

**PROGNOSTIC VALUE OF TRANSAMINASES AND BILIRUBIN LEVELS AT
ADMISSION TO HOSPITAL ON DISEASE PROGRESSION AND MORTALITY IN
PATIENTS WITH COVID-19 - AN OBSERVATIONAL RETROSPECTIVE STUDY.**

SUPPLEMENTARY DATA

Supplementary Table S1: STROBE Statement—checklist of items that should be included in reports of observational studies

| | Item No | Recommendation | Page |
|--------------------------|---------|--|----------------|
| Title and abstract | 1 | (a) Indicate the study's design with a commonly used term in the title or the abstract | 1 |
| | | (b) Provide in the abstract an informative and balanced summary of what was done and what was found | 3 |
| Introduction | | | |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported | 4 |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | 4 |
| Methods | | | |
| Study design | 4 | Present key elements of study design early in the paper | 5 |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | 5 |
| Participants | 6 | Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up | 5 |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable | 5 |
| Data sources/measurement | 8* | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group | 5 |
| Bias | 9 | Describe any efforts to address potential sources of bias | 5 |
| Study size | 10 | Explain how the study size was arrived at | 5 |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why | 6 |
| Statistical methods | 12 | (a) Describe all statistical methods, including those used to control for confounding | 6 |
| | | (b) Describe any methods used to examine subgroups and interactions | 6 |
| | | (c) Explain how missing data were addressed | 6 |
| | | (d) <i>Cohort study</i> —If applicable, explain how loss to follow-up was addressed | Not applicable |

| Results | | | Page |
|--------------------------|-----|--|----------------|
| 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 | 7 |
| | | (b) Give reasons for non-participation at each stage | 7 |
| | | (c) Consider use of a flow diagram | Figure 1 |
| Descriptive data | 14* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders | 7 |
| | | (b) Indicate number of participants with missing data for each variable of interest | 7 |
| | | (c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount) | 7 |
| Outcome data | 15* | <i>Cohort study</i> —Report numbers of outcome events or summary measures over time | |
| 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 | 7 |
| | | (b) Report category boundaries when continuous variables were categorized | 7 |
| | | (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period | Not applicable |
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses | 7-8 |
| Discussion | | | |
| Key results | 18 | Summarise key results with reference to study objectives | 8 |
| 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 | 8 |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | 9 |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results | 9-10 |
| Other information | | | |
| Funding | 22 | Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based | 11 |

Supplementary Table S2: Demographic and clinical data of patients included and excluded from the study.

| | Patients included in the study (CoviCamp database) N°(%): 1641 (79.9) | Patients excluded from the study (CoviCamp database) N°(%): 413 (20.1) | p-value |
|--|--|---|----------------|
| Males, N° (%) | 1003 (61%) | 264 (63%) | 0.192 |
| Age, years, mean (SD) | 62.35(16.14) | 61.77(15.51) | 0.512 |
| Charlson comorbidity index, mean (SD) | 3 (2.43) | 2.64(2.33) | 0.006 |
| N° (%) of patients with hypertension | 779 (47.5%) | 171 (41.4%) | 0.799 |
| N° (%) of patients with cardiovascular disease | 467 (28.5%) | 107 (25.9%) | 0.984 |
| N° (%) of patients with diabetes | 347 (21.1%) | 73 (17.6%) | 0.433 |
| N° (%) of patients with chronic kidney disease | 147 (9%) | 31 (7.5%) | 0.730 |
| N° (%) of patients with chronic obstructive pulmonary disease | 160 (9.8%) | 52 (12.6%) | 0.022 |
| N° (%) of patients with chronic hepatopathy | 63 (3.8%) | 6 (1.4%) | 0.053 |
| N° (%) of patients with malignancy | 112 (6.8%) | 33(7.9%) | 0.201 |