

*Supplementary file 1: Definitions and criteria for the categorization of data used in the study.**(As described previously in (1))*

Demographic and Clinical Data	Definition/Categorisation
Age (years)	≤65 or >65 years
Time of ED visit	
Regular clinic hours	Non-holiday weekdays Monday through Friday between 8:00-16:00,
Off-clinic hours	Weekends or holidays or weekdays 16:01-07:59
Types of Cancer (12 categories)	Colorectal cancer, Breast cancer, Gastroesophageal cancers (including cancers of the stomach and the esophagus), Genitourinary cancers (including all cancers of the genitourinary tract, except prostate cancer), Prostate cancer, Head and neck cancers, Cancers of the pancreas, liver, biliary tract, and the small intestine, Respiratory (mostly lung) cancers, Hematological malignancies, Melanoma, Non-melanoma skin cancers, Other (including all other primary cancers excluded from the other categories and metastases).
Number of comorbidities	0, 1, ≥2
Oncological care prior to ER visit	Any type of inpatient or outpatient oncological care (BSC, palliative care, hospice) or treatment (chemo-, radio-, immunotherapy or surgery), which the patient received closest to the current ED visit's date.
Types of Oncological care	Surgical-, radio-, chemo-, immune- or biological- and hormone treatments as well as supportive care (BSC/palliative care) and hospice
Time elapsed between the given ED visit and prior oncological care	The number of days between the first day of any form of the previous oncological care and the date of the nearest subsequent ER visit, collapsed into two categories: "≤30 days" and ">30 days"

Triage (MSTR, Hungarian Emergency Triage System)	<p>5, Non-urgent</p> <p>4, Less urgent</p> <p>3, Urgent</p> <p>2, Emergent</p> <p>1, Resuscitation</p> <p>For the purpose of the analysis, Triage level 1-4 patients were classified as „urgent” and Triage level „5” patients as non-urgent.</p>
Chief complaints	<p>Main symptom or complaint of the patient, the reason the patient visited our ED. Classified according to the ICD-10 coding, were collapsed into 21 main categories based on the affected organs and/or the frequency of the given symptom as determined by the expert group.</p>
Diagnosis given following ED admission	<p>Diagnosis given following ED admission indicates the patient’s present disease/medical condition for which he/she visited the ED. It is the final diagnosis given by the emergency physician who evaluated the patient after ED admission.</p> <p>Classified according to the ICD-10 coding, diagnoses were collapsed into 24 main categories based on the affected organs and/or the frequency of the given symptom as determined by the expert group.</p>
Destination from ED	<p>Grouped into 3 categories: discharged to place of primary residence, admitted to the inpatient area or discharged against medical advice.</p>
BSC/palliative care	<p>Best supportive care or specialized palliative care, where available</p>

1. Koch M, Varga C, Soós V, Prenek L, Porcsa L, Szakáll A, et al. Main reasons and predictive factors of cancer-related emergency department visits in a Hungarian tertiary care center.