

Supplementary information

Determinants of the outcomes of patients with cancer infected with SARS-CoV-2: results from the Gustave Roussy cohort

Laurence Albiges¹, Stéphanie Foulon², Arnaud Bayle¹, Bertrand Gachot³, Fanny Pommeret^{1,3}, Christophe Willekens⁴, Annabelle Stoclin³, Mansouria Merad³, Frank Griscelli⁵, Ludovic Lacroix⁵, Florence Netzer⁶, Thomas Hueso⁴, Corinne Balleyguier⁷, Samy Ammari⁷, Emeline Colomba¹, Giulia Baciarello¹, Audrey Perret¹, Antoine Hollebecque^{1,8}, Julien Hadoux⁷, Jean-Marie Michot⁸, Nathalie Chaput ⁴, Veronique Saada⁵, Mathilde Hauchecorne¹, Jean-Baptiste Micol ⁴, Roger Sun ⁹, Dominique Valteau-Couanet¹⁰, Fabrice André ¹, Florian Scotte³, Benjamin Besse¹, Jean-Charles Soria¹¹ and Fabrice Barlesi ^{11,12} ✉

¹Cancer Medicine Department, Gustave Roussy, Paris-Saclay University, Paris, France. ²Biostatistics Department, Gustave Roussy, Paris-Saclay University, Paris, France. ³Interdisciplinary Cancer Course Department, Gustave Roussy, Paris-Saclay University, Paris, France. ⁴Haematology Department, Gustave Roussy, Paris-Saclay University, Paris, France. ⁵Biopathology Department, Gustave Roussy, Paris-Saclay University, Paris, France. ⁶Pharmacy Department, Gustave Roussy, Paris-Saclay University, Paris, France. ⁷Imaging Department, Gustave Roussy, Paris-Saclay University, Paris, France. ⁸Early Drug Development Department, Gustave Roussy, Paris-Saclay University, Paris, France. ⁹Radiation Oncology Department, Gustave Roussy, Paris-Saclay University, Paris, France. ¹⁰Paediatric Oncology Department, Gustave Roussy, Paris-Saclay University, Paris, France. ¹¹Gustave Roussy, Paris-Saclay University, Paris, France. ¹²Aix Marseille University, CNRS, INSERM, CRCM, Marseille, France. ✉e-mail: Fabrice.BARLESI@gustaveroussy.fr Table 4 | **Determinants for clinical worsening and overall survival (Continued)** Table 5 | **Biological determinants for clinical worsening and overall survival (Continued)** Table 1 | **Patient characteristics (Continued)**

Supplemental Table 1 Factors associated with the prescription of Hydroxychloroquine / Azithromycine (HCQ/AZT)

Variable		Not treated by HCQ/AZT	Treated by HCQ/AZT	P-value
Gender	N=121 Male Female	37 (48.7%) 39 (51.3%)	22 (48.9%) 23 (51.1%)	0.9826
Age	N=121 Median (Min; Max)	60.0 (21.0 ; 90.0)	63.0 (36.0 ; 84.0)	0.2486
ECOG PS at COVID 19 diagnosis	N=121 0-1 ≥2	35 (46.1%) 41 (53.9%)	20 (44.4%) 25 (55.6%)	0.8637
Current status	N=120 (1 MD) Remission /Curative intent Active / advanced disease	28 (37.3%) 47 (62.7%)	14 (31.1%) 31 (68.9%)	0.4890
Extend of Covid related radiological findings - 1st chest scan	N = 93 (28 MD) NO/ MINIMAL (< 10%) MODERATE/MILD ([10-25%]) EXTENSIVE ([25-50%]) SEVERE ([50%-75%]) CRITICAL (>=75%)	30 (58.8%) 12 (23.5%) 8 (15.7%) 1 (2.0%)	12 (28.6%) 12 (28.6%) 9 (21.4%) 8 (19.0%) 1 (2.4%)	0.0052 [§]
Was the patient admitted to the intensive care unit?	N = 94 (27 MD) No Yes	70 (92.1%) 6 (7.9%)	37 (82.2%) 8 (17.8%)	0.1005
Cytotoxic chemotherapy in the last 3 months	N= 121 No Yes	48 (63.2%) 28 (36.8%)	27 (60.0%) 18 (40.0%)	0.7295
CRP	N=114 (7 MD) Mean (Sd) Median (Q1 ; Q3)	77.3 (85.6) 47.2 (10.3 ; 112.2)	106.5 (103.0) 82.1 (32.8 ; 149.6)	0.0419
D-Dimers	N=96 (25 MD) Mean (Sd) Median (Q1 ; Q3)	3.8 (5.2) 1.5 (0.7 ; 3.7)	2.6 (2.8) 1.4 (0.8 ; 3.3)	0.8084
Fibrinogene	N=113(8 MD) Mean (Sd) Median (Q1 ; Q3)	5.2 (1.9) 4.7 (4.0 ; 6.1)	5.9 (1.6) 5.6 (4.9 ; 7.2)	0.0150
Lymphocytes	N=112(9 MD) Mean (Sd) Median (Q1 ; Q3)	1.1 (0.8) 0.9 (0.5 ; 1.6)	0.9 (0.5) 0.8 (0.5 ; 1.0)	0.2502
Monocytes	N=112(9 MD) Mean (Sd) Median (Q1 ; Q3)	0.5 (0.4) 0.5 (0.2 ; 0.7)	0.7 (1.0) 0.4 (0.3 ; 0.8)	0.7658

Abbreviations: HCQ/AZT: Hydroxychloroquine / Azithromycine ; ECOG: Eastern Cooperative Oncology Group; CRP:C-reactive protein; MD: Missing Data.

χ^2 tests (or Fisher test⁶) were used for intergroup comparison of qualitative variables and Wilcoxon tests for quantitative variables.

Due to the exploratory nature of the analyses, no formal adjustment for multiplicity was done.

All tests were two-sided, and significance was accepted at the 5% level.