adults meet any of the following criteria:		
	1. Shortness of breath, RR≥30 times/min;		
	2. At rest, oxygen saturation ≤93%;		
	Arterial partial oxygen pressure (Pa02)/oxygen		
	absorption concentration (Fi02) ≤300mmHg (1mmHg=		
	0.133kpa).		
	Correction of Pa02/Fi02 at high altitudes (over 1000 m)		
	should be made according to the following formula:		
	Pa02/FiO2 x [atmospheric pressure (mmHg) /760].		
	Pulmonary imaging showed significant progression of >		
	Fullionary imaging showed significant progression of >		

	lesions within 24-48 hours.			
	Children meet any of the following criteria:			
	1. Shortness of breath (<2 months old, RR≥60			
	times/min;2-12 months old, RR≥50 times/min;1-5 years			
	old, RR≥40 times/min;>5 years old, RR≥30 times/min),			
	excluding the influence of fever and crying;			
	2. At rest, oxygen saturation ≤92%;			
	3. Assisted breathing (moaning, flapping of nose wing			
	three concave signs), cyanosis, intermittent apnea;			
	4. Drowsiness and convulsions;			
	5. Food resistance or feeding difficulties, with signs of			
	dehydration.			
ARDS	Onset: new or worsening respiratory symptoms within			
	one week of known clinical insult.			
	Chest imaging: bilateral opacities, not fully explained by			
	effusions, lobar or lung collapse, or nodules.			
	Origin of oedema: respiratory failure not fully explain			
	by cardiac failure or fluid overload. Need objective			
	assessment to exclude hydrostatic cause of oedema if			
	no risk factor present.			
	Oxygenation (adults):			
	• Mild ARDS: 200 mmHg < PaO2/FiO2 ≤ 300 mmHg			
	(with PEEP or CPAP ≥5 cmH2O, or non-ventilated)			
	• Moderate ARDS: 100 mmHg < PaO2/FiO2 ≤200 mmHg			
	with PEEP ≥5 cmH2O, or non-ventilated)			
	• Severe ARDS: PaO2/FiO2 ≤ 100 mmHg with PEEP ≥5			
	cmH2O, or non-ventilated)			
	• When PaO2 is not available, SpO2/FiO2 ≤315			
	suggests ARDS (including in non-ventilated patients)			
Acute heart failure	Using age-related amino-terminal pro-brain natriuretic			
	peptide cut-points of 450, 900, and 1800 pg/mL for ages			
	<50, 50-75, and >75, which yielded 90% sensitivity and			
	84% specificity for acute heart failure.			
	5 175 Specificity for additional fidulation			

Cardiac injury	Serum levels of cardiac biomarkers (e.g. cardiac			
	troponin I) were >the 99th percentile upper reference			
	limit, or new abnormalities were shown in			
	electrocardiography and echocardiography.			
Acute liver injury	Jaundice with a total bilirubin level of ≥ 3 mg/dl and an			
	acute increase in alanine aminotransferase of at least			
	five times the upper limit of the normal range and/or an			
	increase in alkaline phosphatase of at least twice the			
	upper limit of the normal range.			
Acute kidney	Identified on the basis of the highest serum creatinine			
injury	level			
	according to the kidney disease improving global			
	outcomes classification.			
Sepsis	Adults: life-threatening organ dysfunction caused by a			
	dysregulated host response to suspected or proven			
	infection, with organ dysfunction.			
	Signs of organ dysfunction include: altered mental			
	status, difficult or fast breathing, low oxygen saturation,			
	reduced urine output, fast heart rate, weak pulse, cold			
	extremities or low blood pressure, skin mottling, or			
	laboratory evidence of coagulopathy, thrombocytopenia,			
	acidosis, high lactate or hyperbilirubinemia.			

Supplementary Table S2 Laboratory and radiographic findings in cancer patients with COVID-19

Variables	Normal	All patients	Recovered	Deceased	P value
	range	(n=109)	(n=86)	(n=23)	
Hematologic					
Leukocyte count, ×10 ⁹ /L	3.5-9.5	5.52 [4.31, 7.23]	5.53 [4.38, 6.92]	5.46 [3.17, 10.41]	0.85
>9.5×10 ⁹ /L (%)		14 (12.8)	8 (9.3)	6 (26.1)	0.074
Neutrophil count, ×10 ⁹ /L	1.8-6.3	3.86 [2.65, 5.58]	3.75 [2.66, 5.40]	4.16 [2.34, 8.46]	0.459
>6.3×10 ⁹ /L (%)		22 (20.2)	14 (16.3)	8 (25.0)	0.095
Lymphocyte count, ×10 ⁹ /L	1.1-3.2	0.91 [0.56, 1.32]	1.00 [0.66, 1.38]	0.56 [0.28, 0.76]	0.001
<1.1×10 ⁹ /L (%)		67 (61.5)	48 (56.8)	19 (82.6)	0.035
Platelet count, ×10 ⁹ /L	125-350	192.00 [128.00, 251.00]	199.00 [159.00, 255.00]	112.00 [35.00, 175.00]	< 0.001
<125×10 ⁹ /L (%)		27 (24.8)	12 (14.0)	15 (60.8)	< 0.001
Hemoglobin, g/L	115-150	118.00 [99.00, 129.00]	119.00 [104.25, 129.75]	107.00 [65.00, 119.50]	0.004
<120 g/L (%)		49 (45.0)	35 (40.7)	14 (60.9)	0.136
Coagulation function					
D-dimer, ug/ml FEU	< 0.5	1.07 [0.42, 2.53]	0.75 [0.36, 2.22]	2.49 [1.16, 7.69]	0.001
>1 ug/ml FEU (%)		59 (54.1)	40 (46.5)	19 (82.6)	0.002
Fibrinogen, g/L	2.00-4.00	4.72 [3.63, 5.82]	4.79 [3.65, 5.97]	4.48 [2.24, 5.45]	0.126
>4 g/L (%)		76 (68.9)	60 (69.8)	16 (65.0)	0.883

Prothrombin activity, %	75.0-125.0	87.00 [79.50, 95.50]	89.50 [85.00, 96.00]	75.00 [65.00, 83.00]	< 0.001
<75 g/L (%)		22 (18.7)	10 (11.6)	12 (47.6)	0.001
Biochemical liver function					
Aspartate aminotransferase, U/L	≤40	27.00 [19.00, 39.00]	25.00 [18.25, 33.50]	37.00 [26.50, 49.00]	0.009
>40 U/L (%)		26 (23.9)	16 (18.6)	10 (43.5)	0.027
Total bilirubin, umol/L	≤21.1	9.90 [6.70, 13.80]	8.90 [6.32, 13.35]	10.80 [9.85, 20.15]	0.005
>21.1 umol/L (%)		11 (10.1)	5 (5.8)	6 (26.1)	0.013
Direct bilirubin, umol/L	≤8.0	4.40 [2.80, 7.30]	3.85 [2.60, 5.47]	7.30 [4.75, 11.60]	< 0.001
>8 umol/L (%)		19 (17.4)	11 (12.8)	8 (34.8)	0.031
Albumin, g/L	35.0-52.0	35.10 [31.30, 37.90]	36.00 [32.40, 39.80]	31.60 [28.95, 34.25]	< 0.001
<35 g/L (%)		53 (48.6)	35 (40.7)	18 (78.3)	0.003
Pre-albumin, mg/L	200-400	167.00 [99.25, 244.25]	180.00 [126.00, 255.00]	89.50 [79.00, 115.25]	0.001
<200 mg/L (%)		46 (63.9)	35 (58.3)	11 (91.7)	0.062
Total cholesterol, mmol/L	<5.18	3.39 [2.88, 4.15]	3.46 [2.96, 4.29]	2.94 [2.31, 3.42]	0.003
>5.18 mmol/L (%)		8 (7.3)	7 (8.1)	1 (4.6)	0.866
Lactose dehydrogenase, U/L	135-214	278.00 [195.00, 402.50]	243.00 [181.50, 355.75]	400.50 [285.25, 537.50]	0.005
>214 U/L (%)		60 (55.6)	53 (50.0)	17 (77.3)	0.04
Cholinesterase, U/L	5320-12920	5760.00 [4208.75, 6815.00]	5949.00 [4674.25, 6940.75]	4552.00 [3887.25, 5502.50]	0.027
<5320 U/L (%)		29 (40.3)	21 (35.0)	8 (66.7)	0.086

Glucose, mM	3.9-6.1	5.96 [5.35, 7.57]	5.85 [5.29, 7.22]	6.82 [5.88, 8.00]	0.043
>6.1 mM (%)		48 (44.4)	33 (38.8)	15 (65.2)	0.043
Biochemical renal function					
Sodium, mmol/L	136-145	140.20 [137.10, 141.70]	140.45 [137.50, 142.05]	137.70 [135.50, 140.60]	0.033
>145 mmol/L (%)		6 (5.5)	4 (4.7)	2 (8.7)	0.81
Calcium, mmol/L	2.20-2.55	4.08 [3.76, 4.42]	4.05 [3.80, 4.37]	4.23 [3.72, 4.58]	0.53
<2.2 mmol/L (%)		87 (79.8)	64 (74.4)	23 (100.0)	0.015
Biochemical cardiac function					
High-sensitivity cardiac troponin I, pg/ml	≤15.6	4.70 [1.50, 14.55]	3.65 [1.00, 9.90]	24.40 [5.50, 209.10]	0.001
>15.6 pg/ml (%)		21 (23.1)	9 (12.5)	12 (62.8)	< 0.001
N-terminal pro-brain natriuretic peptide, pg/ml	<486	217.00 [83.50, 530.25]	139.00 [66.00, 369.00]	1040.00 [439.00, 1833.50]	< 0.001
>486 pg/ml (%)		25 (27.2)	12 (16.4)	13 (68.4)	< 0.001
Inflammation-related indices					
High sensitive C reaction protein, mg/L	<10	40.40 [5.40, 83.10]	25.50 [4.00, 64.80]	90.30 [55.40, 145.10]	< 0.001
>10 mg/L (%)		74 (69.2)	53 (62.4)	21(95.5)	0.006
Serum ferritin, ug/L	30-400	647.30 [323.40, 1888.65]	547.95 [273.30, 1100.77]	2225.60 [1231.80, 4081.20]	< 0.001
>400 ug/L (%)		38 (64.4)	24 (54.5)	14 (93.3)	0.017
Interleukin-6, pg/ml	<7.0	15.69 [4.08, 37.45]	10.43 [3.47, 22.60]	52.89 [27.77, 67.57]	< 0.001
>7 pg/ml (%)		59 (65.6)	45 (59.2)	14 (100.0)	0.008

Interleukin-2 receptor, U/ml	223-710	666.00 [420.00, 941.00]	614.00 [396.00, 842.00]	1265.50 [789.00, 1604.50]	0.002
≥710 U/L (%)		35 (41.2)	26 (35.6)	9 (75.0)	0.024
Interleukin 8, pg/ml	<62	12.40 [7.20, 20.55]	11.55 [6.95, 18.40]	26.10 [10.20, 59.20]	0.016
>62 U/mL (%)		8 (9.2)	5 (6.8)	3 (23.1)	0.175
Interleukin 10, pg/ml	<9.1	4.90 [4.90, 8.05]	4.90 [4.90, 6.15]	10.30 [8.30, 16.00]	< 0.001
>9.1 pg/ml (%)		14 (16.1)	7 (9.5)	7 (53.8)	< 0.001
Procalcitonin, ng/ml	0.02-0.05	0.08 [0.05, 0.29]	0.06 [0.05, 0.14]	0.39 [0.13, 0.67]	< 0.001
>0.05 ng/ml (%)		66 (68.8)	46 (61.3)	20 (95.2)	0.007
Chest computed tomography scan features					
Bilateral		81 (86.2)	72 (85.7)	9 (90.0)	1

Data are presented as number/total (percentage) or median (interquartile range); p values were calculated by Mann-Whitney U test, χ^2 test, or Fisher's exact test, as appropriate. COVID-2019, coronavirus disease 2019.

Supplementary Table S3 Cause of death in included patients

Cause of death*	No. (%)
Respiratory failure	10 (43.5)
Septic shock	5 (21.7)
Multiple organ failure	3 (13.0)
Acute heart failure	3 (13.0)
Acute myocardial infarction	1 (4.3)
Others	1 (4.3)

^{*}indicated that 20 cancer patients died of COVID-19 and 3 cancer patients died of cancer.

Supplementary Table S4 Death records of three patients who died of cancer

1#	Condition at admission: abdominal pain, multiple punctate hemorrhagic spots on
	the skin, ultrasound showed low density shadow in the left intrahepatic lobe and
	intrahepatic bile duct gas accumulation, positive for COVID-19 nucleic acid.
	Diagnosis on admission: COVID-19, advanced gastric cancer.
	Cause of death: septic shock and DIC caused by advanced gastric cancer
2#	Condition at admission: fatigue, shortness of breath, coughing, CT showing patchy
	consolidation, bone marrow suppression after chemotherapy, cerebral thrombosis.
	Diagnosis on admission: COVID-19, acute myeloid leukemia (M5), Cerebral venous
	thrombosis.
	Cause of death: VTE -PVE
3#	Condition at admission: coughing, nausea and vomiting, CT showing patchy

consolidation, Grade IV myelosuppression, severe granulocytosis, and severe immunosuppression.

Diagnosis on admission: COVID-19, acute lymphoblastic leukemia.

Cause of death: septic shock

Supplementary Table S5 Competing risk model of factors analysis on the risk factors associated with death in cancer patients with COVID-19

	Competing Risk Model-Adjusted	
Patient characteristics and findings	HR (95% CI)	P value
Tumor stage IV	4.18 (1.61-10.80)	0.003
Recent adjuvant therapy	3.21 (1.24-83.00)	0.016
NRS2002 score (≥3)	9.29 (2.63-32.80)	<0.001
High risk type	7.34 (1.10-48.80)	0.039