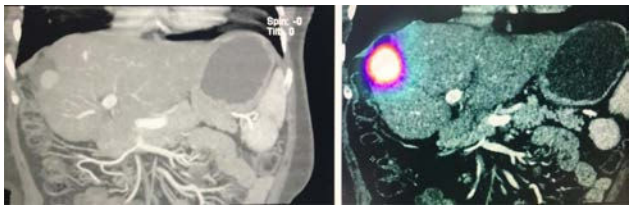
After RE-Y90, there were no complications and the patients were discharged after 24 hours.

Control Computed Axial Tomography was performed with good response, without disease progression at 3 and 6 months, asymptomatic.

Conclusions: RE-Y90 for the treatment of BCLC stage B HCC is a good therapeutic option in well selected patient.

Conflicts of interest: The authors have no conflicts of interest to declare.



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Aspartate aminotransferase as predictor of severity in SARSCoV-2 infection: linear regression model

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Background and aim: Some patients with SARSCov-2 infection develop severe disease (SARS); however, the factors associated with severity are not yet fully understood. Some reports indicate that liver injury may be a poor prognostic factor. AIM**:** To identify the biochemical factors related to the development of SARS with mechanical ventilation (MV) requirement in patients with SARSCov-2 and COVID-19.

Methods. Type of study: Observational. Cohort study. Procedure: Data from COVID-19 patients were collected at admission time to a tertiary care center. Differential factors were identified between seriously ill SARS + MV patients versus stable patients without MV. Transformation to the natural logarithm of significant variables was performed and multiple linear regression was applied, then a predictive model of severity called AAD (*Age-AST-D dimer*) was constructed.

Results: 166 patients were included, 114(68.7%) men, mean age 50.6 ± 13.3 years-old, 27(16.3%) developed SARS + MV. In the comparative analysis between those with SARS + MV versus stable patients without MV we found significant raises of ALT (225.4 ± 341.2 vs. 41.3 ± 41.1; $P = 0.003$), AST 325.3 ± 382.4 vs. 52.8 ± 47.1; $P = 0.001$), LDH (764.6 ± 401.9 vs. 461.0 ± 185.6; $P = 0.001$), D dimer (7765 ± 9109 vs. 1871 ± 4146; $P = 0.003$), age (58.6 ± 12.7 vs. 49.1 ± 12.8; $P = 0$-001). The results of the regression are shown in the Table, where model 3 was the one that best explained the development of SARS + MV; with these variables was constructed the model called AAD, where: [AAD = 3.896 + ln(age)x-0.218 + ln(AST)x-0.185 + ln(DD)x0.070], where a value ≤ 2.75 had sensitivity = 0.797 and 1-specificity = 0.391, AUROC = 0.74 (95%CI: 0.62-0.86; $P < 0.0001$), to predict the risk of developing SARS + MV (OR = 5.8, 95%CI: 2.2-15.4; $P = 0.001$).

Conclusions: Elevation of AST (probable marker of liver damage) is an important predictor of progression to SARS, together with elevation of D-dimer and age early (at admission) and efficiently predict which patients will potentially require MV.

Conflicts of interest: The authors have no conflicts of interest to declare.

Multiple linear regression models predictive of SARS development in patients with COVID-19 and requirement for intubation

Model		Non-standarized Coeficients	Standarized Coeficients		P	95% Confidence Interval for B		Colinearity statistics	
	B	Error Desv.	Beta			Inferior limit	Superior limit	Tolerance	VIF
1	C	2.721	.131		.000	2.462	2.980		
	AST	−.229	.033	−.512	.000	−.293	−.164	1.000	1.000
2	C	3.161	.198		.000	2.770	3.551		
	AST	−.194	.034	−.435	.000	−.261	−.127	.878	1.139
	DD	−.081	.028	−.221	.004	−.135	−.026	.878	1.139
3	C	3.896	.414		.000	3.077	4.714		
	AST	−.185	.034	−.413	.000	−.252	−.118	.860	1.163
	DD	−.070	.028	−.190	.014	−.125	−.014	.844	1.185
	Age	−.218	.108	−.148	.046	−.433	−.004	.915	1.093

AST, aspartate aminotransferase; C, constant; DD, D dimer; VIF, variance inflation factors.

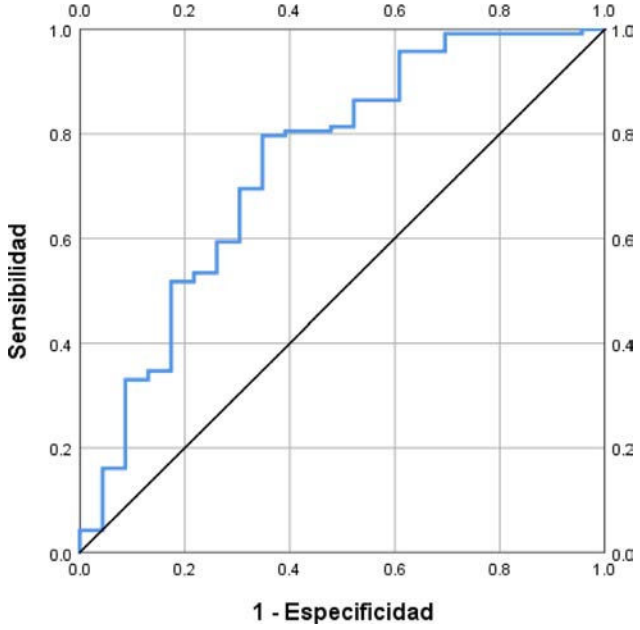
Resume of the model:

R = 0.512, r^2 = 0.262, r^2 adjusted = 0.256, standard error = 0.331.

R = 0.552, r^2 = 0.305, r^2 adjusted = 0.294, standard error = 0.322.

R = 0.570, r^2 = 0.325, r^2 adjusted = 0.310, standard error = 0.318. Durbin-Watson = 1.53.

AAD MODEL TO PREDICT SEVERE FORM (SARS) + INTUBATION



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Classification of alcohol consumption pattern in the Mexican population

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Background and aim: The evaluation of alcohol consumption is estimate by the evaluation of frequency and the concentration of