# The Impact of Malnutrition Among Patients with a COVID-19-Associated Hospitalization: A Pilot Study from the National COVID Cohort Collaborative (N3C) Consortium Short Course

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† Membership of the National COVID Cohort Collaborative (N3C) Consortium is provided in the Acknowledgements

**ABSTRACT WORD COUNT: 345** 

**MANUSCRIPT WORD COUNT: 2,345** 

#### **Abstract**

Introduction: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean ornare, elit quis commodo malesuada, mi neque congue massa, at tincidunt nisl elit vel leo. Pellentesque mollis tempus posuere. Donec in varius ligula, vitae lobortis neque. Suspendisse condimentum ornare consectetur. Nunc fermentum, libero malesuada sollicitudin suscipit, mauris quam sollicitudin lorem, posuere suscipit lectus ipsum ut lorem. Ut lobortis magna molestie nunc volutpat, ut ullamcorper ante sodales. Fusce ut interdum magna.

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#### Introduction

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#### Methods

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# National COVID Cohort Collaborative (N3C)

N3C has broad inclusion criteria, harmonizing data from US sites nationwide.<sup>1</sup> N3C collects longitudinal Electronic Health Record (EHR) or Health Information Exchange (HIE) data (with a data inclusion period starting January 2018 to assess diseases and conditions before COVID-19) on all persons with a positive SARS-CoV-2 polymerase chain reaction (PCR), antigen, or antibody test or a COVID-19 (ICD-10-CM U07.1) diagnosis. Nunc ac

finibus lectus. Vestibulum eget nunc tortor. Donec in pretium mi. Curabitur malesuada laoreet risus, eu rhoncus ipsum congue id. Maecenas egestas congue egestas. Integer rutrum ex orci, eu rhoncus ex placerat quis. Nullam tempor eget neque at ultricies. *This retrospective cohort study utilized the de-identified data (level 2) within N3C, which did not require institutional review board (IRB) approval. It was reviewed by the N3C Data Access Committee (RP-E01C43), which operates under the authority of the National Institutes of Health IRB, with Johns Hopkins University School of Medicine serving as the central IRB.* 

#### **Data Extraction and Curation**

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#### **Outcomes**

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# **Statistical Analyses**

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# **Discussion**

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# Limitations

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# **Conclusions**

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Table 1. Baseline Characteristics of Patients with SARS-CoV-2 Infection by Malnutrition Status

	No History of Malnutrition,	History of Malnutrition,	Hospital-Acquire d Malnutrition,	p value <sup>2</sup>
Characteristic <sup>1</sup>	N = 500	N = 200	N = 100	
Sex				0.6
Female	251 (52%)	149 (49%)	106 (49%)	
Male	230 (48%)	155 (51%)	109 (51%)	
Age at COVID-19 Diagnosis	54 (36, 73)	54 (36, 71)	54 (35, 70)	0.8
Race/Ethnicity				0.2
White Non-Hispanic	237 (49%)	170 (56%)	107 (50%)	
Black or African American Non-Hispanic	59 (12%)	42 (14%)	29 (13%)	
Hispanic or Latino Any Race	94 (20%)	59 (19%)	45 (21%)	
Other	32 (6.7%)	$<20^{3}$	$<20^{3}$	
Missing/Unknown	59 (12%)	$<30^{3}$	$<30^{3}$	
Quan-Charlson Comorbidity Index	4 (2, 7)	4(2, 7)	5 (2, 7)	0.9
Current or Former Tobacco User	142 (30%)	91 (30%)	57 (27%)	0.7
US Census Region				0.25
Midwest	83 (17%)	64 (21%)	37 (17%)	
Northeast	101 (21%)	54 (18%)	43 (20%)	
South	118 (25%)	78 (26%)	54 (25%)	
West	95 (20%)	70 (23%)	51 (24%)	
Missing	84 (17%)	38 (13%)	30 (14%)	
Death or Transfer to Hospice	77 (16%)	38 (13%)	33 (15%)	0.4

NOTE: THIS IS ENTIRELY FAKE DATA GENERATED USING DPLYR

Median (IQR); n (%)
 Wilcoxon rank sum test; Pearson's Chi-squared test
 Small cell counts representing <20 patients and any adjacent cells that allow back-calculation of small cell counts are obfuscated per N3C

No Mainutrition Documented
Hx of Mainutrition
Hospital-Acquired Mainutrition
Follow-up Time (Days)

Figure 1. Kaplan Meier 30-Day Survival Estimates by Malnutrition Status

NOTE: THIS IS ENTIRELY FAKE DATA GENERATED USING DPLYR

Table 2. Logistic Regression Models for All-Cause Mortality within 30 Days After Acute SARS-CoV-2 Infection Among Patients with and without Malnutrition

Characteristic	Event Rate	Crude Odds Ratio (95% CI)	Adjusted Odds Ratio (95% CI)			
Malnutrition						
No Malnutrition Documented	77 / 481 (16%)	Reference	Reference			
Hx of Malnutrition	38 / 304 (13%)	0.75 (0.49, 1.13)	0.76 (0.49, 1.15)			
Hospital-Acquired Malnutrition	33 / 215 (15%)	0.95 (0.60, 1.47)	0.97 (0.61, 1.50)			
Age at COVID-19 Diagnosis	148 / 1,000 (15%)	1.01 (1.00, 1.01)	1.01 (1.00, 1.01)			
Sex						
Female	71 / 506 (14%)	Reference	Reference			
Male	77 / 494 (16%)	1.13 (0.80, 1.61)	1.15 (0.81, 1.64)			
Race/Ethnicity						
White Non-Hispanic	66 / 514 (13%)	Reference	Reference			
Black or African American	21 / 120 (160/)	1 21 (0 75 2 20)	1 32 (0.76, 2.24)			
Non-Hispanic	21 / 130 (16%)	1.31 (0.75, 2.20)	1.33 (0.76, 2.24)			
Hispanic or Latino Any Race	36 / 198 (18%)	1.51 (0.96, 2.34)	1.49 (0.94, 2.32)			
Other	<20	2.04 (0.98, 3.98)	1.94 (0.93, 3.83)			
Missing/Unknown	<20	0.95 (0.48, 1.74)	0.94 (0.47, 1.73)			
Quan-Charlson Comorbidity Index	148 / 1,000 (15%)	1.01 (0.95, 1.07)	1.01 (0.94, 1.07)			
Tobacco Usage						
No Hx of Tobacco Usage	100 / 710 (14%)	Reference	Reference			
Current or Former Tobacco User	48 / 290 (17%)	1.21 (0.83, 1.75)	1.22 (0.83, 1.77)			
US Census Region						
Midwest	30 / 184 (16%)	Reference	Reference			
Northeast	33 / 198 (17%)	1.03 (0.60, 1.77)	1.01 (0.58, 1.76)			
South	34 / 250 (14%)	0.81 (0.47, 1.38)	0.79 (0.46, 1.35)			
West	30 / 216 (14%)	0.83 (0.48, 1.44)	0.8 (0.46, 1.40)			
Missing	21 / 152 (14%)	0.82 (0.44, 1.50)	0.81 (0.43, 1.48)			
NOTE: THIS IS ENTIRELY FAKE DATA GENERATED USING DPLYR						

#### **N3C Attribution**

The analyses described in this [abstract/publication/report/presentation] were conducted with data or tools accessed through the NCATS N3C Data Enclave https://covid.cd2h.org and N3C Attribution & Publication Policy v 1.2-2020-08-25b supported by NCATS U24 TR002306, Axle Informatics Subcontract: NCATS-P00438-B, and [insert additional funding agencies or sources and reference numbers as declared by the contributors in their form response above]. This research was possible because of the patients whose information is included within the data and the organizations

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