

# BMJ Open

BMJ Open is committed to open peer review. As part of this commitment we make the peer review history of every article we publish publicly available.

When an article is published we post the peer reviewers' comments and the authors' responses online. We also post the versions of the paper that were used during peer review. These are the versions that the peer review comments apply to.

The versions of the paper that follow are the versions that were submitted during the peer review process. They are not the versions of record or the final published versions. They should not be cited or distributed as the published version of this manuscript.

BMJ Open is an open access journal and the full, final, typeset and author-corrected version of record of the manuscript is available on our site with no access controls, subscription charges or pay-per-view fees (<http://bmjopen.bmj.com>).

If you have any questions on BMJ Open's open peer review process please email [info.bmjopen@bmj.com](mailto:info.bmjopen@bmj.com)

# BMJ Open

## COVID-19 in patients with hepatobiliary and pancreatic diseases: A single-centre cohort study in East London

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2020-045077
Article Type:	Original research
Date Submitted by the Author:	22-Sep-2020
Complete List of Authors:	Dayem Ullah, Abu; Barts Cancer Institute, Centre for Cancer Biomarker and Biotherapeutics; Barts Health NHS Trust Kocher, Hemant ; Barts Cancer Institute, Centre for Tumour Biology; Barts Health NHS Trust Chelala, Claude; Barts Cancer Institute, Centre for Cancer Biomarker and Biotherapeutics Sivapalan, Lavanya; Barts Cancer Institute, Centre for Cancer Biomarker and Biotherapeutics
Keywords:	Hepatobiliary disease < GASTROENTEROLOGY, Pancreatic disease < GASTROENTEROLOGY, COVID-19

SCHOLARONE™  
Manuscripts



I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our [licence](#).

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which [Creative Commons](#) licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

# COVID-19 in patients with hepatobiliary and pancreatic diseases: A single-centre cohort study in East London

Abu Z M Dayem Ullah, UKRI/Rutherford research fellow<sup>1 2</sup>, Hemant M Kocher, professor of liver and pancreas surgery<sup>1 2</sup>, Claude Chelala, professor of bioinformatics<sup>1 3</sup>, Lavanya Sivapalan, PhD student<sup>1</sup>,

## Author affiliations

<sup>1</sup>Barts Cancer Institute, Queen Mary University of London, London, UK

<sup>2</sup>Barts Health NHS Trust, London, UK

<sup>3</sup>Life Sciences Institute, Queen Mary University of London, London, UK

## Correspondence to:

Abu Z M Dayem Ullah

Barts Cancer Institute, Queen Mary University of London, London EC1M 6BQ, UK

Email: [d.ullah@qmul.ac.uk](mailto:d.ullah@qmul.ac.uk)

## ABSTRACT

**Objective** To explore risk factors associated with COVID-19 susceptibility and survival in patients with pre-existing hepato-pancreato-biliary (HPB) conditions.

**Design** Retrospective cohort study.

**Setting** East London Pancreatic Cancer Epidemiology (EL-PaC-Epidem) study at Barts Health NHS Trust, UK. Linked electronic health records were interrogated on a cohort of participants (age  $\geq$  18 years), diagnosed or reported with at least one HPB condition between April 2008 and 6 March 2020. The censored data collection date was 12 June 2020.

**Participants** EL-PaC-Epidem study participants, alive on 12 February 2020, and living in East London within the previous six months (n=15 586). The cohort represents a diverse multi-ethnic population with 51.6% belonging to the non-White background.

**Main outcome measure** COVID-19 incidence and mortality.

**Results** Some 212 (1.4%) participants had confirmed COVID-19 diagnosis, with an increased risk for men (RR 1.59; 95% CI 1.21 to 2.09) and Black ethnicity (2.2; 95% CI 1.5 to 3.18) amongst demographic features. Each additional comorbidity increased the risk of infection by 60%. Substance mis-users were at more risk of infection, so were patients on Vitamin D treatment. The higher risks associated with South Asian ethnicity, patients with pre-existing non-malignant pancreatic or liver conditions, age $>$ 70, and past smokers were due to co-existing comorbidities. Surprisingly, current smokers were associated with a lower risk. Increased mortality risk was observed for Black ethnicity (2.4; 95% CI 1.35 to 3.48), and patients with a pre-existing kidney condition - particularly when accompanied with an acute episode of renal complications (2.74; 95% CI 1.32 to 5.13).

**Conclusions** In this large population-based study of HPB patients, male gender, Black ethnicity, medical co-morbidities, substance mis-use, and a history of Vitamin D treatment independently posed a higher risk of acquiring COVID-19. Particular attention should be paid to patients with a pre-existing kidney disease for further renal insult to prevent fatality.

## STRENGTHS AND LIMITATIONS OF THIS STUDY

- First multi-ethnic population-based study on COVID-19 in the hepato-pancreato-biliary group of diseases as a whole.
- Systematic identification of the effect, or the lack of it, of individual demographic and clinical factors on the infection and mortality of COVID-19 in a large cohort of over 15000 patients, robustly corrected for potential confounders in their evaluation.
- Access to longitudinal data from linked primary and secondary care electronic health records, and use of rule-based phenotyping algorithms allowed for improved completeness and correctness of the explored variables.
- Despite the reasonable measures for identifying all cases with confirmed COVID-19 in the study cohort, some could still be missed in the less likely event of diagnosis outside the study site.
- The effects reported in the study could be influenced by the relatively smaller size of COVID-19 cases within the large cohort.

## INTRODUCTION

COVID-19 is a novel infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), with a wide-ranging disease course. Infection and mortality rates of the COVID-19 pandemic have varied widely among nations and demographics,<sup>1</sup> while risks are still being explored, identified and categorised according to the severity.<sup>2,3</sup> There are several confirmed risk factors of COVID-19 and severe outcomes, including old age,<sup>2,4,5</sup> chronic pulmonary disease,<sup>2,4,6</sup> cardiovascular disease,<sup>2,5,6</sup> hypertension,<sup>5</sup> chronic kidney disease,<sup>2,4,6</sup> diabetes mellitus,<sup>2,5</sup> obesity,<sup>2,6</sup> haematological diseases,<sup>2,4</sup> malignancy,<sup>2,4,6,8</sup> and immuno-compromised state such as HIV infection.<sup>2,4,9</sup> Medical complications following hospitalisation, including acute episodes of cardiovascular, respiratory, neurological, renal, or hepatic failure, have also been linked to severe outcomes.<sup>10</sup> There are also other risk factors reported, such as smoking<sup>11,12</sup> or being from a Black, Asian and minority ethnic (BAME) group,<sup>13-15</sup> the effects of which are either mixed or the reasoning is not clearly understood.<sup>4</sup> Concerns have also been raised regarding the use of various medications with respect to the risk or protective effect to COVID-19.<sup>16-18</sup>

Patients with diseases of the liver, pancreas or biliary tract (hepato-pancreato-biliary; HPB) are considered, in general, to be at risk of developing serious medical conditions. Expression of the ACE2 gene – a receptor for the SARS-CoV-2 virus – along the gastrointestinal tract is well documented, which suggests the digestive system is a potential route for COVID-19,<sup>18</sup> making patients with a diseased HPB system susceptible to this novel infection. The prevalence of COVID-19 among patients with hepatic conditions has been explored,<sup>6,15,19</sup> indicating severe liver disease as a moderate risk factor for COVID-19.<sup>2</sup> In contrast, very limited data is available on the prevalence of COVID-19 among patients with pancreatic or biliary conditions,<sup>20</sup> although pancreatic manifestations of the disease are rare.<sup>21,22</sup> It is important that clinical characteristics of COVID-19 are investigated for the HPB group as a whole, not only because these diseases demonstrate similar clinical-biologic behaviours,<sup>23</sup> but also since they are commonly seen by a single clinical unit with specialist expertise in the management of these diseases.

The United Kingdom (UK) has been the worst affected country in Europe by COVID-19, with a reported death toll of 44819 as of 30 June 2020.<sup>24</sup> At the same time, London had the highest incidence and mortality rates, with 33775 confirmed cases and 8438 deaths.<sup>25,26</sup> Barts Health NHS Trust (BHNT) is the largest National Health Service (NHS) Trust in England and acts as provider of district general hospital facilities for around 2.5 million population of East London as well as a range of tertiary care services.<sup>27</sup> Between March 1 and June 30, the three boroughs in East London – Tower Hamlets, Waltham Forest and Newham – had a combined age-standardised COVID-19 related mortality rate of 195 per 100 000 people. This was significantly higher than the rest of London where the age-standardised COVID-19 related mortality rate was 156 per 100 000 people.<sup>25</sup> East London is also one of the most ethnically diverse local areas in the country where an estimated 57% residents belong to a BAME group.<sup>28</sup> Significant health inequalities exist within the local population including higher rates of cancer, diabetes and obesity,<sup>29</sup> compared to the wider population. These conditions are not only known to be a precursor or consequence to HPB diseases, but also linked to COVID-19 and severe outcomes. In this study, we integrated primary, secondary and tertiary electronic healthcare records (EHRs) of HPB patients in East London. We

1  
2  
3 inspected the demographics, lifestyle, comorbidities and associated medication use of  
4 these patients, and any possible links with SARS-CoV-2 infection. We also evaluated  
5 whether the effect of these prevalent factors as well as clinical observations during  
6 COVID-19 related hospitalisation are associated with mortality. This study will inform  
7 the management of this specific cohort of patients.  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

For peer review only



## METHODS

### Study setting and data sources

All data utilised for this study were collected and processed under the East London Pancreatic Cancer Epidemiology (EL-PaC-Epidem) study at BHNT. In brief, EL-PaC-Epidem is an ongoing study that ascertains patients diagnosed or reported with HPB diseases including cancers, as well as control patients (e.g., small intestine, hernia), within five BHNT hospital sites (The Royal London Hospital, Newham University Hospital, St Bartholomew's Hospital, Whipps Cross University Hospital, Mile End Hospital) between 2008 and 2021. The EL-PaC-Epidem study was approved by the East of England - Essex Research Ethics Committee (19/EE/0163; 17 May 2019) and supported by the NHS Confidentiality Advisory Group for collecting and processing confidential patient information without consent (19/CAG/0219; 17 January 2020). The study is limited to the secondary use of a specified subset of patients' retrospective EHR generated during the course of normal care of these patients. It links EHRs from different data sources (via UK unique individual NHS numbers), including primary care through General Practitioners (GP) ([Discovery East London Programme data service \[DDS\]](#)) and secondary or tertiary care through hospitals (BHNT Consolidated Data Extract [CDE]). Patients, who have previously informed their GPs or NHS to stop sharing their personal and health records for purposes other than their individual care, were automatically excluded. The current EL-PaC-Epidem study cohort consists of 27324 adult patients (aged 18 years or over), diagnosed or reported with at least one of the HPB conditions (supplemental table 1) between April 2008 and 6 March 2020. The censored data collection date for this cohort was 12 June 2020.

### Study design and population

This is a retrospective single-centre cohort study utilising the linked EHR data of patients with a history of HPB diseases. Within this specific patient group, the study focused on the incidence of COVID-19, and examined the association of SARS-CoV-2 infection with major comorbidities, lifestyle factors, and use of medication.

As the first case of COVID-19 in London was reported on 12 February 2020, we used this as the start date for this study and extracted data on a subgroup of the EL-PaC-Epidem study cohort until 12 June 2020 (figure 1). Eligible individuals were a resident in East London and alive on the study start date (EL-HPB). Residency of East London was inferred if a patient had at least one appointment or prescription issued from a GP in East London boroughs or had a scheduled or unscheduled visit to one of the BHNT hospitals within the last six months (after 12 August 2019). Patients with *confirmed* SARS-CoV-2 infection were identified by: i) the presence of International Classification of Diseases 10<sup>th</sup> edition (ICD-10) or Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) codes for confirmed COVID-19 or SARS diagnosis assigned in their hospital encounters during the observation period between February 12 and June 12, 2020 (supplemental table 2) OR ii) positive record of SARS-CoV-2 RNA through BHNT oral and/or nasal swabs test during the same period. For confirmed COVID-19 cases, the earliest date of diagnosis or positive swab test was considered as the *index date*, whereas 12 February 2020 was considered as *index date* for rest of the cohort. Patients, who were assigned an ICD-10 diagnosis code for *suspected* COVID-19 but

1  
2  
3 were neither reassigned to confirmed diagnosis nor positive RNA test, were not  
4 considered as COVID-19 patients.  
5

6  
7 We also examined the onset-to-death distribution within the patient group with a  
8 confirmed COVID-19 diagnosis (EL-HPB-COVID). The death of a patient with a  
9 confirmed COVID-19 diagnosis within the observation period is considered as a  
10 COVID-19 related death. The onset-to-death distribution was analysed in the context  
11 of collated comorbidities, lifestyle and regular medication use, as well as medical  
12 complications during hospital care.  
13

14  
15 <<Figure 1 here>>  
16

17 **Figure 1** Selection of patients for the retrospective cohort study.  
18

## 19 Procedures

20

21  
22 All patient data were obtained from retrospective EHR, harmonised across hospital  
23 and GP coding systems where applicable, and organised into 38 primary variables  
24 across six categories corresponding to the focus of the study (table 1). BHNT CDE  
25 uses 2011 UK census grouping to record ethnicity, ICD-10 or SNOMED diagnosis  
26 codes for clinically relevant diagnoses, and Office of the Population Censuses and  
27 Surveys Classification of Interventions and Procedures version 4 (OPCS-4)  
28 procedural codes for treatments and procedures. Physiological observations (weight,  
29 body-mass index [BMI], blood pressure) and laboratory tests results are available in  
30 locally developed terms. Free text entries such as discharge summaries, past medical  
31 history and a lifestyle questionnaire collected during the pre-operative assessment,  
32 and presenting symptoms from scheduled or unscheduled hospital visits are also  
33 available. All GP records via DDS were available in Read Codes v2 or Clinical  
34 Terminology Version 3 (CTV3) codes, except the prescribed medication records which  
35 were available in SNOMED codes. For each variable, we consulted ICD-10,  
36 SNOMED, Read, CTV3 or OPCS-4 dictionaries as appropriate to construct the  
37 mapping *codelists*. For some variables, codelists also included keywords to search for  
38 within free text as well as local laboratory test and physiological observation terms.  
39  
40  
41  
42

43 Rule-based phenotyping algorithms were developed for each categorical variable to  
44 characterise patients, integrating information from multiple sources where available to  
45 counteract bias. HPB diseases were grouped into four categories (supplemental table  
46 1): *any* malignant disease, and non-malignant diseases of liver, pancreas or biliary  
47 tract. A patient can either be assigned to a malignant disease category or any of the  
48 non-malignant disease categories. Patients with non-malignant diagnoses for multiple  
49 organs were represented in all the respective non-malignant categories. Ethnicity was  
50 grouped into four categories - White, South Asian, Black, and Other. White and Black  
51 ethnic groups were defined based on the 2011 UK census classification; Indian,  
52 Pakistani and Bangladeshi origin from the Asian group represented South Asian, while  
53 the rest (i.e., Mixed, Chinese, other Asian and other ethnic group) were represented  
54 in the Other group. The ethnic category recorded at the GP took precedence over  
55 hospital records.  
56  
57  
58  
59  
60

**Table 1** Variables and outcomes explored in this study.

Category	Variables	Levels/Units
Demographic	Gender Ethnicity  Age (continuous) Age group* Binary age group* HPB diagnosis	Female, Male White, South Asian, Black, Other [, Not available] years 18-40, 41-50, 51-60, 61-70, 71-80, 80+ 18-60, 60+ Cancer, Pancreatic disease, Liver disease, Biliary disease
Comorbidity	Diabetes Hypertension High cholesterol Cardiovascular disease Respiratory disease Kidney disease Number of comorbidities*	No, Yes No, Yes No, Yes No, Yes No, Yes No, Yes None, 1, 2, 3 or more
Lifestyle factors	Smoker Alcohol drinker Substance user Obese	Never, Past, Current [, Not available] Never, Past, Current [, Not available] Never, Past, Current [, Not available] Never, Past, Current [, Not available]
Medication use	Angiotensin-converting enzyme [ACE] inhibitors Angiotensin II receptor blockers inhibitors [ARBs] Aldosterone antagonists [MCRA] Beta-adrenergic blocking agents [ $\beta$ -blockers] Calcium channel blockers [CCBs] Alpha agonist Thiazide Antiplatelet Antiarrhythmic Anticoagulant Glucocorticoid Beta-2 adrenergic receptor agonists [ $\beta_2$ -agonists] Muscarinic antagonist Non-steroidal inflammatory drugs [NSAIDs] Vitamin D Proton pump inhibitors [PPIs] Statin Immunosuppressant	Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user
Complications	Cardiovascular Respiratory Renal Number of recurrent complications* Number of novel complications*	No, Recurrent, Novel No, Recurrent, Novel No, Recurrent, Novel None, 1, 2, 3 None, 1, 2, 3
Outcome	COVID-19 incidence COVID-19 mortality	non-COVID-19, COVID-19 Survivor, Deceased

All variables are categorical, unless otherwise stated. For categorical variables, the first value represents the reference level. Each HPB diagnosis groups are independent binary categorical variables. \* Derived variables.

1  
2  
3 Phenotyping algorithms defining the comorbidities were based on diagnosis codes  
4 (presence) or free text search (presence or absence), with the additional inclusion of  
5 procedural codes (presence), some observation or laboratory test results (presence)  
6 and related medication use (at least three prescriptions). Patients were considered to  
7 have or have had a specific medical condition if they met at least one criterion  
8 indicating the presence of the condition before the *index date*, otherwise they were  
9 considered negative for the condition.  
10

11  
12 Phenotyping algorithms defining the lifestyle factors were based on the longitudinal  
13 entries (current, past or never) derived from diagnosis codes and free text search, with  
14 the additional inclusion of BMI observation for obesity. Obesity was defined as BMI of  
15 30 kg/m<sup>2</sup> or more. Patients assigned *never* status at any point but having a record of  
16 *current* or *past* status before that date were reassigned to *past* status. The most recent  
17 lifestyle record before or on the *index date* was then used to assign *current*, *past* or  
18 *never* status to the patients. Patients with no record of a specific lifestyle factor were  
19 classified as having missing data. Patients were assigned *current*, *past* or *non-user*  
20 status for medication use variables based on the number of GP prescriptions issued  
21 in the last two years for the medicines under specific medication groups. Patients with  
22 no record of prescription for particular medications were assigned *non-user* status.  
23 With at least three prescriptions issued, a patient was assigned *current user* status if  
24 the latest issue was within three months preceding the *index date*, and *past user* status  
25 otherwise. Patients with record of less than three prescriptions were classified as *non-*  
26 *user*. Patients with COVID-19 were considered to have a specific complication during  
27 admitted patient care if at least one of the hospital diagnosis codes from the  
28 complications *codelist* was recorded during the observation period after *index date*,  
29 otherwise they were considered negative for the complication. A patient was  
30 considered to have a *recurrent* complication if they had a history of that particular  
31 comorbidity, otherwise it was considered as a *novel* complication.  
32  
33  
34  
35

36  
37 Selection of study variables, *codelist* construction, and phenotyping algorithm  
38 development were done in consultation with a panel of clinicians and scientists (HMK,  
39 CC, LS). A comprehensive list of *codelists* and phenotyping algorithms for the study  
40 variables are available on the [EL-PaC-Epidem portal](#).  
41

## 42 Statistical analysis

43  
44  
45 We conducted descriptive analyses for the EL-HPB cohort as a whole, by group for  
46 patients with confirmed SARS-CoV-2 infection and the rest (herein referred to as  
47 COVID-19 and non-COVID-19 respectively). Differences in demographic and clinical  
48 characteristics between the groups were assessed with Pearson's Chi-square test,  
49 Fisher's Exact test and Kruskal-Wallis rank sum test, as appropriate. P values less  
50 than 0.05 were considered significant. Similar descriptive analyses were performed  
51 for the EL-HPB-COVID cohort, and by survivor and deceased groups.  
52  
53

54 To explore the risk factors associated with COVID-19 susceptibility and subsequent  
55 survival, the effect size for each variable under investigation was evaluated with risk  
56 ratios (RRs) with 95% confidence intervals (CI), using regression models with a  
57 binomial distribution and log link function. Crude RRs were obtained from univariable  
58 regression models, and then simultaneously adjusted for a fixed set of potential  
59 confounders (gender, ethnicity, age group, HPB diagnoses) using multivariable  
60

1  
2  
3 regression models with Benjamini-Hochberg correction for P values adjustment. The  
4 median age of the overall EL-HPB cohort being 57, a simplified binary age grouping  
5 (18-60, 61+) was used in multivariable regression models for comorbidity, lifestyle,  
6 medication use and post-diagnosis complication analyses. We also conducted more  
7 in depth post hoc analysis for demographic, lifestyle and medication categories by  
8 adding comorbidity covariates individually.  
9

10  
11 Patients with missing data for individual variables were included in the descriptive  
12 analyses but were automatically excluded in regression models for effect estimation.  
13 All statistical analyses and visualisations were performed in R (version 3.5.1).  
14

## 15 16 Patient and public involvement

17  
18 Patients and the public were involved in evaluating the design of the umbrella study  
19 (EL-PaC-Epidem), particularly the notion of collection and processing of retrospective  
20 patient data without their consent. The support from NHS Confidentiality Advisory  
21 Group was obtained based on the positive opinion posed by patient and the public.  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

## RESULTS

### Population characteristics

The final EL-HPB cohort consisted of 15 586 patients, after applying the eligibility criteria and excluding 22 suspected but unconfirmed COVID-19 cases. By 12 June 2020, 212 (1.4%) confirmed cases of COVID-19 were reported in this cohort (figure 1). More than half of the COVID-19 cases had some form of liver disease (n=122, 57.5%); however, when comparing confirmed COVID-19 cases with the non-COVID-19 cases, we observed a disproportionate infection frequency in patients with pancreatic conditions (P=0.016). We also observed differences in gender, ethnic origin, and age group between COVID and non-COVID-19 cases (table 2). The proportion of males was significantly higher in the COVID-19 group compared to the baseline non-COVID-19 group (55.2% vs 43.7%, P<0.001). The same trend was observed for Black (18.4% vs 10.7%) and South Asian population (32.1% vs 28.7%). COVID-19 patients were older than non-COVID-19 patients (median 66.7 years, interquartile range 54.2 to 80.5 years vs 57.1 years, 44.8 to 69.2 years, P<0.001), with a steady increase in infection frequency with age. 79% of COVID-19 patients had three or more comorbidities, with hypertension being the most common comorbidity (86.3%), followed by high cholesterol and diabetes (table 2). Only five COVID-19 patients had no additional comorbidities. In general, COVID-19 patients had a higher rate of history (current or past) of smoking, drinking, substance mis-use and obesity compared to the non-COVID-19 group. Consistent with the underlying prevalent comorbidities of the COVID-19 group, history of prescription drugs use associated with managing hypertension or cardiovascular disease (ACE inhibitor, calcium channel blocker,  $\beta$ -blocker, aldosterone antagonists, antiplatelet, anticoagulant), cholesterol (statin), inflammation (glucocorticoid,  $\beta$ 2-agonists) or background HPB condition (proton pump inhibitor) were higher in COVID-19 patients (table 2). Intake of vitamin D was also higher in COVID-19 patients.

As of 12 June, 54 (25.5%) of the 212 patients with COVID-19 had died; the death rate in the non-COVID-19 group during the same period was 1.7%. When analysing the 54 deceased and 158 surviving patients with confirmed SARS-CoV-2 infection, we found no differences in gender, but deceased patients were older than the survivors (median 77 years, interquartile range 66.4 to 82.5 years vs 63.5 years, 50 to 78.1 years; P<0.001) with steady increase in death with age becoming prominent in those above 70 years of age. The death rate was higher amongst Black (27.8% vs 15.2%) and South Asian (37% vs 30.4%) populations. The median survival period for the deceased patients from the date of confirmed COVID-19 diagnosis was 16 days (interquartile range 10 to 25.7 years). Kidney, hypertension, diabetes and cardiovascular conditions were observed to be associated with mortality in COVID-19 patients. 96.3% of deceased patients had at least three additional comorbidities, compared to 73.4% of patients who survived. A history of smoking was also associated with death (P=0.014). No overall differences were observed for other lifestyle factors, although half of the deceased were current substance mis-users. Notable differences were observed in the use of ACE inhibitors, vitamin D, statins, and antiplatelet medications. The frequency of renal complications was significantly higher in the deceased group compared to survivors (87% vs 58.2%, P<0.001).

**Table 2** Differences in demographic, comorbidity, lifestyle, and medication use characteristics between COVID-19 infected and non-COVID-19 groups.

	non-COVID-19 (n=15 374)	COVID-19 (n=212)	Total (n=15 586)	P value
<b>Demographics</b>				
<b>Gender</b>				<0.001
Female	8651 (56.3%)	95 (44.8%)	8746 (56.1%)	
Male	6723 (43.7%)	117 (55.2%)	6840 (43.9%)	
<b>Ethnic origin</b>				<0.001
Not available	444 (2.9%)	2 (0.9%)	446 (2.9%)	
White	7001 (45.5%)	87 (41.0%)	7088 (45.5%)	
South Asian	4407 (28.7%)	68 (32.1%)	4475 (28.7%)	
Black	1647 (10.7%)	39 (18.4%)	1686 (10.8%)	
Other	1875 (12.2%)	16 (7.5%)	1891 (12.1%)	
<b>HPB diagnosis*</b>				
Cancer	422 (2.7%)	3 (1.4%)	425 (2.7%)	0.291
Non-cancer				
Pancreatic disease	2583 (16.8%)	49 (23.1%)	2632 (16.9%)	0.016
Liver disease	8098 (52.7%)	122 (57.5%)	8220 (52.7%)	0.152
Biliary disease	7331 (47.7%)	98 (46.2%)	7429 (47.7%)	0.676
<b>Age</b>				<0.001
Median	57.07	66.68	57.18	
IQR	44.75, 69.21	54.21, 80.51	44.85, 69.42	
<b>Age group</b>				<0.001
18-40	2837 (18.5%)	21 (9.9%)	2858 (18.3%)	
41-50	2743 (17.8%)	26 (12.3%)	2769 (17.8%)	
51-60	3439 (22.4%)	35 (16.5%)	3474 (22.3%)	
61-70	2981 (19.4%)	35 (16.5%)	3016 (19.4%)	
71-80	2000 (13.0%)	43 (20.3%)	2043 (13.1%)	
80+	1374 (8.9%)	52 (24.5%)	1426 (9.1%)	
<b>Mortality</b>				<0.001
Deceased	268 (1.7%)	54 (25.5%)	322 (2.1%)	
Survived	15106 (98.3%)	158 (74.5%)	15264 (97.9%)	
<b>Comorbidities</b>				
<b>Hypertension</b>	9984 (64.9%)	183 (86.3%)	10167 (65.2%)	<0.001
<b>Cholesterol</b>	8070 (52.5%)	150 (70.8%)	8220 (52.7%)	<0.001
<b>Diabetes</b>	5906 (38.4%)	141 (66.5%)	6047 (38.8%)	<0.001
<b>Cardiovascular</b>	4304 (28.0%)	117 (55.2%)	4421 (28.4%)	<0.001
<b>Kidney</b>	4014 (26.1%)	114 (53.8%)	4128 (26.5%)	<0.001
<b>Respiratory</b>	5010 (32.6%)	112 (52.8%)	5122 (32.9%)	<0.001
<b>Number of comorbidities</b>				<0.001
None	2259 (14.7%)	5 (2.4%)	2264 (14.5%)	
1	2943 (19.1%)	12 (5.7%)	2955 (19.0%)	
2	2984 (19.4%)	27 (12.7%)	3011 (19.3%)	
3 or more	7188 (46.8%)	168 (79.2%)	7356 (47.2%)	
<b>Lifestyle factors</b>				
<b>Smoker</b>				<0.001
Not available	896 (5.8%)	6 (2.8%)	902 (5.8%)	
Never	6459 (42.0%)	80 (37.7%)	6539 (42.0%)	
Past	4751 (30.9%)	102 (48.1%)	4853 (31.1%)	
Current	3268 (21.3%)	24 (11.3%)	3292 (21.1%)	

	non-COVID-19 (n=15 374)	COVID-19 (n=212)	Total (n=15 586)	P value
<b>Drinker</b>				0.007
<i>Not available</i>	2888 (18.8%)	29 (13.7%)	2917 (18.7%)	
Never	3755 (24.4%)	49 (23.1%)	3804 (24.4%)	
Past	2140 (13.9%)	46 (21.7%)	2186 (14.0%)	
Current	6591 (42.9%)	88 (41.5%)	6679 (42.9%)	
<b>Substance user</b>				<0.001
<i>Not available</i>	7784 (50.6%)	95 (44.8%)	7879 (50.6%)	
Never	3785 (24.6%)	29 (13.7%)	3814 (24.5%)	
Past	404 (2.6%)	13 (6.1%)	417 (2.7%)	
Current	3401 (22.1%)	75 (35.4%)	3476 (22.3%)	
<b>Obese</b>				0.01
<i>Not available</i>	645 (4.2%)	2 (0.9%)	647 (4.2%)	
Never	2327 (15.1%)	22 (10.4%)	2349 (15.1%)	
Past	6594 (42.9%)	107 (50.5%)	6701 (43.0%)	
Current	5808 (37.8%)	81 (38.2%)	5889 (37.8%)	
<b>Prescription medication use</b>				
<b>ACE inhibitor</b>				<0.001
Non-user	12649 (82.3%)	159 (75.0%)	12808 (82.2%)	
Past user	582 (3.8%)	24 (11.3%)	606 (3.9%)	
Current user	2143 (13.9%)	29 (13.7%)	2172 (13.9%)	
<b>Angiotensin receptor blocker</b>				0.08
Non-user	13903 (90.4%)	182 (85.8%)	14085 (90.4%)	
Past user	256 (1.7%)	5 (2.4%)	261 (1.7%)	
Current user	1215 (7.9%)	25 (11.8%)	1240 (8.0%)	
<b>Aldosterone agonist</b>				0.001
Non-user	14825 (96.4%)	196 (92.5%)	15021 (96.4%)	
Past user	156 (1.0%)	7 (3.3%)	163 (1.0%)	
Current user	393 (2.6%)	9 (4.2%)	402 (2.6%)	
<b>β-blocker</b>				<0.001
Non-user	12821 (83.4%)	148 (69.8%)	12969 (83.2%)	
Past user	501 (3.3%)	13 (6.1%)	514 (3.3%)	
Current user	2052 (13.3%)	51 (24.1%)	2103 (13.5%)	
<b>Calcium channel blocker</b>				0.023
Non-user	12332 (80.2%)	158 (74.5%)	12490 (80.1%)	
Past user	628 (4.1%)	16 (7.5%)	644 (4.1%)	
Current user	2414 (15.7%)	38 (17.9%)	2452 (15.7%)	
<b>Alpha agonist</b>				0.587
Non-user	15297 (99.5%)	212 (100.0%)	15509 (99.5%)	
Past user	22 (0.1%)	0 (0.0%)	22 (0.1%)	
Current user	55 (0.4%)	0 (0.0%)	55 (0.4%)	
<b>Thiazide</b>				0.728
Non-user	15297 (99.5%)	211 (99.5%)	15508 (99.5%)	
Past user	31 (0.2%)	0 (0.0%)	31 (0.2%)	
Current user	46 (0.3%)	1 (0.5%)	47 (0.3%)	
<b>Antiplatelet</b>				<0.001
Non-user	13261 (86.3%)	151 (71.2%)	13412 (86.1%)	
Past user	495 (3.2%)	18 (8.5%)	513 (3.3%)	
Current user	1618 (10.5%)	43 (20.3%)	1661 (10.7%)	
<b>Antiarrhythmic</b>				0.049
Non-user	15208 (98.9%)	206 (97.2%)	15414 (98.9%)	
Past user	47 (0.3%)	2 (0.9%)	49 (0.3%)	
Current user	119 (0.8%)	4 (1.9%)	123 (0.8%)	
<b>Anticoagulant</b>				0.005
Non-user	14837 (96.5%)	196 (92.5%)	15033 (96.5%)	
Past user	140 (0.9%)	5 (2.4%)	145 (0.9%)	



	Current user	397 (2.6%)	11 (5.2%)	408 (2.6%)	
		<b>non-COVID-19</b>	<b>COVID-19</b>	<b>Total</b>	<b>P value</b>
		<b>(n=15 374)</b>	<b>(N=212)</b>	<b>(n=15 586)</b>	
<b>Glucocorticoid</b>					<0.001
Non-user	11437 (74.4%)	122 (57.5%)	11559 (74.2%)		
Past user	1259 (8.2%)	22 (10.4%)	1281 (8.2%)		
Current user	2678 (17.4%)	68 (32.1%)	2746 (17.6%)		
<b>β2-agonist</b>					<0.001
Non-user	13734 (89.3%)	167 (78.8%)	13901 (89.2%)		
Past user	284 (1.8%)	8 (3.8%)	292 (1.9%)		
Current user	1356 (8.8%)	37 (17.5%)	1393 (8.9%)		
<b>Muscarinic antagonist</b>					<0.001
Non-user	13860 (90.2%)	170 (80.2%)	14030 (90.0%)		
Past user	318 (2.1%)	9 (4.2%)	327 (2.1%)		
Current user	1196 (7.8%)	33 (15.6%)	1229 (7.9%)		
<b>NSAID</b>					0.139
Non-user	13928 (90.6%)	185 (87.3%)	14113 (90.5%)		
Past user	724 (4.7%)	11 (5.2%)	735 (4.7%)		
Current user	722 (4.7%)	16 (7.5%)	738 (4.7%)		
<b>Vitamin D</b>					<0.001
Non-user	13137 (85.4%)	144 (67.9%)	13281 (85.2%)		
Past user	609 (4.0%)	20 (9.4%)	629 (4.0%)		
Current user	1628 (10.6%)	48 (22.6%)	1676 (10.8%)		
<b>Proton pump inhibitor</b>					<0.001
Non-user	9575 (62.3%)	103 (48.6%)	9678 (62.1%)		
Past user	1353 (8.8%)	22 (10.4%)	1375 (8.8%)		
Current user	4446 (28.9%)	87 (41.0%)	4533 (29.1%)		
<b>Statin</b>					<0.001
Non-user	10261 (66.7%)	104 (49.1%)	10365 (66.5%)		
Past user	853 (5.5%)	26 (12.3%)	879 (5.6%)		
Current user	4260 (27.7%)	82 (38.7%)	4342 (27.9%)		
<b>Immuno-suppressant</b>					0.044
Non-user	14929 (97.1%)	200 (94.3%)	15129 (97.1%)		
Past user	185 (1.2%)	4 (1.9%)	189 (1.2%)		
Current user	260 (1.7%)	8 (3.8%)	268 (1.7%)		

Values are n (%), unless otherwise specified. \*Percentages total more than 100% because patients might have had non-malignant diseases in multiple organs.

**Table 3** Differences in demographic, comorbidity, lifestyle, medication use, and post diagnosis complications characteristics between COVID-19 survivor and deceased groups.

	Survivor (n=158)	Deceased (n=54)	Total (n=212)	P value
<b>Demographics</b>				
<b>Gender</b>				0.207
Female	75 (47.5%)	20 (37.0%)	95 (44.8%)	
Male	83 (52.5%)	34 (63.0%)	117 (55.2%)	
<b>Ethnicity</b>				0.065
<i>Not available</i>	2 (1.3%)	0 (0.0%)	2 (0.9%)	
White	69 (43.7%)	18 (33.3%)	87 (41.0%)	
South Asian	48 (30.4%)	20 (37.0%)	68 (32.1%)	
Black	24 (15.2%)	15 (27.8%)	39 (18.4%)	
Other	15 (9.5%)	1 (1.9%)	16 (7.5%)	
<b>HPB diagnosis*</b>				0.160
Cancer	1 (0.6%)	2 (3.7%)	3 (1.4%)	
<i>Non-cancer</i>				
Pancreatic disease	34 (21.5%)	15 (27.8%)	49 (23.1%)	0.355
Liver disease	95 (60.1%)	27 (50.0%)	122 (57.5%)	0.206
Biliary disease	68 (43.0%)	30 (55.6%)	98 (46.2%)	0.117
<b>Age</b>				<0.001
Median	63.55	76.99	66.81	
IQR	50.00, 78.06	66.44, 82.52	53.95, 80.65	
<b>Age group</b>				0.002
18-40	20 (12.7%)	2 (3.7%)	22 (10.4%)	
41-50	22 (13.9%)	3 (5.6%)	25 (11.8%)	
51-60	31 (19.6%)	4 (7.4%)	35 (16.5%)	
61-70	27 (17.1%)	8 (14.8%)	35 (16.5%)	
71-80	25 (15.8%)	17 (31.5%)	42 (19.8%)	
80+	33 (20.9%)	20 (37.0%)	53 (25.0%)	
<b>Survival/censoring</b>				< 0.001
Median	73	16	66	
IQR	62.00, 81.75	10.00, 25.75	30.75, 77.00	
<b>Comorbidities</b>				
<b>Hypertension</b>	130 (82.3%)	53 (98.1%)	183 (86.3%)	0.002
<b>Diabetes</b>	97 (61.4%)	44 (81.5%)	141 (66.5%)	0.007
<b>Cholesterol</b>	108 (68.4%)	42 (77.8%)	150 (70.8%)	0.227
<b>Kidney</b>	73 (46.2%)	41 (75.9%)	114 (53.8%)	<0.001
<b>Cardiovascular</b>	80 (50.6%)	37 (68.5%)	117 (55.2%)	0.027
<b>Respiratory</b>	85 (53.8%)	27 (50.0%)	112 (52.8%)	0.639
<b>Number of comorbidities</b>				0.003
None	5 (3.2%)	0 (0.0%)	5 (2.4%)	
1	12 (7.6%)	0 (0.0%)	12 (5.7%)	
2	25 (15.8%)	2 (3.7%)	27 (12.7%)	
3 or more	116 (73.4%)	52 (96.3%)	168 (79.2%)	

	<b>Survivor (n=158)</b>	<b>Deceased (n=54)</b>	<b>Total (n=212)</b>	<b>P value</b>
<b>Lifestyle factors</b>				
<b>Smoker</b>				0.014
<i>Not available</i>	6 (3.8%)	0 (0.0%)	6 (2.8%)	
Never	63 (39.9%)	17 (31.5%)	80 (37.7%)	
Past	67 (42.4%)	35 (64.8%)	102 (48.1%)	
Current	22 (13.9%)	2 (3.7%)	24 (11.3%)	
<b>Drinker</b>				0.951
<i>Not available</i>	22 (13.9%)	7 (13.0%)	29 (13.7%)	
Never	38 (24.1%)	11 (20.4%)	49 (23.1%)	
Past	34 (21.5%)	12 (22.2%)	46 (21.7%)	
Current	64 (40.5%)	24 (44.4%)	88 (41.5%)	
<b>Substance user</b>				0.087
<i>Not available</i>	76 (48.1%)	19 (35.2%)	95 (44.8%)	
Never	23 (14.6%)	6 (11.1%)	29 (13.7%)	
Past	11 (7.0%)	2 (3.7%)	13 (6.1%)	
Current	48 (30.4%)	27 (50.0%)	75 (35.4%)	
<b>Obese</b>				0.708
<i>Not available</i>	1 (0.6%)	1 (1.9%)	2 (0.9%)	
Never	17 (10.8%)	5 (9.3%)	22 (10.4%)	
Past	78 (49.4%)	29 (53.7%)	107 (50.5%)	
Current	62 (39.2%)	19 (35.2%)	81 (38.2%)	
<b>Prescription medication use</b>				
<b>ACE inhibitor</b>				0.025
Non-user	126 (79.7%)	33 (61.1%)	159 (75.0%)	
Past user	15 (9.5%)	9 (16.7%)	24 (11.3%)	
Current user	17 (10.8%)	12 (22.2%)	29 (13.7%)	
<b>Angiotensin receptor blocker</b>				0.162
Non-user	138 (87.3%)	44 (81.5%)	182 (85.8%)	
Past user	2 (1.3%)	3 (5.6%)	5 (2.4%)	
Current user	18 (11.4%)	7 (13.0%)	25 (11.8%)	
<b>Aldosterone agonist</b>				0.81
Non-user	147 (93.0%)	49 (90.7%)	196 (92.5%)	
Past user	5 (3.2%)	2 (3.7%)	7 (3.3%)	
Current user	6 (3.8%)	3 (5.6%)	9 (4.2%)	
<b>β-blocker</b>				0.891
Non-user	111 (70.3%)	37 (68.5%)	148 (69.8%)	
Past user	9 (5.7%)	4 (7.4%)	13 (6.1%)	
Current user	38 (24.1%)	13 (24.1%)	51 (24.1%)	
<b>Calcium channel blocker</b>				0.217
Non-user	121 (76.6%)	37 (68.5%)	158 (74.5%)	
Past user	13 (8.2%)	3 (5.6%)	16 (7.5%)	
Current user	24 (15.2%)	14 (25.9%)	38 (17.9%)	
<b>Alpha agonist</b>				NA
Non-user	158 (100.0%)	54 (100.0%)	212 (100.0%)	

	Survivor (n=158)	Deceased (n=54)	Total (n=212)	P value
<b>Thiazide</b>				1
Non-user	157 (99.4%)	54 (100.0%)	211 (99.5%)	
Current user	1 (0.6%)	0 (0.0%)	1 (0.5%)	
<b>Antiplatelet</b>				0.052
Non-user	119 (75.3%)	32 (59.3%)	151 (71.2%)	
Past user	13 (8.2%)	5 (9.3%)	18 (8.5%)	
Current user	26 (16.5%)	17 (31.5%)	43 (20.3%)	
<b>Antiarrhythmic</b>				0.597
Non-user	154 (97.5%)	52 (96.3%)	206 (97.2%)	
Past user	1 (0.6%)	1 (1.9%)	2 (0.9%)	
Current user	3 (1.9%)	1 (1.9%)	4 (1.9%)	
<b>Anticoagulant</b>				0.793
Non-user	147 (93.0%)	49 (90.7%)	196 (92.5%)	
Past user	4 (2.5%)	1 (1.9%)	5 (2.4%)	
Current user	7 (4.4%)	4 (7.4%)	11 (5.2%)	
<b>Glucocorticoid</b>				0.384
Non-user	95 (60.1%)	27 (50.0%)	122 (57.5%)	
Past user	15 (9.5%)	7 (13.0%)	22 (10.4%)	
Current user	48 (30.4%)	20 (37.0%)	68 (32.1%)	
<b>β2-agonist</b>				0.373
Non-user	128 (81.0%)	39 (72.2%)	167 (78.8%)	
Past user	5 (3.2%)	3 (5.6%)	8 (3.8%)	
Current user	25 (15.8%)	12 (22.2%)	37 (17.5%)	
<b>Muscarinic antagonist</b>				0.853
Non-user	127 (80.4%)	43 (79.6%)	170 (80.2%)	
Past user	6 (3.8%)	3 (5.6%)	9 (4.2%)	
Current user	25 (15.8%)	8 (14.8%)	33 (15.6%)	
<b>NSAID</b>				0.489
Non-user	139 (88.0%)	46 (85.2%)	185 (87.3%)	
Past user	9 (5.7%)	2 (3.7%)	11 (5.2%)	
Current user	10 (6.3%)	6 (11.1%)	16 (7.5%)	
<b>Vitamin D</b>				0.013
Non-user	116 (73.4%)	28 (51.9%)	144 (67.9%)	
Past user	13 (8.2%)	7 (13.0%)	20 (9.4%)	
Current user	29 (18.4%)	19 (35.2%)	48 (22.6%)	
<b>Proton pump inhibitor</b>				1
Non-user	76 (48.1%)	27 (50.0%)	103 (48.6%)	
Past user	17 (10.8%)	5 (9.3%)	22 (10.4%)	
Current user	65 (41.1%)	22 (40.7%)	87 (41.0%)	

	Survivor (n=158)	Deceased (n=54)	Total (n=212)	p value
<b>Statin</b>				0.023
Non-user	86 (54.4%)	18 (33.3%)	104 (49.1%)	
Past user	18 (11.4%)	8 (14.8%)	26 (12.3%)	
Current user	54 (34.2%)	28 (51.9%)	82 (38.7%)	
<b>Immuno-suppressant</b>				0.657
Non-user	150 (94.9%)	50 (92.6%)	200 (94.3%)	
Past user	3 (1.9%)	1 (1.9%)	4 (1.9%)	
Current user	5 (3.2%)	3 (5.6%)	8 (3.8%)	
<b>Complications post diagnosis</b>				
<b>Cardiovascular</b>				0.072
No	62 (39.2%)	14 (25.9%)	76 (35.8%)	
Recurrent	80 (50.6%)	37 (68.5%)	117 (55.2%)	
Novel	16 (10.1%)	3 (5.6%)	19 (9.0%)	
<b>Respiratory</b>				0.723
No	43 (27.2%)	14 (25.9%)	57 (26.9%)	
Recurrent	85 (53.8%)	27 (50.0%)	112 (52.8%)	
Novel	30 (19.0%)	13 (24.1%)	43 (20.3%)	
<b>Renal</b>				< 0.001
No	66 (41.8%)	7 (13.0%)	73 (34.4%)	
Recurrent	73 (46.2%)	41 (75.9%)	114 (53.8%)	
Novel	19 (12.0%)	6 (11.1%)	25 (11.8%)	
<b>Recurrent complications</b>				0.06
None	37 (23.4%)	5 (9.3%)	42 (19.8%)	
1	41 (25.9%)	11 (20.4%)	52 (24.5%)	
2	43 (27.2%)	20 (37.0%)	63 (29.7%)	
3	37 (23.4%)	18 (33.3%)	55 (25.9%)	
<b>Novel complications</b>				0.507
None	103 (65.2%)	38 (70.4%)	141 (66.5%)	
1	46 (29.1%)	11 (20.4%)	57 (26.9%)	
2	8 (5.1%)	4 (7.4%)	12 (5.7%)	
3	1 (0.6%)	1 (1.9%)	2 (0.9%)	

Values are n (%), unless otherwise specified. \*Percentages total more than 100% because patients might have had non-malignant diseases in multiple organs.

## Risks of SARS-CoV-2 infection

The risk analyses showed a greater risk of COVID-19 for men, the elderly (over 70s) and the Black community (figure 2). Patients from the South Asian ethnic group and those with pancreatic and liver conditions were also associated with a higher risk of infection (risk ratio 1.49, 95% confidence interval 1.08 to 2.04,  $P=0.025$ ; 1.61, 1.13 to 2.24,  $P=0.015$ ; 1.55, 1.1 to 2.18,  $P=0.024$ ). However, post-hoc adjustment for comorbidities returned a reduced non-significant positive risk (1.19, 0.85 to 1.64,  $P=0.436$ ; 1.36, 0.96 to 1.9,  $P=0.174$ ; 1.32, 0.93 to 1.85,  $P=0.206$ ), with diabetes principally responsible for this reduction (supplemental table 3). Patients with pre-existing kidney conditions were at the highest risk of COVID-19 (2.61, 1.97 to 3.47,  $P<0.001$ ), followed by a more than two-fold increased risk for patients with

1  
2  
3 hypertension, diabetes, cardiovascular or respiratory disease (figure 2). However, the  
4 independent effects of hypertension and high cholesterol were absent when adjusted  
5 for other comorbidities (supplemental table 3).  
6

7  
8 <<Figure 2 here>>  
9

10 **Figure 2** Risk ratio estimates of COVID-19 for HPB patients with specific  
11 demographic, comorbidity, lifestyle and medication use characteristics. Risk ratio  
12 estimates for demographic characteristics are mutually adjusted for each other, i.e.,  
13 gender, ethnicity, age group and HPB diagnosis. For comorbidity, lifestyle and  
14 medication use characteristics, risk ratio estimates are adjusted for gender, ethnicity,  
15 simplified age group (under and over 60) and HPB diagnosis.  
16  
17

### 18 19 Risks of COVID-19 related death 20

21  
22 The risk analyses showed an increased risk of COVID-19 related death for elderly  
23 patients (over 70s), individuals from the Black community and patients with recurrent  
24 renal complications (figure 3). COVID-19 patients with recurrent renal complications  
25 were associated with a higher risk of death, whereas those with prevalent kidney  
26 conditions or recent users of ACE inhibitors showed a trend towards significance.  
27 However, post-hoc adjustment for comorbidities returned a non-significant positive risk  
28 for all these risk factors (supplemental table 4). No HPB sub-groups were particularly  
29 more vulnerable to COVID-related death. No other comorbidities, lifestyle factors,  
30 medication history or post-diagnosis complications had a significant effect on the  
31 COVID-19 patients' outcome (figure 3).  
32  
33

34 <<Figure 3 here>>  
35

36  
37 **Figure 3** Risk ratio estimates of COVID-19 related death for HPB patients with  
38 specific demographic, comorbidity, lifestyle, medication use and post COVID-19  
39 diagnosis complication characteristics. Risk ratio estimates for demographic  
40 characteristics are mutually adjusted for each other, i.e., gender, ethnicity, age group  
41 and HPB diagnosis. For comorbidity, lifestyle, medication use and post diagnosis.  
42 complication characteristics, risk ratio estimates are adjusted for gender, ethnicity,  
43 simplified age group (under and over 60) and HPB diagnosis.  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

## DISCUSSION

We present, for the first time, data on a large, single-centre, multi-ethnic cohort of HPB patients, where primary, secondary and tertiary care EHRs were integrated to investigate the incidence and outcome of COVID-19, to demonstrate how key demographic characteristics and a range of comorbidities, lifestyle factors and medications are associated with SARS-CoV-2 infection and poor outcomes in HPB patients.

### Strengths and limitations of the study

A key strength of our study is that we have systematically identified the effect, or the lack of it, of individual demographic and clinical factors on the infection and mortality of COVID-19 in a cohort of over 15000 patients, robustly corrected for potential confounders in their evaluation. Our large population is highly representative of HPB patients from diverse ethnic groups, which contributes to the generalisability of our findings. Another strength is our use of linked electronic health records, harmonised for variations in coding that exist between different EHR systems. We ascertained patient demographics, lifestyle, comorbidities and medications by linking hospital records with pseudo-anonymized longitudinal primary care records, which substantially enrich the data that are recorded on hospital visits.

Retrospective EHR-based COVID-19 studies often suffer from incomplete or missing data on patient characteristics, including key variables such as BMI, ethnicity, smoking or pre-existing comorbidities.<sup>4 50</sup> The missing data is particularly applicable to otherwise healthy COVID-19 patients with low use of healthcare services in the past. However, our patient cohort had already been treated or managed at BHNT hospitals at least once, and often referred through primary care, which led to near-complete data for this study, an added advantage of this study. For instance, ethnicity, a common demographic feature, is missing only for 2.9% of cases in our cohort while the rate is significantly higher in other studies (up to 20% of cases).<sup>4 50</sup> The only variable with missing data frequency over 20% in our study is substance mis-use behaviour (50.6%). This is a unique lifestyle risk variable which is not yet explored - understandably due to a lack of recorded data as people often do not disclose this information to their clinicians,<sup>51</sup> unless manifested in physical or mental disorders. Yet, the substance mis-use history of over 7700 patients included in this study provide a good indication of the impact of COVID-19 on this under-studied group.

Our study also has some important limitations. In our cohort definition, only patients visiting BHNT hospitals and who were given a confirmed COVID-19 diagnosis code or tested positive for SARS-CoV-2 RNA were considered as having COVID-19. This may have resulted in some patients being incorrectly identified as not having COVID-19, particularly if they had a positive swab test via NHS coronavirus test sites or using a home test kit. However, our cohort had specific medical conditions with a high prevalence of comorbidities listed under the NHS categorisation of higher risk populations.<sup>3</sup> Any manifestation of COVID-19 related symptoms would have likely resulted in these patients receiving treatment at one of the BHNT hospitals, and hence we were fairly confident on identifying all clinically relevant SARS-CoV-2 infections in our cohort within the three East London boroughs.

1  
2  
3  
4 A related limitation is associated with the confirmation of East London residency for  
5 the study cohort. Patients' addresses (current or historic) are not collected under the  
6 umbrella study, which considers patients with HPB conditions (with the exception of  
7 cancer) treated or managed at BHNT hospitals as East London residents during the  
8 time of their care. The Royal London Hospital hosts one of the largest HPB centres in  
9 England, and supports suspected or confirmed HPB cancer patients from nearby  
10 geographical areas. As the umbrella study cohort is historic, we acknowledged the  
11 probability of people moving away from East London in the meantime. In absence of  
12 a patient's current address to confirm their residency at the outset of COVID-19  
13 pandemic in the UK, we relied on an indirect measure to infer residency. We used a  
14 strict six-month window preceding the study to identify a patient's interaction with East  
15 London GPs or BHNT hospitals. Any supposed reduction in the cohort size due to  
16 unaccounted change of residency within that window should have affected the COVID  
17 and non-COVID group in equal proportion.  
18  
19  
20

21 Due to the rarity of the outcome (SARS-CoV-2 infection) in the full HPB cohort, the  
22 effects reported in the study could be influenced by the smaller cohort size of COVID-  
23 19 cases. We recognise that larger sample sizes of COVID-19 patients are needed to  
24 fully understand the effect of SARS-CoV-2 in patients with HPB conditions. Our results  
25 are the first step towards this and require validation in similar national and international  
26 cohorts.  
27  
28

## 29 Comparison with other studies

30  
31  
32 We noted a higher risk of COVID-19 in patients with prior pancreatic and liver  
33 conditions. The higher risk associated with liver condition is consistent with earlier  
34 findings.<sup>6 19</sup> We can speculate that reduced pancreatic function, leading to altered  
35 digestion, and therefore gut flora, may make patients more susceptible to pathogens  
36 with an enteric route of infection:<sup>30</sup> an alternative mode of infection for SARS-CoV2, in  
37 addition to the well-characterised respiratory mode. Surprisingly the most vulnerable  
38 cancer patients had a low COVID-19 incidence rate, which may reflect the  
39 effectiveness of public health interventions such as shielding.<sup>31</sup> However, at the same  
40 time, we noted a 12.7% death rate in this cohort (not due to COVID-19) in just four  
41 months, perhaps indicating the unintended, but potentially inevitable, negative  
42 sequelae of social distancing and reduced healthcare provisions for this group of  
43 patients as resources were diverted to COVID-19 affected patients.  
44  
45  
46

47 Men had a higher risk of infection than women, which is consistent with previous  
48 reports,<sup>1 14</sup> and could be due to a favourable genetic predisposition to the virus,<sup>31</sup>  
49 and/or gender differences in risk behaviours. Our study also affirms older age,  
50 particularly over 70, as an established risk factor for COVID-19 incidence and  
51 mortality;<sup>2 4 5</sup> however, this can be largely explained by the presence of multiple  
52 comorbidities in the older age groups.<sup>32</sup>  
53  
54

55 COVID-19 statistics have highlighted a disproportionate effect on BAME ethnic groups  
56 with an increased risk of infection and poor outcomes.<sup>13-15</sup> Our results confirm that  
57 Black and South Asian communities are at a higher risk of COVID-19 compared to the  
58 White ethnic group, with added mortality risk for the Black community. However, the  
59 increased risk noted in the South Asian group is likely to be associated with the  
60



1  
2  
3 underlying comorbidities in this group, in particular the higher prevalence of diabetes.  
4 Only a small part of the excess risk in the Black community is explained by multiple  
5 comorbidities. Therefore, further variables such as deprivation, occupational  
6 exposure, and living conditions might be useful to explore as potential factors behind  
7 the apparent vulnerability of the Black population to COVID-19.  
8  
9

10 All comorbidities such as diabetes, hypertension, high cholesterol, cardiovascular  
11 disease, kidney, and respiratory disease, were independently associated with an  
12 increased risk of COVID-19, whereas presence of kidney disease contributed to an  
13 added risk of death. These findings largely concur with previously reported cohort  
14 studies.<sup>4-6 11</sup> Our results particularly highlight that for patients with an underlying kidney  
15 disease, a subsequent renal complication due to SARS-CoV-2 infection could be fatal.  
16 Acute kidney injury (AKI) and the presence of underlying kidney disease on admission  
17 have been associated with increased in-hospital deaths of COVID-19 patients.<sup>4 6 33</sup>  
18 Therefore, patients with weaker kidney function, i.e., history of chronic kidney disease  
19 and/or on dialysis, need to be carefully managed to prevent further renal insult due to  
20 COVID-19.  
21  
22

23  
24 The link between smoking and the susceptibility to COVID-19 is controversial in that  
25 current smoking status appeared to have a protective effect in our cohort, as has been  
26 observed by others, an aspect which cannot be mechanistically explained.<sup>5 34 35</sup>  
27 Smoking leads to severe health consequences, which explains the greater risk  
28 observed in our cohort of past smokers with high prevalence of respiratory and  
29 cardiovascular diseases. Carefully designed analyses are needed to explore the  
30 association and causality between smoking status (both current and past), associated  
31 comorbidities and COVID-19.  
32  
33

34 Although substance mis-use leads to a plethora of cardio-respiratory and metabolic  
35 problems, its role in COVID-19 remains unexplored. To date, this is the first study  
36 providing a concrete measure of the risk of COVID-19 for substance mis-users. Our  
37 initial results showing that substance mis-users are at a heightened risk for COVID-19  
38 irrespective of the comorbidities warrants a strong case for considering it as an  
39 independent risk factor for COVID-19, and may be related to high-risk behavioural  
40 patterns.<sup>36,37</sup>  
41  
42

43 Previous studies have found a significant relationship between obesity and an  
44 increased risk of COVID-19,<sup>7</sup> and subsequent hospitalisation,<sup>38 39</sup> advanced levels of  
45 treatment,<sup>15,27</sup> and death.<sup>4 6</sup> However, our study does not suggest any particular effect  
46 of obesity on COVID-19 for patients with HPB conditions, who have a much higher  
47 prevalence rate of obesity (37.8%) compared to the UK general population (26%).<sup>28</sup>  
48 With 91% of patients in our cohort having a history of obesity (current or past), the  
49 difference in effects for potential susceptibility to COVID-19 are more detectable for  
50 other less prevalent factors – such as type 2 diabetes, cardiovascular disease or  
51 hypertension<sup>40 41</sup> – which in turn might be the consequences of obesity in these  
52 patients' lifetime.  
53  
54

55  
56 Concerns have been raised regarding the use of various medications with respect to  
57 the risk of COVID-19 and the subsequent outcome; and, our analyses contribute to  
58 that discussion for some of the widely used prescription drugs. An important finding  
59 from our study is the significant risk observed for vitamin D users, suggestive of a  
60

1  
2  
3 causal relationship between vitamin D deficiency or specific medical conditions (such  
4 as kidney failure) where Vitamin D prescription is prevalent and development of  
5 COVID-19.<sup>42 43</sup> Given that BAME communities are observed to be at a high risk of  
6 COVID-19, and there is evidence that vitamin D deficiency is particularly common in  
7 these ethnic groups,<sup>42</sup> further research on the relationship between vitamin D and  
8 COVID-19 is required, with a need to exclude confounding factors such as kidney  
9 disease. Our result also suggest that patients currently taking PPIs are more  
10 susceptible to SARS-CoV-2 infection, which concurs with a large population-based  
11 online survey conducted in the US.<sup>44</sup> The use of PPIs is highly prevalent in HPB  
12 patients for the management of gastrointestinal acid-related disorders, and the finding  
13 here supports the hypothesis that current use of PPIs might influence the susceptibility  
14 to SARS-CoV-2 infection in the gastrointestinal tract through reduction of stomach  
15 acid.<sup>44 45</sup>  
16  
17  
18

19 The literature is conflicted on the potential impact of antihypertensive drugs on COVID-  
20 19, particularly those that act as inhibitors to the renin–angiotensin–aldosterone  
21 system (RAAS) and upregulate ACE2 expression, suggesting these drugs may be  
22 potential risk factors for infection,<sup>46 47</sup> but also as having a protective effect on  
23 outcome.<sup>48</sup> However, recent studies found no underlying association between the use  
24 of different classes of antihypertensive drugs and the risk of developing COVID-19.<sup>16</sup>  
25 With a high percentage of patients with hypertension in the study cohort, our finding  
26 that a high risk of COVID-19 is associated with past intake of ACE inhibitors or  
27 aldosterone agonists is suggestive of the potential risk of switching from one class of  
28 antihypertensive drug to another. This contributes to the timely debate of whether  
29 discontinuation of RAAS inhibitors and considering alternative antihypertensive  
30 therapy in times of COVID-19 would be a good practice or not.<sup>49</sup> A marginal  
31 association of current use of ACE inhibitors with COVID-19 related death suggests  
32 that any increased risk of mortality is likely to be small and will need to be scrutinised  
33 in future as more data accumulates.  
34  
35  
36  
37

## 38 Conclusions

39 We believe that the findings from this single-centre study, focusing on patients with a  
40 particular medical condition and in an ethnically diverse area, highlight some  
41 considerations that could guide clinical care while we await an effective antiviral  
42 strategy for COVID-19. The current findings reinforce our understanding of some of  
43 the important risk factors for SARS-CoV-2 infection but with regards to pre-existing  
44 HPB conditions, and allows stratification for risk, thereby providing a tool for policy  
45 makers to divert prevention as well as treatment to a clearly identified vulnerable  
46 population.  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

## ACKNOWLEDGEMENTS

ADU is supported by Health Data Research UK (HDR-UK) to conduct the umbrella study EL-PaC-Epidem, which is funded by the UK Medical Research Council. We gratefully acknowledge support provided by Pancreatic Cancer Research Fund (PCRF), for conducting public-patient engagement activity and facilitating ethical approval for EL-PaC-Epidem. We thank Dr Charles Gutteridge, Chief Clinical Information Officer at Barts Health NHS Trust, members of the Discovery East London Programme Board, and developers at Learning Health Solutions Ltd for their support in facilitating collection of primary, secondary and tertiary care patient records. Finally, we acknowledge the contribution to the research made by several members of the PCRF Tissue Bank team, Bioinformatics Unit and clinical research fellows at Barts Cancer Institute through insightful medical and scientific discussion.

## FOOTNOTES

**Contributors:** ADU designed the study, and was responsible for undertaking and completing data collection, processing and analysis. HMK and CC oversaw the conduct and management of the study. All the authors contributed to the selection of study variables and interpretation post analysis. ADU wrote the first drafts of the report and all the authors made critical revisions.

**Funding:** The study is conducted under an umbrella study, focusing on the epidemiology of pancreatic and other hepatobiliary cancers in East London (EL-PaC-Epidem), funded by Medical Research Council UK (Ref: MR/S003835/1) as a UKRI/Rutherford Fellowship to the corresponding author. No additional funding has been received for this study.

**Competing interests:** All authors declare no competing interests.

**Ethics approval:** All data utilised for this study were collected and processed under the EL-PaC-Epidem study at Barts Health NHS Trust. The study was approved by the East of England - Essex Research Ethics Committee (19/EE/0163; 17 May 2019) and supported by the NHS Confidentiality Advisory Group for collecting and processing confidential patient information without consent (19/CAG/0219; 17 January 2020).

**Data sharing:** All statistical data relevant to the study are included in the article or uploaded as supplementary information. Only the corresponding author had full access to all the participants' data in the study. The authors confirm that researchers seeking the completely anonymised final analysis dataset for this work can submit a data request to the corresponding author.

**Transparency statement:** The corresponding author affirms that the manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

**Dissemination to participants and related patient and public communities:** Key findings will be disseminated in the EL-PaC-Epidem study website as well as in the corresponding author's institute website.

## REFERENCES

- 1 World Health Organization. Coronavirus disease (COVID-19): Situation Reports. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> (accessed July 30, 2020).
- 2 Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19): People at Increased Risk and Other People Who Need to Take Extra Precautions. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html> (accessed August 10, 2020).
- 3 NHS England. Coronavirus (COVID-19): People at Higher Risk from Coronavirus. <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/> (accessed July 30, 2020)
- 4 Williamson EJ, Walker AJ, Bhaskaran K, et al. Factors associated with COVID-19-related death using OpenSAFELY. *Nature* 2020; **584** (7821): 430–36.
- 5 Deng G, Yin M, Chen X, Zeng F. Clinical determinants for fatality of 44,672 patients with COVID-19. *Crit Care* 2020; **24**: 179.
- 6 Docherty AB, Harrison EM, Green CA, et al. Features of 20 133 UK patients in hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: prospective observational cohort study. *BMJ* 2020; **369**: m1985.
- 7 Lighter J, Phillips M, Hochman S, et al. Obesity in Patients Younger Than 60 Years Is a Risk Factor for COVID-19 Hospital Admission. *Clin Infect Dis* 2020; **71** (15): 896–7.
- 8 Dai M, Liu D, Liu M, et al. Patients with Cancer Appear More Vulnerable to SARS-CoV-2: A Multicenter Study during the COVID-19 Outbreak. *Cancer Discov* 2020; **10** (6): 783–91.
- 9 Blanco JL, Ambrosioni J, Garcia F, et al. COVID-19 in patients with HIV: clinical case series. *Lancet HIV* 2020; **7** (5): e314–6.
- 10 BMJ Best Practice. Coronavirus disease 2019 (COVID-19) Complications. <https://bestpractice.bmj.com/topics/en-gb/3000168/complications> (accessed July 23, 2020)
- 11 Guan W-J, Liang W-H, Zhao Y, et al. Comorbidity and its impact on 1590 patients with COVID-19 in China: a nationwide analysis. *Eur Respir J* 2020; **55** (5): 2000547.
- 12 Miyara, M. et al. Low incidence of daily active tobacco smoking in patients with symptomatic COVID-19. *Qeios* 2020; doi: 10.32388/WPP19W.3
- 13 Platt L, Warwick R. Are some ethnic groups more vulnerable to COVID-19 than others? Institute for Fiscal Studies, May, 2020; <https://www.ifs.org.uk/inequality/wp-content/uploads/2020/04/Are-some-ethnic-groups-more-vulnerable-to-COVID-19-than-others-V2-IFS-Briefing-Note.pdf> (accessed July 23, 2020)
- 14 Public Health England. Disparities in the risk and outcomes of COVID-19. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/889195/disparities\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889195/disparities_review.pdf) August, 2020. (accessed August 14, 2020).
- 15 Intensive Care National Audit and Research Centre. ICNARC report on COVID-19 in critical care. <https://www.icnarc.org/DataServices/Attachments/Download/af7be2d4-bdcd-ea11-9127-00505601089b> July 24, 2020. (accessed August 2, 2020).
- 16 National Institute for Health and Care Excellence. Coronavirus (COVID-19) Rapid Evidence Summaries. <https://www.nice.org.uk/covid-19#rapid-es> (accessed July 16, 2020)

- 1  
2  
3 17 Brenner EJ, Ungaro RC, Geary RB, et al., Corticosteroids, but not TNF  
4 Antagonists, are Associated with Adverse COVID-19 Outcomes in Patients With  
5 Inflammatory Bowel Diseases: Results from an International Registry.  
6 *Gastroenterology* 2020; **159** (2): 481–91.
- 7  
8 18 Zhang H, Kang Z, Gong H, et al. Digestive system is a potential route of COVID-  
9 19: an analysis of single-cell coexpression pattern of key proteins in viral entry  
10 process. *Gut* 2020; **69**: 1010–8.
- 11 19 Mantovani A, Beatrice G, Dalbeni A. Coronavirus disease 2019 and prevalence  
12 of chronic liver disease: A meta-analysis. *Liver Int* 2020; **40**(6): 1316–20.
- 13 20 Gubatan J, Levitte S, Patel A, et al. Prevalence, risk factors and clinical  
14 outcomes of COVID-19 in patients with a history of pancreatitis in Northern California.  
15 *Gut* 2020; Published Online: June 3, 2020. doi: 10.1136/gutjnl-2020-321772.
- 16 21 McNabb-Baltar J, Jin DX, Grover AS, et al. Lipase elevation in patients with  
17 COVID-19. *Am J Gastroenterol* 2020; Published Online: Jun 3, 2020. doi:  
18 10.14309/ajg.0000000000000732.
- 19 22 Hadi A, Werge M, Kristiansen KT, et al. Coronavirus Disease-19 (COVID-19)  
20 associated with severe acute pancreatitis: case report on three family members.  
21 *Pancreatology* 2020; **20** (4): 665–7.
- 22 23 Katabathina VS, Flaherty EM, Dasyam AK, et al. "Biliary Diseases with  
23 Pancreatic Counterparts": Cross-sectional Imaging Findings. *Radiographics* 2016; **36**  
24 (2): 374–92.
- 25 24 UK Government. Coronavirus cases in the UK: daily updated statistics.  
26 <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public> (last  
27 accessed August 2, 2020)
- 28 25 London Datastore. Coronavirus (COVID-19) Cases: Greater London Authority  
29 (GLA). <https://data.london.gov.uk/dataset/coronavirus--covid-19--cases> (accessed  
30 August 4, 2020)
- 31 26 Office for National Statistics. Deaths involving COVID-19 by local area and  
32 socioeconomic deprivation: deaths occurring between 1 March and 30 June 2020.  
33 [https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/d  
34 eaths/bulletins/deathsinvolvedwithcovid19bylocalareasanddeprivation/deathsoccurringb  
35 etween1marchand30june2020](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvedwithcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand30june2020) July 24, 2020. (accessed August 4, 2020)
- 36 27 Barts Health NHS Trust. <https://www.bartshealth.nhs.uk/about-us> (accessed  
37 August 10, 2020)
- 38 28 London Datastore. Ethnic Groups by Borough.  
39 <https://data.london.gov.uk/dataset/ethnic-groups-borough> (accessed August 4, 2020)
- 40 29 East London Health & Care Partnership.  
41 <https://www.eastlondonhcp.nhs.uk/aboutus/> (accessed August 4, 2020)
- 42 30 Thaweerat W. Current evidence on pancreatic involvement in SARS-CoV-2  
43 infection. *Pancreatology* 2020; **20** (5): 1013–4.
- 44 31 Public Health England. Guidance on shielding and protecting people who are  
45 clinically extremely vulnerable from COVID-  
46 19. [https://www.gov.uk/government/publications/guidance-on-shielding-and-  
47 protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-  
48 protecting-extremely-vulnerable-persons-from-covid-19](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19) (accessed July 16, 2020).
- 49 32 Gibson WT, Evans DM, An J, Jones SJM. ACE 2 Coding Variants: A Potential  
50 X-linked Risk Factor for COVID-19 Disease. Preprint published online: April 14, 2020.  
51 doi: <https://doi.org/10.1101/2020.04.05.026633>
- 52 33 World Health Organization, Europe. Statement – Older people are at highest  
53 risk from COVID-19, but all must act to prevent community spread.
- 54  
55  
56  
57  
58  
59  
60

1  
2  
3 <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread> April 2, 2020. (accessed June 12, 2020)

4  
5  
6  
7 34 Cheng Y, Luo R, Wang K, et al. Kidney disease is associated with in-hospital death of patients with COVID-19. *Kidney Int* 2020; **97** (5): 829–38.

8  
9 35. Rentsch CT, Kidwai-Khan F, Tate JP, et al. Covid-19 testing, hospital admission, and intensive care among 2,026,227 United States veterans aged 54–75 years. Preprint at *medRxiv* April 14, 2020; doi: <https://doi.org/10.1101/2020.04.09.20059964>.

10  
11  
12  
13 36 Ornell F, Moura HF, Scherer JN, et al. The COVID-19 pandemic and its impact on substance use: Implications for prevention and treatment. *Psychiatry Res* 2020; **289**: 113096.

14  
15  
16  
17 37 Dubey MJ, Ghosh R, Chatterjee S, Biswas P, Chatterjee S, Dubey S. COVID-19 and addiction. *Diabetes Metab Syndr* 2020; **14** (5): 817–23.

18  
19  
20  
21 38. Khawaja AP, Warwick AN, Hysi PG, et al. Associations with COVID-19 hospitalisation amongst 406,793 adults: the UK Biobank prospective cohort study. Preprint at *medRxiv* May 11, 2020; doi: <https://doi.org/10.1101/2020.05.06.20092957>

22  
23  
24  
25 39 Petrilli CM, Jones SA, Yang J, et al. Factors associated with hospitalization and critical illness among 4,103 patients with COVID-19 disease in New York City. Preprint at *medRxiv* April 11, 2020. doi: 10.1101/2020.04.08.20057794

26  
27 40 Public Health England. Excess Weight and COVID-19: Insights from new evidence

28  
29 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/907966/PHE\\_insight\\_Excess\\_weight\\_and\\_COVID-19\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19_FINAL.pdf)  
30 July, 2020 (accessed August 5, 2020)

31  
32 41 World Health Organization. Fact sheets: Obesity and overweight <https://www.who.int/en/news-room/fact-sheets/detail/obesity-and-overweight>  
33 (accessed August 5, 2020)

34  
35 42 Hastie CE, Mackay DF, Ho F, et al. Vitamin D concentrations and COVID-19 infection in UK Biobank. *Diabetes Metab Syndr* 2020; **14** (4): 561–5.

36  
37 43 D'Avolio A, Avataneo V, Manca A, et al. 25-Hydroxyvitamin D Concentrations Are Lower in Patients with Positive PCR for SARS-CoV-2  
38  
39 *Nutrients* 2020; **12** (5):1359.

40  
41 44 Almario CV, Chey WD, Spiegel BMR. Increased risk of COVID-19 among users of proton-pump inhibitors. *Am J Gastroenterol* 2020; Preprint at: [https://journals.lww.com/ajg/Documents/AJG-20-1811\\_R1\(PUBLISH%20AS%20WEBPART\).pdf](https://journals.lww.com/ajg/Documents/AJG-20-1811_R1(PUBLISH%20AS%20WEBPART).pdf)

42  
43  
44  
45 45 Lee SW, Yeniova AO, Moon SY, et al. Severe clinical outcomes of COVID-19 associated with proton pump inhibitors: a nationwide cohort study with propensity score matching. *Gut* 2020; Preprint Published Online: July 30, 2020. doi: 10.1136/gutjnl-2020-322248.

46  
47 46. O'Mara GJ. Could ACE inhibitors and particularly ARBs increase susceptibility to COVID-19 infection? *BMJ* 2020; **368**: m406.

48  
49 47 Fang L, Karakiulakis G, Roth M. Are patients with hypertension and diabetes mellitus at increased risk for COVID-19 infection? *Lancet Respir Med* 2020; **8** (4): e21.

50  
51 48 Gurwitz D. Angiotensin receptor blockers as tentative SARS-CoV-2 therapeutics. *Drug Dev Res* 2020; **81** (5): 537–40.

52  
53 49 Ciulla MM. Switching to another antihypertensive effective drug when using ACEIs/ARBs to treat arterial hypertension during COVID-19. *Eur Heart J* 2020; **41** (19): 1856.

1  
2  
3 50 Perez-Guzman PN, Daunt A, Mukherjee S, et al. Clinical characteristics and  
4 predictors of outcomes of hospitalized patients with COVID-19 in a multi-ethnic  
5 London NHS Trust: a retrospective cohort study. *Clin Infect Dis* 2020; Preprint  
6 published online: August 7, 2020. doi: 10.1093/cid/ciaa1091.

7  
8 51 McNeely J, Kumar PC, Rieckmann T, et al. Barriers and facilitators affecting  
9 the implementation of substance use screening in primary care clinics: a qualitative  
10 study of patients, providers, and staff. *Addict Sci Clin Pract* 2020; **13** (1): 8.  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

**EL-PaC-Epidem** BMJ Open

---

27322 patients ( $\geq 18$  years) with at least one pancreas, biliary or liver condition, as of March 6, 2020

11175 patients with no record of GP appointment or prescription in East London, or appointment to Barts Health hospitals between 12 August, 2019 and 12 Feb, 2020

16147 patients residing in East London between 12 August, 2019 and 12 Feb, 2020

539 patients died between 12 August, 2019 and 12 Feb, 2020

15608 patients alive on 12 February, 2020

22 patients with suspected COVID-19 diagnosis but never confirmed

**EL-HPB**

---

Final cohort of 15586 patients for the study

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

**Non-COVID**

---

15374 patients without any report of COVID-19

**EL-HPB-COVID**

---

212 patients with confirmed COVID-19 diagnosis in EHR or positive swabs RNA test

**Survivor**

---

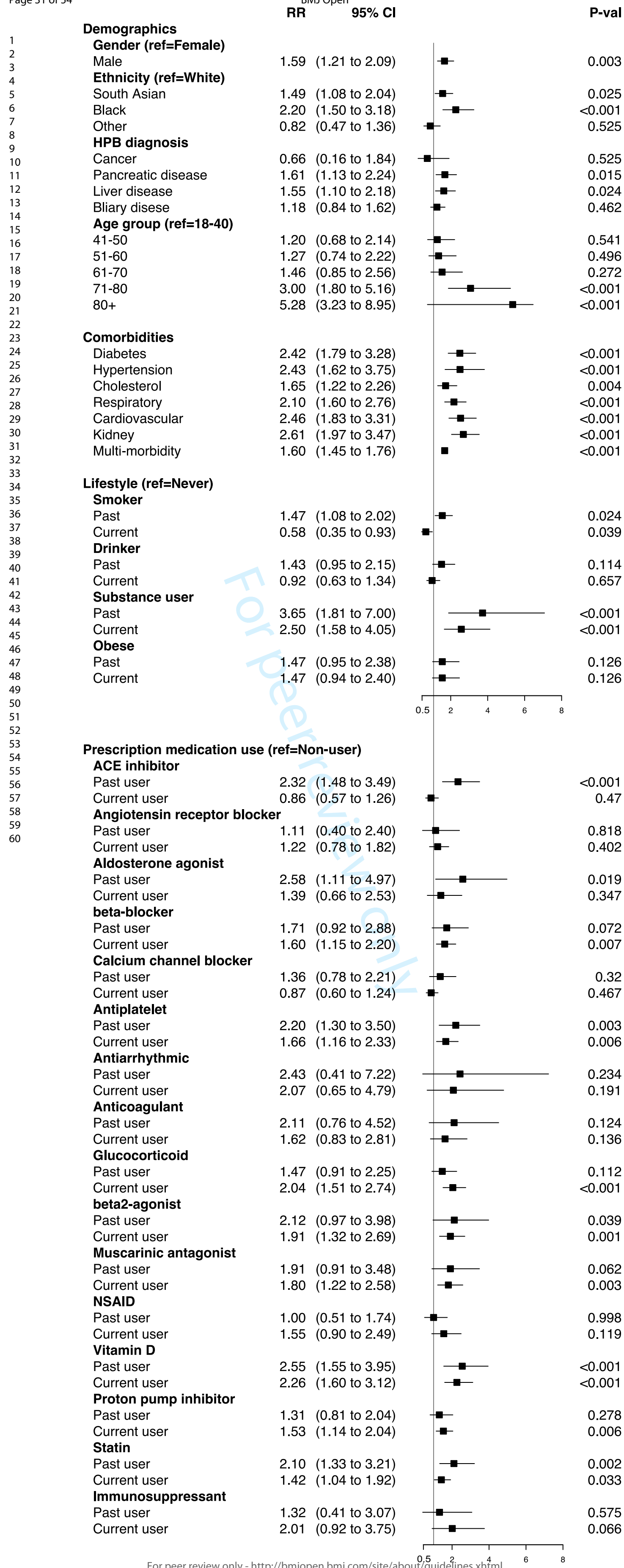
160 patients alive on 12 June, 2020

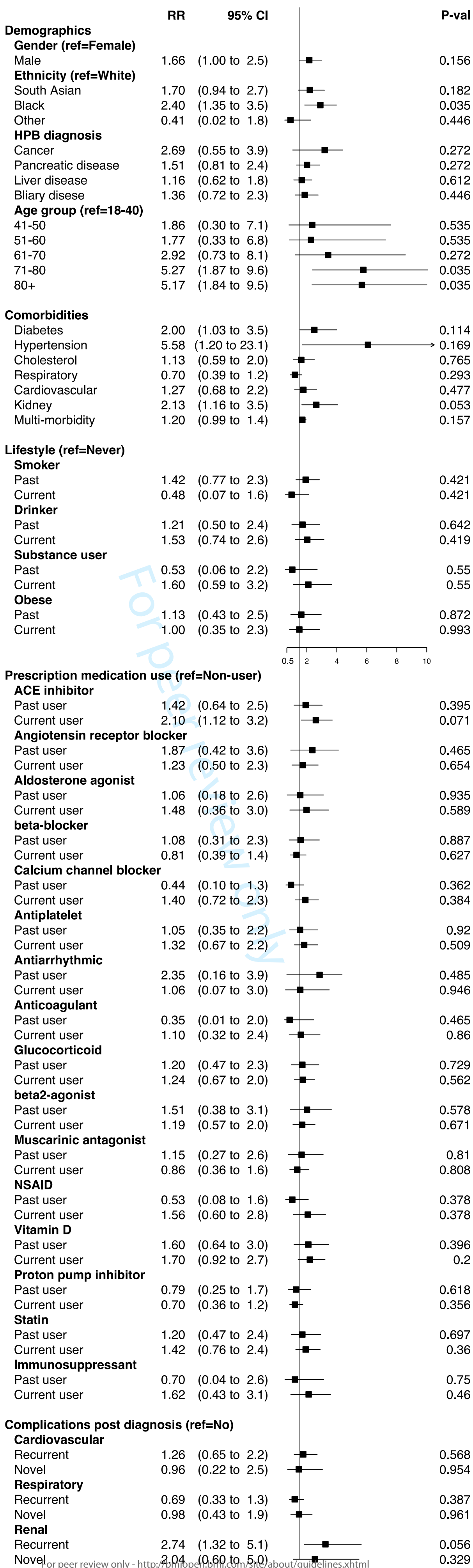
**Deceased**

---

52 patients died between 12 February and 12 June, 2020







**Supplemental Table 1** Codelist for hepato-pancreato-biliary diagnosis groups

Group	Terminology system	Code	Code description	Exclusion
Cancer	ICD-10	C22	Malignant neoplasm of liver and intrahepatic bile ducts	
Cancer	ICD-10	C23	Malignant neoplasm of gallbladder	
Cancer	ICD-10	C24	Malignant neoplasm of other and unspecified parts of biliary tract	
Cancer	ICD-10	C25	Malignant neoplasm of pancreas	
Cancer	ICD-10	D015	Carcinoma in situ of Liver, gallbladder and bile ducts	
Cancer	ICD-10	D017	Carcinoma in situ of Other specified digestive organs incl. Pancreas	
Cancer	ICD-10	D376	Neoplasm of uncertain or unknown behaviour of Liver, gallbladder and bile ducts	
Cancer	SNOMED CT	363418001	Malignant tumor of pancreas (disorder)	94459006 (metastasis to pancreas)
Cancer	SNOMED CT	92672004	Carcinoma in situ of pancreas (disorder)	
Cancer	SNOMED CT	94978003	Neoplasm of uncertain behavior of pancreas (disorder)	
Cancer	SNOMED CT	93870000	Malignant neoplasm of liver (disorder)	94381002 (metastasis to liver)
Cancer	SNOMED CT	92644006	Carcinoma in situ of liver (disorder)	
Cancer	SNOMED CT	94910002	Neoplasm of uncertain behavior of liver (disorder)	
Cancer	SNOMED CT	363415003	Malignant tumor of biliary tract (disorder)	94185003 (metastasis to biliary tract)
Cancer	SNOMED CT	92545000	Carcinoma in situ of biliary tract (disorder)	
Cancer	SNOMED CT	255064003	Neoplasm of uncertain behavior of biliary system (disorder)	
Cancer	READ	B15	Malignant neoplasm of liver and intrahepatic bile ducts	
Cancer	READ	B16	Malignant neoplasm gallbladder and extrahepatic bile ducts	
Cancer	READ	B17	Malignant neoplasm of pancreas	
Cancer	READ	B808.	Carcinoma in situ of liver and biliary system	
Cancer	READ	B8080	Carcinoma in situ of liver	
Cancer	READ	B8081	Carcinoma in situ of intrahepatic bile ducts	
Cancer	READ	B8082	Carcinoma in situ of hepatic duct	
Cancer	READ	B8083	Carcinoma in situ of gall bladder	
Cancer	READ	B8085	Carcinoma in situ of common bile duct	
Cancer	READ	B8086	Carcinoma in situ of ampulla of Vater	
Cancer	READ	B8087	Carcinoma in situ of sphincter of Oddi	
Cancer	READ	B80z0	Carcinoma in situ of pancreas	

1				
2				
3				
4	Cancer	READ	B903.	Neoplasm of uncertain behaviour of liver and biliary passage
5	Cancer	READ	B9030	Neoplasm of uncertain behaviour of liver
6	Cancer	READ	B9031	Neoplasm of uncertain behaviour of intra-hepatic bile ducts
7	Cancer	READ	B9032	Neoplasm of uncertain behaviour of hepatic duct
8	Cancer	READ	B9033	Neoplasm of uncertain behaviour of gall bladder
9	Cancer	READ	B9034	Neoplasm of uncertain behaviour of cystic duct
10	Cancer	READ	B9035	Neoplasm of uncertain behaviour of common bile duct
11	Cancer	READ	B9036	Neoplasm of uncertain behaviour of ampulla of Vater
12	Cancer	READ	B9037	Neoplasm of uncertain behaviour of sphincter of Oddi
13	Cancer	READ	B9051	Neoplasm of uncertain behaviour of pancreas
14	Cancer	READ	Byu10	[X]Other sarcomas of the liver
15	Cancer	READ	Byu11	[X]Other specified carcinomas of liver
16	Cancer	READ	Byu12	[X]Malignant neoplasm of intestinal tract, part unspecified
17	Cancer	READ	Byu12	[X]Malignant neoplasm of intestinal tract, part unspecified
18	Cancer	CTV3	B15..	Malignant neoplasm of liver and intrahepatic bile ducts
19	Cancer	CTV3	B16..	Malignant tumour of biliary tract
20	Cancer	CTV3	B16..	Malignant tumour of biliary tract
21	Cancer	CTV3	B162.	Malignant tumour of ampulla of Vater
22	Cancer	CTV3	B17..	Malignant tumour of pancreas
23				
24	Cancer	CTV3	B80z0	Carcinoma in situ of pancreas
25	Cancer	CTV3	B9030	Neoplasm of uncertain behaviour of liver
26	Cancer	CTV3	B9031	Neoplasm of uncertain behaviour of intrahepatic bile ducts
27	Cancer	CTV3	B9032	Neoplasm of uncertain behaviour of hepatic duct
28	Cancer	CTV3	B9033	Neoplasm of uncertain behaviour of gallbladder
29	Cancer	CTV3	B9034	Neoplasm of uncertain behaviour of cystic duct
30	Cancer	CTV3	B9035	Neoplasm of uncertain behaviour of common bile duct
31	Cancer	CTV3	B9036	Neoplasm of uncertain behaviour of ampulla of Vater
32	Cancer	CTV3	B9037	Neoplasm of uncertain behaviour of sphincter of Oddi
33	Cancer	CTV3	B903z	Neop of uncertain behaviour of liver or biliary passages NOS
34	Cancer	CTV3	B9051	Neoplasm of uncertain behaviour of pancreas
35	Cancer	CTV3	B9051	Neoplasm of uncertain behaviour of pancreas
36	Cancer	CTV3	X78ed	Neoplasm of uncertain behaviour of biliary system
37	Cancer	CTV3	X78ed	Neoplasm of uncertain behaviour of biliary system
38	Cancer	CTV3	X78mC	Carcinoma in situ of biliary tract
39	Cancer	CTV3	X78mC	Carcinoma in situ of biliary tract
40	Cancer	CTV3	Xa97q	Malignant tumour of liver
41				
42				
43				
44				
45				
46				

B162. (ampullary tumour)  
X78kd (metastasis to pancreas)  
B8086 (ampullary carcinoma in situ)

Cancer	CTV3	XE2ve	Neoplasm of uncertain behaviour of liver and biliary passage	
Pancreatic disease	ICD-10	D136	Benign neoplasm of Pancreas excl. Endocrine pancreas	
Pancreatic disease	ICD-10	D137	Benign neoplasm of Endocrine pancreas	
Pancreatic disease	ICD-10	K85	Acute pancreatitis	
Pancreatic disease	ICD-10	K86	Other diseases of pancreas	
Pancreatic disease	ICD-10	K871	Disorders of pancreas in diseases classified elsewhere	
Pancreatic disease	SNOMED CT	3855007	Disorder of pancreas (disorder)	363418001,92672004,94978003 (cancer)
Pancreatic disease	READ	B716	Benign neoplasm of pancreas, excluding islets of Langerhans	
Pancreatic disease	READ	B717	Benign neoplasm of islets of Langerhans	
Pancreatic disease	READ	J67	Diseases of pancreas	
Pancreatic disease	CTV3	J67..	Disorder of pancreas	X309Y (tumour)
Pancreatic disease	CTV3	X78oE	Benign tumour of pancreas	
Liver disease	ICD-10	D134	Benign neoplasm of Liver	
Liver disease	ICD-10	K70	Alcoholic liver disease	
Liver disease	ICD-10	K71	Toxic liver disease	
Liver disease	ICD-10	K72	Hepatic failure, not elsewhere classified	
Liver disease	ICD-10	K73	Chronic hepatitis, not elsewhere classified	
Liver disease	ICD-10	K74	Fibrosis and cirrhosis of liver	
Liver disease	ICD-10	K75	Other inflammatory liver diseases	
Liver disease	ICD-10	K76	Other diseases of liver	
Liver disease	SNOMED CT	235856003	Disorder of liver (disorder)	93870000,92644006,94910002 (cancer)
Liver disease	READ	B715.	Benign neoplasm of liver and biliary ducts	
Liver disease	READ	B7150	Benign neoplasm of liver	
Liver disease	READ	B7151	Benign neoplasm of intrahepatic bile ducts	
Liver disease	READ	B7154	Benign neoplasm of hepatic duct	
Liver disease	READ	B7158	Focal nodular hyperplasia of liver	
Liver disease	READ	J60	Acute and subacute liver necrosis	
Liver disease	READ	J61	Cirrhosis and chronic liver disease	
Liver disease	READ	J62	Liver abscess and sequelae of chronic liver disease	
Liver disease	READ	J634	Hepatic infarction	
Liver disease	READ	J635	Toxic liver disease	
Liver disease	READ	J636	Central haemorrhagic necrosis of liver	

1				
2				
3				
4	Liver disease	READ	J637	Hepatic veno-occlusive disease
5	Liver disease	READ	J638	Peliosis hepatis
6	Liver disease	READ	J639	Hepatic granulomas in berylliosis
7	Liver disease	READ	J63A	Hepatic granulomas in sarcoidosis
8	Liver disease	READ	J63X	Granulomatous hepatitis, not elsewhere classified
9	Liver disease	READ	J63y	Other specified liver disorder
10	Liver disease	READ	J63z.	Liver disorder NOS
11	Liver disease	CTV3	B715.	Benign neoplasm: [liver & biliary ducts] or [biliary system]
12	Liver disease	CTV3	B7150	Benign tumour of liver
13	Liver disease	CTV3	J614.	Chronic hepatitis
14	Liver disease	CTV3	J61y.	Other non-alcoholic chronic liver disease
15	Liver disease	CTV3	J61y3	Portal fibrosis without cirrhosis
16	Liver disease	CTV3	J61z.	Chronic liver disease NOS
17	Liver disease	CTV3	J62y.	(Hepat failure (& [NOS]) or (oth sequelae chronic liver dis)
18	Liver disease	CTV3	Jyu70	[X]Toxic liver disease with other disorders of liver
19	Liver disease	CTV3	Jyu71	[X]Other and unspecified cirrhosis of liver
20	Liver disease	CTV3	Jyu72	[X]Other specified inflammatory liver diseases
21	Liver disease	CTV3	Jyu76	[X]Toxic liver disease, unspecified
22	Liver disease	CTV3	Jyu77	[X]Granulomatous hepatitis, not elsewhere classified
23	Liver disease	CTV3	X306T	Inflammatory liver disease
24	Liver disease	CTV3	X3071	Alcoholic liver disease
25	Liver disease	CTV3	X307L	Cirrhosis of liver
26	Liver disease	CTV3	X307v	Fatty change of liver
27	Liver disease	CTV3	XaREa	Liver disease due to cystic fibrosis
28	Liver disease	CTV3	XE0bC	Other sequelae of chronic liver disease
29	Liver disease	CTV3	XE0dB	(Acute/subacute necrosis of liver) or (acute liver failure)
30	Liver disease	CTV3	XE0dD	(Cirrhosis &/or chron liver dis) or (alcoholic liver disease)
31	Liver disease	CTV3	XE2xC	Benign neoplasm of liver and biliary ducts
32	Liver disease	CTV3	XE2xC	Benign neoplasm of liver and biliary ducts
33	Liver disease	CTV3	XE2xC	Benign neoplasm of liver and biliary ducts
34	Liver disease	CTV3	XE2xC	Benign neoplasm of liver and biliary ducts
35	Liver disease	CTV3	XE2xC	Benign neoplasm of liver and biliary ducts
36	Biliary disease	ICD-10	D135	Benign neoplasm of Extrahepatic bile ducts
37	Biliary disease	ICD-10	K80	Cholelithiasis
38	Biliary disease	ICD-10	K81	Cholecystitis
39	Biliary disease	ICD-10	K82	Other diseases of gallbladder
40	Biliary disease	ICD-10	K82	Other diseases of gallbladder
41				
42				
43				
44				
45				
46				

1					
2					
3	Biliary disease	ICD-10	K83	Other diseases of biliary tract	
4	Biliary disease	ICD-10	K870	Disorders of gallbladder and biliary tract in diseases classified elsewhere	
5	Biliary disease	SNOMED CT	105997008	Disorder of biliary tract (disorder)	363415003,92545000,255064003 (cancer)
6	Biliary disease	READ	B715.	Benign neoplasm of liver and biliary ducts	
7	Biliary disease	READ	B7152	Benign neoplasm of gallbladder	
8	Biliary disease	READ	B7155	Benign neoplasm of bile duct	
9	Biliary disease	READ	B7156	Benign neoplasm of sphincter of Oddi	
10	Biliary disease	READ	B7157	Benign neoplasm of ampulla of Vater	
11	Biliary disease	READ	J64	Cholelithiasis	
12	Biliary disease	READ	J65	Other gallbladder disorders	
13	Biliary disease	READ	J66	Other biliary tract disorders	
14	Biliary disease	CTV3	B715.	Benign neoplasm: [liver & biliary ducts] or [biliary system]	
15	Biliary disease	CTV3	X3081	Disorder of biliary tract	X308Y (tumour)
16	Biliary disease	CTV3	X78oB	Benign tumour of biliary tract	
17	Biliary disease	CTV3	XE2xC	Benign neoplasm of liver and biliary ducts	

Any incomplete ICD-10 code (less than four characters) or READ v2 code (less than five characters) implies inclusion of all codes starting with the prefix code.  
 Any CTV3 or SNOMED CT code implies inclusion of all children codes, excluding those in the Exclusion column.

**Supplemental Table 2** Codelist for confirmed and suspected COVID-19 diagnosis

<b>Group</b>	<b>Terminology system</b>	<b>Code</b>	<b>Code description</b>
Confirmed	ICD-10	B342	Coronavirus infection, unspecified site
Confirmed	ICD-10	U049	Severe acute respiratory syndrome [SARS], unspecified
Confirmed	ICD-10	U071	COVID-19, virus identified
Confirmed	SNOMED CT	186747009	Coronavirus infection (disorder)
Suspected	ICD-10	U072	COVID-19, virus not identified

Any SNOMED CT code implies inclusion of all children codes, excluding those in the Exclusion column.

For peer review only



**Supplemental Table 3** Risk ratio estimates of COVID-19 for HPB patients with specific demographic, comorbidity, lifestyle and medication use characteristics.

	Crude Risk Ratio (RR)	P value	Adjusted RR	P value	Adjusted RR (+all comorbidity)	P value	Adjusted RR (+diabetes)	P value	Adjusted RR (+hypertension)	P value
	(95% CI)		(95% CI)		(95% CI)		(95% CI)		(95% CI)	
<b>Demographics</b>										
<b>Gender</b>										
Female										
Male	1.57 (1.2 to 2.06)	0.001	1.59 (1.21 to 2.09)	0.003	1.46 (1.11 to 1.92)	0.023	1.53 (1.17 to 2.02)	0.007	1.56 (1.18 to 2.05)	0.005
<b>Ethnic origin</b>										
White										
South Asian	1.24 (0.9 to 1.69)	0.184	1.49 (1.08 to 2.04)	0.025	1.19 (0.85 to 1.64)	0.436	1.17 (0.84 to 1.62)	0.505	1.45 (1.05 to 1.99)	0.042
Black	1.88 (1.28 to 2.72)	0.002	2.2 (1.5 to 3.18)	<0.001	2.01 (1.36 to 2.9)	0.001	1.12 (1.31 to 2.77)	0.003	2.11 (1.43 to 3.04)	<0.001
Other	0.69 (0.39 to 1.14)	0.184	0.82 (0.47 to 1.36)	0.525	0.83 (0.47 to 1.37)	0.58	0.4 (0.42 to 1.22)	0.447	0.84 (0.48 to 1.38)	0.642
<b>HPB diagnosis</b>										
Cancer	0.51 (0.13 to 1.33)	0.25	0.66 (0.16 to 1.84)	0.525	0.62 (0.15 to 1.72)	0.567	0.6 (0.14 to 1.68)	0.505	0.63 (0.15 to 1.75)	0.603
<i>Non-cancer</i>										
Pancreatic disease	1.48 (1.07 to 2.01)	0.015	1.61 (1.13 to 2.24)	0.015	1.36 (0.96 to 1.9)	0.174	1.18 (1.03 to 2.06)	0.058	1.51 (1.06 to 2.11)	0.04
Liver disease	1.21 (0.93 to 1.6)	0.16	1.55 (1.1 to 2.18)	0.024	1.32 (0.93 to 1.85)	0.206	1.14 (1.02 to 2.03)	0.068	1.47 (1.04 to 2.07)	0.045
Biliary disease	0.94 (0.72 to 1.23)	0.67	1.18 (0.84 to 1.62)	0.462	1.09 (0.78 to 1.5)	0.665	1.16 (0.83 to 1.59)	0.505	1.15 (0.82 to 1.58)	0.603
<b>Age group</b>										
18-40										
41-50	1.28 (0.72 to 2.29)	0.401	1.2 (0.68 to 2.14)	0.541	0.87 (0.49 to 1.58)	0.682	1.13 (0.58 to 1.86)	0.961	1.04 (0.59 to 1.87)	0.952
51-60	1.37 (0.81 to 2.39)	0.301	1.27 (0.74 to 2.22)	0.496	0.69 (0.39 to 1.24)	0.307	0.7 (0.57 to 1.71)	0.961	1 (0.58 to 1.76)	0.991
61-70	1.58 (0.93 to 2.75)	0.144	1.46 (0.85 to 2.56)	0.272	0.59 (0.33 to 1.09)	0.174	1.1 (0.58 to 1.81)	0.961	1.05 (0.6 to 1.88)	0.952
71-80	2.86 (1.73 to 4.9)	<0.001	3 (1.8 to 5.16)	<0.001	0.97 (0.54 to 1.79)	0.927	1.19 (1.17 to 3.49)	0.032	2.04 (1.19 to 3.6)	0.028
80+	4.96 (3.05 to 8.38)	<0.001	5.28 (3.23 to 8.95)	<0.001	1.48 (0.83 to 2.73)	0.307	3.4 (2.09 to 6.04)	<0.001	3.5 (2.08 to 6.12)	<0.001
<b>Comorbidities</b>										
Diabetes	3.13(2.37 to 4.18)	<0.001	2.42 (1.79 to 3.28)	<0.001	1.73 (1.26 to 2.38)	0.002			2.14 (1.58 to 2.93)	<0.001
Hypertension	3.36(2.32 to 5.07)	<0.001	2.43 (1.62 to 3.75)	<0.001	1.45 (0.94 to 2.3)	0.177	1.57 (1.31 to 3.07)	0.005		
Cholesterol	2.17(1.62 to 2.93)	<0.001	1.65 (1.22 to 2.26)	0.004	1.09 (0.8 to 1.52)	0.593	1.18 (1.01 to 1.9)	0.075	1.46 (1.08 to 2.01)	0.034
Respiratory	2.29(1.75 to 2.99)	<0.001	2.1 (1.6 to 2.76)	<0.001	1.76 (1.34 to 2.32)	<0.001	1.17 (1.5 to 2.59)	<0.001	2.01 (1.53 to 2.64)	<0.001
Cardiovascular	3.11(2.38 to 4.07)	<0.001	2.46 (1.83 to 3.31)	<0.001	1.62 (1.19 to 2.21)	0.006	2.12 (1.58 to 2.87)	<0.001	2.17 (1.61 to 2.93)	<0.001
Kidney	3.23(2.47 to 4.23)	<0.001	2.61 (1.97 to 3.47)	<0.001	1.97 (1.47 to 2.63)	<0.001	2.2 (1.75 to 3.09)	<0.001	2.38 (1.79 to 3.17)	<0.001
Number of comorbidities	1.65(1.52 to 1.8)	<0.001	1.6 (1.45 to 1.76)	<0.001						

**Lifestyle factors****Smoker**

Never

Past

Current

**Drinker**

Never

Past

Current

**Substance user**

Never

Past

Current

**Obese**

Never

Past

Current

**Prescription medication use****ACE inhibitor**

Non-user

Past user

Current user

**Angiotensin receptor blocker**

Non-user

Past user

Current user

**Aldosterone agonist**

Non-user

Past user

Current user

 **$\beta$ -blocker**

Non-user

Past user

Current user

**Calcium channel blocker**

1.72 (1.29 to 2.3)	<0.001	1.47 (1.08 to 2.02)	0.024	1.17 (0.85 to 1.61)	0.425	1.13 (1.03 to 1.92)	0.045	1.44 (1.05 to 1.97)	0.031
0.6 (0.37 to 0.92)	0.026	0.58 (0.35 to 0.93)	0.039	0.52 (0.31 to 0.83)	0.016	0.49 (0.35 to 0.95)	0.045	0.57 (0.34 to 0.91)	0.031
1.63 (1.09 to 2.44)	0.024	1.43 (0.95 to 2.15)	0.114	1.19 (0.79 to 1.79)	0.506	1.13 (0.89 to 2)	0.251	1.35 (0.9 to 2.03)	0.188
1.02 (0.73 to 1.46)	0.898	0.92 (0.63 to 1.34)	0.657	0.94 (0.65 to 1.37)	0.737	0.72 (0.63 to 1.34)	0.647	0.89 (0.62 to 1.31)	0.56
4.1 (2.08 to 7.66)	<0.001	3.65 (1.81 to 7)	<0.001	2.59 (1.27 to 5.01)	0.018	3.1 (1.69 to 6.54)	0.001	3.4 (1.68 to 6.52)	0.001
2.84 (1.88 to 4.41)	<0.001	2.5 (1.58 to 4.05)	<0.001	2 (1.26 to 3.26)	0.015	2.2 (1.53 to 3.93)	0.001	2.37 (1.5 to 3.84)	0.001
1.7 (1.1 to 2.76)	0.033	1.47 (0.95 to 2.38)	0.126	1.15 (0.74 to 1.87)	0.629	1.17 (0.82 to 2.07)	0.393	1.36 (0.88 to 2.2)	0.245
1.47 (0.94 to 2.4)	0.108	1.47 (0.94 to 2.4)	0.126	1.05 (0.66 to 1.73)	0.845	1.1 (0.76 to 1.97)	0.514	1.29 (0.82 to 2.12)	0.324
3.19 (2.04 to 4.76)	<0.001	2.32 (1.48 to 3.49)	<0.001	1.5 (0.96 to 2.26)	0.086	1.33 (1.22 to 2.9)	0.005	1.98 (1.26 to 2.98)	0.003
1.08 (0.71 to 1.57)	0.72	0.86 (0.57 to 1.26)	0.47	0.64 (0.42 to 0.94)	0.052	0.72 (0.47 to 1.05)	0.13	0.73 (0.48 to 1.07)	0.131
1.48 (0.53 to 3.2)	0.38	1.11 (0.4 to 2.4)	0.818	0.65 (0.23 to 1.42)	0.482	0.83 (0.33 to 2.02)	0.875	0.98 (0.35 to 2.12)	0.959
1.56 (1.01 to 2.31)	0.053	1.22 (0.78 to 1.82)	0.402	0.88 (0.56 to 1.31)	0.545	1.17 (0.69 to 1.6)	0.844	1.06 (0.68 to 1.58)	0.897
3.29 (1.42 to 6.34)	0.002	2.58 (1.11 to 4.97)	0.019	1.65 (0.72 to 3.18)	0.277	2.17 (1.02 to 4.55)	0.033	2.41 (1.04 to 4.64)	0.029
1.72 (0.82 to 3.12)	0.109	1.39 (0.66 to 2.53)	0.347	0.9 (0.43 to 1.64)	0.757	1.1 (0.62 to 2.37)	0.474	1.28 (0.61 to 2.33)	0.464
2.22 (1.2 to 3.72)	0.005	1.71 (0.92 to 2.88)	0.072	1.11 (0.6 to 1.88)	0.767	1.13 (0.83 to 2.57)	0.18	1.54 (0.84 to 2.6)	0.147
2.13 (1.54 to 2.89)	<0.001	1.6 (1.15 to 2.2)	0.007	1.05 (0.75 to 1.47)	0.767	1.2 (1.02 to 1.95)	0.053	1.44 (1.03 to 1.97)	0.043

1											
2											
3	Non-user										
4	Past user	1.96 (1.13 to 3.16)	0.014	1.36 (0.78 to 2.21)	0.32	0.9 (0.52 to 1.46)	0.695	1.7 (0.69 to 1.94)	0.494	1.14 (0.66 to 1.85)	0.612
5	Current user	1.23 (0.85 to 1.72)	0.258	0.87 (0.6 to 1.24)	0.467	0.69 (0.48 to 0.98)	0.069	0.9 (0.54 to 1.12)	0.252	0.72 (0.5 to 1.02)	0.099
6	<b>Antiplatelet</b>										
7	Non-user										
8	Past user	3.12 (1.86 to 4.89)	<0.001	2.2 (1.3 to 3.5)	0.003	1.32 (0.77 to 2.11)	0.438	1.7 (1.09 to 2.93)	0.023	1.98 (1.17 to 3.15)	0.01
9	Current user	2.3 (1.63 to 3.18)	<0.001	1.66 (1.16 to 2.33)	0.006	1 (0.69 to 1.42)	0.982	1.2 (0.99 to 2)	0.061	1.48 (1.03 to 2.08)	0.037
10	<b>Antiarrhythmic</b>										
11	Non-user										
12	Past user	3.05 (0.52 to 9.13)	0.11	2.43 (0.41 to 7.22)	0.234	1.3 (0.22 to 3.8)	0.71	2.8 (0.35 to 6.16)	0.332	2.24 (0.38 to 6.68)	0.28
13	Current user	2.43 (0.76 to 5.6)	0.11	2.07 (0.65 to 4.79)	0.191	1.32 (0.41 to 3.06)	0.622	1.8 (0.59 to 4.34)	0.268	1.94 (0.61 to 4.48)	0.235
14	<b>Anticoagulant</b>										
15	Non-user										
16	Past user	2.64 (0.95 to 5.66)	0.029	2.11 (0.76 to 4.52)	0.124	1.46 (0.53 to 3.11)	0.552	2.5 (0.74 to 4.37)	0.16	1.95 (0.7 to 4.18)	0.17
17	Current user	2.07 (1.07 to 3.58)	0.026	1.62 (0.83 to 2.81)	0.136	1.05 (0.54 to 1.83)	0.881	1.9 (0.77 to 2.6)	0.23	1.51 (0.78 to 2.63)	0.203
18	<b>Glucocorticoid</b>										
19	Non-user										
20	Past user	1.63 (1.01 to 2.5)	0.034	1.47 (0.91 to 2.25)	0.112	1.09 (0.68 to 1.69)	0.698	1.5 (0.84 to 2.08)	0.217	1.4 (0.87 to 2.16)	0.159
21	Current user	2.35 (1.74 to 3.14)	<0.001	2.04 (1.51 to 2.74)	<0.001	1.35 (0.97 to 1.86)	0.126	1.5 (1.37 to 2.49)	<0.001	1.91 (1.41 to 2.57)	<0.001
22	<b>β2 to agonist</b>										
23	Non-user										
24	Past user	2.28 (1.04 to 4.28)	0.021	2.12 (0.97 to 3.98)	0.039	1.36 (0.61 to 2.59)	0.51	1.7 (0.9 to 3.69)	0.072	1.98 (0.9 to 3.71)	0.062
25	Current user	2.21 (1.53 to 3.1)	<0.001	1.91 (1.32 to 2.69)	0.001	1.18 (0.79 to 1.73)	0.51	1.5 (1.21 to 2.46)	0.004	1.81 (1.25 to 2.55)	0.002
26	<b>Muscarinic antagonist</b>										
27	Non-user										
28	Past user	2.27 (1.08 to 4.14)	0.015	1.91 (0.91 to 3.48)	0.062	1.34 (0.64 to 2.45)	0.483	1.5 (0.84 to 3.19)	0.122	1.83 (0.88 to 3.33)	0.081
29	Current user	2.22 (1.51 to 3.16)	<0.001	1.8 (1.22 to 2.58)	0.003	1.22 (0.82 to 1.77)	0.479	1.9 (1.15 to 2.42)	0.009	1.69 (1.14 to 2.42)	0.009
30	<b>NSAID</b>										
31	Non-user										
32	Past user	1.14 (0.59 to 1.99)	0.667	1 (0.51 to 1.74)	0.998	0.93 (0.48 to 1.62)	0.819	0.8 (0.51 to 1.71)	0.953	0.96 (0.49 to 1.68)	0.9
33	Current user	1.65 (0.96 to 2.65)	0.077	1.55 (0.9 to 2.49)	0.119	1.48 (0.86 to 2.36)	0.201	1.1 (0.87 to 2.42)	0.168	1.5 (0.87 to 2.4)	0.154
34	<b>Vitamin D</b>										
35	Non-user										
36	Past user	2.93 (1.79 to 4.53)	<0.001	2.55 (1.55 to 3.95)	<0.001	1.9 (1.16 to 2.95)	0.01	2.8 (1.39 to 3.54)	0.001	2.39 (1.45 to 3.7)	<0.001
37	Current user	2.64 (1.89 to 3.62)	<0.001	2.26 (1.6 to 3.12)	<0.001	1.66 (1.18 to 2.29)	0.007	2.7 (1.47 to 2.86)	<0.001	2.11 (1.5 to 2.91)	<0.001
38											
39											
40											
41											
42											
43											
44											
45											
46											

<b>Proton pump inhibitor</b>										
Non-user										
Past user	1.5 (0.93 to 2.32)	0.08	1.31 (0.81 to 2.04)	0.278	1.01 (0.63 to 1.57)	0.951	1.02 (0.75 to 1.89)	0.443	1.24 (0.77 to 1.93)	0.388
Current user	1.8 (1.36 to 2.39)	<0.001	1.53 (1.14 to 2.04)	0.006	1.13 (0.84 to 1.51)	0.545	1.19 (1.03 to 1.84)	0.047	1.4 (1.05 to 1.88)	0.032
<b>Statin</b>										
Non-user										
Past user	2.95 (1.89 to 4.43)	<0.001	2.1 (1.33 to 3.21)	0.002	1.28 (0.81 to 1.97)	0.432	1.29 (1.04 to 2.53)	0.039	1.85 (1.17 to 2.82)	0.009
Current user	1.88 (1.41 to 2.51)	<0.001	1.42 (1.04 to 1.92)	0.033	0.92 (0.67 to 1.27)	0.623	1.2 (0.82 to 1.52)	0.543	1.23 (0.9 to 1.67)	0.21
<b>Immunosuppressant</b>										
Non-user										
Past user	1.6 (0.5 to 3.72)	0.346	1.32 (0.41 to 3.07)	0.575	1.07 (0.34 to 2.48)	0.886	1.01 (0.41 to 3.02)	0.594	1.25 (0.39 to 2.91)	0.652
Current user	2.26 (1.03 to 4.22)	0.033	2.01 (0.92 to 3.75)	0.066	1.63 (0.75 to 3.03)	0.26	1.4 (0.84 to 3.42)	0.13	1.92 (0.88 to 3.58)	0.086

	Adjusted RR (+cholesterol) (95% CI)	P value	Adjusted RR (+respiratory) (95% CI)	P value	Adjusted RR (+cardiovascular) (95% CI)	P value	Adjusted RR (+kidney) (95% CI)	P value
<b>Demographics</b>								
<b>Gender</b>								
Female								
Male	1.56 (1.19 to 2.06)	0.005	1.6 (1.22 to 2.11)	0.002	1.45 (1.1 to 1.91)	0.025	1.56 (1.19 to 2.05)	0.004
<b>Ethnic origin</b>								
White								
South Asian	1.41 (1.02 to 1.94)	0.061	1.5 (1.09 to 2.06)	0.022	1.45 (1.05 to 1.99)	0.038	1.43 (1.04 to 1.97)	0.044
Black	2.23 (1.52 to 3.21)	<0.001	2.33 (1.59 to 3.36)	<0.001	2.15 (1.46 to 3.09)	<0.001	2.14 (1.46 to 3.08)	<0.001
Other	0.82 (0.46 to 1.35)	0.629	0.87 (0.49 to 1.44)	0.609	0.84 (0.47 to 1.38)	0.668	0.82 (0.46 to 1.35)	0.598
<b>HPB diagnosis</b>								
Cancer								
	0.67 (0.16 to 1.87)	0.634	0.65 (0.16 to 1.82)	0.599	0.69 (0.16 to 1.92)	0.668	0.65 (0.16 to 1.82)	0.598
<i>Non-cancer</i>								
Pancreatic disease	1.55 (1.09 to 2.17)	0.026	1.55 (1.09 to 2.17)	0.022	1.56 (1.1 to 2.18)	0.027	1.54 (1.08 to 2.15)	0.028
Liver disease	1.5 (1.06 to 2.11)	0.039	1.5 (1.06 to 2.1)	0.036	1.5 (1.06 to 2.1)	0.038	1.48 (1.05 to 2.08)	0.044
Biliary disease	1.15 (0.83 to 1.59)	0.595	1.17 (0.84 to 1.61)	0.475	1.15 (0.82 to 1.58)	0.624	1.14 (0.82 to 1.57)	0.598
<b>Age group</b>								
18-40								
41-50	1.07 (0.6 to 1.93)	0.821	1.18 (0.67 to 2.12)	0.602	1.11 (0.63 to 1.99)	0.837	1.11 (0.62 to 1.98)	0.733
51-60	1.08 (0.62 to 1.9)	0.821	1.19 (0.7 to 2.08)	0.602	1.06 (0.62 to 1.86)	0.837	1.12 (0.66 to 1.97)	0.726

61-70	1.19 (0.68 to 2.12)	0.642	1.31 (0.76 to 2.31)	0.475	1.06 (0.61 to 1.9)	0.837	1.16 (0.67 to 2.04)	0.704
71-80	2.39 (1.4 to 4.2)	0.005	2.6 (1.55 to 4.48)	0.001	1.97 (1.14 to 3.48)	0.036	1.11 (1.24 to 3.68)	0.017
80+	4.18 (2.49 to 7.25)	<0.001	4.56 (2.79 to 7.75)	<0.001	3.17 (1.85 to 5.59)	<0.001	3.3 (1.96 to 5.74)	<0.001
<b>Comorbidities</b>								
<b>Diabetes</b>	2.25 (1.66 to 3.08)	<0.001	2.28 (1.69 to 3.09)	<0.001	2.09 (1.54 to 2.85)	<0.001	1.12 (1.56 to 2.89)	<0.001
<b>Hypertension</b>	2.22 (1.48 to 3.45)	0.001	2.27 (1.52 to 3.51)	<0.001	1.97 (1.3 to 3.09)	0.006	1.04 (1.36 to 3.17)	0.003
<b>Cholesterol</b>			1.55 (1.14 to 2.13)	0.011	1.43 (1.05 to 1.97)	0.043	1.47 (1.08 to 2.01)	0.033
<b>Respiratory</b>	2.03 (1.54 to 2.67)	<0.001			1.91 (1.46 to 2.52)	<0.001	1.97 (1.5 to 2.59)	<0.001
<b>Cardiovascular</b>	2.31 (1.72 to 3.12)	<0.001	2.26 (1.68 to 3.05)	<0.001			1.06 (1.53 to 2.79)	<0.001
<b>Kidney</b>	2.49 (1.87 to 3.31)	<0.001	2.48 (1.87 to 3.29)	<0.001	2.25 (1.68 to 3.01)	<0.001		
<b>Number of comorbidities</b>								
<b>Lifestyle factors</b>								
<b>Smoker</b>								
Never								
Past	1.41 (1.03 to 1.93)	0.04	1.31 (0.96 to 1.81)	0.102	1.36 (1 to 1.87)	0.069	1.38 (1.01 to 1.89)	0.054
Current	0.57 (0.34 to 0.91)	0.037	0.5 (0.3 to 0.81)	0.009	0.56 (0.33 to 0.89)	0.029	0.6 (0.36 to 0.97)	0.054
<b>Drinker</b>								
Never								
Past	1.37 (0.91 to 2.06)	0.169	1.35 (0.9 to 2.04)	0.187	1.36 (0.9 to 2.04)	0.177	1.36 (0.91 to 2.05)	0.172
Current	0.89 (0.62 to 1.31)	0.557	0.91 (0.63 to 1.34)	0.676	0.96 (0.66 to 1.41)	0.839	0.94 (0.65 to 1.38)	0.759
<b>Substance user</b>								
Never								
Past	3.52 (1.74 to 6.77)	<0.001	3.24 (1.6 to 6.22)	0.001	3.16 (1.56 to 6.1)	0.002	3.21 (1.59 to 6.15)	0.001
Current	2.44 (1.55 to 3.97)	<0.001	2.26 (1.43 to 3.69)	0.001	2.23 (1.4 to 3.64)	0.002	2.36 (1.5 to 3.81)	0.001
<b>Obese</b>								
Never								
Past	1.37 (0.88 to 2.23)	0.229	1.45 (0.94 to 2.36)	0.139	1.41 (0.91 to 2.28)	0.183	1.35 (0.87 to 2.19)	0.223
Current	1.36 (0.86 to 2.23)	0.231	1.41 (0.9 to 2.31)	0.171	1.39 (0.88 to 2.27)	0.196	1.36 (0.87 to 2.23)	0.223
<b>Prescription medication use</b>								
<b>ACE inhibitor</b>								
Non-user								
Past user	2.14 (1.36 to 3.22)	0.001	2.21 (1.41 to 3.32)	<0.001	1.91 (1.21 to 2.87)	0.006	1.96 (1.25 to 2.95)	0.003
Current user	0.8 (0.53 to 1.17)	0.31	0.86 (0.57 to 1.26)	0.508	0.76 (0.5 to 1.11)	0.198	0.79 (0.52 to 1.16)	0.287
<b>Angiotensin receptor blocker</b>								

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46

Non-user								
Past user	1.03 (0.37 to 2.23)	0.952	1.01 (0.36 to 2.19)	0.979	0.89 (0.32 to 1.93)	0.799	0.88 (0.32 to 1.92)	0.784
Current user	1.14 (0.73 to 1.7)	0.606	1.17 (0.75 to 1.74)	0.547	1.07 (0.69 to 1.6)	0.799	1.07 (0.69 to 1.6)	0.784
<b>Aldosterone agonist</b>								
Non-user								
Past user	2.47 (1.06 to 4.75)	0.025	2.47 (1.06 to 4.74)	0.02	1.96 (0.85 to 3.79)	0.094	2.1 (0.91 to 4.03)	0.062
Current user	1.33 (0.63 to 2.42)	0.403	1.27 (0.61 to 2.31)	0.5	1.04 (0.49 to 1.9)	0.911	1.17 (0.56 to 2.13)	0.644
<b>β to blocker</b>								
Non-user								
Past user	1.58 (0.85 to 2.67)	0.127	1.71 (0.93 to 2.87)	0.071	1.26 (0.68 to 2.15)	0.422	1.43 (0.78 to 2.42)	0.239
Current user	1.5 (1.08 to 2.07)	0.021	1.58 (1.13 to 2.16)	0.009	1.18 (0.83 to 1.64)	0.422	1.39 (1 to 1.92)	0.067
<b>Calcium channel blocker</b>								
Non-user								
Past user	1.25 (0.72 to 2.04)	0.388	1.29 (0.74 to 2.1)	0.418	1.15 (0.66 to 1.86)	0.596	1.13 (0.65 to 1.83)	0.649
Current user	0.83 (0.57 to 1.18)	0.388	0.87 (0.6 to 1.24)	0.502	0.83 (0.57 to 1.17)	0.379	0.8 (0.55 to 1.13)	0.284
<b>Antiplatelet</b>								
Non-user								
Past user	2.01 (1.19 to 3.21)	0.008	2.04 (1.2 to 3.24)	0.007	1.56 (0.91 to 2.51)	0.109	1.89 (1.12 to 3)	0.018
Current user	1.52 (1.06 to 2.14)	0.026	1.54 (1.07 to 2.16)	0.021	1.13 (0.77 to 1.62)	0.526	1.45 (1.01 to 2.04)	0.046
<b>Antiarrhythmic</b>								
Non-user								
Past user	2.27 (0.38 to 6.72)	0.271	2.1 (0.36 to 6.15)	0.323	1.76 (0.3 to 5.26)	0.428	1.79 (0.3 to 5.3)	0.405
Current user	2.01 (0.63 to 4.63)	0.209	1.85 (0.58 to 4.28)	0.275	1.49 (0.46 to 3.45)	0.428	1.75 (0.54 to 4.02)	0.339
<b>Anticoagulant</b>								
Non-user								
Past user	2 (0.72 to 4.28)	0.154	1.96 (0.71 to 4.17)	0.168	1.62 (0.58 to 3.48)	0.359	1.8 (0.65 to 3.85)	0.238
Current user	1.52 (0.78 to 2.65)	0.196	1.49 (0.76 to 2.58)	0.222	1.23 (0.63 to 2.14)	0.512	1.31 (0.68 to 2.29)	0.374
<b>Glucocorticoid</b>								
Non-user								
Past user	1.41 (0.88 to 2.17)	0.152	1.24 (0.76 to 1.92)	0.404	1.36 (0.84 to 2.09)	0.206	1.36 (0.85 to 2.1)	0.201
Current user	1.93 (1.42 to 2.6)	<0.001	1.53 (1.1 to 2.13)	0.016	1.88 (1.39 to 2.52)	<0.001	1.88 (1.39 to 2.53)	<0.001
<b>β2-agonist</b>								
Non-user								
Past user	2.05 (0.93 to 3.84)	0.057	1.42 (0.64 to 2.72)	0.379	1.88 (0.86 to 3.52)	0.086	1.04 (0.93 to 3.8)	0.051
Current user	1.81 (1.25 to 2.55)	0.002	1.24 (0.83 to 1.83)	0.363	1.73 (1.19 to 2.44)	0.006	1.82 (1.26 to 2.56)	0.002

https://bmjopen-2020-045077 on 19 April 2021. Downloaded from https://bmjopen.bmj.com/ on April 17, 2024 by guest. Protected by copyright.

**Muscarinic antagonist**

Non-user

Past user 1.82 (0.87 to 3.32) 0.083 1.56 (0.74 to 2.85) 0.214 1.72 (0.82 to 3.13) 0.121 1.76 (0.84 to 3.19) 0.103

Current user 1.73 (1.17 to 2.48) 0.006 1.32 (0.88 to 1.94) 0.205 1.59 (1.08 to 2.28) 0.023 1.69 (1.15 to 2.43) 0.009

**NSAID**

Non-user

Past user 0.98 (0.5 to 1.7) 0.944 0.95 (0.49 to 1.65) 0.861 0.99 (0.51 to 1.72) 0.968 0.99 (0.51 to 1.73) 0.98

Current user 1.51 (0.87 to 2.42) 0.146 1.48 (0.86 to 2.37) 0.166 1.54 (0.89 to 2.46) 0.123 1.55 (0.9 to 2.48) 0.115

**Vitamin D**

Non-user

Past user 2.37 (1.44 to 3.69) &lt;0.001 2.38 (1.45 to 3.69) &lt;0.001 2.34 (1.43 to 3.63) 0.001 2.21 (1.34 to 3.42) 0.001

Current user 2.14 (1.52 to 2.97) &lt;0.001 2.03 (1.44 to 2.82) &lt;0.001 2.03 (1.44 to 2.81) &lt;0.001 1.98 (1.41 to 2.74) &lt;0.001

**Proton pump inhibitor**

Non-user

Past user 1.23 (0.76 to 1.91) 0.382 1.23 (0.76 to 1.91) 0.421 1.22 (0.75 to 1.89) 0.395 1.17 (0.72 to 1.82) 0.497

Current user 1.42 (1.06 to 1.9) 0.029 1.39 (1.04 to 1.86) 0.038 1.36 (1.02 to 1.82) 0.057 1.4 (1.05 to 1.87) 0.034

**Statin**

Non-user

Past user 1.8 (1.13 to 2.78) 0.016 1.93 (1.22 to 2.94) 0.005 1.77 (1.12 to 2.71) 0.019 1.81 (1.14 to 2.76) 0.012

Current user 1.22 (0.89 to 1.68) 0.254 1.35 (0.99 to 1.82) 0.063 1.21 (0.89 to 1.65) 0.242 1.27 (0.93 to 1.72) 0.144

**Immunosuppressant**

Non-user

Past user 1.26 (0.39 to 2.92) 0.643 1.21 (0.38 to 2.81) 0.698 1.21 (0.38 to 2.8) 0.703 1.21 (0.38 to 2.8) 0.7

Current user 1.97 (0.9 to 3.67) 0.085 1.85 (0.84 to 3.44) 0.108 1.94 (0.89 to 3.62) 0.079 1.83 (0.84 to 3.4) 0.113

Risk ratios, except the crude ones, are mutually adjusted for gender, ethnicity, age group and HPB diagnosis, and also for additional conditions when mentioned inside the parenthesis. Simplified binary age group (over and under 60) are used for adjustment for all categories except demographics. All p values presented, except for the crude risk ratios, are Benjamini-Hochberg corrected.

**Supplemental Table 4** Risk ratio estimates of COVID-19 related death for HPB patients with specific demographic, comorbidity, lifestyle, medication use and post COVID-19 diagnosis complication characteristics.

	Crude Risk Ratio (RR) (95% CI)	P value	Adjusted RR (95% CI)	P value	Adjusted RR (+all comorbidity) (95% CI)	P value	Adjusted RR (+diabetes) (95% CI)	P value	Adjusted RR (+hypertension) (95% CI)	P value
<b>Demographics</b>										
<b>Gender</b>										
Female										
Male	1.38 (0.85 to 2.08)	0.18	1.66 (1 to 2.5)	0.156	1.61 (0.94 to 2.48)	0.385	1.7 (1.03 to 2.57)	0.142	1.69 (1.02 to 2.54)	0.143
<b>Ethnic origin</b>										
White										
South Asian	1.42 (0.8 to 2.26)	0.212	1.7 (0.94 to 2.68)	0.182	1.52 (0.79 to 2.53)	0.4	1.6 (0.79 to 2.49)	0.354	1.67 (0.91 to 2.66)	0.236
Black	1.86 (1.03 to 2.85)	0.077	2.4 (1.35 to 3.48)	0.035	2.2 (1.14 to 3.37)	0.223	2.1 (1.26 to 3.41)	0.079	2.41 (1.35 to 3.5)	0.044
Other	0.3 (0.02 to 1.29)	0.212	0.41 (0.02 to 1.76)	0.446	0.33 (0.02 to 1.58)	0.413	0.33 (0.02 to 1.63)	0.401	0.4 (0.02 to 1.74)	0.449
<b>HPB diagnosis</b>										
Cancer	2.68 (0.64 to 3.93)	0.15	2.69 (0.55 to 3.91)	0.272	3.32 (0.93 to 3.95)	0.385	3.2 (0.8 to 3.94)	0.195	2.55 (0.47 to 3.89)	0.361
<i>Non-cancer</i>										
Pancreatic disease	1.28 (0.74 to 1.96)	0.350	1.51 (0.81 to 2.36)	0.272	1.44 (0.74 to 2.33)	0.413	1.4 (0.78 to 2.32)	0.354	1.43 (0.76 to 2.28)	0.369
Liver disease	0.74 (0.44 to 1.15)	0.195	1.16 (0.62 to 1.84)	0.612	1.13 (0.58 to 1.84)	0.812	1.1 (0.62 to 1.85)	0.686	1.1 (0.57 to 1.79)	0.754
Biliary disease	1.45 (0.91 to 2.15)	0.110	1.36 (0.72 to 2.26)	0.446	1.4 (0.72 to 2.35)	0.421	1.4 (0.73 to 2.31)	0.401	1.33 (0.7 to 2.23)	0.449
<b>Age group</b>										
18-40										
41-50	1.32 (0.22 to 5.8)	0.780	1.86 (0.3 to 7.09)	0.535	1.54 (0.21 to 6.85)	0.812	1.6 (0.23 to 6.58)	0.686	2.11 (0.34 to 7.57)	0.469
51-60	1.26 (0.25 to 5.48)	0.780	1.77 (0.33 to 6.76)	0.535	1.36 (0.22 to 6.26)	0.819	1.4 (0.25 to 6.17)	0.686	1.88 (0.35 to 7.04)	0.493
61-70	2.51 (0.68 to 7.46)	0.297	2.92 (0.73 to 8.08)	0.272	1.83 (0.34 to 7.05)	0.65	2.6 (0.44 to 7.18)	0.462	2.89 (0.69 to 8.14)	0.313
71-80	4.45 (1.58 to 9.04)	0.046	5.27 (1.87 to 9.57)	0.035	3.1 (0.71 to 8.52)	0.4	3.9 (1.11 to 8.93)	0.142	4.86 (1.59 to 9.42)	0.083
80+	4.15 (1.47 to 8.82)	0.046	5.17 (1.84 to 9.51)	0.035	3.21 (0.76 to 8.55)	0.4	4.2 (1.29 to 9.07)	0.142	4.62 (1.49 to 9.27)	0.083
<b>Comorbidity</b>										
Diabetes	2.22 (1.28 to 3.58)	0.009	2 (1.03 to 3.5)	0.114	1.71 (0.83 to 3.19)	0.298			1.96 (1 to 3.46)	0.139
Hypertension	8.4 (2.24 to 25.53)	0.018	5.58 (1.2 to 23.1)	0.169	4.67 (0.89 to 22.33)	0.296	5.48 (1.15 to 23.05)	0.167		
Cholesterol	1.45 (0.84 to 2.34)	0.190	1.13 (0.59 to 2.01)	0.765	0.96 (0.47 to 1.82)	0.917	1.0 (0.54 to 1.93)	0.84	1.04 (0.53 to 1.89)	0.908
Respiratory	0.89 (0.54 to 1.38)	0.630	0.7 (0.39 to 1.17)	0.293	0.74 (0.39 to 1.27)	0.432	0.7 (0.42 to 1.27)	0.391	0.72 (0.39 to 1.2)	0.331
Cardiovascular	1.77 (1.09 to 2.66)	0.024	1.27 (0.68 to 2.16)	0.477	0.93 (0.43 to 1.82)	0.917	1.2 (0.65 to 2.1)	0.568	1.18 (0.62 to 2.04)	0.659
Kidney	2.71 (1.68 to 4.06)	<0.001	2.13 (1.16 to 3.55)	0.053	1.98 (0.98 to 3.55)	0.232	2.6 (1.08 to 3.42)	0.130	1.96 (1.05 to 3.34)	0.118
Number of comorbidities	1.35 (1.15 to 1.57)	<0.001	1.2 (0.99 to 1.45)	0.157						



<i>Lifestyle factors</i>										
<b>Smoker</b>										
Never										
Past	1.61 (1 to 2.4)	0.082	1.42 (0.77 to 2.34)	0.421	1.36 (0.7 to 2.31)	0.443	1.31 (0.74 to 2.32)	0.423	1.37 (0.74 to 2.28)	0.435
Current	0.39 (0.06 to 1.23)	0.167	0.48 (0.07 to 1.62)	0.421	0.48 (0.07 to 1.69)	0.443	0.44 (0.07 to 1.62)	0.423	0.49 (0.07 to 1.68)	0.435
<b>Drinker</b>										
Never										
Past	1.16 (0.54 to 2.13)	0.679	1.21 (0.5 to 2.35)	0.642	0.99 (0.36 to 2.13)	0.978	1.19 (0.43 to 2.2)	0.842	1.17 (0.48 to 2.3)	0.713
Current	1.21 (0.64 to 2.08)	0.679	1.53 (0.74 to 2.64)	0.419	1.69 (0.77 to 2.94)	0.328	1.48 (0.7 to 2.6)	0.412	1.39 (0.65 to 2.51)	0.616
<b>Substance user</b>										
Never										
Past	0.74 (0.11 to 2.35)	0.690	0.53 (0.06 to 2.19)	0.550	0.52 (0.05 to 2.53)	0.691	0.51 (0.07 to 2.42)	0.598	0.47 (0.06 to 2.08)	0.517
Current	1.74 (0.85 to 3.03)	0.210	1.6 (0.59 to 3.16)	0.550	1.44 (0.39 to 3.24)	0.691	1.31 (0.57 to 3.18)	0.458	1.41 (0.47 to 3.01)	0.595
<b>Obese</b>										
Never										
Past	1.19 (0.52 to 2.41)	0.943	1.13 (0.43 to 2.46)	0.872	0.76 (0.24 to 2.01)	0.740	1.01 (0.37 to 2.31)	0.98	1.06 (0.38 to 2.39)	0.986
Current	1.03 (0.42 to 2.23)	0.943	1 (0.35 to 2.34)	0.993	0.74 (0.23 to 2.01)	0.740	0.81 (0.29 to 2.15)	0.845	1 (0.34 to 2.35)	0.999
<i>Prescription medication use</i>										
<b>ACE inhibitor</b>										
Non-user										
Past user	1.81 (0.91 to 2.87)	0.074	1.42 (0.64 to 2.53)	0.395	1.24 (0.51 to 2.37)	0.722	1.21 (0.55 to 2.36)	0.573	1.35 (0.59 to 2.45)	0.468
Current user	1.99 (1.12 to 2.98)	0.029	2.1 (1.12 to 3.2)	0.071	1.99 (1.01 to 3.14)	0.199	2.01 (1.07 to 3.15)	0.102	1.93 (1 to 3.04)	0.162
<b>Angiotensin receptor blocker</b>										
Non-user										
Past user	2.48 (0.8 to 3.81)	0.140	1.87 (0.42 to 3.61)	0.465	1.92 (0.43 to 3.64)	0.509	1.61 (0.36 to 3.52)	0.537	1.76 (0.39 to 3.55)	0.521
Current user	1.16 (0.52 to 2.02)	0.680	1.23 (0.5 to 2.26)	0.654	1.15 (0.45 to 2.19)	0.846	1.11 (0.46 to 2.18)	0.778	1.19 (0.48 to 2.22)	0.714
<b>Aldosterone agonist</b>										
Non-user										
Past user	1.14 (0.21 to 2.63)	0.830	1.06 (0.18 to 2.61)	0.935	0.94 (0.15 to 2.53)	0.934	1.03 (0.2 to 2.72)	0.849	0.98 (0.17 to 2.51)	0.973
Current user	1.33 (0.37 to 2.65)	0.830	1.48 (0.36 to 2.95)	0.589	1.12 (0.22 to 2.71)	0.934	1.31 (0.31 to 2.86)	0.709	1.44 (0.35 to 2.94)	0.622
<b>B-blocker</b>										
Non-user										
Past user	1.23 (0.41 to 2.37)	0.940	1.08 (0.31 to 2.34)	0.887	0.67 (0.16 to 1.8)	0.589	0.91 (0.24 to 2.14)	0.86	0.99 (0.28 to 2.22)	0.989
Current user	1.02 (0.55 to 1.65)	0.940	0.81 (0.39 to 1.45)	0.627	0.59 (0.25 to 1.19)	0.316	0.71 (0.36 to 1.38)	0.479	0.74 (0.35 to 1.36)	0.483
<b>Calcium channel blocker</b>										
Non-user										

3	Past user	0.8 (0.21 to 1.85)	0.670	0.44 (0.1 to 1.29)	0.362	0.33 (0.07 to 1.09)	0.281	0.50 (0.08 to 1.22)	0.272	0.37 (0.08 to 1.15)	0.254
4	Current user	1.57 (0.91 to 2.36)	0.140	1.4 (0.72 to 2.28)	0.384	1.13 (0.54 to 2.01)	0.861	1.33 (0.67 to 2.22)	0.463	1.27 (0.64 to 2.14)	0.547
5	<b>Antiplatelet</b>										
6	Non-user										
7	Past user	1.31 (0.49 to 2.48)	0.525	1.05 (0.35 to 2.22)	0.920	1.26 (0.41 to 2.61)	0.813	1.04 (0.36 to 2.25)	0.885	1.03 (0.34 to 2.2)	0.953
8	Current user	1.87 (1.13 to 2.71)	0.025	1.32 (0.67 to 2.22)	0.509	1.15 (0.53 to 2.1)	0.813	1.22 (0.64 to 2.17)	0.541	1.33 (0.67 to 2.24)	0.5
9	<b>Antiarrhythmic</b>										
10	Non-user										
11	Past user	1.98 (0.15 to 3.81)	0.670	2.35 (0.16 to 3.85)	0.485	3.24 (0.2 to 3.92)	0.484	2.44 (0.14 to 3.87)	0.468	3.05 (0.21 to 3.91)	0.484
12	Current user	0.99 (0.06 to 2.88)	0.990	1.06 (0.07 to 3)	0.946	1.67 (0.12 to 3.48)	0.657	1.69 (0.12 to 3.46)	0.586	1 (0.06 to 2.94)	0.996
13	<b>Anticoagulant</b>										
14	Non-user										
15	Past user	0.8 (0.05 to 2.54)	0.800	0.35 (0.01 to 1.96)	0.465	0.28 (0.01 to 1.69)	0.435	0.33 (0.01 to 1.83)	0.417	0.33 (0.01 to 1.87)	0.448
16	Current user	1.45 (0.51 to 2.66)	0.610	1.1 (0.32 to 2.38)	0.860	1.05 (0.28 to 2.46)	0.97	1.11 (0.32 to 2.44)	0.833	1.08 (0.31 to 2.42)	0.923
17	<b>Glucocorticoid</b>										
18	Non-user										
19	Past user	1.44 (0.64 to 2.49)	0.330	1.2 (0.47 to 2.3)	0.729	1.22 (0.45 to 2.42)	0.79	1.11 (0.45 to 2.28)	0.775	1.13 (0.44 to 2.23)	0.84
20	Current user	1.33 (0.79 to 2.03)	0.330	1.24 (0.67 to 2.03)	0.562	1.28 (0.66 to 2.16)	0.553	1.21 (0.64 to 2)	0.623	1.21 (0.65 to 2.01)	0.613
21	<b>β2-agonist</b>										
22	Non-user										
23	Past user	1.61 (0.45 to 3.08)	0.370	1.51 (0.38 to 3.14)	0.578	2.1 (0.55 to 3.65)	0.386	1.38 (0.4 to 3.19)	0.51	1.58 (0.38 to 3.27)	0.545
24	Current user	1.39 (0.76 to 2.17)	0.370	1.19 (0.57 to 2.05)	0.671	1.56 (0.71 to 2.67)	0.395	1.17 (0.6 to 2.19)	0.533	1.18 (0.56 to 2.06)	0.683
25	<b>Muscarinic antagonist</b>										
26	Non-user										
27	Past user	1.32 (0.37 to 2.63)	0.890	1.15 (0.27 to 2.59)	0.810	0.94 (0.2 to 2.42)	0.925	1.05 (0.26 to 2.6)	0.821	1.08 (0.25 to 2.53)	0.897
28	Current user	0.96 (0.45 to 1.68)	0.900	0.86 (0.36 to 1.64)	0.808	0.88 (0.35 to 1.76)	0.925	0.97 (0.37 to 1.72)	0.821	0.86 (0.36 to 1.64)	0.808
29	<b>NSAID</b>										
30	Non-user										
31	Past user	0.73 (0.13 to 1.91)	0.620	0.53 (0.08 to 1.6)	0.378	0.63 (0.1 to 1.92)	0.614	0.69 (0.09 to 1.74)	0.473	0.5 (0.08 to 1.55)	0.372
32	Current user	1.51 (0.66 to 2.54)	0.410	1.56 (0.6 to 2.75)	0.378	1.71 (0.63 to 2.97)	0.399	1.11 (0.63 to 2.84)	0.374	1.63 (0.62 to 2.85)	0.372
33	<b>Vitamin D</b>										
34	Non-user										
35	Past user	1.8 (0.81 to 3.04)	0.119	1.6 (0.64 to 2.96)	0.396	1.6 (0.61 to 3.04)	0.443	1.11 (0.64 to 3.01)	0.411	1.48 (0.58 to 2.83)	0.448
36	Current user	2.04 (1.25 to 2.94)	0.009	1.7 (0.92 to 2.71)	0.200	1.75 (0.9 to 2.86)	0.307	1.83 (1 to 2.88)	0.11	1.58 (0.84 to 2.57)	0.315
37	<b>Proton pump inhibitor</b>										
38	Non-user										
39	Past user	0.87 (0.31 to 1.73)	0.880	0.79 (0.25 to 1.74)	0.618	0.63 (0.18 to 1.55)	0.452	0.79 (0.21 to 1.61)	0.5	0.8 (0.25 to 1.78)	0.705

Current user	0.96 (0.57 to 1.5)	0.880	0.7 (0.36 to 1.23)	0.356	0.57 (0.26 to 1.08)	0.209	0.6 (0.29 to 1.12)	0.221	0.69 (0.35 to 1.23)	0.337
<b>Statin</b>										
Non-user										
Past user	1.78 (0.8 to 3.1)	0.130	1.2 (0.47 to 2.44)	0.697	1.08 (0.39 to 2.38)	0.876	1.0 (0.39 to 2.22)	0.939	1.1 (0.42 to 2.3)	0.869
Current user	1.97 (1.21 to 2.95)	0.014	1.42 (0.76 to 2.39)	0.360	1.25 (0.62 to 2.26)	0.661	1.2 (0.66 to 2.23)	0.529	1.34 (0.7 to 2.3)	0.457
<b>Immunosuppressant</b>										
Non-user										
Past user	1 (0.06 to 2.91)	1.000	0.7 (0.04 to 2.62)	0.750	0.78 (0.04 to 2.86)	0.937	0.8 (0.04 to 2.88)	0.836	0.69 (0.04 to 2.6)	0.761
Current user	1.5 (0.43 to 2.87)	0.650	1.62 (0.43 to 3.07)	0.460	1.52 (0.35 to 3.11)	0.636	1.6 (0.4 to 3.05)	0.51	1.57 (0.4 to 3.07)	0.512
<b>Complications post diagnosis</b>										
<b>Cardiovascular</b>										
No										
Recurrent	1.72 (1.03 to 2.65)	0.066	1.26 (0.65 to 2.19)	0.568	0.95 (0.43 to 1.89)	0.912	1.0 (0.61 to 2.12)	0.69	1.21 (0.62 to 2.14)	0.655
Novel	0.86 (0.21 to 2.17)	0.789	0.96 (0.22 to 2.54)	0.954	1.12 (0.23 to 3.04)	0.912	0.8 (0.19 to 2.47)	0.87	1.23 (0.27 to 3.11)	0.808
<b>Respiratory</b>										
No										
Recurrent	0.98 (0.54 to 1.65)	0.948	0.69 (0.33 to 1.3)	0.387	0.76 (0.35 to 1.45)	0.561	0.7 (0.36 to 1.41)	0.476	0.72 (0.34 to 1.35)	0.418
Novel	1.23 (0.61 to 2.09)	0.792	0.98 (0.43 to 1.85)	0.961	1.06 (0.46 to 1.99)	0.913	0.8 (0.43 to 1.86)	0.97	1.01 (0.44 to 1.91)	0.971
<b>Renal</b>										
No										
Recurrent	3.75 (2.08 to 6.17)	<0.001	2.74 (1.32 to 5.13)	0.056	2.54 (1.1 to 5.15)	0.218	2.6 (1.25 to 5)	0.11	2.45 (1.15 to 4.76)	0.096
Novel	2.5 (0.88 to 5.38)	0.076	2.04 (0.6 to 4.98)	0.329	1.9 (0.52 to 4.94)	0.437	2.1 (0.63 to 5.25)	0.31	1.81 (0.51 to 4.66)	0.385
<b>Demographics</b>										
<b>Gender</b>										
Female										
Male	1.66 (1 to 2.5)	0.167	1.64 (0.98 to 2.49)	0.185	1.65 (0.99 to 2.5)	0.073	1.58 (0.93 to 2.43)	0.209		
<b>Ethnic origin</b>										
White										
South Asian	1.7 (0.93 to 2.68)	0.204	1.71 (0.94 to 2.71)	0.191	1.69 (0.93 to 2.68)	0.004	1.67 (0.91 to 2.66)	0.209		
Black	2.39 (1.34 to 3.48)	0.045	2.4 (1.35 to 3.49)	0.027	2.41 (1.36 to 3.5)	0.039	2.24 (1.21 to 3.36)	0.105		

Other	0.41 (0.02 to 1.75)	0.475	0.37 (0.02 to 1.66)	0.408	0.41 (0.02 to 1.76)	0.477	0.39 (0.02 to 1.71)	0.409
<b>HPB diagnosis</b>								
Cancer	2.67 (0.53 to 3.9)	0.303	2.91 (0.67 to 3.92)	0.233	2.68 (0.54 to 3.9)	0.319	2.97 (0.69 to 3.93)	0.219
<i>Non cancer</i>								
Pancreatic disease	1.5 (0.81 to 2.36)	0.303	1.54 (0.83 to 2.41)	0.233	1.49 (0.79 to 2.34)	0.319	1.49 (0.79 to 2.36)	0.324
Liver disease	1.16 (0.62 to 1.84)	0.664	1.17 (0.63 to 1.85)	0.593	1.14 (0.6 to 1.83)	0.588	1.15 (0.61 to 1.84)	0.667
Biliary disease	1.36 (0.71 to 2.26)	0.475	1.36 (0.71 to 2.26)	0.408	1.37 (0.72 to 2.27)	0.473	1.41 (0.74 to 2.33)	0.409
<b>Age group</b>								
18-40								
41-50	1.83 (0.29 to 7.09)	0.599	1.99 (0.32 to 7.37)	0.474	1.86 (0.3 to 7.08)	0.696	1.57 (0.24 to 6.58)	0.667
51-60	1.74 (0.32 to 6.78)	0.599	1.92 (0.36 to 7.08)	0.474	1.73 (0.32 to 6.69)	0.696	1.45 (0.26 to 6.13)	0.667
61-70	2.87 (0.7 to 8.09)	0.303	3.14 (0.78 to 8.35)	0.233	2.78 (0.67 to 7.98)	0.319	2.18 (0.49 to 7.25)	0.409
71-80	5.2 (1.77 to 9.58)	0.048	5.63 (2.03 to 9.77)	0.027	5.02 (1.67 to 9.49)	0.067	3.87 (1.11 to 8.85)	0.203
80+	5.1 (1.74 to 9.52)	0.048	5.63 (2.05 to 9.76)	0.027	4.87 (1.59 to 9.43)	0.067	3.69 (1.03 to 8.73)	0.203
<b>Comorbidities</b>								
Diabetes	1.99 (1.02 to 3.49)	0.126	1.9 (0.95 to 3.4)	0.181	1.97 (1.01 to 3.47)	0.32	1.85 (0.93 to 3.32)	0.150
Hypertension	5.53 (1.17 to 23.07)	0.192	5.42 (1.15 to 22.95)	0.199	5.44 (1.14 to 23)	0.202	4.85 (0.96 to 22.48)	0.231
Cholesterol			1.15 (0.6 to 2.04)	0.728	1.09 (0.55 to 1.96)	0.27	1.03 (0.52 to 1.89)	0.922
Respiratory	0.7 (0.38 to 1.17)	0.313			0.67 (0.36 to 1.13)	0.360	0.66 (0.36 to 1.13)	0.236
Cardiovascular	1.25 (0.66 to 2.15)	0.564	1.37 (0.73 to 2.31)	0.373			0.91 (0.43 to 1.75)	0.803
Kidney	2.12 (1.15 to 3.55)	0.063	2.2 (1.2 to 3.67)	0.061	2.2 (1.13 to 3.8)	0.079		
<b>Number of comorbidities</b>								
<b>Lifestyle factors</b>								
<b>Smoker</b>								
Never								
Past	1.42 (0.76 to 2.34)	0.46	1.46 (0.79 to 2.39)	0.329	1.39 (0.75 to 2.31)	0.46	1.34 (0.7 to 2.27)	0.402
Current	0.48 (0.07 to 1.63)	0.46	0.54 (0.08 to 1.76)	0.46	0.48 (0.07 to 1.64)	0.469	0.42 (0.06 to 1.52)	0.371
<b>Drinker</b>								
Never								
Past	1.21 (0.5 to 2.35)	0.695	1.14 (0.46 to 2.27)	0.757	1.24 (0.51 to 2.4)	0.67	1.21 (0.49 to 2.38)	0.656
Current	1.53 (0.74 to 2.65)	0.454	1.5 (0.71 to 2.62)	0.45	1.63 (0.78 to 2.78)	0.501	1.81 (0.88 to 2.98)	0.177
<b>Substance user</b>								
Never								
Past	0.53 (0.06 to 2.23)	0.608	0.58 (0.07 to 2.35)	0.658	0.4 (0.04 to 1.95)	0.17	0.39 (0.04 to 1.91)	0.457
Current	1.61 (0.58 to 3.19)	0.601	1.75 (0.65 to 3.32)	0.468	1.35 (0.43 to 2.98)	0.68	1.27 (0.4 to 2.84)	0.708
<b>Obese</b>								

Never								
Past	1.12 (0.42 to 2.45)	0.883	1.05 (0.39 to 2.36)	0.933	1.1 (0.41 to 2.42)	0.912	0.96 (0.33 to 2.27)	0.929
Current	1 (0.35 to 2.33)	0.994	0.96 (0.33 to 2.27)	0.933	1 (0.35 to 2.33)	0.903	0.89 (0.29 to 2.21)	0.894
<b>Prescription medication use</b>								
<b>ACE inhibitor</b>								
Non-user								
Past user	1.44 (0.64 to 2.57)	0.421	1.45 (0.65 to 2.57)	0.382	1.4 (0.62 to 2.5)	0.451	1.34 (0.58 to 2.45)	0.491
Current user	2.12 (1.11 to 3.24)	0.082	2.16 (1.15 to 3.26)	0.063	2.07 (1.09 to 3.18)	0.289	2.03 (1.07 to 3.14)	0.084
<b>Angiotensin receptor blocker</b>								
Non-user								
Past user	1.91 (0.43 to 3.62)	0.471	2.05 (0.47 to 3.7)	0.361	1.77 (0.38 to 3.57)	0.384	1.95 (0.47 to 3.63)	0.387
Current user	1.21 (0.49 to 2.24)	0.713	1.21 (0.49 to 2.24)	0.69	1.25 (0.51 to 2.28)	0.27	1.28 (0.52 to 2.33)	0.584
<b>Aldosterone agonist</b>								
Non-user								
Past user	1.04 (0.18 to 2.6)	0.947	1.17 (0.2 to 2.77)	0.809	0.98 (0.16 to 2.54)	0.98	0.81 (0.13 to 2.29)	0.82
Current user	1.45 (0.35 to 2.93)	0.677	1.56 (0.38 to 3.03)	0.515	1.38 (0.32 to 2.89)	0.387	1.13 (0.24 to 2.66)	0.844
<b>β-blocker</b>								
Non-user								
Past user	1.07 (0.3 to 2.33)	0.903	1.04 (0.29 to 2.29)	0.94	0.95 (0.25 to 2.21)	0.21	0.88 (0.24 to 2.08)	0.81
Current user	0.79 (0.38 to 1.43)	0.614	0.81 (0.39 to 1.45)	0.612	0.72 (0.33 to 1.36)	0.44	0.69 (0.32 to 1.3)	0.368
<b>Calcium channel blocker</b>								
Non-user								
Past user	0.42 (0.09 to 1.26)	0.353	0.46 (0.1 to 1.33)	0.369	0.41 (0.09 to 1.25)	0.42	0.38 (0.08 to 1.18)	0.241
Current user	1.37 (0.7 to 2.26)	0.455	1.34 (0.67 to 2.22)	0.437	1.35 (0.68 to 2.23)	0.47	1.32 (0.67 to 2.19)	0.427
<b>Antiplatelet</b>								
Non-user								
Past user	1.03 (0.34 to 2.21)	0.95	1.13 (0.38 to 2.36)	0.797	0.98 (0.31 to 2.17)	0.64	1.11 (0.38 to 2.3)	0.819
Current user	1.3 (0.65 to 2.22)	0.577	1.32 (0.67 to 2.23)	0.505	1.23 (0.59 to 2.19)	0.93	1.09 (0.52 to 1.95)	0.819
<b>Antiarrhythmic</b>								
Non-user								
Past user	2.31 (0.15 to 3.85)	0.558	2.6 (0.2 to 3.87)	0.407	2.23 (0.14 to 3.84)	0.54	2.38 (0.14 to 3.86)	0.478
Current user	1.05 (0.07 to 3)	0.952	1.26 (0.08 to 3.18)	0.794	1 (0.06 to 2.95)	0.97	1.03 (0.06 to 2.98)	0.97
<b>Anticoagulant</b>								
Non-user								
Past user	0.36 (0.01 to 1.98)	0.539	0.32 (0.01 to 1.89)	0.441	0.32 (0.01 to 1.88)	0.58	0.34 (0.01 to 1.88)	0.401
Current user	1.09 (0.32 to 2.37)	0.87	1.13 (0.33 to 2.43)	0.811	1.05 (0.3 to 2.33)	0.29	1 (0.28 to 2.3)	0.999

<b>Glucocorticoid</b>								
Non-user								
Past user	1.19 (0.47 to 2.3)	0.793	1.3 (0.51 to 2.47)	0.574	1.22 (0.48 to 2.34)	0.886	1.21 (0.47 to 2.35)	0.713
Current user	1.22 (0.65 to 2.02)	0.652	1.39 (0.74 to 2.25)	0.385	1.25 (0.67 to 2.04)	0.411	1.22 (0.65 to 2.01)	0.61
<b>β2-agonist</b>								
Non-user								
Past user	1.52 (0.38 to 3.14)	0.623	1.98 (0.53 to 3.52)	0.324	1.49 (0.36 to 3.12)	0.207	1.53 (0.36 to 3.21)	0.576
Current user	1.18 (0.56 to 2.05)	0.741	1.58 (0.74 to 2.64)	0.324	1.17 (0.56 to 2.04)	0.208	1.13 (0.53 to 1.99)	0.731
<b>Muscarinic antagonist</b>								
Non-user								
Past user	1.12 (0.26 to 2.57)	0.846	1.14 (0.26 to 2.58)	0.9	1.14 (0.27 to 2.58)	0.227	1.02 (0.23 to 2.45)	0.977
Current user	0.85 (0.36 to 1.63)	0.83	0.95 (0.4 to 1.8)	0.901	0.83 (0.34 to 1.61)	0.244	0.76 (0.3 to 1.51)	0.569
<b>NSAID</b>								
Non-user								
Past user	0.51 (0.08 to 1.57)	0.421	0.53 (0.08 to 1.6)	0.402	0.54 (0.08 to 1.63)	0.231	0.61 (0.09 to 1.84)	0.516
Current user	1.57 (0.6 to 2.75)	0.421	1.49 (0.55 to 2.69)	0.402	1.53 (0.58 to 2.73)	0.231	1.63 (0.62 to 2.84)	0.322
<b>Vitamin D</b>								
Non-user								
Past user	1.59 (0.63 to 2.96)	0.45	1.79 (0.73 to 3.2)	0.322	1.56 (0.62 to 2.93)	0.43	1.53 (0.6 to 2.89)	0.36
Current user	1.69 (0.91 to 2.71)	0.23	1.97 (1.07 to 3.06)	0.081	1.67 (0.9 to 2.68)	0.253	1.56 (0.81 to 2.57)	0.34
<b>Proton pump inhibitor</b>								
Non-user								
Past user	0.77 (0.24 to 1.71)	0.62	0.72 (0.21 to 1.67)	0.56	0.77 (0.24 to 1.7)	0.26	0.76 (0.24 to 1.7)	0.577
Current user	0.67 (0.33 to 1.2)	0.315	0.71 (0.36 to 1.26)	0.384	0.68 (0.35 to 1.21)	0.46	0.64 (0.31 to 1.15)	0.219
<b>Statin</b>								
Non-user								
Past user	1.2 (0.46 to 2.48)	0.76	1.23 (0.48 to 2.51)	0.681	1.15 (0.44 to 2.39)	0.288	1.23 (0.48 to 2.51)	0.69
Current user	1.42 (0.73 to 2.46)	0.42	1.4 (0.75 to 2.37)	0.361	1.38 (0.73 to 2.35)	0.243	1.38 (0.73 to 2.36)	0.372
<b>Immunosuppressant</b>								
Non-user								
Past user	0.68 (0.04 to 2.6)	0.779	0.73 (0.04 to 2.71)	0.747	0.71 (0.04 to 2.62)	0.276	0.65 (0.04 to 2.55)	0.72
Current user	1.59 (0.42 to 3.06)	0.527	1.73 (0.47 to 3.18)	0.424	1.69 (0.46 to 3.11)	0.254	1.5 (0.37 to 3)	0.58
<b>Complications post diagnosis</b>								
<b>Cardiovascular</b>								
No								
Recurrent	1.24 (0.63 to 2.19)	0.67	1.36 (0.71 to 2.36)	0.444	1.26 (0.65 to 2.19)	0.268	0.9 (0.41 to 1.78)	0.854
Novel	0.96 (0.21 to 2.53)	0.95	1 (0.23 to 2.6)	0.997	0.96 (0.22 to 2.54)	0.254	0.94 (0.2 to 2.54)	0.92

6/bmjopen-2020-045077 on 18 April 2021. Downloaded from <http://bmjopen.bmj.com/> on April 17, 2024 by guest. Protected by copyright.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46

**Respiratory**

No

Recurrent

0.68 (0.33 to 1.29) 0.408 0.69 (0.33 to 1.3) 0.387 0.64 (0.3 to 1.24) 0.74 0.66 (0.31 to 1.26) 0.328

Novel

0.97 (0.42 to 1.84) 0.93 0.98 (0.43 to 1.85) 0.961 0.96 (0.42 to 1.82) 0.91 1.01 (0.44 to 1.92) 0.978

**Renal**

No

Recurrent

2.73 (1.31 to 5.14) 0.062 2.79 (1.34 to 5.22) 0.058 2.91 (1.31 to 5.59) 0.57 2.74 (1.32 to 5.13) 0.056

Novel

2.04 (0.6 to 4.98) 0.366 1.91 (0.55 to 4.81) 0.326 2.09 (0.61 to 5.09) 0.43 2.04 (0.6 to 4.98) 0.329

Risk ratios, except the crude ones, are mutually adjusted for gender, ethnicity, age group and HPB diagnosis, and also for additional conditions when mentioned inside the parenthesis. Simplified binary age group (over and under 60) are used for adjustment for all categories except demographics. All values presented, except for the crude risk ratios, are Benjamini-Hochberg corrected.

STROBE Statement—Checklist of items that should be included in reports of *cohort studies*

	Item No	Recommendation	Page No
<b>Title and abstract</b>	1	(a) Indicate the study's design with a commonly used term in the title or the abstract (b) Provide in the abstract an informative and balanced summary of what was done and what was found	1,2 2
<b>Introduction</b>			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4,5
Objectives	3	State specific objectives, including any prespecified hypotheses	5
<b>Methods</b>			
Study design	4	Present key elements of study design early in the paper	6
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	6,7
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up (b) For matched studies, give matching criteria and number of exposed and unexposed	6,7
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	7-9, Table 1
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	6-9, Supplemental Tables 1,2
Bias	9	Describe any efforts to address potential sources of bias	7
Study size	10	Explain how the study size was arrived at	6,7
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	9,10
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding (b) Describe any methods used to examine subgroups and interactions (c) Explain how missing data were addressed (d) If applicable, explain how loss to follow-up was addressed (e) Describe any sensitivity analyses	9, 10
<b>Results</b>			
Participants	13*	(a) 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 (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram	11, Figure 1
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest (c) Summarise follow-up time (eg, average and total amount)	11-18, Tables 2,3
Outcome data	15*	Report numbers of outcome events or summary measures over time	11



1	Main results	16	(a) 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	18, 19, Figures 2,3, Supplementary tables 3,4
2			(b) Report category boundaries when continuous variables were categorized	
3			(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	
4				
5				
6				
7				
8				
9	Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	18, 19, Supplementary tables 3,4
10				
11				
12	<b>Discussion</b>			
13	Key results	18	Summarise key results with reference to study objectives	20, 23
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	20, 21
15				
16				
17	Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	21-23
18				
19				
20	Generalisability	21	Discuss the generalisability (external validity) of the study results	20
21				
22	<b>Other information</b>			
23	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	24
24				

\*Give information separately for exposed and unexposed groups.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at <http://www.strobe-statement.org>.

# BMJ Open

## COVID-19 in patients with hepatobiliary and pancreatic diseases: A single-centre cross-sectional study in East London

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2020-045077.R1
Article Type:	Original research
Date Submitted by the Author:	06-Mar-2021
Complete List of Authors:	Dayem Ullah, Abu; Barts Cancer Institute, Centre for Cancer Biomarker and Biotherapeutics; Barts Health NHS Trust, Barts and the London HPB Centre, The Royal London Hospital Sivapalan, Lavanya; Barts Cancer Institute, Centre for Cancer Biomarker and Biotherapeutics Kocher, Hemant ; Barts Cancer Institute, Centre for Tumour Biology; Barts Health NHS Trust, Barts and the London HPB Centre, The Royal London Hospital Chelala, Claude; Barts Cancer Institute, Centre for Cancer Biomarker and Biotherapeutics
<b>Primary Subject Heading</b>:	Gastroenterology and hepatology
Secondary Subject Heading:	Epidemiology, Health informatics, Public health
Keywords:	Hepatobiliary disease < GASTROENTEROLOGY, Pancreatic disease < GASTROENTEROLOGY, COVID-19

SCHOLARONE™  
Manuscripts



I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our [licence](#).

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which [Creative Commons](#) licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

# COVID-19 in patients with hepatobiliary and pancreatic diseases: A single-centre cross-sectional study in East London

Abu Z M Dayem Ullah, UKRI/Rutherford research fellow<sup>1 2</sup>, Lavanya Sivapalan, PhD student<sup>1</sup>, Hemant M Kocher, professor of liver and pancreas surgery<sup>1 3</sup>, Claude Chelala, professor of bioinformatics<sup>1</sup>

## Author affiliations

<sup>1</sup> Centre for Cancer Biomarkers and Therapeutics, Barts Cancer Institute, Queen Mary University of London, London, UK

<sup>2</sup> Barts and the London HPB Centre, The Royal London Hospital, Barts Health NHS Trust, London, UK

<sup>3</sup> Centre for Tumour Biology, Barts Cancer Institute, Queen Mary University of London, London, UK

## Correspondence to:

Abu Z M Dayem Ullah

Centre for Cancer Biomarkers and Therapeutics, Barts Cancer Institute, Queen Mary University of London, London EC1M 6BQ, UK

Email: [d.ullah@qmul.ac.uk](mailto:d.ullah@qmul.ac.uk)

## ABSTRACT

**Objective** To explore risk factors associated with COVID-19 susceptibility and survival in patients with pre-existing hepato-pancreato-biliary (HPB) conditions.

**Design** Cross-sectional study.

**Setting** East London Pancreatic Cancer Epidemiology (EL-PaC-Epidem) study at Barts Health NHS Trust, UK. Linked electronic health records were interrogated on a cohort of participants (age  $\geq 18$  years), reported with HPB conditions between 1 April 2008 and 6 March 2020.

**Participants** EL-PaC-Epidem study participants, alive on 12 February 2020, and living in East London within the previous six months (n=15 440). The cohort represents a multi-ethnic population with 51.7% belonging to the non-White background.

**Main outcome measure** COVID-19 incidence and mortality.

**Results** Some 226 (1.5%) participants had confirmed COVID-19 diagnosis between 12 February and 12 June 2020, with an increased odds for men (OR 1.56; 95% CI 1.2 to 2.04) and Black ethnicity (2.04; 1.39 to 2.95) as well as patients with moderate to severe liver disease (2.2; 1.35 to 3.59). Each additional comorbidity increased the odds of infection by 62%. Substance mis-users were at more risk of infection, so were patients on Vitamin D treatment. The higher odds ratios in patients with chronic pancreatic or mild liver conditions, age $>70$ , and history of smoking or obesity were due to co-existing comorbidities. Increased odds of death were observed for men (3.54; 1.68 to 7.85) and Black ethnicity (3.77; 1.38 to 10.7). Patients having respiratory complications from COVID-19 without a history of chronic respiratory disease also had higher odds of death (5.77; 1.75 to 19).

**Conclusions** In this large population-based study of HPB patients, men, Black ethnicity, pre-existing moderate to severe liver conditions, six common medical multi-morbidities, substance mis-use, and a history of Vitamin D treatment independently posed higher odds of acquiring COVID-19 compared to their respective counterparts. The odds of death were significantly high for men and Black people.

## STRENGTHS AND LIMITATIONS OF THIS STUDY

- First multi-ethnic population-based study on COVID-19 in patients with hepato-pancreato-biliary group of diseases.
- Systematic identification of the effect, or the lack of it, of individual demographic and clinical factors on the infection and mortality of COVID-19 in a large cohort of over 15 000 patients, robustly controlling for potential confounders in their evaluation.
- Access to longitudinal data from linked primary and secondary care electronic health records, and use of rule-based phenotyping algorithms allowed for improved completeness and accuracy of the explored variables.
- Some observed increased odds of SARS-CoV-2 infection and related death could be plausibly explained by unmeasured confounding.
- The effects reported in the study could be influenced by the relatively smaller size of COVID-19 cases within this cohort.

## INTRODUCTION

COVID-19 is a novel infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), with a wide-ranging disease course. Infection and mortality rates of the COVID-19 pandemic have varied widely among nations and demographics,<sup>1</sup> while risks are still being explored, identified and categorised according to the severity.<sup>2,3</sup> There are several confirmed risk factors of COVID-19 and severe outcomes, including old age,<sup>2,4,5</sup> chronic pulmonary disease,<sup>2,4-6</sup> cardiovascular disease,<sup>2,5,6</sup> hypertension,<sup>5</sup> chronic kidney disease,<sup>2,4,6</sup> diabetes mellitus,<sup>2,5</sup> obesity,<sup>2,6</sup> haematological diseases,<sup>2,4</sup> malignancy,<sup>2,4-6,8</sup> and immuno-compromised state such as HIV infection.<sup>2,4,9</sup> Medical complications following hospitalisation, including acute episodes of cardiovascular, respiratory, neurological, renal, or hepatic failure, have also been linked to severe outcomes.<sup>10</sup> There are also other risk factors reported, such as smoking<sup>11,12</sup> or being from a Black, Asian and minority ethnic (BAME) group,<sup>13-15</sup> the effects of which are either mixed or the reasoning is not clearly understood.<sup>4</sup> Concerns have also been raised regarding the use of various medications with respect to the risk or protective effect to COVID-19.<sup>16-18</sup>

Patients with diseases of the liver, pancreas or biliary tract (hepato-pancreato-biliary; HPB) are considered, in general, to be at risk of developing serious medical conditions. Expression of the ACE2 gene – a receptor for the SARS-CoV-2 virus – along the gastrointestinal tract is well documented, which suggests the digestive system is a potential route for COVID-19,<sup>18</sup> making patients with a diseased HPB system susceptible to this novel infection. The prevalence of COVID-19 among patients with hepatic conditions has been explored,<sup>6,15,19</sup> indicating severe liver disease as a moderate risk factor for COVID-19.<sup>2</sup> In contrast, very limited data is available on the prevalence of COVID-19 among patients with pancreatic or biliary conditions,<sup>20</sup> although pancreatic manifestations of the disease are rare.<sup>21,22</sup> It is important that clinical characteristics of COVID-19 are investigated for the HPB group as a whole, not only because these diseases demonstrate similar clinical-biologic behaviours,<sup>23</sup> but also since they are commonly seen by a single clinical unit with specialist expertise in the management of these diseases.

The United Kingdom (UK) has been the worst affected country in Europe by COVID-19, with a reported death toll of 44819 as of 30 June 2020.<sup>24</sup> At the same time, London had the highest incidence and mortality rates, with 33775 confirmed cases and 8438 deaths.<sup>25,26</sup> Barts Health NHS Trust (BHNT) is the largest National Health Service (NHS) Trust in England and acts as provider of district general hospital facilities for around 2.5 million population of East London as well as a range of tertiary care services.<sup>27</sup> Between March 1 and June 30, the three boroughs in East London - Tower Hamlets, Waltham Forest and Newham - had a combined age-standardised COVID-19 related mortality rate of 195 per 100 000 people. This was significantly higher than the rest of London where the age-standardised COVID-19 related mortality rate was 156 per 100 000 people.<sup>25</sup> East London is also one of the most ethnically diverse local areas in the country where an estimated 57% residents belong to a BAME group.<sup>28</sup> Significant health inequalities exist within the local population including higher rates of cancer, diabetes and obesity,<sup>29</sup> compared to the wider population. These conditions are not only known to be a precursor or consequence to HPB diseases, but also linked to COVID-19 and severe outcomes. In this study, we integrated primary, secondary and tertiary electronic healthcare records (EHRs) of HPB patients in East London. We inspected the demographics, lifestyle, comorbidities and associated medication use of

1  
2  
3 these patients, and any possible links with SARS-CoV-2 infection. We also evaluated  
4 whether the effect of these prevalent factors as well as clinical observations during  
5 COVID-19 related hospitalisation are associated with mortality. This study will inform  
6 the management of this specific cohort of patients.  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

For peer review only



## METHODS

### Study setting and data sources

All data utilised for this study were collected and processed under the East London Pancreatic Cancer Epidemiology (EL-PaC-Epidem) study at BHNT. In brief, EL-PaC-Epidem is an ongoing study that ascertains patients diagnosed or reported with HPB diseases including cancers, as well as control patients (e.g., small intestine, hernia), within five BHNT hospital sites (The Royal London Hospital, Newham University Hospital, St Bartholomew's Hospital, Whipps Cross University Hospital, Mile End Hospital) between 2008 and 2021. The EL-PaC-Epidem study was approved by the East of England - Essex Research Ethics Committee (19/EE/0163; 17 May 2019) and supported by the NHS Confidentiality Advisory Group for collecting and processing confidential patient information without consent (19/CAG/0219; 17 January 2020). The study is limited to the secondary use of a specified subset of patients' retrospective EHR generated during the course of normal care of these patients. It links EHRs from different data sources (via UK unique individual NHS numbers), including primary care through General Practitioners (GP) (Discovery East London Programme data service [DDS]) and secondary or tertiary care through hospitals (BHNT Consolidated Data Extract [CDE]). Patients, who have previously informed their GPs or NHS to stop sharing their personal and health records for purposes other than their individual care, were automatically excluded. The current EL-PaC-Epidem study cohort consists of 27321 adult patients (aged 18 years or over), diagnosed or reported with at least one of the HPB conditions (supplemental table 1) between 1 April 2008 and 6 March 2020.

### Study design and population

This is a single-centre cross-sectional study utilising the linked EHR data of patients with a history of HPB diseases. Within this specific patient group, the study focused on the incidence of COVID-19, and examined the association of SARS-CoV-2 infection with six common medical comorbidities (i.e., diabetes, hypertension, high cholesterol, cardiovascular disease, chronic respiratory disease, renal disease), lifestyle factors (i.e., smoking, alcohol use, substance misuse, obesity), and use of selected prescription medications.

As the first case of COVID-19 in London was reported on 12 February 2020, we used this as the start date for this study and extracted data on a subgroup of the EL-PaC-Epidem study cohort until 12 June 2020 (figure 1). Eligible individuals were a resident in East London and alive on the study start date (EL-HPB). Residency of East London was inferred if a patient had at least one appointment or prescription issued from a GP in East London boroughs or had a scheduled or unscheduled visit to one of the BHNT hospitals within the last six months (after 12 August 2019). Patients with *confirmed* SARS-CoV-2 infection were identified by: i) the presence of International Classification of Diseases 10<sup>th</sup> edition (ICD-10) or Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) codes for confirmed COVID-19 or SARS diagnosis assigned in their hospital encounters or GP records during the observation period between February 12 and June 12, 2020 (supplemental table 2) OR ii) positive record of SARS-CoV-2 RNA through BHNT oral and/or nasal swabs test during the same period. For confirmed COVID-19 cases, the earliest date of diagnosis or positive swab test was considered as the *index date*, whereas 12 February 2020 was considered as *index*

1  
2  
3 *date* for rest of the cohort. Patients, who were assigned an ICD-10 or SNOMED CT  
4 diagnosis code for *suspected* COVID-19 but were neither reassigned to confirmed  
5 diagnosis nor positive RNA test, were excluded from the analysis.  
6

7 We also examined the onset-to-death distribution within the patient group with a  
8 confirmed COVID-19 diagnosis (EL-HPB-COVID). Mortality data was collected on 12  
9 October 2020. Following the latest Public Health England (PHE) definition<sup>30</sup>, the death  
10 of a patient within 28 days of the index date is considered as a COVID-19 related  
11 death. This is different from a 60-day window that was being used in the UK prior to  
12 12 August 2020 to define COVID-19 related death. To ensure consistency, COVID-19  
13 patients who survived beyond 60 days of index date are considered as survivor in the  
14 study; Nine patients who died between 29 and 60 days of diagnosis were excluded  
15 from the analysis. The onset-to-death distribution was analysed in the context of same  
16 set of comorbidities, lifestyle factors and medication use, as well as cardiovascular,  
17 respiratory and renal complications during hospital care.  
18  
19

20  
21 <<Figure 1 here>>  
22

23 **Figure 1** Selection of patients for the cross-sectional study.  
24

## 25 Procedures

26  
27 All patient data were obtained from retrospective EHR, harmonised across hospital  
28 and GP coding systems where applicable, and organised into 40 primary variables  
29 across seven categories corresponding to the focus of the study (table 1). BHNT CDE  
30 uses 2011 UK census grouping to record ethnicity, ICD-10 or SNOMED diagnosis  
31 codes for clinically relevant diagnoses, and Office of the Population Censuses and  
32 Surveys Classification of Interventions and Procedures version 4 (OPCS-4)  
33 procedural codes for treatments and procedures. Physiological observations (weight,  
34 body-mass index [BMI], blood pressure) and laboratory tests results are available in  
35 locally developed terms. Semi-structured text entries such as discharge summaries,  
36 past medical history and a lifestyle questionnaire collected during the pre-operative  
37 assessment, and presenting symptoms from scheduled or unscheduled hospital visits  
38 are also available. All GP records via DDS were available in Read Codes v2 or Clinical  
39 Terminology Version 3 (CTV3) codes, except the prescribed medication records and  
40 COVID-19 diagnosis which were available in SNOMED codes. For each variable, we  
41 consulted ICD-10, SNOMED, Read, CTV3 or OPCS-4 dictionaries as appropriate to  
42 construct the mapping *codelists*. For some variables, codelists also included keywords  
43 to conduct automated sub-string search within semi-structured text as well as local  
44 laboratory test and physiological observation terms.  
45  
46  
47  
48  
49

50 Rule-based phenotyping algorithms were developed for each categorical variable to  
51 characterise patients, integrating information from multiple sources where available to  
52 counteract bias. HPB diseases were grouped into four categories (supplemental table  
53 1): *any* malignant disease, and non-malignant diseases of liver, pancreas or biliary  
54 tract. Non-malignant liver diseases were further divided into mild and moderate to  
55 severe subgroups, extending the definition from CDMF Charlson Comorbidity Index,<sup>31</sup>  
56 whereas non-malignant pancreas or biliary diseases were divided into acute and  
57 chronic disease subgroups (supplemental table 1). Within each disease category, a  
58 patient was assigned to chronic (or more severe) subgroup, when data indicated the  
59 history of both acute (or mild) and chronic (more severe) conditions. A patient can  
60

either be assigned to a malignant disease category or any of the non-malignant disease subgroups. Ethnicity was grouped into four categories - White, South Asian, Black, and Other. White and Black ethnic groups were defined based on the 2011 UK census classification; Indian, Pakistani and Bangladeshi origin from the Asian group represented South Asian, while the rest (i.e., Mixed, Chinese, other Asian and other ethnic group) were represented in the Other group. The ethnic category recorded at the GP took precedence over hospital records.

**Table 1** Variables and outcomes explored in this study.

Category	Variables	Levels/Units
Demographic	Gender Ethnicity  Age (continuous) Age group* Binary age group*	Female, Male White, South Asian, Black, Other [, Not available] years 18-40, 41-50, 51-60, 61-70, 71-80, 80+ 18-60, 60+
HPB disease	Cancer Pancreatic disease Biliary disease Liver disease	No, Yes Acute, Chronic Acute, Chronic Mild, Moderate/Severe
Comorbidity	Diabetes Hypertension High cholesterol Cardiovascular disease Chronic Respiratory disease Renal disease Number of comorbidities*	No, Yes No, Yes No, Yes No, Yes No, Yes No, Yes None, 1, 2, 3 or more
Lifestyle factors	Smoker Alcohol drinker Substance user Obese	Never, Past, Current [, Not available] Never, Past, Current [, Not available] Never, Past, Current [, Not available] Never, Past, Current [, Not available]
Medication use	Angiotensin-converting enzyme [ACE] inhibitors Angiotensin II receptor blockers inhibitors [ARBs] Aldosterone antagonists [MCRA] Beta-adrenergic blocking agents [ $\beta$ -blockers] Calcium channel blockers [CCBs] Alpha agonist Thiazide Antiplatelet Antiarrhythmic Anticoagulant Glucocorticoid Beta-2 adrenergic receptor agonists [ $\beta_2$ -agonists] Muscarinic antagonist Non-steroidal inflammatory drugs [NSAIDs] Vitamin D Proton pump inhibitors [PPIs] Statin Immunosuppressant	Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user Non-, Past, Current user
Complications	Cardiovascular Respiratory Renal Number of recurrent complications* Number of novel complications*	No, Recurrent, Novel No, Recurrent, Novel No, Recurrent, Novel None, 1, 2, 3 None, 1, 2, 3
Outcome	COVID-19 incidence COVID-19 mortality	non-COVID-19, COVID-19 Survivor, Deceased

1  
2  
3 All variables are categorical, unless otherwise stated. For categorical variables, the first value  
4 represents the reference level. Each HPB diagnosis groups are independent binary categorical  
5 variables. \* Derived variables.

6  
7 Phenotyping algorithms defining the comorbidities were based on diagnosis codes  
8 (presence) or semi-structured text search (presence or absence), with the additional  
9 inclusion of procedural codes (presence), some observation or laboratory test results  
10 (presence) and related medication use (at least three prescriptions). Patients were  
11 considered to have or have had a specific medical condition if they met at least one  
12 criterion indicating the presence of the condition before the *index date*, otherwise they  
13 were considered negative for the condition.  
14

15  
16 Phenotyping algorithms defining the lifestyle factors were based on the longitudinal  
17 entries (current, past or never) derived from diagnosis codes and free text search, with  
18 the additional inclusion of BMI observation for obesity. Obesity was defined as BMI of  
19 30 kg/m<sup>2</sup> or more. Patients assigned *never* status at any point but having a record of  
20 *current* or *past* status before that date were reassigned to *past* status. The most recent  
21 lifestyle record before or on the *index date* was then used to assign *current*, *past* or  
22 *never* status to the patients. Patients with no record of a specific lifestyle factor were  
23 classified as having missing data. Patients were assigned *current*, *past* or *non-user*  
24 status for medication use variables based on the number of GP prescriptions issued  
25 in the last two years for the medicines under specific medication groups. Patients with  
26 no record of prescription for particular medications were assigned *non-user* status.  
27 With at least three prescriptions issued, a patient was assigned *current user* status if  
28 the latest issue was within three months preceding the *index date*, and *past user* status  
29 otherwise. Patients with record of less than three prescriptions were classified as *non-*  
30 *user*. Patients with COVID-19 were considered to have a specific complication during  
31 admitted patient care if at least one of the hospital diagnosis codes from the  
32 complications *codelist* was recorded during the observation period after *index date*,  
33 otherwise they were considered negative for the complication. A patient was  
34 considered to have a *recurrent* complication if they had a history of that particular  
35 comorbidity, otherwise it was considered as a *novel* complication.  
36  
37  
38  
39

40  
41 Selection of study variables, *codelist* construction, and phenotyping algorithm  
42 development were done in consultation with a panel of clinicians and scientists (HMK,  
43 CC, LS). A comprehensive list of codelists and phenotyping algorithms for the study  
44 variables are available on the [EL-PaC-Epidem portal](https://pac-epidem-el.bcc.qmul.ac.uk/covid-19/) (https://pac-epidem-  
45 el.bcc.qmul.ac.uk/covid-19/).  
46

## 47 Statistical analysis

48  
49 We conducted descriptive analyses for the EL-HPB cohort as a whole, by group for  
50 patients with confirmed SARS-CoV-2 infection and the rest (herein referred to as  
51 COVID-19 and non-COVID-19 respectively). Differences in demographic and clinical  
52 characteristics between the groups were assessed with Pearson's Chi-square test,  
53 Fisher's Exact test and Kruskal-Wallis rank sum test, as appropriate. P values less  
54 than 0.05 were considered significant. Similar descriptive analyses were performed  
55 for the EL-HPB-COVID cohort, and by survivor and deceased groups.  
56  
57  
58

59 To explore the risk factors associated with COVID-19 susceptibility and subsequent  
60 survival, the effect size for each variable under investigation was evaluated with odds

1  
2  
3 ratios (ORs) with 95% confidence intervals (CI), using regression models with a  
4 binomial distribution. Crude ORs were obtained from univariable regression models,  
5 and then simultaneously controlled for a fixed set of potential confounders (gender,  
6 ethnicity, age group) using multivariable regression models with Benjamini-Hochberg  
7 correction for P values adjustment. The median age of the overall EL-HPB cohort  
8 being 57, a simplified binary age grouping (18-60, 61+) was used in multivariable  
9 regression models for comorbidity, lifestyle, medication use and post-diagnosis  
10 complication analyses. Since a participant with non-malignant HPB diagnoses for  
11 multiple organs can be represented in multiple HPB subgroups, the effect estimation  
12 for individual HPB disease variables was further mutually controlled for other HPB  
13 diseases.  
14  
15

16 We also conducted more in depth post hoc analysis to evaluate the confounding effect  
17 of pre-existing medical conditions by adding comorbidity covariates individually in the  
18 multivariable regression models. Finally, effect modification by non-malignant HPB  
19 disease subgroups was evaluated by adding interaction terms in the models and  
20 comparing them with models lacking this interaction via the likelihood ratio test. Any  
21 potential association between HPB diseases and COVID-19 susceptibility/mortality  
22 risk factors were further evaluated in stratified analyses according to the disease  
23 subgroups.  
24  
25

26 Patients with missing data for individual categorical variables were included in the  
27 descriptive analyses and in regression models for effect estimation. All statistical  
28 analyses and visualisations were performed in R (version 3.5.1).  
29  
30

## 31 Patient and public involvement

32  
33

34 Patients and the public were involved in evaluating the design of the umbrella study  
35 (EL-PaC-Epidem), particularly the notion of collection and processing of retrospective  
36 patient data without their consent. The support from NHS Confidentiality Advisory  
37 Group was obtained based on the positive opinion posed by patient and the public.  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

## RESULTS

### Population characteristics

The final EL-HPB cohort consisted of 15 540 patients, after applying the eligibility criteria and excluding 168 suspected but unconfirmed COVID-19 cases. By 12 June 2020, 226 (1.5%; 145 per 10 000 adult population) confirmed cases of COVID-19 were reported in this cohort (figure 1). This was more than three-times higher than in the general population of East London where prevalence of COVID-19 at the same time was 41 per 10 000 adult population.<sup>25</sup> More than half of the COVID-19 cases had some form of non-malignant liver diseases (N=138, 62.8%); however, when comparing confirmed COVID-19 cases with the non-COVID-19 cases, we observed a disproportionate infection frequency in patients with chronic pancreatic conditions (14.1% vs 8.8%) and moderate to severe liver conditions (11.4% vs 6.9%). We also observed differences in gender, ethnic origin, and age group between COVID-19 and non-COVID-19 cases (table 2). The proportion of males was higher in the COVID-19 group compared to the baseline non-COVID-19 group (53.5% vs 43.7%,  $P=0.005$ ). The same trend was observed for Black population (17.7% vs 10.7%). COVID-19 patients were older than non-COVID-19 patients (median 67 years, interquartile range 55.1 to 80.9 years vs 57.1 years, 44.8 to 69.2 years,  $P<0.001$ ), with a steady increase in infection frequency with age. Some 78.3% of COVID-19 patients had three or more comorbidities, with hypertension being the most common comorbidity (85.4%), followed by high cholesterol and diabetes (table 2). Only eight COVID-19 patients had none of the six medical conditions. In general, COVID-19 patients had a higher rate of past history of smoking, drinking, substance mis-use and obesity compared to the non-COVID-19 group. Consistent with the underlying prevalent comorbidities of the COVID-19 group, history of prescription drugs use associated with managing hypertension or cardiovascular disease (ACE inhibitor, calcium channel blocker,  $\beta$ -blocker, aldosterone antagonists, antiarrhythmic, antiplatelet, anticoagulant), cholesterol (statin), inflammation (glucocorticoid,  $\beta_2$ -agonists) or background HPB condition (proton pump inhibitor) were higher in COVID-19 patients (table 2). Intake of vitamin D was also significantly higher in COVID-19 patients.

Between 12 February and 12 August 2020, the all-cause mortality rate in the non-COVID-19 group was 2.4%, whereas the rate in the COVID-19 group during the same period was 27.4% (table 2). When analysing the 53 deceased and 164 surviving patients with confirmed SARS-CoV-2 infection, we found differences in gender ( $P=0.005$ ) and age ( $P<0.001$ ); deceased patients were older than the survivors (median 80.4 years, interquartile range 71.7 to 85.1 years vs 62.9 years, 49.8 to 77.4 years) with steady increase in death with age becoming prominent in those above 70 years of age (table 3). We observed a higher mortality amongst South Asian (34% vs 29.3%) and Black (26.4% vs 13.4%) populations, which were even more pronounced when comparing with the all-cause mortality in the non-COVID-19 group (supplemental table 3). Higher mortality was observed for pancreatic and biliary disease patients in general, whereas liver disease patients had higher survival rate (table 3). The median survival period for the deceased patients from the date of confirmed COVID-19 diagnosis was 11 days (interquartile range 2 to 18 days). After stratifying patients according to the comorbidities investigated, the mortality for HPB patients with COVID-19 was at least six-times higher than that of HPB patients without COVID-19 (supplemental table 3). Diabetes, hypertension, cardiovascular and renal

conditions, in particular, were associated with mortality in COVID-19 patients (table 3). All except one deceased patient had at least three additional comorbidities, compared to 71.3% of patients who survived. The deceased group had higher proportion of patients with a history of past smoking and current substance mis-use, but no overall differences were observed for drinking and obesity. Notable differences were observed in the use of glucocorticoid,  $\beta$ 2-agonists, and statins. Recurrent complications were more common in the deceased group compared to survivors, however frequency of novel respiratory complications was notably higher in the deceased group (39.6% vs 21.3%).

**Table 2** Differences in demographic, comorbidity, lifestyle, and medication use characteristics between COVID-19 infected and non-COVID-19 groups.

	non-COVID-19 (N=15214)	COVID-19 (N=226)	Total (N=15440)	P value
<b>Demographics</b>				
<b>Gender</b>				0.005
Female	8570 (56.3%)	105 (46.5%)	8675 (56.2%)	
Male	6644 (43.7%)	121 (53.5%)	6765 (43.8%)	
<b>Ethnic origin</b>				0.004
White	6914 (45.4%)	97 (42.9%)	7011 (45.4%)	
South Asian	4381 (28.8%)	68 (30.1%)	4449 (28.8%)	
Black	1635 (10.7%)	40 (17.7%)	1675 (10.8%)	
Other	1855 (12.2%)	19 (8.4%)	1874 (12.1%)	
Unknown	429 (2.8%)	2 (0.9%)	431 (2.8%)	
<b>HPB cancer</b>				1
No	14779 (97.1%)	220 (97.3%)	14999 (97.1%)	
Yes	435 (2.9%)	6 (2.7%)	441 (2.9%)	
<b>Pancreatic disease*</b>				0.017
No	12264 (83.0%)	170 (77.3%)	12434 (82.9%)	
Acute	1211 (8.2%)	19 (8.6%)	1230 (8.2%)	
Chronic	1304 (8.8%)	31 (14.1%)	1335 (8.9%)	
<b>Liver disease*</b>				0.004
No	6781 (45.9%)	82 (37.3%)	6863 (45.8%)	
Mild	6985 (47.3%)	113 (51.4%)	7098 (47.3%)	
Moderate/Severe	1013 (6.9%)	25 (11.4%)	1038 (6.9%)	
<b>Biliary disease*</b>				0.159
No	7589 (51.3%)	127 (57.7%)	7716 (51.4%)	
Acute	738 (5.0%)	11 (5.0%)	749 (5.0%)	
Chronic	6452 (43.7%)	82 (37.3%)	6534 (43.6%)	
<b>Age</b>				<0.001
Median	57.08	67.03	57.22	
Q1, Q3	44.76, 69.19	55.07, 80.93	44.86, 69.42	

<b>Age group</b>				<0.001
18-40	2803 (18.4%)	23 (10.2%)	2826 (18.3%)	
41-50	2714 (17.8%)	26 (11.5%)	2740 (17.7%)	
51-60	3407 (22.4%)	35 (15.5%)	3442 (22.3%)	
61-70	2957 (19.4%)	42 (18.6%)	2999 (19.4%)	
71-80	1980 (13.0%)	43 (19.0%)	2023 (13.1%)	
80+	1353 (8.9%)	57 (25.2%)	1410 (9.1%)	
<b>All-cause mortality</b>				<0.001
Survivor	14845 (97.6%)	164 (72.6%)	15009 (97.2%)	
Deceased	369 (2.4%)	62 (27.4%)	431 (2.8%)	
<b>Comorbidities</b>				
<b>Diabetes</b>	5854 (38.5%)	148 (65.5%)	6002 (38.9%)	<0.001
<b>Hypertension</b>	9759 (64.1%)	193 (85.4%)	9952 (64.5%)	<0.001
<b>Cholesterol</b>	8227 (54.1%)	156 (69.0%)	8383 (54.3%)	<0.001
<b>Cardiovascular</b>	4283 (28.2%)	131 (58.0%)	4414 (28.6%)	<0.001
<b>Renal</b>	3094 (20.3%)	110 (48.7%)	3204 (20.8%)	<0.001
<b>Respiratory</b>	4574 (30.1%)	111 (49.1%)	4685 (30.3%)	<0.001
<b>Number of comorbidities</b>				<0.001
None	2410 (15.8%)	8 (3.5%)	2418 (15.7%)	
1	2924 (19.2%)	13 (5.8%)	2937 (19.0%)	
2	3039 (20.0%)	28 (12.4%)	3067 (19.9%)	
3 or more	6841 (45.0%)	177 (78.3%)	7018 (45.5%)	
<b>Lifestyle factors</b>				
<b>Smoker</b>				<0.001
Not available	436 (2.9%)	2 (0.9%)	438 (2.8%)	
Never	6425 (42.2%)	84 (37.2%)	6509 (42.2%)	
Past	5110 (33.6%)	114 (50.4%)	5224 (33.8%)	
Current	3243 (21.3%)	26 (11.5%)	3269 (21.2%)	
<b>Drinker</b>				0.021
Not available	2505 (16.5%)	28 (12.4%)	2533 (16.4%)	
Never	3857 (25.4%)	58 (25.7%)	3915 (25.4%)	
Past	2145 (14.1%)	47 (20.8%)	2192 (14.2%)	
Current	6707 (44.1%)	93 (41.2%)	6800 (44.0%)	
<b>Substance user</b>				<0.001
Not available	7686 (50.5%)	99 (43.8%)	7785 (50.4%)	
Never	3606 (23.7%)	29 (12.8%)	3635 (23.5%)	
Past	403 (2.6%)	13 (5.8%)	416 (2.7%)	
Current	3519 (23.1%)	85 (37.6%)	3604 (23.3%)	
<b>Obese</b>				<0.001
Not available	406 (2.7%)	1 (0.4%)	407 (2.6%)	
Never	6715 (44.1%)	85 (37.6%)	6800 (44.0%)	
Past	2199 (14.5%)	51 (22.6%)	2250 (14.6%)	
Current	5894 (38.7%)	89 (39.4%)	5983 (38.8%)	



**Prescription medication use**

<b>ACE inhibitor</b>				<0.001
Non-user	12024 (79.0%)	161 (71.2%)	12185 (78.9%)	
Past user	518 (3.4%)	28 (12.4%)	546 (3.5%)	
Current user	2672 (17.6%)	37 (16.4%)	2709 (17.5%)	
<b>Angiotensin receptor blocker</b>				0.024
Non-user	13530 (88.9%)	188 (83.2%)	13718 (88.8%)	
Past user	227 (1.5%)	5 (2.2%)	232 (1.5%)	
Current user	1457 (9.6%)	33 (14.6%)	1490 (9.7%)	
<b>Aldosterone antagonist</b>				<0.001
Non-user	14651 (96.3%)	205 (90.7%)	14856 (96.2%)	
Past user	137 (0.9%)	9 (4.0%)	146 (0.9%)	
Current user	426 (2.8%)	12 (5.3%)	438 (2.8%)	
<b>β-blocker</b>				<0.001
Non-user	12161 (79.9%)	145 (64.2%)	12306 (79.7%)	
Past user	410 (2.7%)	12 (5.3%)	422 (2.7%)	
Current user	2643 (17.4%)	69 (30.5%)	2712 (17.6%)	
<b>Calcium channel blocker</b>				0.005
Non-user	11714 (77.0%)	158 (69.9%)	11872 (76.9%)	
Past user	581 (3.8%)	17 (7.5%)	598 (3.9%)	
Current user	2919 (19.2%)	51 (22.6%)	2970 (19.2%)	
<b>α-agonist</b>				0.837
Non-user	15131 (99.5%)	225 (99.6%)	15356 (99.5%)	
Past user	23 (0.2%)	0 (0.0%)	23 (0.1%)	
Current user	60 (0.4%)	1 (0.4%)	61 (0.4%)	
<b>Thiazide</b>				0.759
Non-user	15131 (99.5%)	225 (99.6%)	15356 (99.5%)	
Past user	32 (0.2%)	0 (0.0%)	32 (0.2%)	
Current user	51 (0.3%)	1 (0.4%)	52 (0.3%)	
<b>Antiplatelet</b>				<0.001
Non-user	12512 (82.2%)	147 (65.0%)	12659 (82.0%)	
Past user	446 (2.9%)	10 (4.4%)	456 (3.0%)	
Current user	2256 (14.8%)	69 (30.5%)	2325 (15.1%)	
<b>Antiarrhythmic</b>				<0.001
Non-user	14440 (94.9%)	199 (88.1%)	14639 (94.8%)	
Past user	156 (1.0%)	7 (3.1%)	163 (1.1%)	
Current user	618 (4.1%)	20 (8.8%)	638 (4.1%)	
<b>Anticoagulant</b>				0.008
Non-user	14613 (96.0%)	208 (92.0%)	14821 (96.0%)	
Past user	144 (0.9%)	5 (2.2%)	149 (1.0%)	
Current user	457 (3.0%)	13 (5.8%)	470 (3.0%)	
<b>Glucocorticoid</b>				<0.001
Non-user	10878 (71.5%)	122 (54.0%)	11000 (71.2%)	
Past user	1278 (8.4%)	22 (9.7%)	1300 (8.4%)	

Current user	3058 (20.1%)	82 (36.3%)	3140 (20.3%)	
<b>β2-agonist</b>				<0.001
Non-user	13443 (88.4%)	172 (76.1%)	13615 (88.2%)	
Past user	286 (1.9%)	8 (3.5%)	294 (1.9%)	
Current user	1485 (9.8%)	46 (20.4%)	1531 (9.9%)	
<b>Muscarinic antagonist</b>				<0.001
Non-user	13531 (88.9%)	175 (77.4%)	13706 (88.8%)	
Past user	300 (2.0%)	10 (4.4%)	310 (2.0%)	
Current user	1383 (9.1%)	41 (18.1%)	1424 (9.2%)	
<b>NSAID</b>				0.117
Non-user	13703 (90.1%)	198 (87.6%)	13901 (90.0%)	
Past user	756 (5.0%)	10 (4.4%)	766 (5.0%)	
Current user	755 (5.0%)	18 (8.0%)	773 (5.0%)	
<b>Vitamin D</b>				<0.001
Non-user	12542 (82.4%)	139 (61.5%)	12681 (82.1%)	
Past user	573 (3.8%)	18 (8.0%)	591 (3.8%)	
Current user	2099 (13.8%)	69 (30.5%)	2168 (14.0%)	
<b>Proton pump inhibitor</b>				<0.001
Non-user	8332 (54.8%)	85 (37.6%)	8417 (54.5%)	
Past user	1167 (7.7%)	15 (6.6%)	1182 (7.7%)	
Current user	5715 (37.6%)	126 (55.8%)	5841 (37.8%)	
<b>Statin</b>				<0.001
Non-user	9128 (60.0%)	86 (38.1%)	9214 (59.7%)	
Past user	592 (3.9%)	16 (7.1%)	608 (3.9%)	
Current user	5494 (36.1%)	124 (54.9%)	5618 (36.4%)	
<b>Immunosuppressant</b>				0.103
Non-user	14722 (96.8%)	213 (94.2%)	14935 (96.7%)	
Past user	204 (1.3%)	5 (2.2%)	209 (1.4%)	
Current user	288 (1.9%)	8 (3.5%)	296 (1.9%)	

Values are n (%), unless otherwise specified. \*Patients with HPB cancer were not included in the non-malignant disease groups.

**Table 3** Differences in demographic, comorbidity, lifestyle, medication use, and post diagnosis complications characteristics between COVID-19 survivor and deceased groups.

	Survivor (N=164)	Deceased (N=53)	Total (N=217)	P value
<b>Demographics</b>				
<b>Gender</b>				0.005
Female	82 (50.0%)	15 (28.3%)	97 (44.7%)	
Male	82 (50.0%)	38 (71.7%)	120 (55.3%)	
<b>Ethnic origin</b>				0.053
White	74 (45.1%)	20 (37.7%)	94 (43.3%)	
South Asian	48 (29.3%)	18 (34.0%)	66 (30.4%)	
Black	22 (13.4%)	14 (26.4%)	36 (16.6%)	
Other	18 (11.0%)	1 (1.9%)	19 (8.8%)	
Unknown	2 (1.2%)	0 (0.0%)	2 (0.9%)	
<b>Age</b>				<0.001
Median	62.94	80.38	67.17	
Q1, Q3	49.81, 77.38	71.72, 85.12	55.00, 81.07	
<b>Age group</b>				<0.001
18-40	21 (12.8%)	1 (1.9%)	22 (10.1%)	
41-50	23 (14.0%)	2 (3.8%)	25 (11.5%)	
51-60	31 (18.9%)	2 (3.8%)	33 (15.2%)	
61-70	33 (20.1%)	8 (15.1%)	41 (18.9%)	
71-80	25 (15.2%)	16 (30.2%)	41 (18.9%)	
80+	31 (18.9%)	24 (45.3%)	55 (25.3%)	
<b>HPB cancer</b>				0.594
No	161 (98.2%)	51 (96.2%)	212 (97.7%)	
Yes	3 (1.8%)	2 (3.8%)	5 (2.3%)	
<b>Pancreatic disease*</b>				0.039
No	129 (80.1%)	33 (64.7%)	162 (76.4%)	
Acute	14 (8.7%)	5 (9.8%)	19 (9.0%)	
Chronic	18 (11.2%)	13 (25.5%)	31 (14.6%)	
<b>Liver disease*</b>				0.039
No	54 (33.5%)	27 (52.9%)	81 (38.2%)	
Mild	88 (54.7%)	19 (37.3%)	107 (50.5%)	
Moderate/Severe	19 (11.8%)	5 (9.8%)	24 (11.3%)	
<b>Biliary disease*</b>				0.101
No	99 (61.5%)	26 (51.0%)	125 (59.0%)	
Acute	5 (3.1%)	5 (9.8%)	10 (4.7%)	
Chronic	57 (35.4%)	20 (39.2%)	77 (36.3%)	
<b>Survival</b>				<0.001
Median	47	11	35	
Q1, Q3	28.75, 66.00	2.00, 18.00	13.00, 59.00	

<b>Comorbidities</b>				
<b>Diabetes</b>	99 (60.4%)	42 (79.2%)	141 (65.0%)	0.012
<b>Hypertension</b>	132 (80.5%)	52 (98.1%)	184 (84.8%)	0.002
<b>Cholesterol</b>	106 (64.6%)	41 (77.4%)	147 (67.7%)	0.085
<b>Cardiovascular</b>	84 (51.2%)	43 (81.1%)	127 (58.5%)	<0.001
<b>Renal</b>	67 (40.9%)	38 (71.7%)	105 (48.4%)	<0.001
<b>Respiratory</b>	80 (48.8%)	27 (50.9%)	107 (49.3%)	0.784
<b>Number of comorbidities</b>				<0.001
None	8 (4.9%)	0 (0.0%)	8 (3.7%)	
1	13 (7.9%)	0 (0.0%)	13 (6.0%)	
2	26 (15.9%)	1 (1.9%)	27 (12.4%)	
3 or more	117 (71.3%)	52 (98.1%)	169 (77.9%)	
<b>Lifestyle factors</b>				
<b>Smoker</b>				0.008
Not available	2 (1.2%)	0 (0.0%)	2 (0.9%)	
Never	67 (40.9%)	14 (26.4%)	81 (37.3%)	
Past	72 (43.9%)	37 (69.8%)	109 (50.2%)	
Current	23 (14.0%)	2 (3.8%)	25 (11.5%)	
<b>Drinker</b>				0.897
Not available	21 (12.8%)	6 (11.3%)	27 (12.4%)	
Never	44 (26.8%)	12 (22.6%)	56 (25.8%)	
Past	32 (19.5%)	12 (22.6%)	44 (20.3%)	
Current	67 (40.9%)	23 (43.4%)	90 (41.5%)	
<b>Substance user</b>				0.055
Not available	77 (47.0%)	19 (35.8%)	96 (44.2%)	
Never	24 (14.6%)	4 (7.5%)	28 (12.9%)	
Past	10 (6.1%)	2 (3.8%)	12 (5.5%)	
Current	53 (32.3%)	28 (52.8%)	81 (37.3%)	
<b>Obese</b>				0.184
Not available	0 (0.0%)	1 (1.9%)	1 (0.5%)	
Never	65 (39.6%)	18 (34.0%)	83 (38.2%)	
Past	33 (20.1%)	15 (28.3%)	48 (22.1%)	
Current	66 (40.2%)	19 (35.8%)	85 (39.2%)	
<b>Prescription medication use</b>				
<b>ACE inhibitor</b>				0.196
Non-user	122 (74.4%)	33 (62.3%)	155 (71.4%)	
Past user	20 (12.2%)	8 (15.1%)	28 (12.9%)	
Current user	22 (13.4%)	12 (22.6%)	34 (15.7%)	
<b>Angiotensin receptor blocker</b>				0.708
Non-user	137 (83.5%)	43 (81.1%)	180 (82.9%)	
Past user	3 (1.8%)	2 (3.8%)	5 (2.3%)	
Current user	24 (14.6%)	8 (15.1%)	32 (14.7%)	
<b>Aldosterone antagonist</b>				0.791
Non-user	150 (91.5%)	47 (88.7%)	197 (90.8%)	
Past user	6 (3.7%)	3 (5.7%)	9 (4.1%)	
Current user	8 (4.9%)	3 (5.7%)	11 (5.1%)	

1					
2					
3	<b>β-blocker</b>				0.847
4	Non-user	106 (64.6%)	32 (60.4%)	138 (63.6%)	
5	Past user	9 (5.5%)	3 (5.7%)	12 (5.5%)	
6	Current user	49 (29.9%)	18 (34.0%)	67 (30.9%)	
7					
8	<b>Calcium channel blocker</b>				0.233
9	Non-user	116 (70.7%)	35 (66.0%)	151 (69.6%)	
10	Past user	14 (8.5%)	2 (3.8%)	16 (7.4%)	
11	Current user	34 (20.7%)	16 (30.2%)	50 (23.0%)	
12					
13	<b>α-agonist</b>				0.569
14	Non-user	163 (99.4%)	53 (100.0%)	216 (99.5%)	
15	Current user	1 (0.6%)	0 (0.0%)	1 (0.5%)	
16					
17	<b>Thiazide</b>				0.569
18	Non-user	163 (99.4%)	53 (100.0%)	216 (99.5%)	
19	Current user	1 (0.6%)	0 (0.0%)	1 (0.5%)	
20					
21	<b>Antiplatelet</b>				0.076
22	Non-user	112 (68.3%)	28 (52.8%)	140 (64.5%)	
23	Past user	8 (4.9%)	2 (3.8%)	10 (4.6%)	
24	Current user	44 (26.8%)	23 (43.4%)	67 (30.9%)	
25					
26	<b>Antiarrhythmic</b>				0.07
27	Non-user	147 (89.6%)	43 (81.1%)	190 (87.6%)	
28	Past user	6 (3.7%)	1 (1.9%)	7 (3.2%)	
29	Current user	11 (6.7%)	9 (17.0%)	20 (9.2%)	
30					
31	<b>Anticoagulant</b>				0.47
32	Non-user	152 (92.7%)	47 (88.7%)	199 (91.7%)	
33	Past user	4 (2.4%)	1 (1.9%)	5 (2.3%)	
34	Current user	8 (4.9%)	5 (9.4%)	13 (6.0%)	
35					
36	<b>Glucocorticoid</b>				0.016
37	Non-user	95 (57.9%)	19 (35.8%)	114 (52.5%)	
38	Past user	16 (9.8%)	6 (11.3%)	22 (10.1%)	
39	Current user	53 (32.3%)	28 (52.8%)	81 (37.3%)	
40					
41	<b>β2-agonist</b>				0.023
42	Non-user	131 (79.9%)	33 (62.3%)	164 (75.6%)	
43	Past user	6 (3.7%)	2 (3.8%)	8 (3.7%)	
44	Current user	27 (16.5%)	18 (34.0%)	45 (20.7%)	
45					
46	<b>Muscarinic antagonist</b>				0.351
47	Non-user	129 (78.7%)	39 (73.6%)	168 (77.4%)	
48	Past user	5 (3.0%)	4 (7.5%)	9 (4.1%)	
49	Current user	30 (18.3%)	10 (18.9%)	40 (18.4%)	
50					
51	<b>NSAID</b>				0.116
52	Non-user	146 (89.0%)	43 (81.1%)	189 (87.1%)	
53	Past user	8 (4.9%)	2 (3.8%)	10 (4.6%)	
54	Current user	10 (6.1%)	8 (15.1%)	18 (8.3%)	
55					
56	<b>Vitamin D</b>				0.076
57	Non-user	109 (66.5%)	26 (49.1%)	135 (62.2%)	
58	Past user	12 (7.3%)	6 (11.3%)	18 (8.3%)	
59	Current user	43 (26.2%)	21 (39.6%)	64 (29.5%)	
60					

<b>Proton pump inhibitor</b>				0.82
Non-user	62 (37.8%)	18 (34.0%)	80 (36.9%)	
Past user	11 (6.7%)	3 (5.7%)	14 (6.5%)	
Current user	91 (55.5%)	32 (60.4%)	123 (56.7%)	
<b>Statin</b>				0.006
Non-user	72 (43.9%)	11 (20.8%)	83 (38.2%)	
Past user	12 (7.3%)	3 (5.7%)	15 (6.9%)	
Current user	80 (48.8%)	39 (73.6%)	119 (54.8%)	
<b>Immunosuppressant</b>				0.476
Non-user	156 (95.1%)	48 (90.6%)	204 (94.0%)	
Past user	3 (1.8%)	2 (3.8%)	5 (2.3%)	
Current user	5 (3.0%)	3 (5.7%)	8 (3.7%)	
<b>Complications post diagnosis</b>				
<b>Cardiovascular</b>				<0.001
No	66 (40.2%)	9 (17.0%)	75 (34.6%)	
Recurrent	84 (51.2%)	43 (81.1%)	127 (58.5%)	
Novel	14 (8.5%)	1 (1.9%)	15 (6.9%)	
<b>Respiratory</b>				0.003
No	49 (29.9%)	5 (9.4%)	54 (24.9%)	
Recurrent	80 (48.8%)	27 (50.9%)	107 (49.3%)	
Novel	35 (21.3%)	21 (39.6%)	56 (25.8%)	
<b>Renal</b>				<0.001
No	67 (40.9%)	8 (15.1%)	75 (34.6%)	
Recurrent	67 (40.9%)	38 (71.7%)	105 (48.4%)	
Novel	30 (18.3%)	7 (13.2%)	37 (17.1%)	
<b>Recurrent complications</b>				<0.001
None	43 (26.2%)	2 (3.8%)	45 (20.7%)	
1	43 (26.2%)	10 (18.9%)	53 (24.4%)	
2	46 (28.0%)	25 (47.2%)	71 (32.7%)	
3	32 (19.5%)	16 (30.2%)	48 (22.1%)	
<b>Novel complications</b>				0.691
None	99 (60.4%)	28 (52.8%)	127 (58.5%)	
1	52 (31.7%)	21 (39.6%)	73 (33.6%)	
2	12 (7.3%)	4 (7.5%)	16 (7.4%)	
3	1 (0.6%)	0 (0.0%)	1 (0.5%)	

Values are n (%), unless otherwise specified. \* Patients with HPB cancer were not included in the non-malignant disease groups.

## Odds of SARS-CoV-2 infection

The risk analyses showed a greater odds of COVID-19 for men, the Black community, and those with moderate to severe liver disease (figure 2). Patients with chronic pancreatic and mild liver conditions were also associated with a higher odds of infection (OR 1.89, 95% CI 1.25 to 2.85,  $P=0.007$ ; 1.52, 1.07 to 2.15,  $P=0.039$ ); however, post-hoc adjustment for comorbidities returned a reduced non-significant positive odds (1.57, 1.04 to 2.38,  $P=0.084$ ; 1.32, 0.93 to 1.88,  $P=0.237$ ), with diabetes principally responsible for this reduction (supplemental table 4). The similar association was observed for elderly patients (over 70) with underlying multimorbidity

1  
2  
3 as confounding factor. Patients with pre-existing renal conditions had the highest odds  
4 of COVID-19 (2.93, 2.2 to 3.89,  $P<0.001$ ), followed by a more than two-fold increased  
5 odds for patients with hypertension, diabetes, cardiovascular or chronic respiratory  
6 disease (figure 2). However, the independent effects of hypertension and high  
7 cholesterol were absent when controlled for other comorbidities (supplemental table  
8 4).  
9

10  
11 Substance mis-users had higher odds of infection, but the higher odds observed for  
12 those with history of smoking or obesity were due to underlying comorbidities. Patients  
13 on Vitamin D treatment and past users of ACE inhibitors were associated with higher  
14 odds of infection. The slightly reduced yet significantly high odds remained after  
15 controlling for comorbidities, with renal (for Vitamin D users) and cardiovascular (for  
16 ACE inhibitor users) diseases being the principal source of the reduced estimates  
17 (supplemental table 4). Higher odds were also observed for users of proton pump  
18 inhibitors, glucocorticoid,  $\beta$ -blockers,  $\beta$ 2-agonists, aldosterone antagonist, muscarinic  
19 antagonist, antiplatelet, antiarrhythmic, and statin compared to the non-users of these  
20 respective drugs; however, post-hoc adjustment for comorbidities returned non-  
21 significant positive odds for those.  
22  
23

24 <<Figure 2 here>>  
25

26  
27 **Figure 2** Odds ratio estimates of COVID-19 for HPB patients with specific  
28 demographic, comorbidity, lifestyle and medication use characteristics. Odds ratio  
29 estimates for demographic characteristics are mutually controlled for each other, i.e.,  
30 gender, ethnicity, and age group. Estimates for HPB disease subgroups are further  
31 controlled for each other. For comorbidity, lifestyle and medication use characteristics,  
32 estimates are controlled for gender, ethnicity, and dichotomous age group (under and  
33 over 60).  
34

35  
36 A small number of factors appeared to modify the association between HPB disease  
37 subgroups and risk of COVID-19 infection (supplemental table 5). In patients with mild  
38 liver disease, the odds of COVID-19 infection doubled for chronic pancreatic disease  
39 patients compared to patients with no pancreatic condition ( $P$  value for heterogeneity,  
40  $P$ -het, by liver disease=0.02). A history of substance-misuse was associated with  
41 significantly higher odds of infection, particularly for patients with chronic biliary  
42 conditions ( $P$ -het by biliary disease=0.03), and mild liver conditions ( $P$ -het by liver  
43 disease=0.04).  
44  
45

## 46 47 48 Odds of COVID-19 related death 49

50  
51 The risk analyses showed an increased odds of COVID-19 related death for men,  
52 individuals from the Black community and patients who had acute respiratory  
53 complications during admitted care without a history of long-standing respiratory  
54 problems (figure 3). Increased odds of death were also observed for the glucocorticoid  
55 and  $\beta$ 2-agonists. No HPB disease subgroups were particularly more vulnerable to  
56 COVID-related death, although patients with chronic pancreatic condition showed a  
57 trend towards significance. Elderly patients (over 70), and recent users of ACE  
58 inhibitors and non-steroidal anti-inflammatory drugs were associated with a higher  
59 odds of death; however, post-hoc adjustment for comorbidities returned a non-  
60 significant positive odds for these risk factors (supplemental table 6). Stratified

1  
2  
3 analyses according to HPB disease subtypes did not reveal any meaningful effect  
4 modification, principally due to small EL-HPB-COVID sample size (data not shown).  
5

6 <<Figure 3 here>>  
7

8 **Figure 3** Odds ratio estimates of COVID-19 related death for HPB patients with  
9 specific demographic, comorbidity, lifestyle, medication use and post COVID-19  
10 diagnosis complication characteristics. Odds ratio estimates for demographic  
11 characteristics are mutually controlled for each other, i.e., gender, ethnicity, and age  
12 group. Estimates for HPB disease subgroups are further controlled for each other. For  
13 comorbidity, lifestyle, medication use and post diagnosis complication characteristics,  
14 estimates are controlled for gender, ethnicity, and dichotomous age group (under and  
15 over 60). Categories with odds ratio  $P > 0.95$  are not shown.  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60



## DISCUSSION

We present, for the first time, data on a large, single-centre, multi-ethnic cohort of HPB patients, where primary, secondary and tertiary care EHRs were integrated to investigate the incidence and outcome of COVID-19, to demonstrate how key demographic characteristics and a range of comorbidities, lifestyle factors and medications are associated with SARS-CoV-2 infection and outcomes in HPB patients.

### Comparison with other studies

We noted a higher odds of COVID-19 in patients with prior pancreatic and liver conditions. The higher odds associated with liver conditions is consistent with earlier findings.<sup>6 19</sup> Patients with moderate to severe liver conditions had higher susceptibility to SARS-CoV2 infection than those with milder conditions, which could be due to the increase in abnormalities of immune function with severity of this disease group<sup>32</sup>. We speculate that reduced pancreatic function, particularly in individuals with chronic pancreatic conditions, leading to altered digestion, and therefore gut flora, may make patients more susceptible to pathogens with an enteric route of SARS-CoV2 infection<sup>33 34</sup>, and also contribute to the magnitude of COVID-19 severity via modulating host immune responses<sup>35</sup>. Surprisingly the most vulnerable patients with cancer had a low COVID-19 incidence rate, which may reflect the effectiveness of public health interventions such as shielding.<sup>36</sup> However, at the same time, we noted a 17% death rate in this cohort (not due to COVID-19) in six months (supplemental table 3), perhaps indicating the unintended, but potentially inevitable, negative sequelae of social distancing and reduced healthcare provisions for this group of patients as resources were diverted to COVID-19 affected patients.

Men had a higher odds of infection and mortality than women, which is consistent with previous reports,<sup>1 14</sup> and could be due to a favourable genetic predisposition to the virus,<sup>37</sup> and/or gender differences in risk behaviours. Our study also affirms older age, particularly over 70, as an established risk factor for COVID-19 incidence and mortality;<sup>2 4 5</sup> however, this can be largely explained by the presence of multiple comorbidities in the older age groups.<sup>38</sup>

COVID-19 statistics have highlighted a disproportionate effect on BAME ethnic groups with an increased risk of infection and poor outcomes.<sup>13-15</sup> Our results confirm that people from Black community are at a higher risk of both COVID-19 infection and related mortality compared to the White ethnic group. Only a small part of the excess risk in the Black community is explained by multiple comorbidities. Therefore, further variables such as deprivation, occupational exposure, and living conditions might be useful to explore as potential factors behind the apparent vulnerability of the Black population to COVID-19.

All comorbidities such as diabetes, hypertension, high cholesterol, cardiovascular disease, kidney, and respiratory disease, were independently associated with an increased risk of COVID-19, whereas the presence of cardiovascular disease contributed to an added risk of death, concurring with previously reported cohort studies.<sup>4-6 11</sup> Interestingly, our results highlight that for patients without underlying respiratory issues, an acute respiratory episode due to SARS-CoV-2 infection could

1  
2  
3 be indicative of a worse outcome. This is in line with previous reports describing an  
4 unexpectedly lower prevalence of chronic respiratory conditions among those who had  
5 been admitted to hospital due to COVID-19;<sup>39 40</sup> whereas severe outcomes are often  
6 a result of respiratory complications,<sup>41 42</sup> such as acute respiratory distress syndrome  
7 (ARDS) and respiratory failure.  
8

9  
10 Smoking leads to severe health consequences, which explains the greater risk  
11 observed in our cohort of past smokers with high prevalence of respiratory and  
12 cardiovascular diseases. However, current smoking status appeared to have a  
13 protective effect in our cohort after adjusting for comorbidities, as has been observed  
14 by others, an aspect which cannot be mechanistically explained.<sup>5 43</sup> Carefully designed  
15 analyses are needed to explore the association and causality between smoking status  
16 (both current and past), associated comorbidities and COVID-19.  
17

18  
19 Although substance mis-use leads to a plethora of cardio-respiratory and metabolic  
20 problems, its role in COVID-19 remains unexplored. To date, this is the first study  
21 providing a concrete measure of the risk of COVID-19 for substance mis-users. Our  
22 initial results showing that substance mis-users are at a heightened risk for COVID-19  
23 irrespective of the comorbidities warrants a strong case for considering it as an  
24 independent risk factor for COVID-19, and may be related to high-risk behavioural  
25 patterns.<sup>44 45</sup>  
26

27  
28 Previous studies have found a significant relationship between obesity and an  
29 increased risk of COVID-19,<sup>7</sup> and subsequent hospitalisation,<sup>46</sup> advanced levels of  
30 treatment,<sup>15</sup> and death.<sup>4 6</sup> However, our study does not suggest any particular effect  
31 of obesity on COVID-19 for patients with HPB conditions, who have a higher  
32 prevalence rate of obesity compared to the UK general population (38.8% vs 26%).<sup>47</sup>  
33 Our study suggest that the difference in effects for potential susceptibility to COVID-  
34 19 for patients with history of obesity are attributed more to other prevalent factors –  
35 such as cardiovascular or chronic renal disease<sup>47 48</sup> – which in turn might be the  
36 consequences of obesity in these patients' lifetime.  
37  
38

39  
40 Concerns have been raised regarding the use of various medications with respect to  
41 the risk of COVID-19 and the subsequent outcome; and, our analyses contribute to  
42 that discussion for some of the widely used prescription drugs. The higher odds  
43 observed for the history of various prescription drugs use are consistent with the  
44 management of underlying prevalent comorbidities of the study cohort: cardiovascular  
45 conditions (ACE inhibitor,  $\beta$ -blocker, aldosterone antagonists, antiplatelet,  
46 antiarrhythmic), cholesterol (statin), chronic respiratory diseases (glucocorticoid,  $\beta$ 2-  
47 agonists, muscarinic antagonist), or background HPB condition (proton pump  
48 inhibitor). An important finding from our study is the significant risk observed for  
49 vitamin D users, supportive of the possible association between development of  
50 COVID-19 and vitamin D deficiency,<sup>49 50</sup> or specific medical conditions (such as kidney  
51 failure) where Vitamin D prescription is prevalent. Given that BAME communities are  
52 observed to be at a high risk of COVID-19, and there is evidence that vitamin D  
53 deficiency is particularly common in these ethnic groups,<sup>49 50</sup> further research on the  
54 relationship between vitamin D and COVID-19 is required, with a need to exclude  
55 confounding factors such as patients' vitamin D level. Our result also suggest that  
56 patients currently taking PPIs are more susceptible to SARS-CoV-2 infection, which  
57 concurs with a large population-based online survey conducted in the US.<sup>51</sup> The use  
58 of PPIs is highly prevalent in HPB patients for the management of gastrointestinal  
59  
60

1  
2  
3 acid-related disorders, and the finding here supports the hypothesis that current use  
4 of PPIs might influence the susceptibility to SARS-CoV-2 infection in the  
5 gastrointestinal tract through reduction of stomach acid.<sup>51 52</sup>  
6

7  
8 The literature is conflicted on the potential impact of antihypertensive drugs on COVID-  
9 19, particularly those that act as inhibitors to the renin–angiotensin–aldosterone  
10 system (RAAS) and upregulate ACE2 expression, suggesting these drugs may be  
11 potential risk factors for infection,<sup>53 54</sup> but also as having a protective effect on  
12 outcome.<sup>55</sup> However, recent studies found no underlying association between the use  
13 of different classes of antihypertensive drugs and the risk of developing COVID-19.<sup>16</sup>  
14 With a high percentage of patients with hypertension in the study cohort, our finding  
15 that a high risk of COVID-19 is associated with past intake of ACE inhibitors or  
16 aldosterone agonists is suggestive of the potential risk of switching from one class of  
17 antihypertensive drug to another. This contributes to the debate of whether  
18 discontinuation of RAAS inhibitors and considering alternative antihypertensive  
19 therapy in times of COVID-19 would be a good practice or not.<sup>56</sup> A marginal  
20 association of current use of ACE inhibitors with COVID-19 related death suggests  
21 that any increased risk of mortality is likely to be small and will need to be scrutinised  
22 in future as more data accumulates.  
23  
24

25  
26 Our study also shows that recent users of anti-inflammatory drugs, namely  
27 glucocorticoid and  $\beta$ 2-agonists, had increased odds for COVID-19 and subsequent  
28 poor outcome. Controlling for comorbidities resulted in non-significant odds of infection  
29 for these patient subgroups, indicating underlying medical conditions - particularly  
30 those of respiratory system - to be responsible for the increased susceptibility.  
31 However, the observed harmful associations between these drugs and COVID-19-  
32 related death could not be explained by a simplified binary representation of underlying  
33 six common health conditions. Glucocorticoid drugs, for instance, are used to treat  
34 many other inflammatory conditions, notably inflammatory bowel disease (IBD),  
35 whereas HPB diseases constitute some of the most common extraintestinal  
36 manifestations of IBD. It has been shown that use of corticosteroids is associated with  
37 adverse COVID-19 outcomes among patients with IBD.<sup>17</sup> Had it been possible to  
38 successfully control for differences in respiratory disease severity or other medical  
39 comorbidities, we speculate to see different and possibly non-significant odds of death  
40 in these patient subgroups.  
41  
42  
43

## 44 Strengths and limitations of the study

45  
46 A key strength of our study is that we have systematically identified the effect, or the  
47 lack of it, of individual demographic and clinical factors on the infection and mortality  
48 of COVID-19 in a cohort of over 15000 patients, robustly corrected for potential  
49 confounders in their evaluation. Our large population is highly representative of HPB  
50 patients from diverse ethnic groups, which contributes to the generalisability of our  
51 findings. Another strength is our use of linked electronic health records, harmonised  
52 for variations in coding that exist between different EHR systems. We ascertained  
53 patient demographics, lifestyle, comorbidities and medications by linking hospital  
54 records with pseudo-anonymized longitudinal primary care records, which  
55 substantially enrich the data that are recorded on hospital visits.  
56  
57  
58

59 Retrospective EHR-based COVID-19 studies often suffer from incomplete or missing  
60 data on patient characteristics, including key variables such as BMI, ethnicity, smoking

1  
2  
3 or pre-existing comorbidities.<sup>4 57</sup> The missing data is particularly applicable to  
4 otherwise healthy COVID-19 patients with low use of healthcare services in the past.  
5 However, our patient cohort had already been treated or managed at BHNT hospitals  
6 at least once, and often referred through primary care, which led to near-complete  
7 data for this study, an added advantage of this study. For instance, ethnicity, a  
8 common demographic feature, is missing only for 2.8% of cases in our cohort while  
9 the rate is significantly higher in other studies (up to 20% of cases).<sup>4 57</sup> The only  
10 variable with missing data frequency over 20% in our study is substance mis-use  
11 behaviour (50.4%). This is a unique lifestyle risk variable which is not yet explored -  
12 understandably due to a lack of recorded data as people often do not disclose this  
13 information to their clinicians,<sup>58</sup> unless manifested in physical or mental disorders. Yet,  
14 the substance mis-use history of over 7600 patients included in this study provide a  
15 good indication of the impact of COVID-19 on this under-studied group.  
16  
17

18  
19 Our study also has some important limitations. One limitation is the risk of residual  
20 confounding or confounding by indication due to unmeasured or simplified binary  
21 representation of potential confounding variables. For example, the observed  
22 association between Vitamin D users and risk of COVID-19 may be different if  
23 participants' Vitamin D level/deficiency status had been taken into consideration.  
24 Similarly, the observed association between COVID-19 related death and recent use  
25 of glucocorticoid or  $\beta$ 2-agonists may reduce or get amplified if respiratory disease  
26 severity or other indications for corticosteroid use were considered.  
27  
28

29 Another critical limitation is associated with the confirmation of East London residency  
30 for the study cohort. Patients' addresses (current or historic) are not collected under  
31 the umbrella study, which considers patients with HPB conditions (with the exception  
32 of cancer) treated or managed at BHNT hospitals as East London residents during the  
33 time of their care. The Royal London Hospital hosts one of the largest HPB centres in  
34 England, and supports suspected or confirmed HPB cancer patients from nearby  
35 geographical areas. As the umbrella study cohort is historic, we acknowledged the  
36 probability of people moving away from East London in the meantime. In absence of  
37 a patient's current address to confirm their residency at the outset of COVID-19  
38 pandemic in the UK, we relied on an indirect measure to infer residency. We used a  
39 strict six-month window preceding the study to identify a patient's interaction with East  
40 London GPs or BHNT hospitals. Thus, we believe that any supposed reduction in the  
41 cohort size due to unaccounted change of residency within that window should have  
42 affected the COVID and non-COVID group in equal proportion, and hence unlikely to  
43 alter the findings we report here.  
44  
45  
46

47 Due to the rarity of the outcome (SARS-CoV-2 infection) in the full HPB cohort, the  
48 effects reported in the study could be influenced by the smaller cohort size of COVID-  
49 19 cases. We recognise that larger sample sizes of COVID-19 patients are needed to  
50 fully understand the effect of SARS-CoV-2 in patients with HPB conditions. Our results  
51 are the first step towards this and require validation in similar national and international  
52 cohorts.  
53  
54

## 55 Conclusions

56  
57 We believe that the findings from this single-centre study, focusing on patients with a  
58 particular medical condition and in an ethnically diverse area, highlight some  
59 considerations that could guide clinical care while we await an effective antiviral  
60

1  
2  
3 strategy for COVID-19. The current findings reinforce our understanding of some of  
4 the important risk factors for SARS-CoV-2 infection but with regards to pre-existing  
5 HPB conditions, and allows stratification for risk, thereby providing a tool for policy  
6 makers to divert prevention as well as treatment to a clearly identified vulnerable  
7 population.  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

For peer review only

## ACKNOWLEDGEMENTS

ADU is supported by Health Data Research UK (HDR-UK) to conduct the umbrella study EL-PaC-Epidem, which is funded by the UK Medical Research Council. We gratefully acknowledge support provided by Pancreatic Cancer Research Fund (PCRF), for conducting public-patient engagement activity and facilitating ethical approval for EL-PaC-Epidem. We thank Dr Charles Gutteridge, Chief Clinical Information Officer at Barts Health NHS Trust for his help with the collection of secondary and tertiary care data. We thank Dr Kambiz Boomla, Dr John Robson, Prof Carol Dezateux, and members of the Discovery East London Programme Board, and developers at Learning Health Solutions Ltd for their support in facilitating collection of primary care patient records. Finally, we acknowledge the contribution to the research made by several members of the PCRF Tissue Bank team, Bioinformatics Unit and clinical research fellows at Barts Cancer Institute through insightful medical and scientific discussion.

## FOOTNOTES

**Contributors:** ADU designed the study, and was responsible for undertaking and completing data collection, processing and analysis. HMK and CC oversaw the conduct and management of the study. ADU, LS, HMK and CC contributed to the selection of study variables and interpretation post analysis. ADU wrote the first drafts of the report and all the authors made critical revisions.

**Funding:** The study is conducted under an umbrella study, focusing on the epidemiology of pancreatic and other hepatobiliary cancers in East London (EL-PaC-Epidem), funded by Medical Research Council UK (Ref: MR/S003835/1) as a UKRI/Rutherford Fellowship to the corresponding author. No additional funding has been received for this study.

**Competing interests:** All authors declare no competing interests.

**Ethics approval:** All data utilised for this study were collected and processed under the EL-PaC-Epidem study at Barts Health NHS Trust. The study was approved by the East of England - Essex Research Ethics Committee (19/EE/0163; 17 May 2019) and supported by the NHS Confidentiality Advisory Group for collecting and processing confidential patient information without consent (19/CAG/0219; 17 January 2020).

**Data sharing:** All statistical data relevant to the study are included in the article or uploaded as supplementary information. Only the corresponding author had full access to all the participants' data in the study. The authors confirm that researchers seeking the completely anonymised final analysis dataset for this work can submit a data request to the corresponding author.

**Transparency statement:** The corresponding author affirms that the manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

1  
2  
3 Dissemination to participants and related patient and public communities: Key findings  
4 will be disseminated in the EL-PaC-Epidem study website as well as in the  
5 corresponding author's institute website.  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

For peer review only

## REFERENCES

- 1 World Health Organization. Coronavirus disease (COVID-19): Situation Reports. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> (accessed July 30, 2020).
- 2 Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19): People at Increased Risk and Other People Who Need to Take Extra Precautions. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html> (accessed August 10, 2020).
- 3 NHS England. Coronavirus (COVID-19): People at Higher Risk from Coronavirus. <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/> (accessed July 30, 2020)
- 4 Williamson EJ, Walker AJ, Bhaskaran K, et al. Factors associated with COVID-19-related death using OpenSAFELY. *Nature* 2020; **584** (7821): 430–36.
- 5 Deng G, Yin M, Chen X, Zeng F. Clinical determinants for fatality of 44,672 patients with COVID-19. *Crit Care* 2020; **24**: 179.
- 6 Docherty AB, Harrison EM, Green CA, et al. Features of 20 133 UK patients in hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: prospective observational cohort study. *BMJ* 2020; **369**: m1985.
- 7 Lighter J, Phillips M, Hochman S, et al. Obesity in Patients Younger Than 60 Years Is a Risk Factor for COVID-19 Hospital Admission. *Clin Infect Dis* 2020; **71** (15): 896–7.
- 8 Dai M, Liu D, Liu M, et al. Patients with Cancer Appear More Vulnerable to SARS-CoV-2: A Multicenter Study during the COVID-19 Outbreak. *Cancer Discov* 2020; **10** (6): 783–91.
- 9 Blanco JL, Ambrosioni J, Garcia F, et al. COVID-19 in patients with HIV: clinical case series. *Lancet HIV* 2020; **7** (5): e314–6.
- 10 BMJ Best Practice. Coronavirus disease 2019 (COVID-19) Complications. <https://bestpractice.bmj.com/topics/en-gb/3000168/complications> (accessed July 23, 2020)
- 11 Guan W-J, Liang W-H, Zhao Y, et al. Comorbidity and its impact on 1590 patients with COVID-19 in China: a nationwide analysis. *Eur Respir J* 2020; **55** (5): 2000547.
- 12 Miyara, M. et al. Low incidence of daily active tobacco smoking in patients with symptomatic COVID-19. *Qeios* 2020; doi: 10.32388/WPP19W.3
- 13 Platt L, Warwick R. Are some ethnic groups more vulnerable to COVID-19 than others? Institute for Fiscal Studies, May, 2020; <https://www.ifs.org.uk/inequality/wp-content/uploads/2020/04/Are-some-ethnic-groups-more-vulnerable-to-COVID-19-than-others-V2-IFS-Briefing-Note.pdf> (accessed July 23, 2020)
- 14 Public Health England. Disparities in the risk and outcomes of COVID-19. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/889195/disparities\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889195/disparities_review.pdf) August, 2020. (accessed August 14, 2020).
- 15 Intensive Care National Audit and Research Centre. ICNARC report on COVID-19 in critical care. <https://www.icnarc.org/DataServices/Attachments/Download/af7be2d4-bdcd-ea11-9127-00505601089b> July 24, 2020. (accessed August 2, 2020).
- 16 National Institute for Health and Care Excellence. Coronavirus (COVID-19) Rapid Evidence Summaries. <https://www.nice.org.uk/covid-19#rapid-es> (accessed July 16, 2020)



- 1  
2  
3 17 Brenner EJ, Ungaro RC, Geary RB, et al., Corticosteroids, but not TNF  
4 Antagonists, are Associated with Adverse COVID-19 Outcomes in Patients With  
5 Inflammatory Bowel Diseases: Results from an International Registry.  
6 *Gastroenterology* 2020; **159** (2): 481–91.
- 7 18 Zhang H, Kang Z, Gong H, et al. Digestive system is a potential route of COVID-  
8 19: an analysis of single-cell coexpression pattern of key proteins in viral entry  
9 process. *Gut* 2020; **69**: 1010–8.
- 10 19 Mantovani A, Beatrice G, Dalbeni A. Coronavirus disease 2019 and prevalence  
11 of chronic liver disease: A meta-analysis. *Liver Int* 2020; **40**(6): 1316–20.
- 12 20 Gubatan J, Levitte S, Patel A, et al. Prevalence, risk factors and clinical  
13 outcomes of COVID-19 in patients with a history of pancreatitis in Northern California.  
14 *Gut* 2020; Published Online: June 3, 2020. doi: 10.1136/gutjnl-2020-321772.
- 15 21 McNabb-Baltar J, Jin DX, Grover AS, et al. Lipase elevation in patients with  
16 COVID-19. *Am J Gastroenterol* 2020; Published Online: Jun 3, 2020. doi:  
17 10.14309/ajg.0000000000000732.
- 18 22 Hadi A, Werge M, Kristiansen KT, et al. Coronavirus Disease-19 (COVID-19)  
19 associated with severe acute pancreatitis: case report on three family members.  
20 *Pancreatology* 2020; **20** (4): 665–7.
- 21 23 Katabathina VS, Flaherty EM, Dasyam AK, et al. "Biliary Diseases with  
22 Pancreatic Counterparts": Cross-sectional Imaging Findings. *Radiographics* 2016; **36**  
23 (2): 374–92.
- 24 24 UK Government. Coronavirus cases in the UK: daily updated statistics.  
25 <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public> (last  
26 accessed August 2, 2020)
- 27 25 London Datastore. Coronavirus (COVID-19) Cases: Greater London Authority  
28 (GLA). <https://data.london.gov.uk/dataset/coronavirus--covid-19--cases> (accessed  
29 August 4, 2020)
- 30 26 Office for National Statistics. Deaths involving COVID-19 by local area and  
31 socioeconomic deprivation: deaths occurring between 1 March and 30 June 2020.  
32 [https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/d  
33 eaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringb  
34 etween1marchand30june2020](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand30june2020) July 24, 2020. (accessed August 4, 2020)
- 35 27 Barts Health NHS Trust. <https://www.bartshealth.nhs.uk/about-us> (accessed  
36 August 10, 2020)
- 37 28 London Datastore. Ethnic Groups by Borough.  
38 <https://data.london.gov.uk/dataset/ethnic-groups-borough> (accessed August 4, 2020)
- 39 29 East London Health & Care Partnership.  
40 <https://www.eastlondonhcp.nhs.uk/aboutus/> (accessed August 4, 2020)
- 41 30 Public Health England. Technical summary: Public Health England data series  
42 on deaths in people with COVID-19.  
43 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach  
44 ment\\_data/file/908781/Technical\\_Summary\\_PHE\\_Data\\_Series\\_COVID-  
45 19\\_Deaths\\_20200812.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908781/Technical_Summary_PHE_Data_Series_COVID-19_Deaths_20200812.pdf) (accessed February 10, 2021)
- 46 31 Glasheen WP, Cordier T, Gumpina R, et al. Charlson Comorbidity Index:  
47 ICD-9 Update and ICD-10 Translation. *Am Health Drug Benefits* 2019; **12** (4):188-197.
- 48 32 Leber B, Mayrhauser U, Rybczynski M, et al. Innate immune dysfunction in  
49 acute and chronic liver disease. *Wien Klin Wochenschr.* 2009; **121** (23-24): 732-44.
- 50 33 Thaweerat W. Current evidence on pancreatic involvement in SARS-CoV-2  
51 infection. *Pancreatology* 2020; **20** (5): 1013–4.
- 52  
53  
54  
55  
56  
57  
58  
59  
60

- 1  
2  
3 34 Gou W, Fu Y, Yue L, et al. Gut microbiota may underlie the predisposition of  
4 healthy individuals to COVID-19. Preprint at *medRxiv* 25 April 2020; doi:  
5 10.1101/2020.04.22.20076091.
- 6 35 Yeoh YK, Zuo T, Lui GCY, et al. Gut microbiota composition reflects disease  
7 severity and dysfunctional immune responses in patients with COVID-19. *Gut* 2021;  
8 Preprint published online: January 11, 2021. doi: 10.1136/gutjnl-2020-323020.
- 9 36 Public Health England. Guidance on shielding and protecting people who are  
10 clinically extremely vulnerable from COVID-19.  
11 [https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19)  
12 [extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19)  
13 [extremely-vulnerable-persons-from-covid-19](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19) (accessed July 16, 2020).
- 14 37 Gibson WT, Evans DM, An J, Jones SJM. ACE 2 Coding Variants: A Potential  
15 X-linked Risk Factor for COVID-19 Disease. Preprint published online: April 14, 2020.  
16 doi: <https://doi.org/10.1101/2020.04.05.026633>
- 17 38 World Health Organization, Europe. Statement – Older people are at highest  
18 risk from COVID-19, but all must act to prevent community spread.  
19 [https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-](https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread)  
20 [19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-](https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread)  
21 [must-act-to-prevent-community-spread](https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread) April 2, 2020. (accessed June 12, 2020)
- 22 39 Halpin DMG, Faner R, Sibila O, et al. Do chronic respiratory diseases or their  
23 treatment affect the risk of SARS-CoV-2 infection? *Lancet Respir Med* 2020; **8** (5):  
24 436-38.
- 25 40 Piroth L, Cottenet J, Mariet AS, et al. Comparison of the characteristics,  
26 morbidity, and mortality of COVID-19 and seasonal influenza: a nationwide,  
27 population-based retrospective cohort study. *Lancet Respir Med* 2020; Preprint  
28 published online: 17 Dec 2020; doi: 10.1016/s2213-2600(20)30527-0.
- 29 41 Tanne JH. Covid 19: Patients have many more complications than flu patients,  
30 finds US study. *BMJ* 2020; **371**:m4106.
- 31 42 Schultze A, Walker AJ, MacKenna B, et al. Risk of COVID-19-related death  
32 among patients with chronic obstructive pulmonary disease or asthma prescribed  
33 inhaled corticosteroids: an observational cohort study using the OpenSAFELY  
34 platform. *Lancet Respir Med* 2020; **8** (11): 1106-20.
- 35 43 Rentsch CT, Kidwai-Khan F, Tate JP, et al. Covid-19 testing, hospital  
36 admission, and intensive care among 2,026,227 United States veterans aged 54–75  
37 years. Preprint at *medRxiv* April 14, 2020; doi:  
38 <https://doi.org/10.1101/2020.04.09.20059964>.
- 39 44 Ornell F, Moura HF, Scherer JN, et al. The COVID-19 pandemic and its impact  
40 on substance use: Implications for prevention and treatment. *Psychiatry Res* 2020;  
41 **289**: 113096.
- 42 45 Dubey MJ, Ghosh R, Chatterjee S, Biswas P, Chatterjee S, Dubey S. COVID-  
43 19 and addiction. *Diabetes Metab Syndr* 2020; **14** (5): 817–23.
- 44 46 Khawaja AP, Warwick AN, Hysi PG, et al. Associations with COVID-19  
45 hospitalisation amongst 406,793 adults: the UK Biobank prospective cohort study.  
46 Preprint at *medRxiv* May 11, 2020; doi: <https://doi.org/10.1101/2020.05.06.20092957>
- 47 47 Public Health England. Excess Weight and COVID-19: Insights from new  
48 evidence  
49 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach-](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19_FINAL.pdf)  
50 [ment data/file/907966/PHE\\_insight Excess weight and COVID-19 FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19_FINAL.pdf)  
51 July, 2020 (accessed August 5, 2020)
- 52 48 Kovesdy CP, Furth SL, Zoccali C. Obesity and Kidney Disease. *Can J Kidney*  
53 *Health Dis* 2017; **4**: 2054358117698669.
- 54  
55  
56  
57  
58  
59  
60

- 1  
2  
3 49 Hastie CE, Mackay DF, Ho F, et al. Vitamin D concentrations and COVID-19  
4 infection in UK Biobank. *Diabetes Metab Syndr* 2020; **14** (4): 561–5.
- 5 50 Jain A, Chaurasia R, Sengar NS, et al. Analysis of vitamin D level among  
6 asymptomatic and critically ill COVID-19 patients and its correlation with inflammatory  
7 markers. *Sci Rep*. 2020; **10** (1): 20191.
- 8 51 Almario CV, Chey WD, Spiegel BMR. Increased risk of COVID-19 among users  
9 of proton-pump inhibitors. *Am J Gastroenterol* 2020; Preprint  
10 at: [https://journals.lww.com/ajg/Documents/AJG-20-](https://journals.lww.com/ajg/Documents/AJG-20-1811_R1(PUBLISH%20AS%20WEBPART).pdf)  
11 [1811\\_R1\(PUBLISH%20AS%20WEBPART\).pdf](https://journals.lww.com/ajg/Documents/AJG-20-1811_R1(PUBLISH%20AS%20WEBPART).pdf)
- 12 52 Lee SW, Yeniova AO, Moon SY, et al. Severe clinical outcomes of COVID-19  
13 associated with proton pump inhibitors: a nationwide cohort study with propensity  
14 score matching. *Gut* 2020; Preprint Published Online: July 30, 2020. doi:  
15 10.1136/gutjnl-2020-322248.
- 16 53 O'Mara GJ. Could ACE inhibitors and particularly ARBs increase susceptibility to  
17 COVID-19 infection? *BMJ* 2020; **368**: m406.
- 18 54 Fang L, Karakiulakis G, Roth M. Are patients with hypertension and diabetes  
19 mellitus at increased risk for COVID-19 infection? *Lancet Respir Med* 2020; **8** (4): e21.
- 20 55 Gurwitz D. Angiotensin receptor blockers as tentative SARS-CoV-2  
21 therapeutics. *Drug Dev Res* 2020; **81** (5): 537–40.
- 22 56 Ciulla MM. Switching to another antihypertensive effective drug when using  
23 ACEIs/ARBs to treat arterial hypertension during COVID-19. *Eur Heart J* 2020; **41**  
24 (19): 1856.
- 25 57 Perez-Guzman PN, Daunt A, Mukherjee S, et al. Clinical characteristics and  
26 predictors of outcomes of hospitalized patients with COVID-19 in a multi-ethnic  
27 London NHS Trust: a retrospective cohort study. *Clin Infect Dis* 2020; Preprint  
28 published online: August 7, 2020. doi: 10.1093/cid/ciaa1091.
- 29 58 McNeely J, Kumar PC, Rieckmann T, et al. Barriers and facilitators affecting  
30 the implementation of substance use screening in primary care clinics: a qualitative  
31 study of patients, providers, and staff. *Addict Sci Clin Pract* 2020; **13** (1): 8.
- 32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

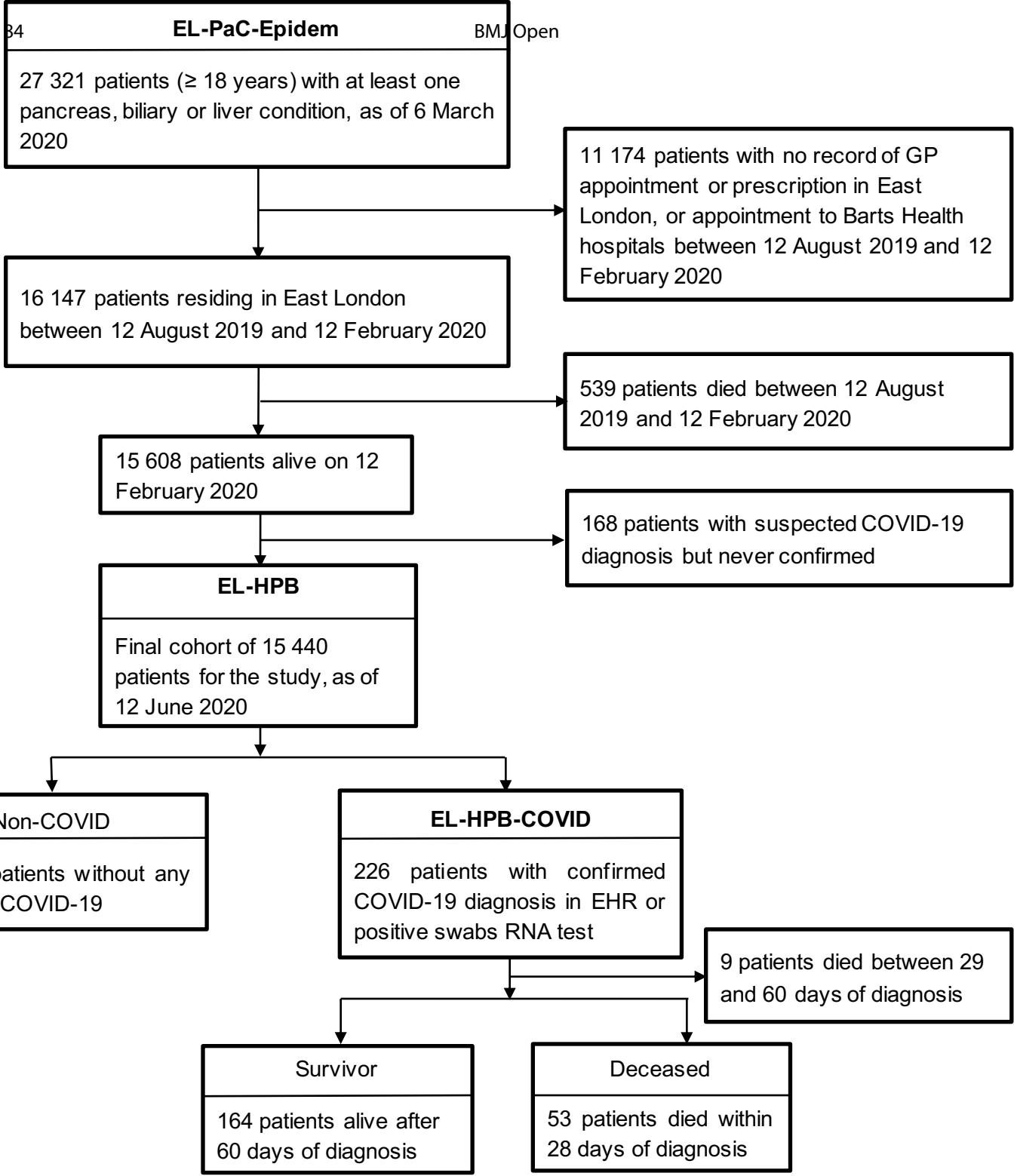
## FIGURE LEGENDS

**Figure 1** Selection of patients for the cross-sectional study.

**Figure 2** Odds ratio estimates of COVID-19 for HPB patients with specific demographic, comorbidity, lifestyle and medication use characteristics. Odds ratio estimates for demographic characteristics are mutually controlled for each other, i.e., gender, ethnicity, and age group. Estimates for HPB disease subgroups are further controlled for each other. For comorbidity, lifestyle and medication use characteristics, estimates are controlled for gender, ethnicity, and dichotomous age group (under and over 60).

**Figure 3** Odds ratio estimates of COVID-19 related death for HPB patients with specific demographic, comorbidity, lifestyle, medication use and post COVID-19 diagnosis complication characteristics. Odds ratio estimates for demographic characteristics are mutually controlled for each other, i.e., gender, ethnicity, and age group. Estimates for HPB disease subgroups are further controlled for each other. For comorbidity, lifestyle, medication use and post diagnosis complication characteristics, estimates are controlled for gender, ethnicity, and dichotomous age group (under and over 60). Categories with odds ratio  $P > 0.95$  are not shown.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52

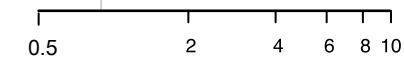


**Figure 1** Selection of patients for the cross-sectional study.

	OR	95% CI	P val
<b>Demography</b>			
<b>Gender (ref=Female)</b>			
Male	1.56	1.2 to 2.04	0.002
<b>Ethnicity (ref=White)</b>			
South Asian	1.35	0.98 to 1.85	0.102
Black	2.04	1.39 to 2.95	<0.001
Other	0.87	0.52 to 1.4	0.654
<b>Age group (ref=18-40)</b>			
41-50	1.12	0.64 to 1.98	0.694
51-60	1.19	0.7 to 2.05	0.632
61-70	1.71	1.03 to 2.9	0.075
71-80	2.71	1.63 to 4.6	<0.001
80+	5.21	3.23 to 8.7	<0.001
<b>HPB disease (ref=No)</b>			
<b>Cancer</b>			
Yes	1.11	0.46 to 2.69	0.822
<b>Pancreatic disease</b>			
Acute	1.35	0.82 to 2.22	0.323
Chronic	1.89	1.25 to 2.85	0.007
<b>Biliary disease</b>			
Acute	1.1	0.58 to 2.09	0.822
Chronic	1.05	0.75 to 1.46	0.822
<b>Liver disease</b>			
Mild	1.52	1.07 to 2.15	0.039
Moderate/Severe	2.2	1.35 to 3.59	0.006
<b>Medical History (ref=No)</b>			
Diabetes	2.47	1.85 to 3.32	<0.001
Hypertension	2.35	1.59 to 3.48	<0.001
Cholesterol	1.47	1.09 to 1.98	0.019
Cardiovascular	2.77	2.07 to 3.71	<0.001
Renal	2.93	2.2 to 3.89	<0.001
Respiratory	2.06	1.58 to 2.69	<0.001
Number of comorbidities	1.62	1.46 to 1.79	<0.001
<b>Lifestyle (ref=Never)</b>			
<b>Smoker</b>			
Past	1.46	1.08 to 1.98	0.03
Current	0.65	0.41 to 1.04	0.116
<b>Drinker</b>			
Past	1.26	0.85 to 1.88	0.283
Current	0.81	0.56 to 1.16	0.283
<b>Substance user</b>			
Past	3.43	1.74 to 6.75	<0.001
Current	2.63	1.68 to 4.1	<0.001
<b>Obese</b>			
Past	1.61	1.13 to 2.3	0.016
Current	1.26	0.93 to 1.72	0.187
<b>Prescription medication use (ref=Non-user)</b>			
<b>ACE inhibitor</b>			
Past user	3	1.97 to 4.57	<0.001
Current user	0.8	0.55 to 1.15	0.25
<b>Angiotensin receptor blocker</b>			
Past user	1.18	0.48 to 2.91	0.722
Current user	1.27	0.86 to 1.86	0.293
<b>Aldosterone antagonist</b>			
Past user	3.74	1.86 to 7.5	<0.001
Current user	1.61	0.89 to 2.91	0.151
<b>Beta-blocker</b>			
Past user	1.95	1.07 to 3.56	0.045
Current user	1.62	1.19 to 2.19	0.004
<b>Calcium channel blocker</b>			
Past user	1.5	0.89 to 2.51	0.162
Current user	0.9	0.64 to 1.25	0.533
<b>Antiplatelet</b>			
Past user	1.41	0.73 to 2.71	0.345
Current user	1.84	1.35 to 2.51	<0.001
<b>Antiarrhythmic</b>			
Past user	2.42	1.11 to 5.27	0.039
Current user	1.85	1.15 to 2.97	0.021
<b>Anticoagulant</b>			
Past user	1.96	0.79 to 4.86	0.165
Current user	1.54	0.86 to 2.73	0.165
<b>Glucocorticoid</b>			
Past user	1.39	0.88 to 2.2	0.242
Current user	2.07	1.55 to 2.77	<0.001
<b>Beta2-agonist</b>			
Past user	2.08	1.01 to 4.27	0.071
Current user	2.07	1.48 to 2.9	<0.001
<b>Muscarinic antagonist</b>			
Past user	2.2	1.14 to 4.22	0.027
Current user	1.85	1.3 to 2.64	0.001
<b>NSAID</b>			
Past user	0.81	0.42 to 1.54	0.517
Current user	1.56	0.95 to 2.55	0.139
<b>Vitamin D</b>			
Past user	2.49	1.5 to 4.13	<0.001
Current user	2.5	1.84 to 3.4	<0.001
<b>Proton pump inhibitor</b>			
Past user	1.15	0.66 to 2.01	0.619
Current user	1.78	1.34 to 2.38	<0.001
<b>Statin</b>			
Past user	2.1	1.21 to 3.65	0.013
Current user	1.77	1.3 to 2.4	<0.001
<b>Immunosuppressant</b>			
Past user	1.42	0.58 to 3.51	0.448
Current user	1.7	0.83 to 3.5	0.191

For peer review only

BMJ Open: first published as 10.1136/bmjopen-2020-045077 on 19 April 2021. Downloaded from <http://bmjopen.bmj.com/> on April 17, 2024 by guest. Protected by copyright.



	OR	95% CI		P val
<b>Demography</b>				
<b>Gender (ref=Female)</b>				
Male	3.54	1.68 to 7.85		0.007
<b>Ethnicity (ref=White)</b>				
South Asian	2.08	0.91 to 4.88		0.143
Black	3.77	1.38 to 10.7		0.023
Other	0.29	0.02 to 1.82		0.371
<b>Age group (ref=18-40)</b>				
41-50	2.24	0.19 to 52.1		0.65
51-60	1.92	0.16 to 44.3		0.674
61-70	6.73	1.03 to 134		0.143
71-80	18.6	3.12 to 361		0.022
80+	25.4	4.32 to 491		0.012
<b>HPB disease (ref=No)</b>				
<b>Cancer</b>				
Yes	1.18	0.14 to 10.2		0.951
<b>Pancreatic disease</b>				
Acute	1.52	0.44 to 5.24		0.596
Chronic	3.26	1.13 to 9.44		0.082
<b>Biliary disease</b>				
Acute	2.44	0.38 to 15.9		0.544
Chronic	0.67	0.26 to 1.72		0.568
<b>Liver disease</b>				
Mild	0.51	0.19 to 1.35		0.347
Moderate/Severe	0.6	0.16 to 2.22		0.568
<b>Medical History (ref=No)</b>				
Diabetes	1.88	0.81 to 4.38		0.227
Hypertension	6.3	0.74 to 53.8		0.148
Cholesterol	1.25	0.56 to 2.82		0.67
Cardiovascular	2.82	1.21 to 6.59		0.026
Renal	1.72	0.8 to 3.7		0.248
Respiratory	0.85	0.42 to 1.73		0.743
<b>Lifestyle (ref=Never)</b>				
<b>Smoker</b>				
Past	1.87	0.83 to 4.19		0.219
Current	0.45	0.08 to 2.49		0.451
<b>Drinker</b>				
Past	1.2	0.41 to 3.49		0.847
Current	1.38	0.52 to 3.64		0.736
<b>Substance user</b>				
Past	0.62	0.08 to 4.94		0.81
Current	2.01	0.53 to 7.64		0.436
<b>Obese</b>				
Past	1.46	0.58 to 3.65		0.603
Current	1.03	0.44 to 2.4		0.991
<b>Prescription medication use (ref=Non-user)</b>				
<b>ACE inhibitor</b>				
Current user	2.25	0.88 to 5.73		0.161
<b>Aldosterone antagonist</b>				
Past user	1.29	0.28 to 5.82		0.838
Current user	1.29	0.28 to 5.97		0.838
<b>Beta-blocker</b>				
Past user	0.72	0.16 to 3.24		0.746
Current user	0.66	0.3 to 1.45		0.385
<b>Calcium channel blocker</b>				
Past user	0.16	0.03 to 0.89		0.065
Current user	0.92	0.4 to 2.12		0.948
<b>Antiplatelet</b>				
Past user	0.68	0.12 to 3.7		0.836
<b>Antiarrhythmic</b>				
Past user	0.53	0.06 to 4.82		0.641
Current user	2.12	0.72 to 6.26		0.261
<b>Anticoagulant</b>				
Past user	0.48	0.05 to 4.89		0.691
Current user	1.18	0.32 to 4.39		0.904
<b>Glucocorticoid</b>				
Past user	1.47	0.44 to 4.87		0.599
Current user	2.79	1.26 to 6.22		0.021
<b>Beta2-agonist</b>				
Past user	1.96	0.32 to 12		0.523
Current user	2.72	1.18 to 6.25		0.034
<b>Muscarinic antagonist</b>				
Past user	1.58	0.32 to 7.7		0.739
Current user	1.11	0.45 to 2.76		0.919
<b>NSAID</b>				
Past user	0.58	0.11 to 3.05		0.589
Current user	4.13	1.19 to 14.3		0.045
<b>Vitamin D</b>				
Past user	1.8	0.55 to 5.92		0.376
Current user	1.58	0.7 to 3.53		0.345
<b>Proton pump inhibitor</b>				
Past user	1.46	0.29 to 7.34		0.83
Current user	0.88	0.41 to 1.89		0.83
<b>Statin</b>				
Past user	0.82	0.18 to 3.77		0.902
Current user	1.51	0.62 to 3.66		0.47
<b>Immunosuppressant</b>				
Past user	1.3	0.17 to 10		0.904
Current user	2.44	0.44 to 13.7		0.4
<b>Complications post diagnosis (ref=No)</b>				
<b>Cardiovascular</b>				
Recurrent	2.53	1.04 to 6.12		0.071
Novel	0.44	0.04 to 4.47		0.547
<b>Respiratory</b>				
Recurrent	2.53	0.84 to 7.63		0.15
Novel	5.77	1.75 to 19		0.009
<b>Renal</b>				
Recurrent	1.72	0.66 to 4.46		0.34
Novel	1	0.3 to 3.34		0.997

BMJ Open: first published as 10.1136/bmjopen-2020-045077 on 19 April 2021. Downloaded from <http://bmjopen.bmj.com/> on April 17, 2024 by guest. Protected by copyright.

**Supplemental Table 1** Codelist for hepato-pancreato-biliary diagnosis groups

Group	Subgroup	Terminology system	Code	Code description	Exclusion
HPB Cancer		ICD-10	C22	Malignant neoplasm of liver and intrahepatic bile ducts	
HPB Cancer		ICD-10	C23	Malignant neoplasm of gallbladder	
HPB Cancer		ICD-10	C24	Malignant neoplasm of other and unspecified parts of biliary tract	
HPB Cancer		ICD-10	C25	Malignant neoplasm of pancreas	
HPB Cancer		ICD-10	D015	Carcinoma in situ of Liver, gallbladder and bile ducts	
HPB Cancer		ICD-10	D017	Carcinoma in situ of Other specified digestive organs incl. Pancreas	
HPB Cancer		ICD-10	D376	Neoplasm of uncertain or unknown behaviour of Liver, gallbladder and bile ducts	
HPB Cancer		READ	B15	Malignant neoplasm of liver and intrahepatic bile ducts	
HPB Cancer		READ	B16	Malignant neoplasm gallbladder and extrahepatic bile ducts	
HPB Cancer		READ	B17	Malignant neoplasm of pancreas	
HPB Cancer		READ	B808.	Carcinoma in situ of liver and biliary system	
HPB Cancer		READ	B8080	Carcinoma in situ of liver	
HPB Cancer		READ	B8081	Carcinoma in situ of intrahepatic bile ducts	
HPB Cancer		READ	B8082	Carcinoma in situ of hepatic duct	
HPB Cancer		READ	B8083	Carcinoma in situ of gall bladder	
HPB Cancer		READ	B8085	Carcinoma in situ of common bile duct	
HPB Cancer		READ	B8086	Carcinoma in situ of ampulla of Vater	
HPB Cancer		READ	B8087	Carcinoma in situ of sphincter of Oddi	
HPB Cancer		READ	B80z0	Carcinoma in situ of pancreas	
HPB Cancer		READ	B903.	Neoplasm of uncertain behaviour of liver and biliary passage	
HPB Cancer		READ	B9030	Neoplasm of uncertain behaviour of liver	
HPB Cancer		READ	B9031	Neoplasm of uncertain behaviour of intra-hepatic bile ducts	



1					
2					
3					
4	HPB Cancer	READ	B9032	Neoplasm of uncertain behaviour of hepatic duct	
5	HPB Cancer	READ	B9033	Neoplasm of uncertain behaviour of gall bladder	
6	HPB Cancer	READ	B9034	Neoplasm of uncertain behaviour of cystic duct	
7	HPB Cancer	READ	B9035	Neoplasm of uncertain behaviour of common bile duct	
8	HPB Cancer	READ	B9036	Neoplasm of uncertain behaviour of ampulla of Vater	
9	HPB Cancer	READ	B9036	Neoplasm of uncertain behaviour of ampulla of Vater	
10	HPB Cancer	READ	B9037	Neoplasm of uncertain behaviour of sphincter of Oddi	
11	HPB Cancer	READ	B9051	Neoplasm of uncertain behaviour of pancreas	
12	HPB Cancer	READ	Byu10	[X]Other sarcomas of the liver	
13	HPB Cancer	READ	Byu10	[X]Other sarcomas of the liver	
14	HPB Cancer	READ	Byu11	[X]Other specified carcinomas of liver	
15	HPB Cancer	READ	Byu12	[X]Malignant neoplasm of intestinal tract, part unspecified	
16	HPB Cancer	READ	Byu12	[X]Malignant neoplasm of intestinal tract, part unspecified	
17	HPB Cancer	SNOMED CT	92545000	Carcinoma in situ of biliary tract (disorder)	
18	HPB Cancer	SNOMED CT	92644006	Carcinoma in situ of liver (disorder)	
19	HPB Cancer	SNOMED CT	92672004	Carcinoma in situ of pancreas (disorder)	
20	HPB Cancer	SNOMED CT	92672004	Carcinoma in situ of pancreas (disorder)	
21	HPB Cancer	SNOMED CT	93870000	Malignant neoplasm of liver (disorder)	94381002 (metastasis to liver)
22	HPB Cancer	SNOMED CT	94910002	Neoplasm of uncertain behavior of liver (disorder)	
23	HPB Cancer	SNOMED CT	94910002	Neoplasm of uncertain behavior of liver (disorder)	
24	HPB Cancer	SNOMED CT	94978003	Neoplasm of uncertain behavior of pancreas (disorder)	
25	HPB Cancer	SNOMED CT	94978003	Neoplasm of uncertain behavior of pancreas (disorder)	
26	HPB Cancer	SNOMED CT	255064003	Neoplasm of uncertain behavior of biliary system (disorder)	
27	HPB Cancer	SNOMED CT	255064003	Neoplasm of uncertain behavior of biliary system (disorder)	
28	HPB Cancer	SNOMED CT	363415003	Malignant tumor of biliary tract (disorder)	94185003 (metastasis to biliary tract)
29	HPB Cancer	SNOMED CT	363415003	Malignant tumor of biliary tract (disorder)	94459006 (metastasis to pancreas)
30	HPB Cancer	SNOMED CT	363418001	Malignant tumor of pancreas (disorder)	
31	HPB Cancer	SNOMED CT	363418001	Malignant tumor of pancreas (disorder)	
32	HPB Cancer	CTV3	B15..	Malignant neoplasm of liver and intrahepatic bile ducts	
33	HPB Cancer	CTV3	B15..	Malignant neoplasm of liver and intrahepatic bile ducts	
34	HPB Cancer	CTV3	B16..	Malignant tumour of biliary tract	
35	HPB Cancer	CTV3	B16..	Malignant tumour of biliary tract	
36	HPB Cancer	CTV3	B162.	Malignant tumour of ampulla of Vater	
37	HPB Cancer	CTV3	B162.	Malignant tumour of ampulla of Vater	
38	HPB Cancer	CTV3	B17..	Malignant tumour of pancreas	B162. (ampullary tumor) X78kd (metastasis to pancreas)
39	HPB Cancer	CTV3	B17..	Malignant tumour of pancreas	
40					
41					
42					
43					
44					
45					
46					

B8086 (ampullary carcinoma in situ)

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46

HPB Cancer		CTV3	B80z0	Carcinoma in situ of pancreas
HPB Cancer		CTV3	B9030	Neoplasm of uncertain behaviour of liver
HPB Cancer		CTV3	B9031	Neoplasm of uncertain behaviour of intrahepatic bile ducts
HPB Cancer		CTV3	B9032	Neoplasm of uncertain behaviour of hepatic duct
HPB Cancer		CTV3	B9033	Neoplasm of uncertain behaviour of gallbladder
HPB Cancer		CTV3	B9034	Neoplasm of uncertain behaviour of cystic duct
HPB Cancer		CTV3	B9035	Neoplasm of uncertain behaviour of common bile duct
HPB Cancer		CTV3	B9036	Neoplasm of uncertain behaviour of ampulla of Vater
HPB Cancer		CTV3	B9037	Neoplasm of uncertain behaviour of sphincter of Oddi
HPB Cancer		CTV3	B903z	Neop of uncertain behaviour of liver or biliary passages NOS
HPB Cancer		CTV3	B9051	Neoplasm of uncertain behaviour of pancreas
HPB Cancer		CTV3	X78ed	Neoplasm of uncertain behaviour of biliary system
HPB Cancer		CTV3	X78mC	Carcinoma in situ of biliary tract
HPB Cancer		CTV3	Xa97q	Malignant tumour of liver Neoplasm of uncertain behaviour of liver and biliary passage

Pancreatic disease	Acute	ICD-10	K85	Acute pancreatitis
Pancreatic disease	Acute	ICD-10	K871	Disorders of pancreas in diseases classified elsewhere
Pancreatic disease	Acute	READ	J670	Acute pancreatitis
Pancreatic disease	Acute	SNOMED CT	39205007	Infectious pancreatitis (disorder)
Pancreatic disease	Acute	SNOMED CT	197456007	Acute pancreatitis (disorder)
Pancreatic disease	Acute	CTV3	J670.	Acute pancreatitis
Pancreatic disease	Acute	CTV3	J6704	Subacute pancreatitis
Pancreatic disease	Acute	CTV3	J670z	Pancreatitis (& [acute NOS])
Pancreatic disease	Acute	CTV3	Jyu87	[X]Disorders of pancreas in disease classified elsewhere
Pancreatic disease	Acute	CTV3	X3092	Pancreatic abscess
Pancreatic disease	Chronic	ICD-10	D136	Benign neoplasm of Pancreas excl. Endocrine pancreas

838375006 (Chronic)

Downloaded from <http://bmjopen.bmj.com/> on April 17, 2024 by guest. Protected by copyright.

1					
2					
3					
4	Pancreatic disease	Chronic	ICD-10	D137	Benign neoplasm of Endocrine pancreas
5	Pancreatic disease	Chronic	ICD-10	K86	Other diseases of pancreas
6	Pancreatic disease	Chronic	ICD-10	Q450	Agensis, aplasia and hypoplasia of pancreas
7	Pancreatic disease	Chronic	ICD-10	Q451	Annular pancreas
8	Pancreatic disease	Chronic	ICD-10	Q452	Congenital pancreatic cyst
9	Pancreatic disease	Chronic	ICD-10	Q452	Congenital pancreatic cyst
10					Other congenital malformations of pancreas and
11	Pancreatic disease	Chronic	ICD-10	Q453	pancreatic duct
12					Benign neoplasm of pancreas, excluding islets of
13	Pancreatic disease	Chronic	READ	B716	Langerhans
14	Pancreatic disease	Chronic	READ	B717	Benign neoplasm of islets of Langerhans
15	Pancreatic disease	Chronic	READ	J671	Chronic pancreatitis
16	Pancreatic disease	Chronic	READ	J672	Cyst and pseudocyst of pancreas
17	Pancreatic disease	Chronic	READ	J672	Cyst and pseudocyst of pancreas
18	Pancreatic disease	Chronic	READ	J67y	Other diseases of pancreas
19	Pancreatic disease	Chronic	READ	J67z.	Diseases of pancreas NOS
20	Pancreatic disease	Chronic	READ	J67z.	Diseases of pancreas NOS
21	Pancreatic disease	Chronic	READ	PB7	Anomalies of pancreas
22	Pancreatic disease	Chronic	SNOMED CT	1835003	Necrosis of pancreas (disorder)
23	Pancreatic disease	Chronic	SNOMED CT	15402006	Calculus of pancreas (disorder)
24	Pancreatic disease	Chronic	SNOMED CT	25942009	Fibrosis of pancreas (disorder)
25	Pancreatic disease	Chronic	SNOMED CT	25942009	Fibrosis of pancreas (disorder)
26	Pancreatic disease	Chronic	SNOMED CT	31258000	Cyst of pancreas (disorder)
27	Pancreatic disease	Chronic	SNOMED CT	37992001	Pancreatic insufficiency (disorder)
28	Pancreatic disease	Chronic	SNOMED CT	37992001	Pancreatic insufficiency (disorder)
29	Pancreatic disease	Chronic	SNOMED CT	88281007	Atrophy of pancreas (disorder)
30	Pancreatic disease	Chronic	SNOMED CT	92264007	Benign neoplasm of pancreas (disorder)
31	Pancreatic disease	Chronic	SNOMED CT	92264007	Benign neoplasm of pancreas (disorder)
32	Pancreatic disease	Chronic	SNOMED CT	235494005	Chronic pancreatitis (disorder)
33	Pancreatic disease	Chronic	SNOMED CT	235977001	Congenital malformation of pancreas (disorder)
34	Pancreatic disease	Chronic	SNOMED CT	235977001	Congenital malformation of pancreas (disorder)
35	Pancreatic disease	Chronic	SNOMED CT	838375006	Chronic infectious pancreatitis (disorder)
36	Pancreatic disease	Chronic	CTV3	J671.	Chronic pancreatitis
37	Pancreatic disease	Chronic	CTV3	J672.	Cyst and pseudocyst of pancreas
38	Pancreatic disease	Chronic	CTV3	J6720	Pancreatic cyst
39	Pancreatic disease	Chronic	CTV3	J6721	Pseudocyst of pancreas
40					
41					
42					
43					
44					
45					
46					

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46

Pancreatic disease	Chronic	CTV3	J67y0	Atrophy of pancreas
Pancreatic disease	Chronic	CTV3	J67y1	Calculus of pancreas
Pancreatic disease	Chronic	CTV3	J67y2	Fibrosis of pancreas
Pancreatic disease	Chronic	CTV3	J67z.	Diseases of pancreas NOS
Pancreatic disease	Chronic	CTV3	X3093	Pancreatic and peripancreatic necrosis
Pancreatic disease	Chronic	CTV3	X309O	Pancreatic insufficiency
Pancreatic disease	Chronic	CTV3	X309P	Congenital abnormality of pancreas
Pancreatic disease	Chronic	CTV3	X78oE	Benign tumour of pancreas (Disease pancreas NOS) or (cyst pancr) or (pseudocyst pancr)
Pancreatic disease	Chronic	CTV3	XE0dV	
Biliary disease	Acute	ICD-10	K800	Calculus of gallbladder with acute cholecystitis
Biliary disease	Acute	ICD-10	K803	Calculus of bile duct with cholangitis
Biliary disease	Acute	ICD-10	K804	Calculus of bile duct with cholecystitis
Biliary disease	Acute	ICD-10	K810	Acute cholecystitis
Biliary disease	Acute	ICD-10	K820	Obstruction of gallbladder
Biliary disease	Acute	ICD-10	K821	Hydrops of gallbladder
Biliary disease	Acute	ICD-10	K822	Perforation of gallbladder
Biliary disease	Acute	ICD-10	K823	Fistula of gallbladder
Biliary disease	Acute	ICD-10	K830	Cholangitis
Biliary disease	Acute	ICD-10	K831	Obstruction of bile duct
Biliary disease	Acute	ICD-10	K832	Perforation of bile duct
Biliary disease	Acute	ICD-10	K833	Fistula of bile duct
Biliary disease	Acute	READ	J640	Gallbladder calculus with acute cholecystitis
Biliary disease	Acute	READ	J643	Bile duct calculus with acute cholecystitis
Biliary disease	Acute	READ	J644	Bile duct calculus with other cholecystitis
Biliary disease	Acute	READ	J646	Calculus of bile duct with cholangitis
Biliary disease	Acute	READ	J650	Acute cholecystitis
Biliary disease	Acute	READ	J652	Obstruction of gallbladder

1						
2						
3						
4	Biliary disease	Acute	READ	J653	Mucocele of gallbladder	
5	Biliary disease	Acute	READ	J654	Perforation of gallbladder	
6	Biliary disease	Acute	READ	J655	Fistula of gallbladder	
7						
8	Biliary disease	Acute	READ	J661	Cholangitis	
9	Biliary disease	Acute	READ	J662	Obstruction of bile duct	
10	Biliary disease	Acute	READ	J663	Perforation of bile duct	
11	Biliary disease	Acute	READ	J664	Fistula of bile duct	
12	Biliary disease	Acute	READ	J666.	Biliary sepsis	
13						
14	Biliary disease	Acute	SNOMED CT	6215006	Acute cholangitis (disorder)	
15	Biliary disease	Acute	SNOMED CT	16957005	Fistula of gallbladder (disorder)	
16	Biliary disease	Acute	SNOMED CT	25345001	Perforation of gallbladder	
17						
18						91316003 (with
19						chronic
20	Biliary disease	Acute	SNOMED CT	30093007	Calculus of bile duct (disorder)	cholecystitis )
21						68368005 (with
22						chronic
23						cholecystitis )
24						4661003 (calculus
25	Biliary disease	Acute	SNOMED CT	30144000	Obstruction of bile duct (disorder)	of bile duct)
26	Biliary disease	Acute	SNOMED CT	37439003	Perforation of bile duct (disorder)	
27	Biliary disease	Acute	SNOMED CT	47312008	Hydrops of gallbladder (disorder)	
28	Biliary disease	Acute	SNOMED CT	53206008	Fistula of bile duct (disorder)	
29	Biliary disease	Acute	SNOMED CT	59771005	Calculus of gallbladder with acute cholecystitis (disorder)	
30	Biliary disease	Acute	SNOMED CT	59771005	Calculus of common bile duct with chronic cholecystitis (disorder)	
31						
32	Biliary disease	Acute	SNOMED CT	68368005	(disorder)	
33	Biliary disease	Acute	SNOMED CT	75726005	Obstruction of gallbladder (disorder)	
34	Biliary disease	Acute	SNOMED CT	750511000000101	Biliary sepsis (disorder)	
35	Biliary disease	Acute	CTV3	J640.	Gallbladder calculus with acute cholecystitis	
36	Biliary disease	Acute	CTV3	J643.	Bile duct calculus with acute cholecystitis	
37	Biliary disease	Acute	CTV3	J650.	(Ac cholecystitis) or (empyema gallblad) or (absc gallblad)	
38	Biliary disease	Acute	CTV3	J653.	(Mucocele of gallbladder) or (hydrops of gallbladder)	
39						
40						
41						
42						
43						
44						
45						
46						

1					
2					
3					
4	Biliary disease	Acute	CTV3	J655.	Fistula of gallbladder
5	Biliary disease	Acute	CTV3	J6550	Biliary tract fistula
6	Biliary disease	Acute	CTV3	J65y4	Cyst of gallbladder
7					
8	Biliary disease	Acute	CTV3	J661.	Cholangitis
9	Biliary disease	Acute	CTV3	X3087	Obstruction of biliary tree
10	Biliary disease	Acute	CTV3	X308B	Empyema of gallbladder
11	Biliary disease	Acute	CTV3	X308C	Hydrops of gallbladder
12	Biliary disease	Acute	CTV3	X308E	Biliary stricture
13	Biliary disease	Acute	CTV3	X308E	Biliary stricture
14	Biliary disease	Acute	CTV3	X308P	Perforation of biliary tree
15	Biliary disease	Acute	CTV3	X308V	Obstructive jaundice
16	Biliary disease	Acute	CTV3	X308V	Obstructive jaundice
17	Biliary disease	Acute	CTV3	XaAzZ	Dilation of biliary tract
18	Biliary disease	Acute	CTV3	XaWzz	Biliary sepsis
19	Biliary disease	Acute	CTV3	XE0bF	Acute cholecystitis
20	Biliary disease	Acute	CTV3	XE0bF	Acute cholecystitis
21	Biliary disease	Acute	CTV3	XE0bG	Mucocele of gallbladder
22	Biliary disease	Chronic	ICD-10	D135	Benign neoplasm of Extrahepatic bile ducts
23	Biliary disease	Chronic	ICD-10	K801	Calculus of gallbladder with other cholecystitis
24	Biliary disease	Chronic	ICD-10	K801	Calculus of gallbladder with other cholecystitis
25	Biliary disease	Chronic	ICD-10	K802	Calculus of gallbladder without cholecystitis
26	Biliary disease	Chronic	ICD-10	K805	Calculus of bile duct without cholangitis or cholecystitis
27	Biliary disease	Chronic	ICD-10	K805	Calculus of bile duct without cholangitis or cholecystitis
28	Biliary disease	Chronic	ICD-10	K808	Other cholelithiasis
29	Biliary disease	Chronic	ICD-10	K811	Chronic cholecystitis
30	Biliary disease	Chronic	ICD-10	K818	Other cholecystitis
31	Biliary disease	Chronic	ICD-10	K818	Other cholecystitis
32	Biliary disease	Chronic	ICD-10	K819	Cholecystitis, unspecified
33	Biliary disease	Chronic	ICD-10	K824	Cholesterolosis of gallbladder
34	Biliary disease	Chronic	ICD-10	K828	Other specified diseases of gallbladder
35	Biliary disease	Chronic	ICD-10	K829	Disease of gallbladder, unspecified
36	Biliary disease	Chronic	ICD-10	K829	Disease of gallbladder, unspecified
37	Biliary disease	Chronic	ICD-10	K834	Spasm of sphincter of Oddi
38	Biliary disease	Chronic	ICD-10	K835	Biliary cyst
39	Biliary disease	Chronic	ICD-10	K835	Biliary cyst
40	Biliary disease	Chronic	ICD-10	K838	Other specified diseases of biliary tract
41					
42					
43					
44					
45					
46					

1					
2					
3					
4	Biliary disease	Chronic	ICD-10	K839	Disease of biliary tract, unspecified
5	Biliary disease	Chronic	ICD-10	Q440	Agenesis, aplasia and hypoplasia of gallbladder
6	Biliary disease	Chronic	ICD-10	Q441	Other congenital malformations of gallbladder
7	Biliary disease	Chronic	ICD-10	Q442	Atresia of bile ducts
8	Biliary disease	Chronic	ICD-10	Q443	Congenital stenosis and stricture of bile ducts
9	Biliary disease	Chronic	ICD-10	Q443	Congenital stenosis and stricture of bile ducts
10	Biliary disease	Chronic	ICD-10	Q444	Choledochal cyst
11	Biliary disease	Chronic	ICD-10	Q445	Other congenital malformations of bile ducts
12	Biliary disease	Chronic	READ	B715.	Benign neoplasm of liver and biliary ducts
13	Biliary disease	Chronic	READ	B7152	Benign neoplasm of gallbladder
14	Biliary disease	Chronic	READ	B7155	Benign neoplasm of bile duct
15	Biliary disease	Chronic	READ	B7156	Benign neoplasm of sphincter of Oddi
16	Biliary disease	Chronic	READ	B7157	Benign neoplasm of ampulla of Vater
17	Biliary disease	Chronic	READ	J64..	Cholelithiasis
18	Biliary disease	Chronic	READ	J641	Gallbladder calculus with other cholecystitis
19	Biliary disease	Chronic	READ	J642	Gallbladder calculus without mention of cholecystitis
20	Biliary disease	Chronic	READ	J645	Bile duct calculus without mention of cholecystitis
21	Biliary disease	Chronic	READ	J64z	Cholelithiasis NOS
22	Biliary disease	Chronic	READ	J65..	Other gallbladder disorders
23	Biliary disease	Chronic	READ	J651	Other cholecystitis
24	Biliary disease	Chronic	READ	J656	Cholesterolosis of gallbladder
25	Biliary disease	Chronic	READ	J65y	Other specified gallbladder disorders
26	Biliary disease	Chronic	READ	J65z.	Other gallbladder disorders NOS
27	Biliary disease	Chronic	READ	J665	Spasm of sphincter of Oddi
28	Biliary disease	Chronic	READ	J66y	Other bile duct disorders
29	Biliary disease	Chronic	READ	J66z.	Bile duct disorder NOS
30	Biliary disease	Chronic	READ	PB601	Gallbladder anomaly, unspecified
31	Biliary disease	Chronic	READ	PB602	Bile duct anomaly, unspecified
32	Biliary disease	Chronic	READ	PB61	Biliary atresia
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					

1					
2					
3					
4	Biliary disease	Chronic	READ	PB640	Duplication of biliary duct
5	Biliary disease	Chronic	READ	PB641	Duplication of cystic duct
6	Biliary disease	Chronic	READ	PB642	Duplication of gallbladder
7					
8	Biliary disease	Chronic	READ	PB6y0	Congenital choledochal cyst
9	Biliary disease	Chronic	READ	PB6y1	Congenital hepatomegaly
10	Biliary disease	Chronic	READ	PB6y2	Congenital floating gallbladder
11	Biliary disease	Chronic	READ	PB6y4	Intrahepatic gallbladder
12	Biliary disease	Chronic	READ	PB6y5	Hypoplasia of gallbladder
13	Biliary disease	Chronic	READ	PB6y7	Congenital dilation of bile duct
14	Biliary disease	Chronic	READ	PB6y8	Congenital diverticulum of bile duct
15	Biliary disease	Chronic	READ	PB6y8	Congenital diverticulum of bile duct
16	Biliary disease	Chronic	READ	PB6yx	Other congenital anomaly of gallbladder
17	Biliary disease	Chronic	READ	PB6yx	Other congenital anomaly of gallbladder
18	Biliary disease	Chronic	SNOMED CT	1698001	Ulcer of bile duct (disorder)
19	Biliary disease	Chronic	SNOMED CT	4711003	Congenital anomaly of bile ducts (disorder)
20	Biliary disease	Chronic	SNOMED CT	13516000	Adhesion of gallbladder (disorder)
21	Biliary disease	Chronic	SNOMED CT	13516000	Adhesion of gallbladder (disorder)
22	Biliary disease	Chronic	SNOMED CT	26874005	Hypertrophy of bile duct (disorder)
23	Biliary disease	Chronic	SNOMED CT	26874005	Hypertrophy of bile duct (disorder)
24	Biliary disease	Chronic	SNOMED CT	28132005	Spasm of sphincter of Oddi (disorder)
25	Biliary disease	Chronic	SNOMED CT	49714001	Congenital anomaly of gallbladder (disorder)
26	Biliary disease	Chronic	SNOMED CT	51854002	Atrophy of bile duct (disorder)
27	Biliary disease	Chronic	SNOMED CT	51854002	Atrophy of bile duct (disorder)
28	Biliary disease	Chronic	SNOMED CT	59612001	Ulcer of gallbladder (disorder)
29	Biliary disease	Chronic	SNOMED CT	61565001	Cholesterolosis of gallbladder (disorder)
30	Biliary disease	Chronic	SNOMED CT	61565001	Cholesterolosis of gallbladder (disorder)
31	Biliary disease	Chronic	SNOMED CT	64664008	Atrophy of gallbladder (disorder)
32	Biliary disease	Chronic	SNOMED CT	71912000	Chronic cholangitis (disorder)
33	Biliary disease	Chronic	SNOMED CT	71912000	Chronic cholangitis (disorder)
34	Biliary disease	Chronic	SNOMED CT	76875008	Hypertrophy of gallbladder (disorder)
35	Biliary disease	Chronic	SNOMED CT	77972001	Adhesion of bile duct (disorder)
36	Biliary disease	Chronic	SNOMED CT	78900008	Nonfunctioning cystic duct (disorder)
37	Biliary disease	Chronic	SNOMED CT	80527006	Nonfunctioning gallbladder (disorder)
38	Biliary disease	Chronic	SNOMED CT	80527006	Nonfunctioning gallbladder (disorder)
39	Biliary disease	Chronic	SNOMED CT	91316003	Calculus of bile duct with chronic cholecystitis (disorder)
40	Biliary disease	Chronic	SNOMED CT	91991003	Benign neoplasm of biliary tract (disorder)
41					
42					
43					
44					
45					
46					



1					
2					
3					
4	Biliary disease	Chronic	SNOMED CT	95559000	Chronic cholecystitis with calculus (disorder)
5	Biliary disease	Chronic	SNOMED CT	204787003	Congenital absence of liver and/or gallbladder (disorder)
6	Biliary disease	Chronic	SNOMED CT	235924006	Cyst of biliary tract (disorder)
7	Biliary disease	Chronic	SNOMED CT	253804002	Biliary anomalies (disorder)
8	Biliary disease	Chronic	SNOMED CT	721721001	Dyskinesia of gallbladder (disorder)
9					Calculus of gallbladder without cholecystitis or cholangitis
10					(disorder)
11	Biliary disease	Chronic	SNOMED CT	722869007	
12	Biliary disease	Chronic	CTV3	B715.	Benign neoplasm: [liver & biliary ducts] or [biliary system]
13	Biliary disease	Chronic	CTV3	J641.	Gallbladder calculus with other cholecystitis
14	Biliary disease	Chronic	CTV3	J642.	Gallbladder calculus without mention of cholecystitis
15	Biliary disease	Chronic	CTV3	J644.	Bile duct calculus with other cholecystitis
16	Biliary disease	Chronic	CTV3	J645.	Bile duct calculus (& [without mention of cholecystitis])
17	Biliary disease	Chronic	CTV3	J64z.	Cholelithiasis NOS
18	Biliary disease	Chronic	CTV3	J651.	Other cholecystitis
19	Biliary disease	Chronic	CTV3	J6510	Chronic cholecystitis
20	Biliary disease	Chronic	CTV3	J651y	Other cholecystitis OS
21	Biliary disease	Chronic	CTV3	J651z	Cholecystitis NOS
22	Biliary disease	Chronic	CTV3	J656.	Cholesterolosis of gallbladder
23	Biliary disease	Chronic	CTV3	J65y8	Ulcer of gallbladder
24	Biliary disease	Chronic	CTV3	J65y9	Ulcer of cystic duct
25	Biliary disease	Chronic	CTV3	J65yA	Non-functioning gallbladder
26	Biliary disease	Chronic	CTV3	J65yz	Other specified gallbladder disorder NOS
27	Biliary disease	Chronic	CTV3	J65z.	Other gallbladder disorders NOS
28	Biliary disease	Chronic	CTV3	J665.	Spasm of sphincter of Oddi
29	Biliary disease	Chronic	CTV3	Jyu80	[X]Other cholelithiasis
30	Biliary disease	Chronic	CTV3	Jyu81	[X]Other cholecystitis
31	Biliary disease	Chronic	CTV3	Jyu82	[X]Other specified diseases of gallbladder
32	Biliary disease	Chronic	CTV3	X3082	Congenital disorder of gallbladder and biliary tract
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46

Biliary disease	Chronic	CTV3	X308F	Biliary cyst
Biliary disease	Chronic	CTV3	X308L	Cyst of biliary tract
Biliary disease	Chronic	CTV3	X308Q	Adhesions of biliary tree
Biliary disease	Chronic	CTV3	X308R	Atrophy of biliary tree
Biliary disease	Chronic	CTV3	X308S	Hypertrophy of biliary tract
Biliary disease	Chronic	CTV3	X308U	Ulceration of biliary tree
Biliary disease	Chronic	CTV3	X78oB	Benign tumour of biliary tract
Biliary disease	Chronic	CTV3	Xa4g2	Poorly functioning gallbladder
Biliary disease	Chronic	CTV3	XE0bE	Bile duct calculus without mention of cholecystitis
Biliary disease	Chronic	CTV3	XE2xC	Benign neoplasm of liver and biliary ducts
Liver disease	Mild	ICD-10	B18	Chronic viral hepatitis
Liver disease	Mild	ICD-10	B18	Chronic viral hepatitis
Liver disease	Mild	ICD-10	D134	Benign neoplasm of Liver
Liver disease	Mild	ICD-10	K700	Alcoholic fatty liver
Liver disease	Mild	ICD-10	K701	Alcoholic hepatitis
Liver disease	Mild	ICD-10	K702	Alcoholic fibrosis and sclerosis of liver
Liver disease	Mild	ICD-10	K703	Alcoholic cirrhosis of liver
Liver disease	Mild	ICD-10	K709	Alcoholic liver disease, unspecified
Liver disease	Mild	ICD-10	K713	Toxic liver disease with chronic persistent hepatitis
Liver disease	Mild	ICD-10	K714	Toxic liver disease with chronic lobular hepatitis
Liver disease	Mild	ICD-10	K715	Toxic liver disease with chronic active hepatitis
Liver disease	Mild	ICD-10	K716	Toxic liver disease with hepatitis, not elsewhere classified
Liver disease	Mild	ICD-10	K717	Toxic liver disease with fibrosis and cirrhosis of liver
Liver disease	Mild	ICD-10	K718	Toxic liver disease with other disorders of liver
Liver disease	Mild	ICD-10	K719	Toxic liver disease, unspecified
Liver disease	Mild	ICD-10	K73	Chronic hepatitis, not elsewhere classified
Liver disease	Mild	ICD-10	K74	Fibrosis and cirrhosis of liver
Liver disease	Mild	ICD-10	K750	Abscess of liver

1					
2					
3					
4	Liver disease	Mild	ICD-10	K753	Granulomatous hepatitis, not elsewhere classified
5	Liver disease	Mild	ICD-10	K758	Other specified inflammatory liver diseases
6	Liver disease	Mild	ICD-10	K759	Inflammatory liver disease, unspecified
7	Liver disease	Mild	ICD-10	K760	Fatty (change of) liver, not elsewhere classified
8	Liver disease	Mild	ICD-10	K762	Central haemorrhagic necrosis of liver
9	Liver disease	Mild	ICD-10	K762	Central haemorrhagic necrosis of liver
10	Liver disease	Mild	ICD-10	K763	Infarction of liver
11	Liver disease	Mild	ICD-10	K764	Peliosis hepatis
12	Liver disease	Mild	ICD-10	K768	Other specified diseases of liver
13	Liver disease	Mild	ICD-10	K768	Other specified diseases of liver
14	Liver disease	Mild	ICD-10	K769	Liver disease, unspecified
15					Liver disorders in infectious and parasitic diseases
16	Liver disease	Mild	ICD-10	K770	classified elsewhere
17	Liver disease	Mild	ICD-10	K778	Liver disorders in other diseases classified elsewhere
18	Liver disease	Mild	ICD-10	K778	Liver disorders in other diseases classified elsewhere
19	Liver disease	Mild	ICD-10	Q446	Cystic disease of liver
20	Liver disease	Mild	ICD-10	Z944	Liver transplant status
21	Liver disease	Mild	READ	A707	Chronic viral hepatitis
22	Liver disease	Mild	READ	A707	Chronic viral hepatitis
23	Liver disease	Mild	READ	B715.	Benign neoplasm of liver and biliary ducts
24	Liver disease	Mild	READ	B7150	Benign neoplasm of liver
25	Liver disease	Mild	READ	B7151	Benign neoplasm of intrahepatic biliary ducts
26	Liver disease	Mild	READ	B7151	Benign neoplasm of intrahepatic biliary ducts
27	Liver disease	Mild	READ	B7154	Benign neoplasm of hepatic duct
28	Liver disease	Mild	READ	B7158	Focal nodular hyperplasia of liver
29	Liver disease	Mild	READ	J6001	Acute hepatitis - noninfective
30	Liver disease	Mild	READ	J6001	Acute hepatitis - noninfective
31	Liver disease	Mild	READ	J6011	Subacute hepatitis - noninfective
32	Liver disease	Mild	READ	J610.	Alcoholic fatty liver
33	Liver disease	Mild	READ	J611.	Acute alcoholic hepatitis
34	Liver disease	Mild	READ	J611.	Acute alcoholic hepatitis
35	Liver disease	Mild	READ	J612	Alcoholic cirrhosis of liver
36	Liver disease	Mild	READ	J614	Chronic hepatitis
37	Liver disease	Mild	READ	J615	Cirrhosis - non alcoholic
38	Liver disease	Mild	READ	J615	Cirrhosis - non alcoholic
39	Liver disease	Mild	READ	J616	Biliary cirrhosis
40					
41					
42					
43					
44					
45					
46					

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46

Liver disease	Mild	READ	J617	Alcoholic hepatitis
Liver disease	Mild	READ	J61y	Other non-alcoholic chronic liver disease
Liver disease	Mild	READ	J61z.	Chronic liver disease NOS
Liver disease	Mild	READ	J620	Liver abscess - excluding amoebic liver abscess
Liver disease	Mild	READ	J62y.	Other sequelae of chronic liver disease
Liver disease	Mild	READ	J62z.	Liver abscess and chronic liver disease causing sequelae NOS
Liver disease	Mild	READ	J631	Hepatitis in viral diseases EC
Liver disease	Mild	READ	J632	Hepatitis in other infectious diseases EC
Liver disease	Mild	READ	J633	Hepatitis unspecified
Liver disease	Mild	READ	J634.	Hepatic infarction
Liver disease	Mild	READ	J6353	Toxic liver disease with chronic persistent hepatitis
Liver disease	Mild	READ	J6354	Toxic liver disease with chronic lobular hepatitis
Liver disease	Mild	READ	J6355	Toxic liver disease with chronic active hepatitis
Liver disease	Mild	READ	J6356	Toxic liver disease with fibrosis and cirrhosis of liver
Liver disease	Mild	READ	J635X	Toxic liver disease, unspecified
Liver disease	Mild	READ	J636.	Central haemorrhagic necrosis of liver
Liver disease	Mild	READ	J638.	Peliosis hepatis
Liver disease	Mild	READ	J639.	Hepatic granulomas in berylliosis
Liver disease	Mild	READ	J63A.	Hepatic granulomas in sarcoidosis
Liver disease	Mild	READ	J63X.	Granulomatous hepatitis, not elsewhere classified
Liver disease	Mild	READ	J63y0	Hepatoptosis
Liver disease	Mild	READ	J63y2	Liver cyst
Liver disease	Mild	SNOMED CT	18027006	Transplantation of liver (procedure)
Liver disease	Mild	SNOMED CT	27916005	Abscess of liver (disorder)
Liver disease	Mild	SNOMED CT	41309000	Alcoholic liver damage (disorder)
Liver disease	Mild	SNOMED CT	50325005	Alcoholic fatty liver (disorder)

235881000  
(Alcoholic hepatic failure)

6/bmjopen-2020-045072 on 19 April 2021. Downloaded from <http://bmjopen.bmj.com/> on April 17, 2024 by guest. Protected by copyright.

1						
2						
3						
4	Liver disease	Mild	SNOMED CT	50701000	Hepatoptosis (disorder)	
5	Liver disease	Mild	SNOMED CT	58008004	Peliosis hepatis (disorder)	
6	Liver disease	Mild	SNOMED CT	62484002	Hepatic fibrosis (disorder)	
7	Liver disease	Mild	SNOMED CT	72925005	Congenital cystic disease of liver (disorder)	
8	Liver disease	Mild	SNOMED CT	76783007	Chronic hepatitis (disorder)	
9	Liver disease	Mild	SNOMED CT	85057007	Cyst of liver (disorder)	
10	Liver disease	Mild	SNOMED CT	86514004	Granulomatous hepatitis (disorder)	
11	Liver disease	Mild	SNOMED CT	87248009	Hepatic necrosis (disorder)	
12	Liver disease	Mild	SNOMED CT	92186001	Benign neoplasm of liver (disorder)	
13	Liver disease	Mild	SNOMED CT	128241005	Inflammatory disease of liver (disorder)	69800000
14						(Neonatal hepatitis)
15						276553003
16						(Idiopathic hepatitis
17						in infancy)
18						276551001
19						(Perinatal hepatitis)
20						
21						
22	Liver disease	Mild	SNOMED CT	197321007	Steatosis of liver (disorder)	
23	Liver disease	Mild	SNOMED CT	197354009	Toxic liver disease (disorder)	197355005 (with
24						cholestasis)
25						197356006 (with
26						hepatic necrosis )
27						197358007 (with
28						acute hepatitis)
29	Liver disease	Mild	SNOMED CT	235875008	Alcoholic hepatitis (disorder)	
30	Liver disease	Mild	SNOMED CT	240789006	Hepatosplenic schistosomiasis (disorder)	
31	Liver disease	Mild	SNOMED CT	278527001	Focal nodular hyperplasia of liver (disorder)	
32	Liver disease	Mild	SNOMED CT	442685003	Nonalcoholic steatohepatitis (disorder)	
33	Liver disease	Mild	CTV3	B715.	Benign neoplasm: [liver & biliary ducts] or [biliary system]	
34	Liver disease	Mild	CTV3	B7150	Benign tumour of liver	
35	Liver disease	Mild	CTV3	J601z	Subacute necrosis of liver NOS	
36	Liver disease	Mild	CTV3	J614.	Chronic hepatitis	
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46

Liver disease	Mild	CTV3	J61y.	Other non-alcoholic chronic liver disease
Liver disease	Mild	CTV3	J61y3	Portal fibrosis without cirrhosis
Liver disease	Mild	CTV3	J61z.	Chronic liver disease NOS
Liver disease	Mild	CTV3	J62..	Liver abscess and sequelae of chronic liver disease
Liver disease	Mild	CTV3	J634.	Infarction of liver
Liver disease	Mild	CTV3	J6353	Toxic liver disease with chronic persistent hepatitis
Liver disease	Mild	CTV3	J6354	Toxic liver disease with chronic lobular hepatitis
Liver disease	Mild	CTV3	J6355	Toxic liver disease with chronic acellular hepatitis
Liver disease	Mild	CTV3	J6356	Toxic liver disease with fibrosis and cirrhosis of liver
Liver disease	Mild	CTV3	J639.	Hepatic granulomas in berylliosis
Liver disease	Mild	CTV3	J63y0	Hepatoptosis
Liver disease	Mild	CTV3	Jyu71	[X]Other and unspecified cirrhosis of liver
Liver disease	Mild	CTV3	Jyu74	[X]Liver disorders in infectious and parasitic diseases CE
Liver disease	Mild	CTV3	Jyu75	[X]Liver disorders in other diseases classified elsewhere
Liver disease	Mild	CTV3	Jyu76	[X]Toxic liver disease, unspecified
Liver disease	Mild	CTV3	Jyu77	[X]Granulomatous hepatitis, not elsewhere classified
Liver disease	Mild	CTV3	PB62.	(Congenital cystic liver disease) or congenit hepatic cyst)
Liver disease	Mild	CTV3	X306T	Inflammatory liver disease
Liver disease	Mild	CTV3	X306x	Peliosis hepatis
Liver disease	Mild	CTV3	X3071	Alcoholic liver disease
Liver disease	Mild	CTV3	X307L	Cirrhosis of liver
Liver disease	Mild	CTV3	X307v	Fatty change of liver
Liver disease	Mild	CTV3	Xa0lo	Focal nodular hyperplasia of liver
Liver disease	Mild	CTV3	Xa8De	Liver necrosis
Liver disease	Mild	CTV3	XaREa	Liver disease due to cystic fibrosis
Liver disease	Mild	CTV3	XE1L1	Congenital cystic liver disease
Liver disease	Mild	CTV3	XE2xC	Benign neoplasm of liver and biliary ducts

X306U (Nonspecific reactive hepatitis)

X3073 (Alcoholic hepatic failure)

6/bmjopen-2020-04-0177 on 19 April 2025. Downloaded from <http://bmjopen.bmj.com/> on April 17, 2024 by guest. Protected by copyright.

1					
2					
3					
4	Liver disease	Moderate/Severe	ICD-10	I85	Esophageal varices
5	Liver disease	Moderate/Severe	ICD-10	I85	Esophageal varices
6	Liver disease	Moderate/Severe	ICD-10	I864	Gastric varices
7	Liver disease	Moderate/Severe	ICD-10	I864	Gastric varices
8					Oesophageal varices without bleeding in diseases
9	Liver disease	Moderate/Severe	ICD-10	I982	classified elsewhere
10					Oesophageal varices without bleeding in diseases
11	Liver disease	Moderate/Severe	ICD-10	I982	classified elsewhere
12	Liver disease	Moderate/Severe	ICD-10	K704	Alcoholic hepatic failure
13	Liver disease	Moderate/Severe	ICD-10	K710	Toxic liver disease with cholestasis
14	Liver disease	Moderate/Severe	ICD-10	K711	Toxic liver disease with hepatic necrosis
15	Liver disease	Moderate/Severe	ICD-10	K711	Toxic liver disease with hepatic necrosis
16	Liver disease	Moderate/Severe	ICD-10	K712	Toxic liver disease with acute hepatitis
17	Liver disease	Moderate/Severe	ICD-10	K712	Toxic liver disease with acute hepatitis
18	Liver disease	Moderate/Severe	ICD-10	K720	Acute and subacute hepatic failure
19	Liver disease	Moderate/Severe	ICD-10	K721	Chronic hepatic failure
20	Liver disease	Moderate/Severe	ICD-10	K729	Hepatic failure, unspecified
21	Liver disease	Moderate/Severe	ICD-10	K729	Hepatic failure, unspecified
22	Liver disease	Moderate/Severe	ICD-10	K751	Phlebitis of portal vein
23	Liver disease	Moderate/Severe	ICD-10	K752	Nonspecific reactive hepatitis
24	Liver disease	Moderate/Severe	ICD-10	K752	Nonspecific reactive hepatitis
25	Liver disease	Moderate/Severe	ICD-10	K754	Autoimmune hepatitis
26	Liver disease	Moderate/Severe	ICD-10	K761	Chronic passive congestion of liver
27	Liver disease	Moderate/Severe	ICD-10	K765	Hepatic veno-occlusive disease
28	Liver disease	Moderate/Severe	ICD-10	K766	Portal hypertension
29	Liver disease	Moderate/Severe	ICD-10	K766	Portal hypertension
30	Liver disease	Moderate/Severe	ICD-10	K767	Hepatorenal syndrome
31	Liver disease	Moderate/Severe	READ	G850.	Oesophageal varices with bleeding
32	Liver disease	Moderate/Severe	READ	G850.	Oesophageal varices with bleeding
33	Liver disease	Moderate/Severe	READ	G851.	Oesophageal varices without bleeding
34	Liver disease	Moderate/Severe	READ	G852	Oesophageal varices in diseases E
35	Liver disease	Moderate/Severe	READ	G857.	Gastric varices
36	Liver disease	Moderate/Severe	READ	G857.	Gastric varices
37	Liver disease	Moderate/Severe	READ	G858.	Oesophageal varices NOS
38	Liver disease	Moderate/Severe	READ	J6000	Acute hepatic failure
39	Liver disease	Moderate/Severe	READ	J6010	Subacute hepatic failure
40					
41					
42					
43					
44					
45					
46					

1					
2					
3					
4	Liver disease	Moderate/Severe	READ	J6130	Alcoholic hepatic failure
5	Liver disease	Moderate/Severe	READ	J621.	Portal pyaemia
6	Liver disease	Moderate/Severe	READ	J622.	Hepatic coma
7	Liver disease	Moderate/Severe	READ	J623.	Portal hypertension
8	Liver disease	Moderate/Severe	READ	J624.	Hepatorenal syndrome
9	Liver disease	Moderate/Severe	READ	J625.	[X] Hepatic failure
10	Liver disease	Moderate/Severe	READ	J630.	Chronic passive liver congestion
11	Liver disease	Moderate/Severe	READ	J630.	Chronic passive liver congestion
12	Liver disease	Moderate/Severe	READ	J6350	Toxic liver disease with cholestasis
13	Liver disease	Moderate/Severe	READ	J6351	Toxic liver disease with hepatic necrosis
14	Liver disease	Moderate/Severe	READ	J6352	Toxic liver disease with acute hepatitis
15	Liver disease	Moderate/Severe	READ	J6352	Toxic liver disease with acute hepatitis
16	Liver disease	Moderate/Severe	READ	J6357	Acute hepatic failure due to drugs
17	Liver disease	Moderate/Severe	READ	J6357	Acute hepatic failure due to drugs
18	Liver disease	Moderate/Severe	READ	J637.	Hepatic veno-occlusive disease
19	Liver disease	Moderate/Severe	READ	J637.	Hepatic veno-occlusive disease
20	Liver disease	Moderate/Severe	READ	J63B.	Autoimmune hepatitis
21	Liver disease	Moderate/Severe	READ	J63y1	Nonspecific reactive hepatitis
22	Liver disease	Moderate/Severe	SNOMED CT	28670008	Esophageal varices (disorder)
23	Liver disease	Moderate/Severe	SNOMED CT	28670008	Esophageal varices (disorder)
24	Liver disease	Moderate/Severe	SNOMED CT	28670008	Esophageal varices (disorder)
25	Liver disease	Moderate/Severe	SNOMED CT	34736002	Chronic passive congestion of liver (disorder)
26	Liver disease	Moderate/Severe	SNOMED CT	34742003	Portal hypertension (disorder)
27	Liver disease	Moderate/Severe	SNOMED CT	34742003	Portal hypertension (disorder)
28	Liver disease	Moderate/Severe	SNOMED CT	59927004	Hepatic failure (disorder)
29	Liver disease	Moderate/Severe	SNOMED CT	59927004	Hepatic failure (disorder)
30	Liver disease	Moderate/Severe	SNOMED CT	65617004	Veno-occlusive disease of the liver (disorder)
31	Liver disease	Moderate/Severe	SNOMED CT	65617004	Veno-occlusive disease of the liver (disorder)
32	Liver disease	Moderate/Severe	SNOMED CT	85514005	Phlebitis of portal vein (disorder)
33	Liver disease	Moderate/Severe	SNOMED CT	85514005	Phlebitis of portal vein (disorder)
34	Liver disease	Moderate/Severe	SNOMED CT	91109007	Gastric varices (disorder)
35	Liver disease	Moderate/Severe	SNOMED CT	91109007	Gastric varices (disorder)
36	Liver disease	Moderate/Severe	SNOMED CT	91109007	Gastric varices (disorder)
37	Liver disease	Moderate/Severe	SNOMED CT	91109007	Gastric varices (disorder)
38	Liver disease	Moderate/Severe	SNOMED CT	197355005	Toxic liver disease with cholestasis (disorder)
39	Liver disease	Moderate/Severe	SNOMED CT	197355005	Toxic liver disease with cholestasis (disorder)
40	Liver disease	Moderate/Severe	SNOMED CT	197356006	Toxic liver disease with hepatic necrosis (disorder)
41	Liver disease	Moderate/Severe	SNOMED CT	197356006	Toxic liver disease with hepatic necrosis (disorder)
42	Liver disease	Moderate/Severe	SNOMED CT	197358007	Toxic liver disease with acute hepatitis (disorder)
43	Liver disease	Moderate/Severe	SNOMED CT	197358007	Toxic liver disease with acute hepatitis (disorder)
44	Liver disease	Moderate/Severe	SNOMED CT	197358007	Toxic liver disease with acute hepatitis (disorder)
45	Liver disease	Moderate/Severe	SNOMED CT	235858002	Nonspecific reactive hepatitis (disorder)
46	Liver disease	Moderate/Severe	SNOMED CT	235858002	Nonspecific reactive hepatitis (disorder)
	Liver disease	Moderate/Severe	SNOMED CT	408335007	Autoimmune hepatitis (disorder)



1					
2					
3	Liver disease	Moderate/Severe	CTV3	G857.	Gastric varices
4	Liver disease	Moderate/Severe	CTV3	J623.	Portal hypertension
5	Liver disease	Moderate/Severe	CTV3	J62y.	(Hepat failure (& [NOS]) or (oth sequelae chronic liver dis)
6	Liver disease	Moderate/Severe	CTV3	J630.	Chronic passive congestion of liver
7	Liver disease	Moderate/Severe	CTV3	J6350	Toxic liver disease with cholestasis
8	Liver disease	Moderate/Severe	CTV3	J6351	Toxic liver disease with hepatic necrosis
9	Liver disease	Moderate/Severe	CTV3	J6352	Toxic liver disease with acute hepatitis
10	Liver disease	Moderate/Severe	CTV3	X2063	Oesophageal varices
11	Liver disease	Moderate/Severe	CTV3	X306U	Nonspecific reactive hepatitis
12	Liver disease	Moderate/Severe	CTV3	X306y	Hepatic veno-occlusive disease
13	Liver disease	Moderate/Severe	CTV3	X3073	Alcoholic hepatic failure
14	Liver disease	Moderate/Severe	CTV3	X3076	Hepatic failure
15	Liver disease	Moderate/Severe	CTV3	X307J	Autoimmune liver disease
16	Liver disease	Moderate/Severe	CTV3	Xa8Df	Yellow atrophy of the liver
17	Liver disease	Moderate/Severe	CTV3	XE0dB	(Acute/subacute necrosis of liver) or (acute liver failure)

Any incomplete ICD-10 code (less than four characters) or READ v2 code (less than five characters) implies inclusion of all codes starting with the prefix code. Any CTV3 or SNOMED CT code implies inclusion of all children codes, excluding those in the Exclusion column.

**Supplemental Table 2** Codelist for COVID-19 diagnosis

Group	Terminology system	Code	Code description
Confirmed	ICD-10	U071	COVID-19, virus identified
Confirmed	SNOMED CT	1240751000000100	Disease caused by 2019 novel coronavirus (disorder)
Confirmed	SNOMED CT	1240381000000105	2019 novel coronavirus (organism)
Confirmed	SNOMED CT	1240581000000104	2019 novel coronavirus detected (finding)
Suspected	ICD-10	U072	COVID-19, virus not identified
Suspected	SNOMED CT	1240761000000102	Suspected coronavirus disease 19 caused by severe acute respiratory syndrome coronavirus 2 (situation)
Negative	SNOMED CT	1240591000000102	2019 novel coronavirus not detected (finding)

Any SNOMED CT code implies inclusion of all children codes, excluding those in the Exclusion column.

**Supplemental Table 3** Differences in demographic, comorbidity, lifestyle, and medication use characteristics between COVID-19 infected and non-COVID-19 groups, stratified by mortality status.

	non-COVID-19 (15214)		COVID-19 (N=217)	
	Survivor (N=14845)	Deceased (N=369)	Survivor (N=164)	Deceased (N=53)
<b>Demographics</b>				
<b>Gender</b>				
Female	8406 (98.1%)	164 (1.9%)	82 (84.5%)	15 (15.5%)
Male	6439 (96.9%)	205 (3.1%)	82 (68.3%)	38 (31.7%)
<b>Ethnic origin</b>				
White	6712 (97.1%)	202 (2.9%)	74 (78.7%)	20 (21.3%)
South Asian	4319 (98.6%)	62 (1.4%)	48 (72.7%)	18 (27.3%)
Black	1591 (97.3%)	44 (2.7%)	22 (61.1%)	14 (38.9%)
Other	1814 (97.8%)	41 (2.2%)	18 (94.7%)	1 (5.3%)
Unknown	409 (95.3%)	20 (4.7%)	2 (100.0%)	0 (0.0%)
<b>Age group</b>				
18-40	2796 (99.8%)	7 (0.2%)	21 (95.5%)	1 (4.5%)
41-50	2690 (99.1%)	24 (0.9%)	23 (92.0%)	2 (8.0%)
51-60	3362 (98.7%)	45 (1.3%)	31 (93.9%)	2 (6.1%)
61-70	2885 (97.6%)	72 (2.4%)	33 (80.5%)	8 (19.5%)
71-80	1889 (95.4%)	91 (4.6%)	25 (61.0%)	16 (39.0%)
80+	1223 (90.4%)	130 (9.6%)	31 (56.4%)	24 (43.6%)
<b>HPB cancer</b>				
No	14484 (98.0%)	295 (2.0%)	161 (75.9%)	51 (24.1%)
Yes	361 (83.0%)	74 (17.0%)	3 (60.0%)	2 (40.0%)
<b>Pancreatic disease</b>				
No	12040 (98.2%)	224 (1.8%)	129 (79.6%)	33 (20.4%)
Acute	1194 (98.6%)	17 (1.4%)	14 (73.7%)	5 (26.3%)
Chronic	1250 (95.9%)	54 (4.1%)	18 (58.1%)	13 (41.9%)
<b>Biliary disease</b>				
No	7448 (98.1%)	141 (1.9%)	99 (79.2%)	26 (20.8%)
Acute	717 (97.2%)	21 (2.8%)	5 (50.0%)	5 (50.0%)
Chronic	6319 (97.9%)	133 (2.1%)	57 (74.0%)	20 (26.0%)
<b>Liver disease</b>				
No	6642 (98.0%)	139 (2.0%)	54 (66.7%)	27 (33.3%)
Mild	6867 (98.3%)	118 (1.7%)	88 (82.2%)	19 (17.8%)
Moderate/Severe	975 (96.2%)	38 (3.8%)	19 (79.2%)	5 (20.8%)
<b>Comorbidities</b>				
<b>Diabetes</b>				
No	9186 (98.1%)	174 (1.9%)	65 (85.5%)	11 (14.5%)
Yes	5659 (96.7%)	195 (3.3%)	99 (70.2%)	42 (29.8%)
<b>Hypertension</b>				
No	5415 (99.3%)	40 (0.7%)	32 (97.0%)	1 (3.0%)
Yes	9430 (96.6%)	329 (3.4%)	132 (71.7%)	52 (28.3%)
<b>High cholesterol</b>				
No	6850 (98.0%)	137 (2.0%)	58 (82.9%)	12 (17.1%)
Yes	7995 (97.2%)	232 (2.8%)	106 (72.1%)	41 (27.9%)

<b>Cardiovascular</b>				
No	10790 (98.7%)	141 (1.3%)	80 (88.9%)	10 (11.1%)
Yes	4055 (94.7%)	228 (5.3%)	84 (66.1%)	43 (33.9%)
<b>Renal</b>				
No	11905 (98.2%)	215 (1.8%)	97 (86.6%)	15 (13.4%)
Yes	2940 (95.0%)	154 (5.0%)	67 (63.8%)	38 (36.2%)
<b>Respiratory</b>				
No	10416 (97.9%)	224 (2.1%)	84 (76.4%)	26 (23.6%)
Yes	4429 (96.8%)	145 (3.2%)	80 (74.8%)	27 (25.2%)
<b>Number of comorbidities</b>				
None	2397 (99.5%)	13 (0.5%)	8 (100.0%)	0 (0.0%)
1	2885 (98.7%)	39 (1.3%)	13 (100.0%)	0 (0.0%)
2	2992 (98.5%)	47 (1.5%)	26 (96.3%)	1 (3.7%)
3 or more	6571 (96.1%)	270 (3.9%)	117 (69.2%)	52 (30.8%)
<b>Lifestyle factors</b>				
<b>Smoker</b>				
Not available	422 (96.8%)	14 (3.2%)	2 (100.0%)	0 (0.0%)
Never	6301 (98.1%)	124 (1.9%)	67 (82.7%)	14 (17.3%)
Past	4960 (97.1%)	150 (2.9%)	72 (66.1%)	37 (33.9%)
Current	3162 (97.5%)	81 (2.5%)	23 (92.0%)	2 (8.0%)
<b>Drinker</b>				
Not available	2451 (97.8%)	54 (2.2%)	21 (77.8%)	6 (22.2%)
Never	3772 (97.8%)	85 (2.2%)	44 (78.6%)	12 (21.4%)
Past	2077 (96.8%)	68 (3.2%)	32 (72.7%)	12 (27.3%)
Current	6545 (97.6%)	162 (2.4%)	67 (74.4%)	23 (25.6%)
<b>Substance user</b>				
Not available	7537 (98.1%)	149 (1.9%)	77 (80.2%)	19 (19.8%)
Never	3565 (98.9%)	41 (1.1%)	24 (85.7%)	4 (14.3%)
Past	380 (94.3%)	23 (5.7%)	10 (83.3%)	2 (16.7%)
Current	3363 (95.6%)	156 (4.4%)	53 (65.4%)	28 (34.6%)
<b>Obese</b>				
Not available	394 (97.0%)	12 (3.0%)	0 (0.0%)	1 (100.0%)
Never	6556 (97.6%)	159 (2.4%)	65 (78.3%)	18 (21.7%)
Past	2101 (95.5%)	98 (4.5%)	33 (68.8%)	15 (31.2%)
Current	5794 (98.3%)	100 (1.7%)	66 (77.6%)	19 (22.4%)
<b>Prescription medication use</b>				
<b>ACE inhibitor</b>				
Non-user	11751 (79.2%)	273 (74.0%)	122 (74.4%)	33 (62.3%)
Past user	487 (3.3%)	31 (8.4%)	20 (12.2%)	8 (15.1%)
Current user	2607 (17.6%)	65 (17.6%)	22 (13.4%)	12 (22.6%)
<b>Angiotensin receptor blocker</b>				
Non-user	13204 (88.9%)	326 (88.3%)	137 (83.5%)	43 (81.1%)
Past user	207 (1.4%)	20 (5.4%)	3 (1.8%)	2 (3.8%)
Current user	1434 (9.7%)	23 (6.2%)	24 (14.6%)	8 (15.1%)
<b>Aldosterone antagonist</b>				
Non-user	14316 (96.4%)	335 (90.8%)	150 (91.5%)	47 (88.7%)
Past user	130 (0.9%)	7 (1.9%)	6 (3.7%)	3 (5.7%)
Current user	399 (2.7%)	27 (7.3%)	8 (4.9%)	3 (5.7%)

<b><math>\beta</math>-blocker</b>				
Non-user	11930 (80.4%)	231 (62.6%)	106 (64.6%)	32 (60.4%)
Past user	384 (2.6%)	26 (7.0%)	9 (5.5%)	3 (5.7%)
Current user	2531 (17.0%)	112 (30.4%)	49 (29.9%)	18 (34.0%)
<b>Calcium channel blocker</b>				
Non-user	11456 (77.2%)	258 (69.9%)	116 (70.7%)	35 (66.0%)
Past user	543 (3.7%)	38 (10.3%)	14 (8.5%)	2 (3.8%)
Current user	2846 (19.2%)	73 (19.8%)	34 (20.7%)	16 (30.2%)
<b><math>\alpha</math>-agonist</b>				
Non-user	14766 (99.5%)	365 (98.9%)	163 (99.4%)	53 (100.0%)
Past user	20 (0.1%)	3 (0.8%)	0 (0.0%)	0 (0.0%)
Current user	59 (0.4%)	1 (0.3%)	1 (0.6%)	0 (0.0%)
<b>Thiazide</b>				
Non-user	14763 (99.4%)	368 (99.7%)	163 (99.4%)	53 (100.0%)
Past user	32 (0.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Current user	50 (0.3%)	1 (0.3%)	1 (0.6%)	0 (0.0%)
<b>Antiplatelet</b>				
Non-user	12268 (82.6%)	244 (66.1%)	112 (68.3%)	28 (52.8%)
Past user	415 (2.8%)	31 (8.4%)	8 (4.9%)	2 (3.8%)
Current user	2162 (14.6%)	94 (25.5%)	44 (26.8%)	23 (43.4%)
<b>Antiarrhythmic</b>				
Non-user	14109 (95.0%)	331 (89.7%)	147 (89.6%)	43 (81.1%)
Past user	148 (1.0%)	8 (2.2%)	6 (3.7%)	1 (1.9%)
Current user	588 (4.0%)	30 (8.1%)	11 (6.7%)	9 (17.0%)
<b>Anticoagulant</b>				
Non-user	14272 (96.1%)	341 (92.4%)	152 (92.7%)	47 (88.7%)
Past user	133 (0.9%)	11 (3.0%)	4 (2.4%)	1 (1.9%)
Current user	440 (3.0%)	17 (4.6%)	8 (4.9%)	5 (9.4%)
<b>Glucocorticoid</b>				
Non-user	10644 (71.7%)	234 (63.4%)	95 (57.9%)	19 (35.8%)
Past user	1230 (8.3%)	48 (13.0%)	16 (9.8%)	6 (11.3%)
Current user	2971 (20.0%)	87 (23.6%)	53 (32.3%)	28 (52.8%)
<b><math>\beta</math>2-agonist</b>				
Non-user	13132 (88.5%)	311 (84.3%)	131 (79.9%)	33 (62.3%)
Past user	276 (1.9%)	10 (2.7%)	6 (3.7%)	2 (3.8%)
Current user	1437 (9.7%)	48 (13.0%)	27 (16.5%)	18 (34.0%)
<b>Muscarinic antagonist</b>				
Non-user	13235 (89.2%)	296 (80.2%)	129 (78.7%)	39 (73.6%)
Past user	291 (2.0%)	9 (2.4%)	5 (3.0%)	4 (7.5%)
Current user	1319 (8.9%)	64 (17.3%)	30 (18.3%)	10 (18.9%)
<b>NSAID</b>				
Non-user	13368 (90.1%)	335 (90.8%)	146 (89.0%)	43 (81.1%)
Past user	743 (5.0%)	13 (3.5%)	8 (4.9%)	2 (3.8%)
Current user	734 (4.9%)	21 (5.7%)	10 (6.1%)	8 (15.1%)
<b>Vitamin D</b>				
Non-user	12295 (82.8%)	247 (66.9%)	109 (66.5%)	26 (49.1%)
Past user	543 (3.7%)	30 (8.1%)	12 (7.3%)	6 (11.3%)
Current user	2007 (13.5%)	92 (24.9%)	43 (26.2%)	21 (39.6%)

<b>Proton pump inhibitor</b>				
Non-user	8162 (55.0%)	170 (46.1%)	62 (37.8%)	18 (34.0%)
Past user	1137 (7.7%)	30 (8.1%)	11 (6.7%)	3 (5.7%)
Current user	5546 (37.4%)	169 (45.8%)	91 (55.5%)	32 (60.4%)
<b>Statin</b>				
Non-user	8945 (60.3%)	183 (49.6%)	72 (43.9%)	11 (20.8%)
Past user	547 (3.7%)	45 (12.2%)	12 (7.3%)	3 (5.7%)
Current user	5353 (36.1%)	141 (38.2%)	80 (48.8%)	39 (73.6%)
<b>Immunosuppressant</b>				
Non-user	14368 (96.8%)	354 (95.9%)	156 (95.1%)	48 (90.6%)
Past user	196 (1.3%)	8 (2.2%)	3 (1.8%)	2 (3.8%)
Current user	281 (1.9%)	7 (1.9%)	5 (3.0%)	3 (5.7%)

Values are n (%), unless otherwise specified. \*Percentages are calculated row-wise across each strata of the exposure variable, as opposed to column-wise across the outcome variable, to demonstrate the differences in mortality due to COVID-19.

**Supplemental Table 4** Odds ratio estimates of COVID-19 for HPB patients with specific demographic, comorbidity, lifestyle and medication use characteristics.

	Crude OR (95% CI)	P value	Adjusted OR (95% CI)	P value	Adjusted OR (+all comorbidity) (95% CI)	P value
<b>Demographics</b>						
Gender (ref=Female)						
Male	1.49 (1.14 to 1.93)	0.003	1.56 (1.2 to 2.04)	0.002	1.39 (1.06 to 1.82)	0.04
Ethnicity (ref=White)						
South Asian	1.11 (0.81 to 1.51)	0.526	1.35 (0.98 to 1.85)	0.102	1.07 (0.77 to 1.48)	0.742
Black	1.74 (1.2 to 2.53)	0.009	2.04 (1.39 to 2.95)	<0.001	1.82 (1.23 to 2.66)	0.006
Other	0.73 (0.44 to 1.2)	0.265	0.87 (0.52 to 1.4)	0.654	0.88 (0.52 to 1.43)	0.716
Age group (ref=18-40)						
41-50	1.17 (0.66 to 2.05)	0.59	1.12 (0.64 to 1.98)	0.694	0.83 (0.47 to 1.49)	0.644
51-60	1.25 (0.74 to 2.12)	0.486	1.19 (0.7 to 2.05)	0.632	0.64 (0.36 to 1.13)	0.219
61-70	1.73 (1.04 to 2.89)	0.053	1.71 (1.03 to 2.9)	0.075	0.66 (0.38 to 1.19)	0.273
71-80	2.65 (1.59 to 4.41)	<0.001	2.71 (1.63 to 4.6)	<0.001	0.81 (0.45 to 1.48)	0.633
80+	5.13 (3.15 to 8.37)	<0.001	5.21 (3.23 to 8.7)	<0.001	1.31 (0.73 to 2.39)	0.53
<b>HPB disease (ref=No)</b>						
Cancer						
Yes	0.93 (0.41 to 2.1)	0.855	1.11 (0.46 to 2.69)	0.822	1.04 (0.43 to 2.54)	0.931
Pancreatic disease						
Acute	1.13 (0.7 to 1.83)	0.815	1.35 (0.82 to 2.22)	0.323	1.24 (0.75 to 2.04)	0.582
Chronic	1.72 (1.16 to 2.53)	0.013	1.89 (1.25 to 2.85)	0.007	1.57 (1.04 to 2.38)	0.084
Liver disease						
Mild	1.34 (1 to 1.78)	0.062	1.52 (1.07 to 2.15)	0.039	1.32 (0.93 to 1.88)	0.237
Moderate/Severe	2.04 (1.3 to 3.21)	0.004	2.2 (1.35 to 3.59)	0.006	1.84 (1.12 to 3.02)	0.046
Biliary disease						
Acute	0.89 (0.48 to 1.66)	0.715	1.1 (0.58 to 2.09)	0.822	1.04 (0.55 to 1.98)	0.931
Chronic	0.76 (0.57 to 1)	0.108	1.05 (0.75 to 1.46)	0.822	0.96 (0.69 to 1.35)	0.925
<b>Comorbidities (ref=No)</b>						
Diabetes	3.03 (2.31 to 4.02)	<0.001	2.47 (1.85 to 3.32)	<0.001	1.78 (1.3 to 2.42)	<0.001
Hypertension	3.27 (2.29 to 4.82)	<0.001	2.35 (1.59 to 3.48)	<0.001	1.38 (0.9 to 2.1)	0.226
Cholesterol	1.89 (1.43 to 2.53)	<0.001	1.47 (1.09 to 1.98)	0.019	0.94 (0.69 to 1.29)	0.71
Cardiovascular	3.52 (2.7 to 4.6)	<0.001	2.77 (2.07 to 3.71)	<0.001	1.84 (1.35 to 2.5)	<0.001
Renal	3.71 (2.85 to 4.84)	<0.001	2.93 (2.2 to 3.89)	<0.001	2.13 (1.59 to 2.86)	<0.001
Respiratory	2.25 (1.72 to 2.92)	<0.001	2.06 (1.58 to 2.69)	<0.001	1.77 (1.35 to 2.33)	<0.001
Number of comorbidities	1.66 (1.53 to 1.81)	<0.001	1.62 (1.46 to 1.79)	<0.001		
<b>Lifestyle factors (ref=Never)</b>						
Smoker						
Past	1.71 (1.28 to 2.27)	<0.001	1.46 (1.08 to 1.98)	0.03	1.18 (0.86 to 1.61)	0.476
Current	0.61 (0.39 to 0.95)	0.04	0.65 (0.41 to 1.04)	0.116	0.58 (0.36 to 0.93)	0.053

1							
2							
3							
4	Drinker						
5	Past	1.46 (0.99 to 2.15)	0.115	1.26 (0.85 to 1.88)	0.283	1.11 (0.74 to 1.66)	0.756
6	Current	0.92 (0.66 to 1.28)	0.63	0.81 (0.56 to 1.16)	0.283	0.87 (0.61 to 1.24)	0.639
7							
8	Substance user						
9	Past	4.01 (2.07 to 7.78)	<0.001	3.43 (1.74 to 6.75)	<0.001	2.18 (1.1 to 4.34)	0.053
10	Current	3 (1.97 to 4.59)	<0.001	2.63 (1.68 to 4.1)	<0.001	1.96 (1.25 to 3.07)	0.008
11							
12	Obese						
13	Past	1.83 (1.29 to 2.6)	0.001	1.61 (1.13 to 2.3)	0.016	1.21 (0.84 to 1.74)	0.438
14	Current	1.19 (0.88 to 1.61)	0.248	1.26 (0.93 to 1.72)	0.187	1.01 (0.74 to 1.38)	0.973
15							
16	<b>Prescription medication use (ref=Non-user)</b>						
17	ACE inhibitor						
18	Past user	4.04 (2.68 to 6.09)	<0.001	3 (1.97 to 4.57)	<0.001	1.88 (1.22 to 2.89)	0.007
19	Current user	1.03 (0.72 to 1.48)	0.855	0.8 (0.55 to 1.15)	0.25	0.56 (0.39 to 0.82)	0.005
20							
21	Angiotensin receptor blocker						
22	Past user	1.59 (0.65 to 3.89)	0.314	1.18 (0.48 to 2.91)	0.722	0.67 (0.27 to 1.66)	0.524
23	Current user	1.63 (1.12 to 2.37)	0.016	1.27 (0.86 to 1.86)	0.293	0.91 (0.62 to 1.34)	0.681
24							
25	Aldosterone agonist						
26	Past user	4.69 (2.36 to 9.35)	<0.001	3.74 (1.86 to 7.5)	<0.001	2.24 (1.1 to 4.56)	0.056
27	Current user	2.01 (1.12 to 3.63)	0.02	1.61 (0.89 to 2.91)	0.151	1 (0.54 to 1.82)	0.986
28							
29	$\beta$ -blocker						
30	Past user	2.45 (1.35 to 4.46)	0.003	1.95 (1.07 to 3.56)	0.045	1.24 (0.67 to 2.31)	0.666
31	Current user	2.19 (1.64 to 2.93)	<0.001	1.62 (1.19 to 2.19)	0.004	0.93 (0.67 to 1.29)	0.711
32							
33	Calcium channel blocker						
34	Past user	2.17 (1.31 to 3.6)	0.004	1.5 (0.89 to 2.51)	0.162	0.99 (0.59 to 1.68)	0.982
35	Current user	1.3 (0.94 to 1.78)	0.111	0.9 (0.64 to 1.25)	0.533	0.68 (0.49 to 0.96)	0.056
36							
37	$\alpha$ -agonist						
38	Past user	0 (0 to 2.41e+253)	0.97	0 (0 to 2.56e+248)	0.969	0 (0 to 1.73e+242)	0.968
39	Current user	1.12 (0.16 to 8.12)	0.97	0.77 (0.1 to 5.61)	0.895	0.6 (0.08 to 4.43)	0.771
40							
41	Thiazide						
42	Past user	0 (0 to 1.16e+214)	0.965	0 (0 to 8.76e+208)	0.971	0 (0 to 9.71e+205)	0.962
43	Current user	1.32 (0.18 to 9.58)	0.965	1.04 (0.14 to 7.59)	0.971	0.83 (0.11 to 6.17)	0.919
44							
45	Antiplatelet						
46	Past user	1.91 (1 to 3.65)	0.05	1.41 (0.73 to 2.71)	0.345	0.79 (0.4 to 1.54)	0.661
47	Current user	2.6 (1.95 to 3.48)	<0.001	1.84 (1.35 to 2.51)	<0.001	0.95 (0.67 to 1.33)	0.754
48							
49	Antiarrhythmic						
50	Past user	3.26 (1.51 to 7.03)	0.003	2.42 (1.11 to 5.27)	0.039	1.74 (0.79 to 3.83)	0.282
51	Current user	2.35 (1.47 to 3.75)	<0.001	1.85 (1.15 to 2.97)	0.021	1.19 (0.73 to 1.93)	0.602
52							
53	Anticoagulant						
54	Past user	2.44 (0.99 to 6.01)	0.053	1.96 (0.79 to 4.86)	0.165	1.39 (0.55 to 3.48)	0.661
55	Current user	2 (1.13 to 3.53)	0.025	1.54 (0.86 to 2.73)	0.165	1 (0.56 to 1.8)	0.989
56							
57	Glucocorticoid						
58	Past user	1.53 (0.97 to 2.43)	0.067	1.39 (0.88 to 2.2)	0.242	1.09 (0.68 to 1.74)	0.774
59	Current user	2.39 (1.8 to 3.17)	<0.001	2.07 (1.55 to 2.77)	<0.001	1.38 (1 to 1.92)	0.101
60							



1							
2							
3							
4	<b>β2-agonist</b>						
5	Past user	2.19 (1.07 to 4.48)	0.033	2.08 (1.01 to 4.27)	0.071	1.36 (0.64 to 2.87)	0.562
6	Current user	2.42 (1.74 to 3.37)	<0.001	2.07 (1.48 to 2.9)	<0.001	1.32 (0.89 to 1.96)	0.281
7							
8	<b>Muscarinic antagonist</b>						
9	Past user	2.58 (1.35 to 4.92)	0.004	2.2 (1.14 to 4.22)	0.027	1.67 (0.86 to 3.24)	0.241
10	Current user	2.29 (1.62 to 3.24)	<0.001	1.85 (1.3 to 2.64)	0.001	1.25 (0.86 to 1.81)	0.365
11							
12	<b>NSAID</b>						
13	Past user	0.92 (0.48 to 1.74)	0.787	0.81 (0.42 to 1.54)	0.517	0.79 (0.42 to 1.51)	0.598
14	Current user	1.65 (1.01 to 2.69)	0.066	1.56 (0.95 to 2.55)	0.139	1.57 (0.96 to 2.59)	0.14
15							
16	<b>Vitamin D</b>						
17	Past user	2.83 (1.72 to 4.66)	<0.001	2.49 (1.5 to 4.13)	<0.001	1.84 (1.1 to 3.06)	0.033
18	Current user	2.97 (2.21 to 3.97)	<0.001	2.5 (1.84 to 3.4)	<0.001	1.79 (1.31 to 2.45)	<0.001
19							
20	<b>Proton pump inhibitor</b>						
21	Past user	1.26 (0.72 to 2.19)	0.412	1.15 (0.66 to 2.01)	0.619	0.95 (0.54 to 1.66)	0.858
22	Current user	2.16 (1.64 to 2.85)	<0.001	1.78 (1.34 to 2.38)	<0.001	1.18 (0.87 to 1.59)	0.447
23							
24	<b>Statin</b>						
25	Past user	2.87 (1.67 to 4.92)	<0.001	2.1 (1.21 to 3.65)	0.013	1.24 (0.69 to 2.21)	0.643
26	Current user	2.4 (1.82 to 3.16)	<0.001	1.77 (1.3 to 2.4)	<0.001	0.94 (0.66 to 1.33)	0.758
27							
28	<b>Immunosuppressant</b>						
29	Past user	1.69 (0.69 to 4.16)	0.25	1.42 (0.58 to 3.51)	0.448	1.28 (0.52 to 3.18)	0.686
30	Current user	1.92 (0.94 to 3.93)	0.111	1.7 (0.83 to 3.5)	0.191	1.45 (0.7 to 2.99)	0.481
31							
32							
33							
34							
35							
36		<b>Adjusted OR</b>		<b>Adjusted OR</b>		<b>Adjusted OR</b>	
37		<b>(+Diabetes)</b>	<b>P</b>	<b>(+Hypertension)</b>	<b>P value</b>	<b>(+Cholesterol)</b>	<b>P value</b>
38		<b>(95% CI)</b>	<b>value</b>	<b>(95% CI)</b>		<b>(95% CI)</b>	<b>P value</b>
39	<b>Demographics</b>						
40							
41	Gender (ref=Female)						
42	Male	1.48 (1.14 to 1.94)	0.009	1.52 (1.16 to 1.99)	0.005	1.55 (1.19 to 2.02)	0.004
43							
44	Ethnicity (ref=White)						
45	South Asian	1.04 (0.75 to 1.44)	0.868	1.3 (0.94 to 1.78)	0.18	1.29 (0.93 to 1.77)	0.209
46	Black	1.76 (1.19 to 2.56)	0.009	1.95 (1.32 to 2.82)	0.002	2.06 (1.4 to 2.99)	<0.001
47	Other	0.78 (0.46 to 1.26)	0.503	0.88 (0.52 to 1.42)	0.75	0.87 (0.51 to 1.4)	0.705
48							
49	Age group (ref=18-40)						
50	41-50	0.95 (0.54 to 1.69)	0.868	0.97 (0.55 to 1.72)	0.914	1.02 (0.58 to 1.83)	0.933
51	51-60	0.9 (0.52 to 1.56)	0.83	0.92 (0.54 to 1.61)	0.835	1.04 (0.61 to 1.82)	0.933
52	61-70	1.16 (0.69 to 1.99)	0.789	1.2 (0.71 to 2.09)	0.664	1.45 (0.86 to 2.5)	0.235
53	71-80	1.75 (1.03 to 3.03)	0.08	1.79 (1.05 to 3.14)	0.071	2.25 (1.33 to 3.92)	0.008
54	80+	3.39 (2.06 to 5.76)	<0.001	3.36 (2.01 to 5.8)	<0.001	4.32 (2.61 to 7.39)	<0.001
55							
56							
57	<b>HPB disease (ref=No)</b>						
58							
59	Cancer						
60	Yes	1 (0.41 to 2.43)	0.994	1.04 (0.43 to 2.54)	0.926	1.11 (0.46 to 2.71)	0.836

1							
2							
3							
4	<b>Pancreatic disease</b>						
5	Acute	1.28 (0.78 to 2.1)	0.453	1.29 (0.78 to 2.12)	0.429	1.32 (0.8 to 2.17)	0.369
6	Chronic	1.69 (1.11 to 2.56)	0.033	1.77 (1.17 to 2.66)	0.017	1.84 (1.22 to 2.78)	0.011
7							
8	<b>Liver disease</b>						
9	Mild	1.4 (0.99 to 1.98)	0.112	1.44 (1.01 to 2.04)	0.08	1.47 (1.04 to 2.09)	0.058
10	Moderate/Severe	2.04 (1.25 to 3.33)	0.013	2.09 (1.28 to 3.42)	0.01	2.16 (1.33 to 3.53)	0.008
11							
12	<b>Biliary disease</b>						
13	Acute	1.08 (0.57 to 2.05)	0.941	1.07 (0.56 to 2.03)	0.926	1.07 (0.57 to 2.04)	0.836
14	Chronic	1.03 (0.74 to 1.44)	0.941	1.02 (0.73 to 1.42)	0.926	1.04 (0.74 to 1.45)	0.836
15							
16	<b>Comorbidities (ref=No)</b>						
17	Diabetes	2.47 (1.85 to 3.32)	<0.001	2.19 (1.62 to 2.96)	<0.001	2.37 (1.76 to 3.2)	<0.001
18	Hypertension	1.87 (1.25 to 2.8)	0.005	2.35 (1.59 to 3.48)	<0.001	2.21 (1.48 to 3.29)	<0.001
19	Cholesterol	1.21 (0.9 to 1.64)	0.275	1.29 (0.96 to 1.75)	0.142	1.47 (1.09 to 1.98)	0.019
20	Cardiovascular	2.38 (1.77 to 3.2)	<0.001	2.45 (1.82 to 3.29)	<0.001	2.66 (1.98 to 3.58)	<0.001
21	Renal	2.55 (1.91 to 3.4)	<0.001	2.64 (1.98 to 3.52)	<0.001	2.83 (2.12 to 3.77)	<0.001
22	Respiratory	1.95 (1.49 to 2.54)	<0.001	1.98 (1.51 to 2.58)	<0.001	2.02 (1.54 to 2.64)	<0.001
23							
24							
25							
26	<b>Lifestyle factors (ref=Never)</b>						
27	Smoker						
28	Past	1.39 (1.02 to 1.89)	0.064	1.42 (1.05 to 1.93)	0.044	1.42 (1.05 to 1.93)	0.052
29	Current	0.66 (0.41 to 1.04)	0.118	0.64 (0.4 to 1.02)	0.094	0.65 (0.41 to 1.02)	0.099
30	Drinker						
31	Past	1.19 (0.8 to 1.78)	0.446	1.21 (0.81 to 1.81)	0.394	1.23 (0.82 to 1.84)	0.38
32	Current	0.82 (0.57 to 1.17)	0.388	0.8 (0.56 to 1.14)	0.345	0.8 (0.56 to 1.14)	0.335
33	Substance user						
34	Past	3.08 (1.56 to 6.08)	0.002	3.14 (1.6 to 6.19)	0.002	3.29 (1.67 to 6.48)	0.001
35	Current	2.5 (1.6 to 3.89)	<0.001	2.47 (1.58 to 3.85)	<0.001	2.56 (1.64 to 3.99)	<0.001
36	Obese						
37	Past	1.38 (0.96 to 1.97)	0.148	1.47 (1.03 to 2.1)	0.061	1.56 (1.09 to 2.22)	0.033
38	Current	1.1 (0.81 to 1.5)	0.6	1.16 (0.85 to 1.57)	0.391	1.23 (0.9 to 1.67)	0.233
39							
40							
41							
42							
43	<b>Prescription medication use (ref=Non-user)</b>						
44	ACE inhibitor						
45	Past user	2.52 (1.65 to 3.85)	<0.001	2.54 (1.66 to 3.87)	<0.001	2.86 (1.88 to 4.36)	<0.001
46	Current user	0.64 (0.44 to 0.93)	0.029	0.67 (0.46 to 0.97)	0.047	0.75 (0.52 to 1.09)	0.19
47	Angiotensin receptor blocker						
48	Past user	0.98 (0.4 to 2.43)	0.981	1.04 (0.42 to 2.57)	0.928	1.13 (0.46 to 2.78)	0.799
49	Current user	1.1 (0.75 to 1.62)	0.784	1.1 (0.75 to 1.61)	0.707	1.2 (0.82 to 1.77)	0.427
50	Aldosterone agonist						
51	Past user	3.47 (1.73 to 6.99)	0.001	3.5 (1.74 to 7.02)	0.001	3.62 (1.8 to 7.27)	<0.001
52	Current user	1.49 (0.82 to 2.71)	0.232	1.49 (0.82 to 2.69)	0.217	1.56 (0.86 to 2.83)	0.199
53	β-blocker						
54	Past user	1.79 (0.98 to 3.28)	0.083	1.78 (0.97 to 3.25)	0.087	1.87 (1.02 to 3.42)	0.06
55	Current user	1.4 (1.04 to 1.9)	0.048	1.44 (1.06 to 1.95)	0.03	1.54 (1.14 to 2.09)	0.013
56							
57							
58							
59							
60							

1							
2							
3							
4	Calcium channel blocker						
5	Past user	1.33 (0.79 to 2.24)	0.309	1.24 (0.74 to 2.09)	0.459	1.42 (0.84 to 2.38)	0.236
6	Current user	0.79 (0.57 to 1.11)	0.245	0.73 (0.52 to 1.03)	0.119	0.86 (0.62 to 1.21)	0.437
8	$\alpha$ -agonist						
9	Past user	0 (0 to 1.19e+246)	0.978	0 (0 to 2.77e+247)	0.969	0 (0 to 2.45e+248)	0.969
10	Current user	0.68 (0.09 to 4.93)	0.874	0.72 (0.1 to 5.26)	0.831	0.73 (0.1 to 5.32)	0.838
12	Thiazide						
13	Past user	0 (0 to 3.39e+207)	0.986	0 (0 to 8.99e+209)	0.963	0 (0 to 1.01e+209)	0.989
14	Current user	0.91 (0.12 to 6.66)	0.986	0.92 (0.13 to 6.76)	0.963	1.01 (0.14 to 7.43)	0.989
16	Antiplatelet						
17	Past user	1.2 (0.62 to 2.32)	0.655	1.27 (0.66 to 2.44)	0.48	1.34 (0.7 to 2.59)	0.423
18	Current user	1.54 (1.13 to 2.11)	0.013	1.64 (1.2 to 2.23)	0.004	1.73 (1.27 to 2.38)	0.002
20	Antiarrhythmic						
21	Past user	2.4 (1.1 to 5.24)	0.04	2.24 (1.03 to 4.87)	0.06	2.32 (1.07 to 5.07)	0.048
22	Current user	1.71 (1.06 to 2.75)	0.04	1.72 (1.07 to 2.77)	0.041	1.78 (1.11 to 2.87)	0.031
24	Anticoagulant						
25	Past user	1.91 (0.77 to 4.75)	0.233	1.83 (0.74 to 4.54)	0.237	1.89 (0.76 to 4.69)	0.204
26	Current user	1.44 (0.81 to 2.57)	0.269	1.44 (0.81 to 2.57)	0.237	1.48 (0.83 to 2.63)	0.204
28	Glucocorticoid						
29	Past user	1.29 (0.81 to 2.05)	0.313	1.33 (0.84 to 2.11)	0.304	1.36 (0.86 to 2.16)	0.276
30	Current user	1.89 (1.41 to 2.52)	<0.001	1.96 (1.46 to 2.61)	<0.001	2 (1.5 to 2.68)	<0.001
32	$\beta$ 2-agonist						
33	Past user	1.93 (0.94 to 3.98)	0.107	1.94 (0.94 to 4)	0.103	2.04 (0.99 to 4.2)	0.076
34	Current user	1.92 (1.37 to 2.69)	<0.001	1.97 (1.41 to 2.76)	<0.001	2 (1.43 to 2.81)	<0.001
36	Muscarinic antagonist						
37	Past user	2.05 (1.06 to 3.94)	0.046	2.11 (1.1 to 4.06)	0.036	2.13 (1.11 to 4.09)	0.034
38	Current user	1.74 (1.22 to 2.47)	0.004	1.75 (1.23 to 2.48)	0.004	1.8 (1.27 to 2.57)	0.003
40	NSAID						
41	Past user	0.81 (0.42 to 1.53)	0.569	0.78 (0.41 to 1.49)	0.506	0.8 (0.42 to 1.52)	0.492
42	Current user	1.53 (0.93 to 2.5)	0.154	1.51 (0.92 to 2.46)	0.173	1.53 (0.94 to 2.51)	0.148
44	Vitamin D						
45	Past user	2.27 (1.37 to 3.76)	0.003	2.35 (1.42 to 3.9)	0.002	2.4 (1.45 to 3.99)	0.001
46	Current user	2.29 (1.68 to 3.11)	<0.001	2.34 (1.72 to 3.18)	<0.001	2.42 (1.78 to 3.29)	<0.001
48	Proton pump inhibitor						
49	Past user	1.1 (0.63 to 1.91)	0.754	1.11 (0.64 to 1.93)	0.715	1.11 (0.64 to 1.94)	0.704
50	Current user	1.55 (1.16 to 2.07)	0.007	1.62 (1.21 to 2.17)	0.002	1.69 (1.26 to 2.27)	0.001
52	Statin						
53	Past user	1.62 (0.93 to 2.85)	0.152	1.84 (1.06 to 3.21)	0.045	1.95 (1.1 to 3.45)	0.036
54	Current user	1.3 (0.94 to 1.8)	0.16	1.49 (1.09 to 2.05)	0.02	1.64 (1.17 to 2.29)	0.01
56	Immunosuppressant						
57	Past user	1.4 (0.57 to 3.46)	0.519	1.36 (0.55 to 3.35)	0.507	1.38 (0.56 to 3.4)	0.489
58	Current user	1.59 (0.77 to 3.27)	0.297	1.65 (0.8 to 3.39)	0.242	1.69 (0.82 to 3.47)	0.231
60							

	Adjusted OR (+Cardiovascular) (95% CI)	P value	Adjusted OR (+Renal) (95% CI)	P value	Adjusted OR (+Respiratory) (95% CI)	P value
<b>Demographics</b>						
Gender (ref=Female)						
Male	1.39 (1.06 to 1.82)	0.042	1.53 (1.17 to 2)	0.004	1.57 (1.21 to 2.06)	0.002
Ethnicity (ref=White)						
South Asian	1.3 (0.94 to 1.78)	0.186	1.28 (0.93 to 1.76)	0.22	1.37 (1 to 1.88)	0.087
Black	2.01 (1.36 to 2.91)	<0.001	1.93 (1.31 to 2.8)	0.002	2.17 (1.47 to 3.15)	<0.001
Other	0.89 (0.53 to 1.44)	0.792	0.86 (0.51 to 1.39)	0.675	0.93 (0.55 to 1.5)	0.779
Age group (ref=18-40)						
41-50	1.03 (0.58 to 1.82)	0.925	1.04 (0.59 to 1.84)	0.944	1.11 (0.63 to 1.97)	0.779
51-60	0.96 (0.56 to 1.66)	0.925	1.02 (0.6 to 1.76)	0.944	1.12 (0.66 to 1.94)	0.779
61-70	1.18 (0.7 to 2.05)	0.712	1.29 (0.77 to 2.21)	0.466	1.55 (0.94 to 2.64)	0.141
71-80	1.66 (0.97 to 2.9)	0.139	1.75 (1.03 to 3.04)	0.086	2.37 (1.43 to 4.05)	0.002
80+	2.84 (1.68 to 4.93)	<0.001	2.88 (1.71 to 4.99)	<0.001	4.58 (2.83 to 7.66)	<0.001
<b>HPB disease (ref=No)</b>						
Cancer						
Yes	1.13 (0.46 to 2.74)	0.888	1.11 (0.45 to 2.7)	0.902	1.1 (0.45 to 2.68)	0.872
Pancreatic disease						
Acute	1.33 (0.81 to 2.18)	0.356	1.33 (0.81 to 2.18)	0.363	1.33 (0.81 to 2.19)	0.348
Chronic	1.77 (1.17 to 2.67)	0.017	1.78 (1.18 to 2.69)	0.015	1.81 (1.2 to 2.74)	0.011
Liver disease						
Mild	1.46 (1.03 to 2.08)	0.07	1.48 (1.04 to 2.09)	0.054	1.46 (1.03 to 2.07)	0.067
Moderate/Severe	2.08 (1.27 to 3.41)	0.011	2.07 (1.26 to 3.39)	0.012	2.12 (1.3 to 3.46)	0.008
Biliary disease						
Acute	1.07 (0.57 to 2.04)	0.888	1.07 (0.56 to 2.03)	0.902	1.11 (0.59 to 2.11)	0.86
Chronic	1.01 (0.73 to 1.42)	0.935	1.01 (0.72 to 1.4)	0.975	1.03 (0.74 to 1.43)	0.872
<b>Comorbidities (ref=No)</b>						
Diabetes	2.1 (1.56 to 2.83)	<0.001	2.12 (1.57 to 2.86)	<0.001	2.35 (1.75 to 3.15)	<0.001
Hypertension	1.83 (1.22 to 2.75)	0.008	1.93 (1.3 to 2.89)	0.004	2.21 (1.49 to 3.27)	<0.001
Cholesterol	1.24 (0.91 to 1.68)	0.22	1.28 (0.95 to 1.74)	0.155	1.39 (1.03 to 1.88)	0.044
Cardiovascular	2.77 (2.07 to 3.71)	<0.001	2.26 (1.67 to 3.05)	<0.001	2.57 (1.92 to 3.45)	<0.001
Renal	2.4 (1.79 to 3.22)	<0.001	2.93 (2.2 to 3.89)	<0.001	2.81 (2.11 to 3.74)	<0.001
Respiratory	1.86 (1.42 to 2.44)	<0.001	1.96 (1.5 to 2.56)	<0.001	2.06 (1.58 to 2.69)	<0.001
<b>Lifestyle factors (ref=Never)</b>						
Smoker						
Past	1.34 (0.99 to 1.82)	0.096	1.37 (1.01 to 1.86)	0.08	1.31 (0.96 to 1.78)	0.137
Current	0.62 (0.39 to 0.98)	0.092	0.68 (0.43 to 1.08)	0.158	0.56 (0.36 to 0.9)	0.029
Drinker						
Past	1.23 (0.82 to 1.84)	0.432	1.22 (0.82 to 1.82)	0.405	1.2 (0.8 to 1.8)	0.407
Current	0.86 (0.6 to 1.24)	0.471	0.84 (0.58 to 1.2)	0.405	0.8 (0.56 to 1.14)	0.305

1							
2							
3							
4	Substance user						
5	Past	2.74 (1.38 to 5.42)	0.007	2.91 (1.47 to 5.75)	0.004	3.02 (1.53 to 5.96)	0.003
6	Current	2.21 (1.41 to 3.46)	0.001	2.41 (1.54 to 3.76)	<0.001	2.38 (1.52 to 3.72)	<0.001
7							
8	Obese						
9	Past	1.49 (1.05 to 2.13)	0.05	1.46 (1.02 to 2.08)	0.071	1.53 (1.07 to 2.19)	0.034
10	Current	1.2 (0.88 to 1.63)	0.264	1.21 (0.89 to 1.64)	0.261	1.21 (0.89 to 1.65)	0.264
11							
12	<b>Prescription medication use (ref=Non-user)</b>						
13							
14	ACE inhibitor						
15	Past user	2.38 (1.56 to 3.64)	<0.001	2.43 (1.59 to 3.72)	<0.001	2.88 (1.89 to 4.4)	<0.001
16	Current user	0.67 (0.46 to 0.97)	0.055	0.72 (0.5 to 1.03)	0.105	0.78 (0.54 to 1.13)	0.215
17							
18	Angiotensin receptor blocker						
19	Past user	0.93 (0.38 to 2.31)	0.884	0.87 (0.35 to 2.15)	0.758	1.1 (0.45 to 2.73)	0.834
20	Current user	1.1 (0.75 to 1.62)	0.689	1.09 (0.74 to 1.6)	0.742	1.21 (0.83 to 1.78)	0.409
21							
22	Aldosterone agonist						
23	Past user	2.76 (1.37 to 5.56)	0.009	2.9 (1.44 to 5.86)	0.006	3.56 (1.77 to 7.15)	<0.001
24	Current user	1.17 (0.64 to 2.13)	0.612	1.29 (0.71 to 2.34)	0.455	1.5 (0.82 to 2.72)	0.228
25							
26	β-blocker						
27	Past user	1.4 (0.76 to 2.58)	0.353	1.6 (0.87 to 2.94)	0.184	1.99 (1.09 to 3.63)	0.037
28	Current user	1.09 (0.79 to 1.5)	0.614	1.32 (0.97 to 1.79)	0.132	1.6 (1.18 to 2.16)	0.005
29							
30	Calcium channel blocker						
31	Past user	1.24 (0.74 to 2.09)	0.466	1.25 (0.74 to 2.1)	0.452	1.43 (0.85 to 2.41)	0.225
32	Current user	0.83 (0.6 to 1.16)	0.346	0.8 (0.57 to 1.11)	0.229	0.9 (0.64 to 1.25)	0.579
33							
34	α-agonist						
35	Past user	0 (0 to 1.39e+247)	0.969	0 (0 to 4.77e+244)	0.968	0 (0 to 1.01e+246)	0.969
36	Current user	0.69 (0.09 to 5.08)	0.799	0.66 (0.09 to 4.86)	0.762	0.81 (0.11 to 5.9)	0.926
37							
38	Thiazide						
39	Past user	0 (0 to 1.82e+207)	0.962	0 (0 to 4.41e+206)	0.962	0 (0 to 1.47e+209)	0.986
40	Current user	1.1 (0.15 to 8.06)	0.962	0.9 (0.12 to 6.63)	0.962	1.02 (0.14 to 7.47)	0.986
41							
42	Antiplatelet						
43	Past user	0.9 (0.46 to 1.75)	0.751	1.18 (0.61 to 2.27)	0.632	1.34 (0.69 to 2.58)	0.431
44	Current user	1.11 (0.79 to 1.56)	0.624	1.53 (1.12 to 2.1)	0.015	1.7 (1.24 to 2.32)	0.002
45							
46	Antiarrhythmic						
47	Past user	1.87 (0.85 to 4.08)	0.177	2.02 (0.92 to 4.42)	0.13	2.28 (1.04 to 4.98)	0.055
48	Current user	1.34 (0.83 to 2.18)	0.256	1.5 (0.93 to 2.42)	0.139	1.75 (1.09 to 2.82)	0.036
49							
50	Anticoagulant						
51	Past user	1.49 (0.6 to 3.7)	0.494	1.69 (0.68 to 4.2)	0.327	1.9 (0.76 to 4.72)	0.23
52	Current user	1.15 (0.64 to 2.05)	0.647	1.25 (0.7 to 2.23)	0.498	1.45 (0.81 to 2.58)	0.23
53							
54	Glucocorticoid						
55	Past user	1.29 (0.81 to 2.05)	0.317	1.32 (0.83 to 2.1)	0.299	1.21 (0.76 to 1.93)	0.475
56	Current user	1.88 (1.41 to 2.52)	<0.001	1.93 (1.44 to 2.58)	<0.001	1.57 (1.13 to 2.19)	0.011
57							
58	β <sub>2</sub> -agonist						
59	Past user	1.84 (0.89 to 3.8)	0.141	2 (0.97 to 4.12)	0.089	1.42 (0.68 to 3.01)	0.393
60	Current user	1.84 (1.31 to 2.59)	0.001	2.02 (1.44 to 2.84)	<0.001	1.38 (0.93 to 2.05)	0.153

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

Muscarinic antagonist							
Past user	1.95 (1.01 to 3.76)	0.066	2.15 (1.11 to 4.14)	0.032	1.82 (0.94 to 3.52)	0.101	
Current user	1.61 (1.13 to 2.3)	0.017	1.74 (1.22 to 2.48)	0.005	1.39 (0.96 to 2.03)	0.101	
NSAID							
Past user	0.81 (0.42 to 1.54)	0.567	0.83 (0.43 to 1.58)	0.565	0.77 (0.4 to 1.47)	0.477	
Current user	1.55 (0.95 to 2.55)	0.136	1.64 (1 to 2.69)	0.085	1.5 (0.91 to 2.45)	0.156	
Vitamin D							
Past user	2.22 (1.34 to 3.69)	0.004	2.15 (1.3 to 3.58)	0.005	2.32 (1.4 to 3.85)	0.002	
Current user	2.18 (1.6 to 2.97)	<0.001	2.13 (1.56 to 2.91)	<0.001	2.3 (1.69 to 3.13)	<0.001	
Proton pump inhibitor							
Past user	1.08 (0.62 to 1.88)	0.797	1.05 (0.6 to 1.84)	0.855	1.1 (0.63 to 1.92)	0.738	
Current user	1.46 (1.09 to 1.97)	0.023	1.58 (1.18 to 2.12)	0.005	1.61 (1.2 to 2.16)	0.002	
Statin							
Past user	1.68 (0.96 to 2.95)	0.098	1.75 (1 to 3.06)	0.072	1.99 (1.14 to 3.46)	0.022	
Current user	1.35 (0.98 to 1.86)	0.098	1.46 (1.07 to 2)	0.03	1.65 (1.21 to 2.25)	0.003	
Immunosuppressant							
Past user	1.37 (0.55 to 3.39)	0.549	1.33 (0.54 to 3.28)	0.542	1.39 (0.56 to 3.43)	0.531	
Current user	1.69 (0.82 to 3.48)	0.222	1.56 (0.76 to 3.22)	0.286	1.59 (0.77 to 3.28)	0.257	

Odds ratios (ORs), except the crude ones, are mutually adjusted for gender, ethnicity, and age group, and also for additional conditions when mentioned inside the parenthesis. Dichotomous age groups (over and under 60) are used for controlling for all categories except demographics. All P values presented, except for the crude odds ratios, are Benjamini-Hochberg corrected.

**Supplemental Table 5** Association between HPB disease and COVID-19 risk factors according to HPB disease subtypes

	Pancreatic disease			P-het
	No (N=12434)	Acute (N=1230)	Chronic (N=1335)	
	OR (95% CI)	OR (95% CI)	OR (95% CI)	
<b>Demographics</b>				
Gender (ref=Female)				0.33
Male	1.58 (1.15 to 2.15)	0.74 (0.29 to 1.88)	1.7 (0.79 to 3.63)	
Ethnicity (ref=White)				0.83
South Asian	1.36 (0.94 to 1.96)	1.82 (0.59 to 5.61)	1.29 (0.51 to 3.29)	
Black	2.07 (1.34 to 3.2)	4.14 (1.1 to 15.61)	2.02 (0.76 to 5.37)	
Other	0.92 (0.53 to 1.62)	1.37 (0.26 to 7.07)	0.74 (0.17 to 3.3)	
Age group (ref=18-40)				0.87
41-50	0.98 (0.5 to 1.9)	0.68 (0.11 to 4.27)	1.86 (0.45 to 7.59)	
51-60	1.26 (0.69 to 2.3)	0.79 (0.13 to 4.91)	0.62 (0.12 to 3.16)	
61-70	1.51 (0.83 to 2.76)	1.33 (0.26 to 6.85)	1.71 (0.42 to 7.02)	
71-80	2.76 (1.52 to 5.02)	3.14 (0.68 to 14.57)	2.02 (0.47 to 8.65)	
80+	5.9 (3.32 to 10.48)	6.07 (1.38 to 26.64)	4.63 (1.18 to 18.13)	
<b>HPB disease (ref=No)</b>				
Liver disease				0.15
Mild	1.8 (1.14 to 2.84)	2.27 (0.8 to 6.41)	1.65 (0.73 to 3.73)	
Moderate/Severe	2.82 (1.56 to 5.12)	4.9 (0.97 to 24.82)	1.54 (0.34 to 6.93)	
Biliary disease				0.04
Acute	1.05 (0.49 to 2.29)	0 (0 to Inf)	2.15 (0.61 to 7.64)	
Chronic	1.17 (0.76 to 1.78)	0.61 (0.22 to 1.66)	0.84 (0.33 to 2.15)	
<b>Comorbidities (ref=No)</b>				
Diabetes	2.34 (1.67 to 3.27)	3.2 (1.07 to 9.57)	3.39 (1.4 to 8.24)	0.18
Hypertension	2.22 (1.43 to 3.44)	2.67 (0.58 to 12.35)	1.91 (0.62 to 5.88)	0.65
Cholesterol	1.51 (1.07 to 2.13)	1.1 (0.38 to 3.18)	1.2 (0.53 to 2.68)	0.91
Cardiovascular	2.55 (1.83 to 3.55)	3.9 (1.36 to 11.21)	3.07 (1.35 to 6.98)	0.91
Renal	3 (2.16 to 4.16)	2.56 (0.93 to 7.06)	3.56 (1.6 to 7.94)	0.36
Respiratory	1.98 (1.46 to 2.7)	2.39 (0.94 to 6.07)	1.81 (0.87 to 3.76)	0.67
<b>Lifestyle factors (ref=Never)</b>				
Smoker				0.04
Past	1.52 (1.07 to 2.16)	0.74 (0.26 to 2.15)	1.32 (0.57 to 3.07)	
Current	0.71 (0.42 to 1.2)	0 (0 to Inf)	0.45 (0.14 to 1.42)	
Drinker				0.49
Past	1.44 (0.91 to 2.3)	0.24 (0.03 to 2.07)	0.91 (0.32 to 2.61)	
Current	0.87 (0.57 to 1.34)	0.56 (0.17 to 1.82)	0.43 (0.17 to 1.11)	
Substance user				0.4
Past	2.85 (1.24 to 6.58)	16.83 (1.95 to 145.12)	1.95 (0.43 to 8.95)	
Current	2.35 (1.39 to 3.95)	4.99 (0.96 to 26.04)	1.1 (0.37 to 3.25)	
Obese				0.59
Past	1.27 (0.83 to 1.96)	4.03 (1.23 to 13.24)	2.5 (1.05 to 5.92)	
Current	1.22 (0.87 to 1.73)	1.85 (0.56 to 6.1)	1.39 (0.56 to 3.46)	
<b>Prescription medication use (ref=Non-user)</b>				
ACE inhibitor				0.78
Past user	3 (1.86 to 4.82)	4.12 (1.02 to 16.7)	2.48 (0.68 to 9.02)	
Current user	0.7 (0.45 to 1.08)	1.11 (0.34 to 3.63)	1.22 (0.5 to 3)	

1					
2					
3	Angiotensin receptor blocker				0.36
4	Past user	1.52 (0.61 to 3.78)	0 (0 to Inf)	0 (0 to Inf)	
5	Current user	1.13 (0.71 to 1.77)	0.93 (0.2 to 4.29)	3.21 (1.26 to 8.15)	
6	Aldosterone agonist				0.33
7	Past user	3.45 (1.55 to 7.66)	0 (0 to Inf)	5.33 (1.06 to 26.73)	
8	Current user	1.16 (0.56 to 2.42)	2.47 (0.28 to 21.87)	1.19 (0.15 to 9.21)	
9	$\beta$ -blocker				0.7
10	Past user	1.46 (0.67 to 3.19)	1.82 (0.21 to 15.44)	4.7 (1.47 to 15.02)	
11	Current user	1.63 (1.15 to 2.3)	1.76 (0.6 to 5.13)	1.21 (0.49 to 3.02)	
12	Calcium channel blocker				0.25
13	Past user	1.55 (0.86 to 2.8)	0 (0 to Inf)	2.54 (0.69 to 9.38)	
14	Current user	0.94 (0.64 to 1.38)	0.99 (0.33 to 2.95)	0.89 (0.36 to 2.24)	
15	$\alpha$ -agonist				0.93
16	Past user	0 (0 to 7.13e+251)	NA	NA	
17	Current user	1.2 (0.16 to 8.83)	0 (0 to Inf)	0 (0 to Inf)	
18	Thiazide				1
19	Past user	0 (0 to 3.25e+232)	0 (0 to Inf)	0 (0 to Inf)	
20	Current user	1.22 (0.17 to 8.97)	0 (0 to Inf)	0 (0 to Inf)	
21	Antiplatelet				0.82
22	Past user	1.63 (0.78 to 3.4)	1.79 (0.21 to 15.05)	0.77 (0.1 to 6.06)	
23	Current user	1.89 (1.32 to 2.71)	2.69 (0.95 to 7.67)	1.77 (0.75 to 4.15)	
24	Antiarrhythmic				0.23
25	Past user	1.39 (0.43 to 4.46)	3.17 (0.34 to 29.87)	3.29 (0.69 to 15.7)	
26	Current user	1.86 (1.09 to 3.16)	3.22 (0.65 to 15.87)	0.65 (0.08 to 4.96)	
27	Anticoagulant				0.33
28	Past user	1.72 (0.54 to 5.53)	5.22 (0.58 to 46.91)	0 (0 to Inf)	
29	Current user	1.55 (0.81 to 3)	1.91 (0.23 to 16.18)	0.71 (0.09 to 5.54)	
30	Glucocorticoid				0.88
31	Past user	1.41 (0.83 to 2.4)	0.69 (0.09 to 5.51)	1.29 (0.36 to 4.56)	
32	Current user	2.06 (1.47 to 2.88)	1.47 (0.52 to 4.11)	1.96 (0.88 to 4.38)	
33	$\beta$ 2-agonist				0.08
34	Past user	1.69 (0.68 to 4.2)	9.51 (2.34 to 38.57)	0 (0 to Inf)	
35	Current user	2.02 (1.37 to 2.99)	1.93 (0.52 to 7.23)	1.67 (0.65 to 4.28)	
36	Muscarinic antagonist				0.86
37	Past user	2.32 (1.12 to 4.83)	0 (0 to Inf)	2.79 (0.61 to 12.77)	
38	Current user	1.77 (1.17 to 2.68)	1.62 (0.44 to 5.96)	2.54 (1.07 to 5.99)	
39	NSAID				0.53
40	Past user	0.62 (0.27 to 1.41)	2.48 (0.52 to 11.86)	1.17 (0.26 to 5.15)	
41	Current user	1.44 (0.81 to 2.58)	3.08 (0.81 to 11.74)	0.87 (0.11 to 6.73)	
42	Vitamin D				0.41
43	Past user	1.93 (1.02 to 3.65)	3.91 (0.77 to 19.82)	2.63 (0.84 to 8.18)	
44	Current user	2.44 (1.71 to 3.48)	2.16 (0.71 to 6.62)	1.62 (0.68 to 3.88)	
45	Proton pump inhibitor				0.32
46	Past user	1.25 (0.69 to 2.28)	0 (0 to Inf)	0.55 (0.07 to 4.42)	
47	Current user	1.51 (1.08 to 2.1)	2.8 (0.95 to 8.29)	2.03 (0.88 to 4.68)	
48	Statin				0.89
49	Past user	2.25 (1.18 to 4.27)	2.21 (0.41 to 11.97)	1.77 (0.37 to 8.53)	
50	Current user	1.8 (1.26 to 2.57)	1.34 (0.45 to 3.96)	2.15 (0.92 to 5)	
51	Immunosuppressant				0.76
52	Past user	1.14 (0.36 to 3.65)	2.49 (0.27 to 22.9)	1.91 (0.24 to 15.09)	
53	Current user	1.85 (0.85 to 4)	2.82 (0.34 to 23.76)	0 (0 to Inf)	
54					
55					
56					
57					
58					
59					
60					



	Liver disease			P-het
	No (N=6863)	Mild (N=7098)	Moderate/Severe (N=1038)	
	OR (95% CI)	OR (95% CI)	OR (95% CI)	
<b>Demographics</b>				
Gender (ref=Female)				0.41
Male	1.48 (0.94 to 2.31)	1.62 (1.1 to 2.37)	0.94 (0.42 to 2.11)	
Ethnicity (ref=White)				0.78
South Asian	1.29 (0.76 to 2.22)	1.51 (0.96 to 2.37)	1.07 (0.39 to 2.94)	
Black	1.9 (1.02 to 3.56)	2.58 (1.52 to 4.38)	1.87 (0.58 to 6.06)	
Other	0.65 (0.25 to 1.66)	1.09 (0.55 to 2.14)	1.12 (0.31 to 4.08)	
Age group (ref=18-40)				0.24
41-50	1.05 (0.35 to 3.13)	1.02 (0.5 to 2.07)	1.1 (0.18 to 6.81)	
51-60	0.79 (0.25 to 2.52)	1.21 (0.63 to 2.33)	0.71 (0.12 to 4.36)	
61-70	2.21 (0.86 to 5.68)	1.04 (0.51 to 2.1)	2.38 (0.5 to 11.33)	
71-80	3.57 (1.44 to 8.82)	2.08 (1.04 to 4.18)	3.34 (0.63 to 17.88)	
80+	9.14 (4 to 20.85)	3.45 (1.67 to 7.12)	3.99 (0.64 to 24.98)	
<b>HPB disease (ref=No)</b>				
Pancreatic disease				0.02
Acute	1.32 (0.64 to 2.75)	1.6 (0.69 to 3.73)	1.89 (0.42 to 8.58)	
Chronic	1.96 (0.97 to 3.98)	1.96 (1 to 3.83)	1.12 (0.25 to 5.06)	
Biliary disease				0.01
Acute	1.15 (0.43 to 3.03)	0.93 (0.29 to 3)	1.07 (0.14 to 8.46)	
Chronic	1.03 (0.52 to 2.05)	0.93 (0.57 to 1.52)	1.79 (0.74 to 4.32)	
<b>Comorbidities (ref=No)</b>				
Diabetes	2.73 (1.66 to 4.5)	2.36 (1.56 to 3.56)	2.41 (0.98 to 5.93)	0.14
Hypertension	2.08 (1.05 to 4.14)	1.87 (1.13 to 3.1)	8.74 (1.14 to 66.9)	0.1
Cholesterol	1.16 (0.71 to 1.91)	1.43 (0.94 to 2.16)	2.06 (0.79 to 5.4)	0.76
Cardiovascular	2.19 (1.34 to 3.57)	2.85 (1.9 to 4.27)	3.93 (1.6 to 9.66)	0.79
Renal	2.61 (1.63 to 4.18)	3.98 (2.64 to 5.99)	1.56 (0.67 to 3.63)	0.16
Respiratory	2.29 (1.47 to 3.58)	1.92 (1.31 to 2.8)	1.47 (0.65 to 3.35)	0.39
<b>Lifestyle factors (ref=Never)</b>				
Smoker				0.15
Past	1.36 (0.84 to 2.22)	1.35 (0.88 to 2.09)	1.63 (0.61 to 4.3)	
Current	0.29 (0.1 to 0.85)	0.7 (0.39 to 1.28)	0.71 (0.2 to 2.55)	
Drinker				0.66
Past	0.94 (0.47 to 1.9)	1.33 (0.76 to 2.3)	1.8 (0.46 to 7)	
Current	0.97 (0.55 to 1.72)	0.6 (0.36 to 1.01)	1 (0.29 to 3.45)	
Substance user				0.04
Past	3.43 (1.14 to 10.3)	3.53 (1.46 to 8.51)	0 (0 to Inf)	
Current	2.84 (1.37 to 5.87)	1.45 (0.78 to 2.69)	7.26 (0.9 to 58.68)	
Obese				0.55
Past	2.01 (1.14 to 3.54)	1.14 (0.65 to 1.98)	2.59 (0.97 to 6.94)	
Current	1.43 (0.84 to 2.42)	1.17 (0.77 to 1.77)	1.78 (0.65 to 4.86)	
<b>Prescription medication use (ref=Non-user)</b>				
ACE inhibitor				0.31
Past user	3.67 (1.89 to 7.1)	2.05 (1.04 to 4.05)	5.91 (2.11 to 16.55)	
Current user	0.93 (0.51 to 1.67)	0.66 (0.39 to 1.12)	1.07 (0.34 to 3.36)	
Angiotensin receptor blocker				0.08
Past user	1.24 (0.29 to 5.2)	0 (0 to Inf)	5.41 (1.36 to 21.48)	
Current user	1.09 (0.56 to 2.1)	1.61 (0.97 to 2.67)	0.48 (0.06 to 3.67)	

1					
2					
3	Aldosterone agonist				0.17
4	Past user	4.13 (1.18 to 14.45)	3.9 (1.38 to 11.03)	2.26 (0.49 to 10.39)	
5	Current user	0.5 (0.07 to 3.64)	0.9 (0.28 to 2.87)	2.36 (0.89 to 6.25)	
6	$\beta$ -blocker				0.33
7	Past user	0.79 (0.19 to 3.29)	1.79 (0.71 to 4.52)	6.03 (1.96 to 18.56)	
8	Current user	1.32 (0.8 to 2.18)	1.94 (1.26 to 2.97)	1.28 (0.5 to 3.23)	
9	Calcium channel blocker				0.08
10	Past user	1.91 (0.92 to 3.98)	1.45 (0.65 to 3.24)	0 (0 to Inf)	
11	Current user	0.57 (0.31 to 1.06)	1.29 (0.83 to 2)	0.9 (0.32 to 2.53)	
12	$\alpha$ -agonist				0.93
13	Past user	0 (0 to Inf)	0 (0 to Inf)	0 (0 to Inf)	
14	Current user	1.8 (0.23 to 13.81)	0 (0 to Inf)	0 (0 to Inf)	
15	Thiazide				0.76
16	Past user	0 (0 to Inf)	0 (0 to Inf)	NA	
17	Current user	0 (0 to Inf)	2.14 (0.28 to 16.16)	0 (0 to Inf)	
18	Antiplatelet				0.77
19	Past user	1.43 (0.5 to 4.08)	1.56 (0.62 to 3.94)	1.28 (0.16 to 10.39)	
20	Current user	1.82 (1.1 to 3.01)	1.93 (1.23 to 3.03)	2.39 (0.96 to 5.92)	
21	Antiarrhythmic				0.13
22	Past user	3.69 (1.28 to 10.63)	1.28 (0.3 to 5.4)	0 (0 to Inf)	
23	Current user	1.35 (0.57 to 3.19)	2.35 (1.23 to 4.51)	1.13 (0.25 to 5.05)	
24	Anticoagulant				0.5
25	Past user	1.9 (0.45 to 8.04)	1.67 (0.4 to 7.06)	0 (0 to Inf)	
26	Current user	1.46 (0.58 to 3.71)	1.63 (0.7 to 3.82)	0.8 (0.1 to 6.32)	
27	Glucocorticoid				0.56
28	Past user	1.3 (0.58 to 2.92)	1.48 (0.8 to 2.73)	0.56 (0.07 to 4.41)	
29	Current user	2.3 (1.43 to 3.7)	1.8 (1.18 to 2.73)	1.76 (0.74 to 4.18)	
30	$\beta$ 2-agonist				0.28
31	Past user	2.86 (0.87 to 9.43)	2.04 (0.81 to 5.13)	0 (0 to Inf)	
32	Current user	2.22 (1.3 to 3.8)	1.73 (1.04 to 2.88)	1.89 (0.67 to 5.29)	
33	Muscarinic antagonist				0.44
34	Past user	1.22 (0.29 to 5.11)	2.91 (1.31 to 6.46)	2.27 (0.28 to 18.28)	
35	Current user	2.3 (1.35 to 3.91)	1.4 (0.8 to 2.45)	2.25 (0.8 to 6.33)	
36	NSAID				0.17
37	Past user	1.42 (0.6 to 3.34)	0.42 (0.13 to 1.32)	0.94 (0.12 to 7.49)	
38	Current user	2.49 (1.22 to 5.11)	1.21 (0.58 to 2.53)	0 (0 to Inf)	
39	Vitamin D				0.06
40	Past user	4.19 (2.1 to 8.36)	1.36 (0.54 to 3.42)	0.58 (0.07 to 4.54)	
41	Current user	2.28 (1.36 to 3.82)	2.51 (1.61 to 3.9)	1.5 (0.61 to 3.69)	
42	Proton pump inhibitor				0.73
43	Past user	0.78 (0.3 to 2.02)	1.4 (0.65 to 3.03)	0.62 (0.07 to 5.22)	
44	Current user	1.12 (0.7 to 1.8)	2.1 (1.38 to 3.19)	2.17 (0.87 to 5.42)	
45	Statin				0.35
46	Past user	3.23 (1.45 to 7.2)	1.3 (0.5 to 3.33)	2.04 (0.41 to 10.12)	
47	Current user	1.7 (1 to 2.9)	1.76 (1.15 to 2.69)	2.08 (0.85 to 5.1)	
48	Immunosuppressant				0.65
49	Past user	2.45 (0.74 to 8.08)	1.09 (0.26 to 4.53)	0 (0 to Inf)	
50	Current user	1.25 (0.3 to 5.23)	1.66 (0.6 to 4.6)	3.04 (0.66 to 14.08)	
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					

	Biliary disease			P- het
	No (N=7716)	Acute (N=749)	Chronic (N=6534)	
	OR (95% CI)	OR (95% CI)	OR (95% CI)	
<b>Demographics</b>				
Gender (ref=Female)				0.72
Male	1.35 (0.94 to 1.94)	1.35 (0.38 to 4.83)	1.58 (1.01 to 2.47)	
Ethnicity (ref=White)				0.6
South Asian	1.33 (0.86 to 2.03)	1.67 (0.43 to 6.57)	1.42 (0.83 to 2.42)	
Black	1.78 (1.06 to 2.98)	2.26 (0.41 to 12.54)	3.2 (1.75 to 5.86)	
Other	0.98 (0.52 to 1.84)	0 (0 to Inf)	0.99 (0.43 to 2.26)	
Age group (ref=18-40)				0.13
41-50	1.1 (0.57 to 2.09)	2.4 (0.21 to 27.67)	0.63 (0.15 to 2.63)	
51-60	1.01 (0.54 to 1.89)	1.44 (0.12 to 17.27)	1.36 (0.44 to 4.22)	
61-70	1.07 (0.56 to 2.05)	0.95 (0.06 to 15.97)	3.37 (1.23 to 9.29)	
71-80	1.71 (0.88 to 3.33)	1.18 (0.07 to 20.15)	6.46 (2.39 to 17.44)	
80+	4.16 (2.19 to 7.89)	6.53 (0.66 to 64.15)	10.15 (3.86 to 26.68)	
<b>HPB disease (ref=No)</b>				
Pancreatic disease				0.93
Acute	1.92 (0.97 to 3.82)	0 (0 to Inf)	1.04 (0.44 to 2.43)	
Chronic	2.2 (1.22 to 3.98)	3.68 (0.87 to 15.57)	1.25 (0.53 to 2.96)	
Liver disease				0.59
Mild	2.05 (1.09 to 3.88)	1.22 (0.29 to 5.17)	1.55 (0.92 to 2.61)	
Moderate/Severe	2.63 (1.22 to 5.66)	1.45 (0.15 to 13.66)	3.95 (1.8 to 8.67)	
<b>Comorbidities (ref=No)</b>				
Diabetes	2.58 (1.75 to 3.82)	2.49 (0.64 to 9.69)	2.25 (1.36 to 3.71)	0.22
Hypertension	2.16 (1.33 to 3.5)	0.87 (0.18 to 4.14)	2.5 (1.15 to 5.45)	0.16
Cholesterol	1.3 (0.89 to 1.9)	1.49 (0.36 to 6.16)	1.48 (0.87 to 2.52)	0.59
Cardiovascular	3.31 (2.26 to 4.86)	1.04 (0.26 to 4.19)	2.09 (1.28 to 3.41)	0.45
Renal	3.21 (2.19 to 4.72)	2.73 (0.73 to 10.11)	2.73 (1.7 to 4.38)	0.23
Respiratory	1.96 (1.37 to 2.8)	4.25 (1.2 to 15.04)	1.77 (1.13 to 2.77)	0.43
<b>Lifestyle factors (ref=Never)</b>				
Smoker				0.14
Past	1.2 (0.8 to 1.81)	2.38 (0.54 to 10.62)	1.58 (0.97 to 2.58)	
Current	0.55 (0.31 to 0.97)	1.42 (0.21 to 9.7)	0.38 (0.13 to 1.09)	
Drinker				0.9
Past	1.38 (0.79 to 2.42)	0.41 (0.04 to 3.97)	1.15 (0.61 to 2.16)	
Current	0.75 (0.46 to 1.23)	0.71 (0.16 to 3.12)	0.76 (0.42 to 1.37)	
Substance user				0.03
Past	2.6 (1.03 to 6.53)	0 (0 to Inf)	4.95 (1.68 to 14.58)	
Current	1.41 (0.78 to 2.57)	0.97 (0.19 to 4.91)	4.5 (2.08 to 9.74)	
Obese				0.84
Past	1.58 (0.98 to 2.56)	0.73 (0.14 to 3.88)	1.83 (1.01 to 3.31)	
Current	1.23 (0.82 to 1.84)	0.68 (0.16 to 2.93)	1.65 (0.96 to 2.81)	
<b>Prescription medication use (ref=Non-user)</b>				
ACE inhibitor				0.88
Past user	3.04 (1.72 to 5.38)	4.61 (0.79 to 26.78)	2.84 (1.44 to 5.61)	
Current user	0.76 (0.46 to 1.25)	1.09 (0.21 to 5.75)	0.8 (0.44 to 1.43)	
Angiotensin receptor blocker				0.74
Past user	0.77 (0.19 to 3.16)	0 (0 to Inf)	1.73 (0.52 to 5.77)	
Current user	1.37 (0.82 to 2.3)	3.39 (0.77 to 14.93)	1.01 (0.52 to 1.95)	

1					
2					
3	Aldosterone agonist				0.31
4	Past user	4.05 (1.7 to 9.64)	0 (0 to Inf)	2.62 (0.76 to 9.05)	
5	Current user	1.32 (0.57 to 3.09)	0 (0 to Inf)	1.27 (0.45 to 3.61)	
6	$\beta$ -blocker				0.23
7	Past user	2.42 (1.15 to 5.09)	8.19 (0.78 to 86.4)	1.1 (0.33 to 3.6)	
8	Current user	1.52 (1 to 2.31)	0.39 (0.05 to 3.31)	1.77 (1.1 to 2.85)	
9	Calcium channel blocker				0.12
10	Past user	1.19 (0.51 to 2.79)	2.22 (0.24 to 20.37)	1.64 (0.79 to 3.42)	
11	Current user	1.28 (0.84 to 1.95)	2.19 (0.55 to 8.83)	0.49 (0.26 to 0.91)	
12	$\alpha$ -agonist				0.75
13	Past user	0 (0 to Inf)	NA	0 (0 to Inf)	
14	Current user	0 (0 to Inf)	0 (0 to Inf)	2.38 (0.3 to 18.73)	
15	Thiazide				0.81
16	Past user	0 (0 to Inf)	NA	0 (0 to Inf)	
17	Current user	1.94 (0.26 to 14.41)	0 (0 to Inf)	0 (0 to Inf)	
18	Antiplatelet				0.4
19	Past user	1.59 (0.68 to 3.7)	0 (0 to Inf)	1.36 (0.47 to 3.91)	
20	Current user	1.77 (1.15 to 2.73)	1.38 (0.32 to 5.95)	2.11 (1.29 to 3.45)	
21	Antiarrhythmic				0.34
22	Past user	2.07 (0.64 to 6.74)	0 (0 to Inf)	2.15 (0.64 to 7.22)	
23	Current user	1.95 (1.03 to 3.7)	2.71 (0.31 to 23.91)	1.41 (0.63 to 3.16)	
24	Anticoagulant				0.49
25	Past user	1.43 (0.34 to 5.94)	0 (0 to Inf)	2.01 (0.47 to 8.59)	
26	Current user	1.31 (0.56 to 3.03)	5.28 (0.58 to 48.33)	1.31 (0.51 to 3.36)	
27	Glucocorticoid				0.35
28	Past user	1.69 (0.96 to 2.99)	1.11 (0.13 to 9.69)	0.83 (0.33 to 2.13)	
29	Current user	1.77 (1.19 to 2.64)	1.27 (0.31 to 5.22)	2.38 (1.49 to 3.8)	
30	$\beta$ 2-agonist				0.46
31	Past user	2.46 (1.06 to 5.75)	0 (0 to Inf)	1.52 (0.36 to 6.36)	
32	Current user	1.89 (1.18 to 3.02)	0.85 (0.1 to 7.22)	2.09 (1.22 to 3.57)	
33	Muscarinic antagonist				0.52
34	Past user	3.51 (1.66 to 7.41)	0 (0 to Inf)	1.04 (0.25 to 4.33)	
35	Current user	1.72 (1.05 to 2.83)	2.14 (0.42 to 10.99)	2.06 (1.19 to 3.56)	
36	NSAID				0.65
37	Past user	0.58 (0.21 to 1.59)	0 (0 to Inf)	1.23 (0.52 to 2.91)	
38	Current user	1.7 (0.88 to 3.3)	1.97 (0.23 to 17.04)	1.22 (0.52 to 2.86)	
39	Vitamin D				0.15
40	Past user	1.87 (0.89 to 3.94)	6.13 (1.03 to 36.35)	2.34 (1.03 to 5.32)	
41	Current user	2.35 (1.54 to 3.58)	0.56 (0.07 to 4.71)	2.45 (1.5 to 4.01)	
42	Proton pump inhibitor				0.42
43	Past user	1.03 (0.46 to 2.29)	0.94 (0.11 to 7.98)	1.09 (0.44 to 2.67)	
44	Current user	1.87 (1.28 to 2.74)	0.39 (0.09 to 1.72)	1.53 (0.93 to 2.51)	
45	Statin				0.22
46	Past user	1.71 (0.76 to 3.84)	0 (0 to Inf)	3.31 (1.47 to 7.47)	
47	Current user	1.82 (1.22 to 2.72)	1.06 (0.28 to 4.03)	1.72 (1 to 2.96)	
48	Immunosuppressant				0.36
49	Past user	0.49 (0.07 to 3.56)	0 (0 to Inf)	3.28 (1.15 to 9.38)	
50	Current user	2 (0.8 to 4.99)	6.18 (0.65 to 59.04)	0.98 (0.23 to 4.07)	

Odds ratios (ORs) are mutually adjusted for gender, ethnicity, age group, and other HPB diagnoses.

Dichotomous age groups (over and under 60) are used for controlling for all categories except demographics.

All P values presented are Benjamini-Hochberg corrected.

**Supplemental Table 6** Odds ratio estimates of COVID-19 mortality for HPB patients with specific demographic, comorbidity, lifestyle, medication use, and post diagnosis complication characteristics.

	Crude OR (95% CI)	P value	Adjusted OR (95% CI)	P value	Adjusted OR (+all comorbidity) (95% CI)	P value
<b>Demographics</b>						
Gender (ref=Female)						
Male	2.53 (1.29 to 4.96)	0.007	3.54 (1.68 to 7.85)	0.007	3.43 (1.61 to 7.67)	0.008
Ethnicity (ref=White)						
South Asian	1.39 (0.67 to 2.89)	0.477	2.08 (0.91 to 4.88)	0.143	1.52 (0.64 to 3.62)	0.492
Black	2.35 (1.02 to 5.41)	0.109	3.77 (1.38 to 10.7)	0.023	3.51 (1.27 to 10)	0.053
Other	0.21 (0.03 to 1.63)	0.225	0.29 (0.02 to 1.82)	0.371	0.18 (0.01 to 1.19)	0.259
Age group (ref=18-40)						
41-50	1.83 (0.15 to 21.6)	0.76	2.24 (0.19 to 52.1)	0.65	1.86 (0.13 to 48.8)	0.858
51-60	1.35 (0.12 to 15.9)	0.809	1.92 (0.16 to 44.3)	0.674	1.48 (0.11 to 37.4)	0.938
61-70	5.09 (0.59 to 43.7)	0.207	6.73 (1.03 to 134)	0.143	4.12 (0.51 to 90.6)	0.379
71-80	13.4 (1.64 to 110)	0.031	18.6 (3.12 to 361)	0.022	8.8 (1.12 to 192)	0.204
80+	16.3 (2.04 to 130)	0.025	25.4 (4.32 to 491)	0.012	13.2 (1.76 to 283)	0.13
<b>HPB disease (ref=No)</b>						
Cancer						
Yes	2.1 (0.34 to 12.9)	0.422	1.18 (0.14 to 10.2)	0.951	1.35 (0.13 to 13.7)	0.959
Pancreatic disease						
Acute	1.4 (0.47 to 4.15)	0.549	1.52 (0.44 to 5.24)	0.596	1.16 (0.32 to 4.23)	0.959
Chronic	2.82 (1.26 to 6.34)	0.024	3.26 (1.13 to 9.44)	0.082	2.65 (0.84 to 8.32)	0.283
Liver disease						
Mild	0.43 (0.22 to 0.85)	0.03	0.51 (0.19 to 1.35)	0.347	0.43 (0.15 to 1.19)	0.283
Moderate/Severe	0.53 (0.18 to 1.56)	0.33	0.6 (0.16 to 2.22)	0.568	0.47 (0.12 to 1.81)	0.454
Biliary disease						
Acute	3.81 (1.02 to 14.1)	0.092	2.44 (0.38 to 15.9)	0.544	3.98 (0.46 to 34.6)	0.42
Chronic	1.34 (0.68 to 2.61)	0.395	0.67 (0.26 to 1.72)	0.568	0.62 (0.24 to 1.62)	0.513
<b>Comorbidities (ref=No)</b>						
Diabetes	2.51 (1.24 to 5.44)	0.014	1.88 (0.81 to 4.38)	0.227	1.71 (0.71 to 4.11)	0.38
Hypertension	12.6 (2.6 to 227)	0.014	6.3 (0.74 to 53.8)	0.148	5.57 (0.57 to 54.3)	0.259
Cholesterol	1.87 (0.93 to 3.97)	0.088	1.25 (0.56 to 2.82)	0.67	0.95 (0.4 to 2.22)	0.979
Cardiovascular	4.1 (2 to 9.13)	<0.001	2.82 (1.21 to 6.59)	0.026	2.66 (1.05 to 6.79)	0.104
Renal	3.67 (1.9 to 7.38)	<0.001	1.72 (0.8 to 3.7)	0.248	1.07 (0.47 to 2.47)	0.979
Respiratory	1.09 (0.59 to 2.03)	0.784	0.85 (0.42 to 1.73)	0.743	0.83 (0.38 to 1.78)	0.815
<b>Lifestyle factors (ref=Never)</b>						
Smoker						
Past	2.46 (1.22 to 4.95)	0.023	1.87 (0.83 to 4.19)	0.219	1.86 (0.79 to 4.36)	0.274
Current	0.42 (0.09 to 1.97)	0.359	0.45 (0.08 to 2.49)	0.451	0.44 (0.08 to 2.58)	0.533
Drinker						
Past	1.38 (0.55 to 3.45)	0.761	1.2 (0.41 to 3.49)	0.847	1.07 (0.36 to 3.22)	0.964
Current	1.26 (0.57 to 2.79)	0.761	1.38 (0.52 to 3.64)	0.736	1.44 (0.52 to 3.96)	0.774

1							
2							
3	Substance user						
4	Past	1.2 (0.19 to 7.64)	0.847	0.62 (0.08 to 4.94)	0.81	0.31 (0.03 to 2.87)	0.488
5	Current	3.17 (1 to 10)	0.1	2.01 (0.53 to 7.64)	0.436	1.34 (0.32 to 5.55)	0.842
6							
7	Obese						
8	Past	1.64 (0.74 to 3.66)	0.453	1.46 (0.58 to 3.65)	0.603	0.97 (0.36 to 2.59)	0.995
9	Current	1.04 (0.5 to 2.16)	0.986	1.03 (0.44 to 2.4)	0.991	0.91 (0.37 to 2.2)	0.995
10							
11	<b>Prescription medication use (ref=Non-user)</b>						
12	ACE inhibitor						
13	Past user	1.48 (0.6 to 3.66)	0.397	1.02 (0.38 to 2.75)	0.988	0.84 (0.29 to 2.42)	0.889
14	Current user	2.02 (0.9 to 4.5)	0.13	2.25 (0.88 to 5.73)	0.161	1.97 (0.73 to 5.32)	0.337
15							
16	Angiotensin receptor blocker						
17	Past user	2.12 (0.34 to 13.1)	0.626	1.07 (0.14 to 8.29)	0.988	0.78 (0.1 to 6.34)	0.987
18	Current user	1.06 (0.44 to 2.54)	0.892	0.86 (0.32 to 2.32)	0.988	0.81 (0.28 to 2.35)	0.946
19							
20	Aldosterone agonist						
21	Past user	1.6 (0.38 to 6.63)	0.78	1.29 (0.28 to 5.82)	0.838	0.88 (0.19 to 4.1)	0.989
22	Current user	1.2 (0.3 to 4.69)	0.797	1.29 (0.28 to 5.97)	0.838	0.97 (0.2 to 4.67)	0.989
23							
24	$\beta$ -blocker						
25	Past user	1.1 (0.28 to 4.32)	0.887	0.72 (0.16 to 3.24)	0.746	0.29 (0.06 to 1.46)	0.204
26	Current user	1.22 (0.62 to 2.38)	0.848	0.66 (0.3 to 1.45)	0.385	0.26 (0.1 to 0.67)	0.017
27							
28	Calcium channel blocker						
29	Past user	0.47 (0.1 to 2.18)	0.338	0.16 (0.03 to 0.89)	0.065	0.07 (0.01 to 0.45)	0.016
30	Current user	1.56 (0.77 to 3.15)	0.324	0.92 (0.4 to 2.12)	0.948	0.52 (0.21 to 1.29)	0.243
31							
32	$\alpha$ -agonist						
33	Past user	0 (0 to Inf)	0.988	0 (0 to Inf)	0.992	0 (0 to Inf)	0.994
34							
35	Thiazide						
36	Past user	0 (0 to Inf)	0.988	0 (0 to Inf)	0.993	0 (0 to Inf)	0.995
37	Current user	1 (0.2 to 4.97)	1	0.68 (0.12 to 3.7)	0.836	0.53 (0.09 to 3.17)	0.659
38							
39	Antiplatelet						
40	Past user	2.09 (1.09 to 4.02)	0.04	0.99 (0.45 to 2.17)	0.988	0.68 (0.29 to 1.58)	0.56
41							
42	Antiarrhythmic						
43	Past user	0.57 (0.07 to 4.86)	0.607	0.53 (0.06 to 4.82)	0.641	0.31 (0.03 to 3.1)	0.529
44	Current user	2.8 (1.09 to 7.19)	0.049	2.12 (0.72 to 6.26)	0.261	1.66 (0.52 to 5.3)	0.531
45							
46	Anticoagulant						
47	Past user	0.81 (0.09 to 7.41)	0.851	0.48 (0.05 to 4.89)	0.691	0.34 (0.03 to 3.57)	0.555
48	Current user	2.02 (0.63 to 6.48)	0.354	1.18 (0.32 to 4.39)	0.904	0.94 (0.24 to 3.66)	0.989
49							
50	Glucocorticoid						
51	Past user	1.88 (0.65 to 5.41)	0.245	1.47 (0.44 to 4.87)	0.599	1.62 (0.46 to 5.68)	0.564
52	Current user	2.64 (1.35 to 5.18)	0.007	2.79 (1.26 to 6.22)	0.021	3.66 (1.49 to 9.02)	0.014
53							
54	$\beta$ 2-agonist						
55	Past user	1.32 (0.26 to 6.86)	0.739	1.96 (0.32 to 12)	0.523	5.41 (0.65 to 45.1)	0.222
56	Current user	2.65 (1.3 to 5.37)	0.011	2.72 (1.18 to 6.25)	0.034	5.24 (1.78 to 15.4)	0.01
57							
58	Muscarinic antagonist						
59	Past user	2.65 (0.68 to 10.3)	0.242	1.58 (0.32 to 7.7)	0.739	1.85 (0.32 to 10.5)	0.733
60	Current user	1.1 (0.5 to 2.45)	0.811	1.11 (0.45 to 2.76)	0.919	1.16 (0.44 to 3.09)	0.95

1							
2							
3	<b>NSAID</b>						
4	Past user	0.85 (0.17 to 4.15)	0.84	0.58 (0.11 to 3.05)	0.589	0.7 (0.12 to 3.99)	0.795
5	Current user	2.72 (1.01 to 7.31)	0.072	4.13 (1.19 to 14.3)	0.045	4.24 (1.15 to 15.6)	0.089
6							
7	<b>Vitamin D</b>						
8	Past user	2.1 (0.72 to 6.11)	0.175	1.8 (0.55 to 5.92)	0.376	1.51 (0.43 to 5.34)	0.653
9	Current user	2.05 (1.04 to 4.02)	0.056	1.58 (0.7 to 3.53)	0.345	1.5 (0.61 to 3.7)	0.625
10							
11	<b>Proton pump inhibitor</b>						
12	Past user	0.94 (0.24 to 3.73)	0.929	1.46 (0.29 to 7.34)	0.83	0.95 (0.17 to 5.35)	0.989
13	Current user	1.21 (0.62 to 2.35)	0.855	0.88 (0.41 to 1.89)	0.83	0.51 (0.22 to 1.23)	0.27
14							
15	<b>Statin</b>						
16	Past user	1.64 (0.4 to 6.74)	0.495	0.82 (0.18 to 3.77)	0.902	0.4 (0.07 to 2.25)	0.494
17	Current user	3.19 (1.52 to 6.69)	0.003	1.51 (0.62 to 3.66)	0.47	0.82 (0.27 to 2.47)	0.882
18							
19	<b>Immunosuppressant</b>						
20	Past user	2.17 (0.35 to 13.3)	0.405	1.3 (0.17 to 10)	0.904	1.63 (0.19 to 14.1)	0.819
21	Current user	1.95 (0.45 to 8.46)	0.405	2.44 (0.44 to 13.7)	0.4	3.41 (0.56 to 20.6)	0.341
22							
23	<b>Complications post diagnosis (ref=No)</b>						
24	<b>Cardiovascular</b>						
25	Recurrent	3.75 (1.71 to 8.25)	0.001	2.53 (1.04 to 6.12)	0.071	2.37 (0.9 to 6.26)	0.231
26	Novel	0.52 (0.06 to 4.47)	0.555	0.44 (0.04 to 4.47)	0.547	0.42 (0.04 to 4.7)	0.668
27							
28	<b>Respiratory</b>						
29	Recurrent	3.31 (1.19 to 9.16)	0.021	2.53 (0.84 to 7.63)	0.15	2.69 (0.84 to 8.63)	0.188
30	Novel	5.88 (2.02 to 17.1)	0.002	5.77 (1.75 to 19)	0.009	6.55 (1.88 to 22.9)	0.011
31							
32	<b>Renal</b>						
33	Recurrent	4.75 (2.06 to 10.9)	<0.001	1.72 (0.66 to 4.46)	0.34	0.8 (0.27 to 2.35)	0.797
34	Novel	1.95 (0.65 to 5.88)	0.233	1 (0.3 to 3.34)	0.997	0.58 (0.16 to 2.16)	0.585
35							
36							
37							
38							
39							
40							
41							
42		<b>Adjusted OR</b>		<b>Adjusted OR</b>		<b>Adjusted OR</b>	
43		<b>(+Diabetes)</b>	<b>P</b>	<b>(+Hypertension)</b>	<b>P</b>	<b>(+Cholesterol)</b>	<b>P</b>
44		<b>(95% CI)</b>	<b>value</b>	<b>(95% CI)</b>	<b>value</b>	<b>(95% CI)</b>	<b>value</b>
45	<b>Demographics</b>						
46							
47	Gender (ref=Female)						
48	Male	3.31 (1.6 to 7.19)	0.005	3.35 (1.62 to 7.24)	0.004	3.18 (1.55 to 6.84)	0.006
49	Ethnicity (ref=White)						
50	South Asian	1.55 (0.67 to 3.6)	0.349	1.79 (0.79 to 4.06)	0.216	1.8 (0.8 to 4.08)	0.252
51	Black	3.23 (1.22 to 8.82)	0.039	3.67 (1.4 to 9.97)	0.018	3.55 (1.36 to 9.57)	0.021
52	Other	0.24 (0.01 to 1.48)	0.267	0.26 (0.01 to 1.61)	0.261	0.27 (0.01 to 1.63)	0.314
53	Age group (ref=18-40)						
54	41-50	1.88 (0.16 to 44.3)	0.753	2.43 (0.2 to 58.2)	0.597	2.1 (0.17 to 50.1)	0.76
55	51-60	1.47 (0.12 to 34.8)	0.836	2.01 (0.17 to 47.3)	0.646	1.81 (0.15 to 42.7)	0.778
56	61-70	4.91 (0.71 to 100)	0.287	6.1 (0.9 to 124)	0.196	6.34 (0.93 to 129)	0.184
57	71-80	12.4 (1.91 to 249)	0.063	15.3 (2.45 to 301)	0.035	17.3 (2.69 to 347)	0.028
58	80+	19.9 (3.26 to 391)	0.029	20 (3.25 to 395)	0.029	23.8 (3.83 to 473)	0.019
59							
60							

1							
2							
3	<b>HPB disease (ref=No)</b>						
4	Cancer						
5	Yes	1.41 (0.16 to 12.8)	0.811	1.04 (0.12 to 9.04)	0.988	1.16 (0.13 to 10.3)	0.957
7	Pancreatic disease						
8	Acute	1.5 (0.43 to 5.18)	0.605	1.37 (0.4 to 4.74)	0.715	1.5 (0.43 to 5.18)	0.653
9	Chronic	2.88 (0.97 to 8.55)	0.171	3.19 (1.09 to 9.34)	0.102	3.19 (1.1 to 9.27)	0.099
11	Liver disease						
12	Mild	0.49 (0.19 to 1.31)	0.39	0.48 (0.18 to 1.27)	0.26	0.5 (0.19 to 1.32)	0.346
13	Moderate/Severe	0.58 (0.16 to 2.12)	0.509	0.53 (0.14 to 1.97)	0.471	0.59 (0.16 to 2.19)	0.591
15	Biliary disease						
16	Acute	2.45 (0.37 to 16.5)	0.496	3.05 (0.38 to 24.2)	0.437	2.4 (0.36 to 15.9)	0.591
17	Chronic	0.65 (0.25 to 1.66)	0.496	0.67 (0.26 to 1.7)	0.499	0.67 (0.26 to 1.71)	0.591
19	<b>Comorbidities (ref=No)</b>						
20	Diabetes	1.88 (0.81 to 4.38)	0.227	1.87 (0.8 to 4.38)	0.222	1.86 (0.8 to 4.33)	0.271
21	Hypertension	6.35 (0.73 to 55.4)	0.17	6.3 (0.74 to 53.8)	0.148	6.09 (0.7 to 52.7)	0.181
22	Cholesterol	1.21 (0.53 to 2.74)	0.734	1.1 (0.48 to 2.52)	0.914	1.25 (0.56 to 2.82)	0.67
23	Cardiovascular	2.76 (1.17 to 6.48)	0.036	2.66 (1.13 to 6.27)	0.046	2.8 (1.19 to 6.62)	0.034
24	Renal	1.61 (0.74 to 3.5)	0.291	1.53 (0.71 to 3.31)	0.312	1.7 (0.79 to 3.66)	0.287
25	Respiratory	0.93 (0.45 to 1.94)	0.963	0.9 (0.44 to 1.84)	0.86	0.84 (0.41 to 1.72)	0.719
26							
27							
28							
29	<b>Lifestyle factors (ref=Never)</b>						
30	Smoker						
31	Past	1.92 (0.84 to 4.37)	0.218	1.86 (0.82 to 4.2)	0.222	1.85 (0.82 to 4.17)	0.252
32	Current	0.42 (0.08 to 2.37)	0.401	0.46 (0.08 to 2.58)	0.458	0.45 (0.08 to 2.5)	0.498
33	Drinker						
34	Past	1.19 (0.41 to 3.48)	0.824	1.21 (0.41 to 3.53)	0.806	1.18 (0.4 to 3.45)	0.84
35	Current	1.42 (0.54 to 3.75)	0.657	1.29 (0.49 to 3.43)	0.806	1.37 (0.52 to 3.62)	0.812
36	Substance user						
37	Past	0.65 (0.08 to 5.32)	0.837	0.53 (0.07 to 4.35)	0.68	0.57 (0.07 to 4.69)	0.745
38	Current	2.17 (0.56 to 8.41)	0.361	1.65 (0.43 to 6.32)	0.634	1.92 (0.5 to 7.37)	0.538
39	Obese						
40	Past	1.33 (0.52 to 3.39)	0.749	1.34 (0.53 to 3.39)	0.733	1.43 (0.57 to 3.61)	0.704
41	Current	0.92 (0.39 to 2.18)	0.991	1.05 (0.45 to 2.46)	0.994	1.03 (0.44 to 2.4)	0.991
42							
43							
44							
45							
46	<b>Prescription medication use (ref=Non-user)</b>						
47	ACE inhibitor						
48	Past user	0.97 (0.36 to 2.61)	0.988	0.93 (0.34 to 2.53)	0.986	0.99 (0.36 to 2.74)	0.988
49	Current user	2.07 (0.8 to 5.34)	0.25	1.96 (0.76 to 5.01)	0.234	2.19 (0.84 to 5.69)	0.218
50	Angiotensin receptor blocker						
51	Past user	0.95 (0.12 to 7.27)	0.988	1 (0.13 to 7.75)	0.998	1.16 (0.15 to 8.83)	0.988
52	Current user	0.82 (0.3 to 2.24)	0.877	0.8 (0.3 to 2.17)	0.823	0.82 (0.3 to 2.23)	0.866
53	Aldosterone agonist						
54	Past user	1.26 (0.28 to 5.72)	0.86	1.15 (0.26 to 5.2)	0.947	1.24 (0.28 to 5.64)	0.892
55	Current user	1.25 (0.27 to 5.78)	0.86	1.18 (0.25 to 5.49)	0.947	1.22 (0.26 to 5.75)	0.892
56	β-blocker						
57	Past user	0.68 (0.15 to 3.04)	0.679	0.6 (0.13 to 2.71)	0.561	0.73 (0.16 to 3.32)	0.758
58							
59							
60							



1							
2							
3	Current user	0.6 (0.27 to 1.35)	0.298	0.56 (0.25 to 1.26)	0.229	0.61 (0.27 to 1.38)	0.397
4	Calcium channel blocker						
5	Past user	0.14 (0.02 to 0.83)	0.06	0.13 (0.02 to 0.76)	0.047	0.14 (0.02 to 0.82)	0.058
6	Current user	0.89 (0.38 to 2.07)	0.876	0.79 (0.34 to 1.84)	0.656	0.88 (0.38 to 2.05)	0.852
8	$\alpha$ -agonist						
9	Past user	0 (0 to Inf)	0.992	0 (0 to Inf)	0.995	0 (0 to Inf)	0.992
10	Thiazide						
12	Past user	0 (0 to Inf)	0.993	0 (0 to Inf)	0.995	0 (0 to Inf)	0.993
13	Current user	0.69 (0.12 to 3.89)	0.844	0.66 (0.12 to 3.67)	0.79	0.64 (0.12 to 3.57)	0.764
15	Antiplatelet						
16	Past user	0.96 (0.44 to 2.11)	0.988	0.96 (0.44 to 2.11)	0.988	0.96 (0.44 to 2.12)	0.988
17	Antiarrhythmic						
19	Past user	0.44 (0.05 to 4.11)	0.519	0.47 (0.05 to 4.3)	0.56	0.53 (0.06 to 4.89)	0.688
20	Current user	2.14 (0.72 to 6.43)	0.288	2.02 (0.67 to 6.08)	0.302	2.1 (0.71 to 6.18)	0.296
21	Anticoagulant						
23	Past user	0.48 (0.05 to 4.78)	0.669	0.44 (0.04 to 4.48)	0.614	0.48 (0.05 to 4.94)	0.753
24	Current user	1.16 (0.31 to 4.39)	0.918	1.13 (0.3 to 4.35)	0.95	1.16 (0.31 to 4.31)	0.917
25	Glucocorticoid						
27	Past user	1.45 (0.43 to 4.9)	0.609	1.34 (0.4 to 4.49)	0.709	1.45 (0.43 to 4.88)	0.683
28	Current user	2.86 (1.28 to 6.4)	0.021	2.62 (1.17 to 5.86)	0.038	2.77 (1.23 to 6.24)	0.028
29	$\beta$ 2-agonist						
31	Past user	2.3 (0.37 to 14.3)	0.464	2.04 (0.32 to 13.1)	0.504	1.91 (0.31 to 11.8)	0.61
32	Current user	3.06 (1.3 to 7.22)	0.021	2.66 (1.15 to 6.15)	0.045	2.69 (1.16 to 6.2)	0.041
34	Muscarinic antagonist						
35	Past user	1.51 (0.3 to 7.58)	0.775	1.84 (0.35 to 9.65)	0.59	1.53 (0.31 to 7.5)	0.768
36	Current user	1.16 (0.46 to 2.89)	0.838	1.13 (0.45 to 2.84)	0.877	1.11 (0.45 to 2.75)	0.918
37	NSAID						
39	Past user	0.64 (0.12 to 3.39)	0.663	0.55 (0.1 to 2.94)	0.542	0.56 (0.11 to 2.92)	0.541
40	Current user	4.47 (1.28 to 15.6)	0.038	4.06 (1.15 to 14.3)	0.059	4.28 (1.24 to 14.7)	0.042
41	Vitamin D						
43	Past user	1.81 (0.54 to 6.09)	0.421	1.59 (0.48 to 5.25)	0.496	1.81 (0.55 to 5.98)	0.415
44	Current user	1.73 (0.76 to 3.93)	0.278	1.41 (0.62 to 3.17)	0.496	1.57 (0.7 to 3.51)	0.392
45	Proton pump inhibitor						
47	Past user	1.58 (0.3 to 8.28)	0.698	1.34 (0.26 to 6.98)	0.807	1.4 (0.28 to 7.17)	0.758
48	Current user	0.83 (0.38 to 1.8)	0.698	0.78 (0.36 to 1.7)	0.663	0.83 (0.38 to 1.82)	0.758
49	Statin						
51	Past user	0.64 (0.13 to 3.08)	0.719	0.7 (0.15 to 3.29)	0.729	0.79 (0.16 to 3.85)	0.952
52	Current user	1.23 (0.49 to 3.13)	0.731	1.29 (0.52 to 3.2)	0.719	1.44 (0.52 to 3.96)	0.684
53	Immunosuppressant						
55	Past user	1.39 (0.16 to 11.8)	0.847	1.23 (0.16 to 9.64)	0.936	1.24 (0.16 to 9.65)	0.93
56	Current user	2.37 (0.42 to 13.5)	0.473	2.33 (0.4 to 13.4)	0.429	2.34 (0.42 to 13.3)	0.479
57	<b>Complications post diagnosis (ref=No)</b>						
58	<b>Cardiovascular</b>						
59	Recurrent	2.41 (0.99 to 5.89)	0.107	2.44 (1 to 5.96)	0.101	2.5 (1.02 to 6.14)	0.091
60	Novel	0.38 (0.04 to 3.97)	0.465	0.49 (0.04 to 5.47)	0.627	0.44 (0.04 to 4.47)	0.604

1							
2							
3	<b>Respiratory</b>						
4	Recurrent	2.82 (0.92 to 8.71)	0.118	2.74 (0.9 to 8.38)	0.125	2.51 (0.83 to 7.6)	0.173
5	Novel	5.82 (1.75 to 19.3)	0.01	6.02 (1.8 to 20.2)	0.009	5.71 (1.73 to 18.9)	0.011
6	<b>Renal</b>						
7							
8	Recurrent	1.67 (0.64 to 4.37)	0.419	1.33 (0.5 to 3.54)	0.716	1.68 (0.65 to 4.39)	0.408
9	Novel	1.08 (0.32 to 3.65)	0.988	0.75 (0.22 to 2.6)	0.722	0.98 (0.29 to 3.29)	0.988
10							
11							
12							
13		<b>Adjusted OR</b>	<b>P</b>	<b>Adjusted OR</b>	<b>P</b>	<b>Adjusted OR</b>	<b>P</b>
14		<b>(+Cardiovascular)</b>	<b>value</b>	<b>(+Renal)</b>	<b>value</b>	<b>(+Respiratory)</b>	<b>value</b>
15		<b>(95% CI)</b>		<b>(95% CI)</b>		<b>(95% CI)</b>	
16	<b>Demographics</b>						
17	Gender (ref=Female)						
18	Male	3.26 (1.57 to 7.13)	0.006	2.99 (1.44 to 6.47)	0.011	3.16 (1.54 to 6.8)	0.006
19	Ethnicity (ref=White)						
20	South Asian	1.8 (0.79 to 4.13)	0.207	1.73 (0.77 to 3.93)	0.248	1.85 (0.82 to 4.17)	0.218
21	Black	3.82 (1.45 to 10.4)	0.015	3.14 (1.18 to 8.61)	0.046	3.52 (1.34 to 9.51)	0.022
22	Other	0.23 (0.01 to 1.41)	0.207	0.26 (0.01 to 1.63)	0.263	0.26 (0.01 to 1.62)	0.305
23	Age group (ref=18-40)						
24	41-50	2.01 (0.16 to 47.4)	0.712	2.03 (0.17 to 47.6)	0.702	2.13 (0.18 to 49.8)	0.663
25	51-60	1.54 (0.13 to 35.9)	0.807	1.74 (0.15 to 40.5)	0.728	1.94 (0.16 to 45)	0.663
26	61-70	5.21 (0.77 to 105)	0.221	5.86 (0.87 to 118)	0.208	6.75 (1.03 to 135)	0.156
27	71-80	12.8 (2.07 to 252)	0.053	15.2 (2.36 to 305)	0.047	19.2 (3.19 to 373)	0.022
28	80+	16.7 (2.69 to 328)	0.035	20.5 (3.18 to 411)	0.031	26.8 (4.52 to 522)	0.011
29	<b>HPB disease (ref=No)</b>						
30	Cancer						
31	Yes	1.26 (0.13 to 12.2)	0.899	1.69 (0.18 to 15.5)	0.688	1.19 (0.14 to 10.1)	0.937
32	Pancreatic disease						
33	Acute	1.28 (0.36 to 4.59)	0.818	1.47 (0.42 to 5.14)	0.635	1.53 (0.44 to 5.29)	0.599
34	Chronic	2.97 (0.98 to 8.98)	0.134	3.11 (1.06 to 9.13)	0.118	3.22 (1.11 to 9.37)	0.096
35	Liver disease						
36	Mild	0.47 (0.17 to 1.29)	0.27	0.49 (0.18 to 1.3)	0.312	0.5 (0.19 to 1.33)	0.357
37	Moderate/Severe	0.53 (0.14 to 2.01)	0.482	0.66 (0.18 to 2.45)	0.635	0.6 (0.16 to 2.19)	0.592
38	Biliary disease						
39	Acute	3.25 (0.48 to 22.2)	0.36	2.53 (0.38 to 16.6)	0.501	2.56 (0.38 to 17)	0.552
40	Chronic	0.65 (0.25 to 1.71)	0.482	0.67 (0.26 to 1.7)	0.539	0.67 (0.26 to 1.7)	0.592
41	<b>Comorbidities (ref=No)</b>						
42	Diabetes	1.78 (0.76 to 4.19)	0.236	1.76 (0.75 to 4.13)	0.291	1.86 (0.79 to 4.38)	0.283
43	Hypertension	5.73 (0.62 to 52.9)	0.185	5.62 (0.64 to 49.5)	0.216	6.16 (0.72 to 52.7)	0.174
44	Cholesterol	1.05 (0.45 to 2.42)	0.989	1.21 (0.53 to 2.75)	0.731	1.26 (0.56 to 2.84)	0.719
45	Cardiovascular	2.82 (1.21 to 6.59)	0.026	2.6 (1.06 to 6.34)	0.065	3.01 (1.27 to 7.14)	0.022
46	Renal	1.28 (0.57 to 2.88)	0.623	1.72 (0.8 to 3.7)	0.248	1.73 (0.8 to 3.73)	0.271
47	Respiratory	0.72 (0.34 to 1.51)	0.428	0.83 (0.41 to 1.71)	0.695	0.85 (0.42 to 1.73)	0.743
48							
49							
50							
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							

1							
2							
3	<b>Lifestyle factors (ref=Never)</b>						
4	Smoker						
5	Past	1.75 (0.76 to 4.02)	0.269	1.79 (0.79 to 4.07)	0.298	1.92 (0.84 to 4.36)	0.22
6	Current	0.45 (0.08 to 2.48)	0.436	0.44 (0.08 to 2.48)	0.429	0.48 (0.08 to 2.73)	0.56
7	Drinker						
8	Past	1.09 (0.37 to 3.26)	0.958	1.27 (0.43 to 3.76)	0.783	1.19 (0.41 to 3.47)	0.879
9	Current	1.5 (0.55 to 4.09)	0.588	1.6 (0.59 to 4.33)	0.492	1.37 (0.52 to 3.61)	0.826
10	Substance user						
11	Past	0.33 (0.04 to 2.9)	0.437	0.48 (0.06 to 4.03)	0.61	0.65 (0.08 to 5.26)	0.843
12	Current	1.44 (0.36 to 5.87)	0.744	1.77 (0.45 to 6.91)	0.564	2.12 (0.56 to 8.07)	0.428
13	Obese						
14	Past	1.14 (0.44 to 2.96)	0.996	1.4 (0.55 to 3.52)	0.658	1.45 (0.58 to 3.63)	0.679
15	Current	1 (0.42 to 2.36)	0.996	1.05 (0.45 to 2.45)	0.991	1.03 (0.44 to 2.39)	0.991
16							
17	<b>Prescription medication use (ref=Non-user)</b>						
18	ACE inhibitor						
19	Past user	0.93 (0.34 to 2.57)	0.989	0.92 (0.34 to 2.52)	0.967	1.02 (0.38 to 2.75)	0.988
20	Current user	2.25 (0.89 to 5.73)	0.146	2.07 (0.81 to 5.31)	0.26	2.32 (0.9 to 5.93)	0.16
21	Angiotensin receptor blocker						
22	Past user	0.86 (0.11 to 6.75)	0.982	1.03 (0.14 to 7.79)	0.988	1.14 (0.15 to 8.91)	0.988
23	Current user	0.9 (0.32 to 2.55)	0.982	0.84 (0.31 to 2.27)	0.915	0.85 (0.31 to 2.29)	0.928
24	Aldosterone agonist						
25	Past user	0.93 (0.2 to 4.24)	0.989	1.07 (0.23 to 4.96)	0.988	1.34 (0.29 to 6.13)	0.805
26	Current user	1.03 (0.22 to 4.77)	0.989	1.32 (0.28 to 6.08)	0.906	1.32 (0.28 to 6.19)	0.805
27	β-blocker						
28	Past user	0.44 (0.09 to 2.13)	0.341	0.55 (0.12 to 2.59)	0.502	0.69 (0.15 to 3.12)	0.699
29	Current user	0.38 (0.16 to 0.92)	0.053	0.54 (0.24 to 1.24)	0.208	0.64 (0.29 to 1.43)	0.396
30	Calcium channel blocker						
31	Past user	0.09 (0.01 to 0.56)	0.016	0.13 (0.02 to 0.75)	0.045	0.16 (0.03 to 0.91)	0.078
32	Current user	0.64 (0.27 to 1.55)	0.364	0.76 (0.32 to 1.8)	0.587	0.91 (0.39 to 2.12)	0.977
33	α-agonist						
34	Past user	0 (0 to Inf)	0.992	0 (0 to Inf)	0.992	0 (0 to Inf)	0.992
35	Thiazide						
36	Past user	0 (0 to Inf)	0.993	0 (0 to Inf)	0.993	0 (0 to Inf)	0.993
37	Current user	0.46 (0.08 to 2.63)	0.44	0.73 (0.13 to 3.97)	0.816	0.7 (0.13 to 3.93)	0.862
38	Antiplatelet						
39	Past user	0.7 (0.3 to 1.61)	0.44	0.87 (0.39 to 1.94)	0.816	1 (0.46 to 2.2)	0.993
40	Antiarrhythmic						
41	Past user	0.41 (0.04 to 3.95)	0.493	0.44 (0.05 to 4.14)	0.525	0.51 (0.05 to 4.69)	0.618
42	Current user	1.66 (0.55 to 5.01)	0.466	1.9 (0.64 to 5.68)	0.328	2.17 (0.73 to 6.46)	0.272
43	Anticoagulant						
44	Past user	0.37 (0.04 to 3.85)	0.506	0.47 (0.05 to 4.68)	0.651	0.48 (0.05 to 4.84)	0.76
45	Current user	0.96 (0.26 to 3.57)	0.989	1.1 (0.29 to 4.18)	0.982	1.19 (0.32 to 4.46)	0.881
46	Glucocorticoid						
47	Past user	1.54 (0.46 to 5.18)	0.537	1.56 (0.46 to 5.23)	0.524	1.54 (0.46 to 5.21)	0.538
48	Current user	2.97 (1.31 to 6.76)	0.018	2.82 (1.26 to 6.31)	0.024	3.21 (1.38 to 7.45)	0.013

1							
2							
3	<b>β2-agonist</b>						
4	Past user	2 (0.3 to 13.1)	0.523	1.86 (0.3 to 11.7)	0.563	3.7 (0.53 to 25.8)	0.25
5	Current user	2.54 (1.09 to 5.93)	0.052	2.69 (1.17 to 6.21)	0.041	4.8 (1.7 to 13.6)	0.008
6							
7	<b>Muscarinic antagonist</b>						
8	Past user	1.67 (0.33 to 8.45)	0.671	1.61 (0.32 to 7.99)	0.703	1.56 (0.32 to 7.58)	0.766
9	Current user	1 (0.4 to 2.51)	0.998	1.03 (0.41 to 2.59)	0.988	1.19 (0.46 to 3.08)	0.796
10							
11	<b>NSAID</b>						
12	Past user	0.64 (0.12 to 3.47)	0.676	0.65 (0.12 to 3.45)	0.683	0.6 (0.11 to 3.14)	0.643
13	Current user	3.81 (1.08 to 13.5)	0.063	4.66 (1.29 to 16.8)	0.047	4.23 (1.22 to 14.7)	0.046
14							
15	<b>Vitamin D</b>						
16	Past user	1.52 (0.45 to 5.1)	0.552	1.67 (0.51 to 5.49)	0.449	1.96 (0.58 to 6.6)	0.344
17	Current user	1.38 (0.6 to 3.15)	0.552	1.42 (0.62 to 3.26)	0.449	1.75 (0.75 to 4.05)	0.344
18							
19	<b>Proton pump inhibitor</b>						
20	Past user	1.05 (0.21 to 5.37)	0.989	1.23 (0.24 to 6.21)	0.894	1.39 (0.27 to 7.2)	0.838
21	Current user	0.61 (0.26 to 1.4)	0.306	0.78 (0.36 to 1.73)	0.685	0.88 (0.41 to 1.91)	0.838
22							
23	<b>Statin</b>						
24	Past user	0.62 (0.13 to 3.04)	0.699	0.68 (0.14 to 3.28)	0.701	0.81 (0.18 to 3.74)	0.879
25	Current user	1.17 (0.47 to 2.95)	0.816	1.31 (0.52 to 3.27)	0.701	1.52 (0.62 to 3.69)	0.511
26							
27	<b>Immunosuppressant</b>						
28	Past user	1.59 (0.21 to 11.9)	0.725	1.31 (0.16 to 10.5)	0.889	1.25 (0.16 to 9.91)	0.923
29	Current user	3.31 (0.59 to 18.5)	0.259	2.18 (0.38 to 12.6)	0.481	2.5 (0.45 to 13.9)	0.425

### 31 Complications post diagnosis (ref=No)

32	<b>Cardiovascular</b>						
33	Recurrent	2.53 (1.04 to 6.12)	0.071	2.33 (0.92 to 5.88)	0.149	2.7 (1.1 to 6.68)	0.062
34	Novel	0.44 (0.04 to 4.47)	0.547	0.44 (0.04 to 4.52)	0.607	0.46 (0.05 to 4.65)	0.569
35							
36	<b>Respiratory</b>						
37	Recurrent	2.24 (0.72 to 6.97)	0.205	2.49 (0.82 to 7.55)	0.179	2.53 (0.84 to 7.63)	0.15
38	Novel	6.17 (1.81 to 21)	0.009	5.85 (1.76 to 19.4)	0.01	5.77 (1.75 to 19)	0.009
39							
40	<b>Renal</b>						
41	Recurrent	1.06 (0.37 to 3.02)	0.989	1.72 (0.66 to 4.46)	0.34	1.75 (0.67 to 4.57)	0.358
42	Novel	0.7 (0.2 to 2.51)	0.734	1 (0.3 to 3.34)	0.997	1.02 (0.3 to 3.44)	0.988

44 Odds ratios (ORs), except the crude ones, are mutually adjusted for gender, ethnicity, and age group, and also  
 45 for additional conditions when mentioned inside the parenthesis. Dichotomous age groups (over and under 60)  
 46 are used for controlling for all categories except demographics. All P values presented, except for the crude  
 47 odds ratios, are Benjamini-Hochberg corrected.

48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

## STROBE Statement

Checklist of items that should be included in reports of observational studies

Section/Topic	Item No	Recommendation	Reported on Page No
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	1,2
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	2
<b>Introduction</b>			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4,5
Objectives	3	State specific objectives, including any prespecified hypotheses	4,5
<b>Methods</b>			
Study design	4	Present key elements of study design early in the paper	6
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up and data collection	6,7
		(a) <i>Cohort study</i> —Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	
Participants	6	<i>Case-control study</i> —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	6,7
		<i>Cross-sectional study</i> —Give the eligibility criteria, and the sources and methods of selection of participants	
Variables	7	(b) <i>Cohort study</i> —For matched studies, give matching criteria and number of exposed and unexposed	
		<i>Case-control study</i> —For matched studies, give matching criteria and the number of controls per case	
Data sources/measurement	8*	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	7-9, Table 1
		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	6-9, Supplemental Tables 1,2
Bias	9	Describe any efforts to address potential sources of bias	7
Study size	10	Explain how the study size was arrived at	6,7
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	9,10
		(a) Describe all statistical methods, including those used to control for confounding	
Statistical methods	12	(b) Describe any methods used to examine subgroups and interactions	
		(c) Explain how missing data were addressed	9,10
		(d) <i>Cohort study</i> —If applicable, explain how loss to follow-up was addressed	
		<i>Case-control study</i> —If applicable, explain how matching of cases and controls was addressed	
		<i>Cross-sectional study</i> —If applicable, describe analytical methods taking account of sampling strategy	

(e) Describe any sensitivity analyses

Section/Topic	Item No	Recommendation	Reported on Page No
<b>Results</b>			
Participants	13*	(a) 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	11, Figure 1
		(b) Give reasons for non-participation at each stage	
		(c) Consider use of a flow diagram	
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	11-19, Tables 2,3,
		(b) Indicate number of participants with missing data for each variable of interest	Supplemental table 3
		(c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)	
Outcome data	15*	<i>Cohort study</i> —Report numbers of outcome events or summary measures over time	11
		<i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure	
		<i>Cross-sectional study</i> —Report numbers of outcome events or summary measures	
Main results	16	(a) 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	19-21, Figures 2,3,
		(b) Report category boundaries when continuous variables were categorized	Supplemental tables 4,5
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	20, Supplemental table 6
<b>Discussion</b>			
Key results	18	Summarise key results with reference to study objectives	22-24
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	25
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	22-24
Generalisability	21	Discuss the generalisability (external validity) of the study results	24-26
<b>Other Information</b>			

1136/bmjopen-2021-015877 on 19 April 2021. Downloaded from <http://bmjopen.bmj.com/> on April 17, 2024 by guest. Protected by copyright.

1	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	27
---	---------	----	---	----

2

3 *\*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.*

4 **Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is

5 best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and

6 Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at [www.strobe-statement.org](http://www.strobe-statement.org).

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

For peer review only