**Supplementary Information**

**Supplementary Figure 1.** Number of patients testing positive for SARS-CoV-2 between 1st March and 14th August 2020.

**Supplementary Tables**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplementary table 1.** SARS-CoV-2 PCR tests and incidence at the Department of Oncology | | | |
| **Registry** | | **n** | **%\*** |
| Department of Clinical Microbiology, Sahlgrenska University Hospital | | |  |
|  | Tested | 1239 |  |
|  | Positive tests | 98 |  |
| Unilabs | | |  |
|  | Tested | 730 |  |
|  | Positive tests | 35 |  |
| Identified by practitioners | | 2 |  |
| Active patients | | 10 774 |  |
| Total tested | | 1969 |  |
| Total Positive | | 135 | 1.3% |
| \*Incidence | | |  |

|  |  |
| --- | --- |
| **Supplementary Table 2.** Cancer types included in category "miscellaneous" | |
| **Cancer type** | **n** |
| Hepatocellular carcinoma | 1 |
| Gallbladder | 1 |
| Melanoma | 4 |
| Mesothelioma | 1 |
| Mycosis fungoides | 1 |
| Non melanoma skin cancer | 3 |
| Pancreas | 2 |
| Renal cell carcinoma | 1 |
| Sarcoma | 2 |
| Testicular | 3 |
| Thymus | 1 |
| Thyroid | 2 |
| Unknown | 1 |
| Urothelial cancer | 3 |
| Total | 26 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Supplementary Table 3.** Documented cause of death | | | | | | | |
|  | | Total deaths | | Death ≤30 days | | Death > 30 days | |
|  | | n | % | n | % | n | % |
|  | Total | 20 | 100% | 13 | 65% | 4 | 20% |
| Cause of death | |  |  |  |  |  |  |
| COVID-19 | | 5 | 25% | 5 | 100% | 0 | - |
| COVID-19‎/Cancer | | 6 | 30% | 6 | 100% | 0 | - |
| Cancer | | 6 | 30% | 2 | 33.3% | 4 | 66.7% |
| No information | | 3 | 15% | - | - | - | - |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supplementary Table 4.** Logistic regression analysis of COVID-19 associated death within 30 days | | | | |
|  |  | Univariable |  | Adjusted for sex and age |
| Variable |  | COVID-19 related death ≤30 days |  | COVID-19 related death ≤30 days |
|  |  | OR1 |  | OR1 |
| Age |  | **1.10 (1.03-1.17)** |  | **1.10 (1.03-1.19)\*** |
| Male vs female |  | **4.9 (1.0-23.8)** |  | 4.8 (0.9-26.0)\*\* |
| Comorbidities >2 vs ≤ 2 |  | 1.88 (0.45-7.85) |  | 0.98 (0.21-4.47) |
| Former or current smoker vs non-smoker |  | 0.85 (0.21-3.44) |  | 0.6 (0.1-2.7) |
| Chemotherapy < 30 days vs no treatment\*\*\* |  | 0.6 (0.1-7.6) |  | 0.98 (0.07-14.08) |
| Treatment < 30 days vs treatment ≥ 30 days\*\*\*\* |  | 0.3 (0.1-1.5) |  | 0.3 (0.1-1.9) |
| Palliative treatment vs curative treatment intent |  | **16.6 (2.0-135.1)** |  | **10.0 (1.1-89.4)** |
| ECOG >2 vs ECOG ≤2 |  | **8.3 (1.2-55.6)** |  | 11.5 (0.8-158.2) |
| Transition to end-of-life care vs no transition to end-of-life care |  | **8.6 (1.6-45.5)** |  | 6.7 (0.9-51.8) |
| The bold values indicate significant results.  1 95% confidence interval | | | | |
| \* Adjusted for sex | | | | |
| \*\* Adjusted for age | | | | |
| \*\*\* Includes no treatment > 2 years. | | | | |
| \*\*\*\* Includes chemotherapy, radiotherapy, hormone therapy, immune therapy and other therapy | | | | |

# Reporting checklist for case-control study

Based on the STROBE case-control guidelines.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Reporting Item | Page Number |
| **Title and abstract** |  |  |  |
| Title | #1a | Indicate the study’s design with a commonly used term in the title or the abstract | 1 |
| Abstract | #1b | Provide in the abstract an informative and balanced summary of what was done and what was found | 1 |
| **Introduction** |  |  |  |
| Background / rationale | #2 | Explain the scientific background and rationale for the investigation being reported | 2 |
| Objectives | #3 | State specific objectives, including any prespecified hypotheses | 3 |
| **Methods** |  |  |  |
| Study design | #4 | Present key elements of study design early in the paper | 3 |
| Setting | #5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | 3 |
| Eligibility criteria | #6a | Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls. For matched studies, give matching criteria and the number of controls per case | 4 |
| Eligibility criteria | #6b | For matched studies, give matching criteria and the number of controls per case | n/a. There were no matched group |
|  | #7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable | 5 |
| Data sources / measurement | #8 | For each variable of interest give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group. Give information separately for cases and controls. | 4 |
| Bias | #9 | Describe any efforts to address potential sources of bias | 11, 14 |
| Study size | #10 | Explain how the study size was arrived at | 3 |
| Quantitative variables | #11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen, and why | 5 |
| Statistical methods | #12a | Describe all statistical methods, including those used to control for confounding | 6 |
| Statistical methods | #12b | Describe any methods used to examine subgroups and interactions | n/a |
| Statistical methods | #12c | Explain how missing data were addressed | n/a |
| Statistical methods | #12d | If applicable, explain how matching of cases and controls was addressed | 3 |
| Statistical methods | #12e | Describe any sensitivity analyses | n/a |
| **Results** |  |  |  |
| Participants | #13a | Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed. Give information separately for cases and controls. | 7 |
| Participants | #13b | Give reasons for non-participation at each stage | 6 |
| Participants | #13c | Consider use of a flow diagram | 4 |
| Descriptive data | #14a | Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders. Give information separately for cases and controls | 7 |
| Descriptive data | #14b | Indicate number of participants with missing data for each variable of interest | 7 |
| Outcome data | #15 | Report numbers in each exposure category, or summary measures of exposure. Give information separately for cases and controls | 7 |
| Main results | #16a | Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included | 8 |
| Main results | #16b | Report category boundaries when continuous variables were categorized | 8 |
| Main results | #16c | If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period | n/a |
| Other analyses | #17 | Report other analyses done—e.g., analyses of subgroups and interactions, and sensitivity analyses | n/a |
| **Discussion** |  |  |  |
| Key results | #18 | Summarise key results with reference to study objectives | 14 |
| Limitations | #19 | Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias. | 14 |
| Interpretation | #20 | Give a cautious overall interpretation considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence. | 14 |
| Generalisability | #21 | Discuss the generalisability (external validity) of the study results | 10 |
| **Other Information** |  |  |  |
| Funding | #22 | Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based | 15 |

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