### **Supplementary Materials**

This appendix is intended to provide readers with additional information about the present study. Supplement to: Jonel Trebicka, Wenyi Gu, Victor de Lédinghen, Christophe Aubé, Aleksander Krag, Christian P. Strassburg et al.

Two-Dimensional Shear Wave Elastography Predicts Survival in Advanced Chronic Liver Disease

Table of Contents							
	Contents	Pages					
Supplementary Methods	Procedure of 2D-SWE, TE and p-SWE; definition of ascites;	<u>4</u>					
	definition of non-invasive scores						
Supplementary Table 1	Numbers of inclusion, demographic data and coefficient	<u>5</u>					
	variation of each participated center with 2D-SWE or p-						
	<u>SWE</u>						
<b>Supplementary Table 2</b>	Intraclass correlation coefficient of intercenters and	<u>6</u>					
	interobservers reliability.						
Supplementary Table <u>3</u>	Parameters that related to the outcome and put into	<u>7</u>					
	regression analysis						
Supplementary Table <u>4</u>	Valid and missing value in cohort of patients with 2D-SWE	<u>8</u>					
	and additional cohort of p-SWE						
Supplementary Table 5	Portal and systemic hemodynamic results of compensated	<u>9</u>					
	and decompensated patients included						
Supplementary Table <u>6</u>	Univariate and multivariate Cox regression analysis in	<u>10</u>					
	compensated, decompensated and all patients for 2-year						
	mortality and all-time of follow-up						
<b>Supplementary Table 7</b>	Univariate and multivariate Cox regression analysis in	<u>11</u>					
	decompensated patients for 28-day and 2-year mortality after						
	adjusted for age and MELD score						
Supplementary Table <u>8</u>	Best cut-off value of SWE and related sensitivity, specificity	<u>12</u>					
	for mortality						
Supplementary Table <u>9</u>	Best cut-off value of SWE and related sensitivity, specificity,	<u>12</u>					
	positive predictive value and negative predictive value with						
	different MELD scores						
Supplementary Table <u>10</u>	Best cut-off for MELD score and L-SWE of 2-year out-come	<u>13</u>					
	in compensated patients and decompensated patients, and						
	related sensitivity, specificity, positive predictive value, and						
	negative predictive value						
Supplementary Table <u>11</u>	Univariate and multivariate competing risk (death as	<u>14</u>					
	competing risk) analysis of SWE with outcome of						
	development of decompensations in 2 years						
Supplementary Table <u>12</u>	Baseline characteristics of <u>cohort with 2D-SWE and cohort</u>	<u>15</u>					

	with p-SWE	
Supplementary Table 13	Baseline characteristics of compensated patients and	<u>16</u>
	randomly selected into 2/3 of derivation group and 1/3 of	
	internal validation group	
Supplementary Table 14	Baseline characteristics of decompensated patients and	<u>17</u>
	randomly selected into 2/3 of derivation group and 1/3 of	
	internal validation group	
Supplementary Table <u>15</u>	Multivariate analysis of TE and MELD score of 2-year	<u>18</u>
	mortality	
Supplementary Figure 1	Flow chart of the <u>2D-SWE</u> derivation and <u>p-SWE additional</u>	<u>19</u>
	cohort	
<b>Supplementary Figure 2</b>	Violin plot of L-SWE measurements of each participated	<u>20</u>
	<u>center.</u>	
<b>Supplementary Figure 3</b>	<b>ROC curve of combination of SWE and MELD, SWE, ALBI</b>	<u>21</u>
	score, FIB-4 score and APRI score; Time-dependent area	
	under the curve of APRI, FIB4 and ALBI score	
Supplementary Figure <u>4</u>	ROC curve of combination of SWE and MELD, SWE,	<u>22</u>
	MELD score and Child-Pugh score for prediction of	
	mortality; Calibration plot of MELD score and SWE	
	combined with MELD score; Kaplan Meier curve of patients	
	with MELD score < 10, comparison between SWE > 20 kPa	
	and < 20 kPa and of patients with MELD score > 10	
Supplementary Figure <u>5</u>	Density curve of patients died days during 2-year of follow-	<u>23</u>
	up; Density curve of L-SWE distribution of patients with	
	good, intermediate and poor prognosis.	
Supplementary Figure <u>6</u>	ROC curve of decompensations development; cumulative	<u>24</u>
	incidence of decompensations of patients with MELD score	
	< 10, comparison between SWE > 20 kPa and < 20 kPa and	
	of patients with MELD score > 10, comparison between	
	SWE > 20 kPa and < 20 kPa	
Supplementary Figure 7	Cumulative incidence of development of ascites (death as	<u>25</u>
	competing risk), and hepatic encephalopathy (death as	
	competing risk) over two years in patients with good,	
	intermediate and poor prognosis.	
Supplementary Figure <u>8</u>	Calibration plot of the SWE and MELD in the mortality	<u>26</u>
	outcome prediction of validation cohort; ROC curve of	
	MELD score and SWE combined with MELD score in	

prediction 2-year mortality of validation cohor	t
Supplementary Figure 9 Decision tree of the derivation cohort with 2D-	<u>SWE; 27</u>
Decision tree of the additional cohort validate	with p-SWE
Supplementary Figure 10 Kaplan Meier curve of 2-year survival in comp	ensated 28
patients randomly selected into derivation and	<u>internal</u>
validation groups	
Supplementary Figure 11 Kaplan Meier curve of 2-year survival in decord	npensated 29
patients randomly selected into derivation and	<u>internal</u>
validation groups	
Supplementary Figure 12Time-dependent area under the curve of TE ar	nd SWE; <u>30</u>
Time-dependent area under the curve of TE co	mbined with
MELD score and SWE combined with MELD	score.
Supplementary Figure 13 ROC curve of TE in the outcome prediction and	d compared <u>31</u>
with other models; Kaplan Meier curve of pati	ents with
MELD lower or higher than 10, compared by	TE lower and
greater than 20kPa; Kaplan Meier curve of pa	tients with TE
lower or greater than 20kPa, combined with M	ELD lower or
greater than 10.	
Supplementary Figure 14 Etiology sensitive analysis of Kaplan Meier sur	vival curve in <u>32</u>
different causes of chronic liver disease, compa	red among
different prognosis group, in alcohol-related ch	ronic liver
diseases, HCV, HBV, NAFLD and other causes	
Supplementary Figure 15 Center sensitivity analysis of ROC curve in Source	ith and North <u>33</u>
Europe of 2-year mortality; Kaplan Meier cur	ve of South
and North Europe in three group of different p	rognoses
Supplementary Figure 16 Histogram of date distribution of the SWE methods	asurement of <u>34</u>
patients included from all participated centers	<u>Survival</u>
function curve of patients included from differ	ent time_
periods.	
Supplementary Figure 17 River diagram of dynamic changes at baseline	and during <u>35</u>
follow-up of the patients; Distribution of the fo	<u>llow-up time</u>
of patients with good prognosis, intermediate p	rognosis and
poor prognosis	
Supplementary Reference	<u>36</u>

### **Supplementary Methods**

### Two-dimension shear wave elastography (2D-SWE) procedure

Up to five measurements were repeated to avoid bias. A mean value of the total number of all measurements was calculated and documented. All L-SWE measurements were performed by experienced physicians. The participants were required to fast for at least two hours prior to measurement. L-SWE were carried out through the right intercostal space of the supine position during a breath-hold, with the right arm straightened, and at least 10mm below the liver capsule. The Q-box was used over the selected region of interest (ROI) to obtain the stiffness value. The diameter of the Q box was set to >15 mm. Valid L-SWE was defined as LSM with an interquartile range (IQR) / median (M) value below 30%  $^{1.2}$ . The Aixplorer US system (SuperSonic Imagine S.A., Aix-en-Provence, France) with a convex broadband probe (SC6-1) was used.

### Transient elastography (TE) procedure

One-dimension TE was measured using the Fibroscan® (Echosens, Paris, France). TE measurements were performed at baseline as per EASL-ALEH clinical practice guideline3,4. In the derivation study, TE values with a success rate of at least 80% and with a ratio of IQR / M < 0.3 were considered valid and used for statistical analysis.

### Point shear wave elastography (p-SWE) procedure

The protocol for pSWE of the liver utilizing the Elast PQ module on the Philips system was previously described<sup>5,6</sup>. Briefly, patients were fasted at least 5 hours and were placed in a supine position. The transducer was positioned in an intercostal space on the medio-axillary line. The rectangular ROI for pSWE was placed 1-1.5cm underneath the liver capsule, centrally situated targeted by B-mode ultrasound imaging. At least 5 measurements, were performed per patient in mid-inspiratory position.

### **Definition of ascites**

Ascites was defined according to the 2020 EASL guideline<sup>7</sup>. Mild ascites was detected by ultrasound. Moderate ascites was defined by moderate symmetrical distension of abdomen. Large or gross ascites was detected by clinically marked abdominal distension.

### **Definition of non-invasive scores**<sup>8-10</sup>

 $\frac{\text{FIB-4 score} = [\text{Age (years)} \times \text{AST Level (U/L)}] / [\text{Platelet Count (10<sup>9</sup>/L)} \times \text{ALT (U/L)}^{(1/2)}]}{\text{APRI score} = [\text{AST Level (IU/L)} / \text{AST (Upper Limit of Normal) (IU/L)}] / \text{Platelet Count (10<sup>9</sup>/L)} \times \frac{100}{100}}{\text{ALR score}} = [\log_{10} \text{ Platelet (mme1/l)} \times 0.661 + [alkumin(a/l)] \times 0.0951}$ 

<u>ALBI score =  $[log_{10} Bilirubin (mmol/l) \times 0.66] + [albumin(g/l) \times -0.085]</u></u>$ 

Supplementary table 1. Numbers of inclusion, demographic data and coefficient variation of each									
participated center with 2	Screening	Valid inclusion	Male	Age	L-SWE				
Participated center	<u>n (%)</u>	<u>n (%)</u>	<u>n (%)</u>	<u>M (IQR)</u>	CV%				
CHU du Haut-Lévèque	<u>349 (16.2)</u>	<u>333 (18.2)</u>	<u>215 (64.6)</u>	<u>55.1 (45.0 - 64.5)</u>	<u>123.3%</u>				
Centre Hospitalier Universitaire	226 (15 6)	267 (14.6)	101 (67 9)	55.0 (47.0 61.0)	90.107				
<u>d'Angers</u>	<u>330 (13.0)</u>	<u>207 (14.0)</u>	<u>181 (07.8)</u>	<u> 33.0 (47.0 – 61.0)</u>	<u>89.1%</u>				
University of Bonn	<u>274 (12.8)</u>	<u>237 (13)</u>	<u>130 (54.9)</u>	<u>57.0 (50.5 - 63.9)</u>	<u>74.3%</u>				
University of Southern Denmark &	267 (12 4)	209(114)	112 (53.8)	57.0 (48.0 66.0)	58 5%				
Odense University Hospital	<u>207 (12.4)</u>	<u>209 (11.4)</u>	<u>112 (55.8)</u>	<u>57.0 (48.0 – 00.0)</u>	<u>38.370</u>				
Hôpital Beaujon Université Paris	193 (9 0)	184 (10 1)	136 (73.9)	56 3 (50 7 - 61 6)	57 7%				
<u>VII</u>	<u>175 (7.0)</u>	101 (10.1)	<u>150 (15.7)</u>	<u>50.5 (50.7 01.0)</u>	<u>51.11/0</u>				
Hôpital Edouard Herriot	<u>148 (6.9)</u>	<u>131 (7.2)</u>	82 (62.6)	<u>56.0 (47.0 – 62.0)</u>	<u>74.4%</u>				
J. W. Goethe University Hospital	<u>122 (5.7)</u>	<u>117 (6.4)</u>	<u>60 (51.3)</u>	<u>52.0 (40 - 59)</u>	<u>76.5%</u>				
<u>Hôpital Cochin</u>	<u>121 (5.6)</u>	<u>82 (4.5)</u>	<u>64 (78)</u>	<u>63.0 (58 - 68)</u>	<u>41.8%</u>				
University Hospital Dubrava	<u>82 (3.8)</u>	<u>62 (3.4)</u>	<u>47 (75.8)</u>	<u>48 (34.8 - 54.3)</u>	<u>78.8%</u>				
Third Affiliated Hospital Sun-Yat	68 (3.2)	53 (2.9)	40 (75.5)	37.0 (26.5 - 46)	72.2%				
Sen University	<u>00 (5.2)</u>	<u>55 (2.7)</u>	10 (10.07	<u>57.0 (20.5 10)</u>	<u>12.270</u>				
University Hospital Antwerp	<u>58 (2.7)</u>	<u>53 (2.9)</u>	<u>29 (54.7)</u>	<u>45.0 (33.0 - 55.5)</u>	<u>68.5%</u>				
Prague SSI	<u>34 (1.6)</u>	<u>33 (1.8)</u>	<u>13 (39.4)</u>	<u>54 (37.5 - 62)</u>	<u>67.8%</u>				
Institute for Clinical and	32 (1.5)	31 (1.7)	12 (38.7)	54 (38 - 62)	68.0%				
Experimental Medicine (IKEM)	<u> (</u>	<u> ( /</u>	<u> (+ + + + )</u>	<u></u>					
"Victor Babes" University of	28 (1.3)	26 (1.4)	15 (57.7)	50 (34.5 - 56)	45.7%				
Medicine and Pharmacy			<u> </u>	<u></u>					
Universitätsspital Bern									
Universitätsklinik für Viszerale	<u>26 (1.2)</u>	<u>9 (0.5)</u>	<u>4 (44.4)</u>	<u>50 (34.5 - 56)</u>	<u>61.5%</u>				
Chirurgie und Medizin									
Zhongshan Hospital Shanghai	10 (0.5)	0(0)	0 (0)	/	1				
Fudan University	<u></u>	<u></u>	<u></u>	-	-				
Vienna	211	<u>119</u>	<u>81 (68.1)</u>	<u>55 (46.0 – 66.0)</u>	<u>93.5%</u>				
<u>Total</u>	<u>2359</u>	<u>1946</u>	<u>1221 (62.8)</u>	<u>55 (45.9 – 62.9)</u>	<u>90.9%</u>				

Abbreviation: CV, coefficient of variation; M, median; IQR, interquartile range.

Supplementary table 2. Intraclass correlation coefficient of intercenters and interobservers reliability.

Intracla	ass Correlation	Intraclass	95% Confidence	e Interval	F Test with True Value		<u>e 0</u>	
Coeffici	ient	Correlation	Lower Bound	Upper Bound	<u>Value</u>	<u>df1</u>	<u>df2</u>	<u>Sig</u>
Centers								
ANG	Average Measures	<u>.921<sup>c</sup></u>	<u>0.905</u>	<u>0.935</u>	<u>12.677</u>	<u>328</u>	<u>656</u>	<u>0.000</u>
<u>BER</u>	Average Measures	<u>.972°</u>	<u>0.940</u>	<u>0.988</u>	<u>36.007</u>	<u>18</u>	<u>36</u>	<u>0.000</u>
<u>BJN</u>	Average Measures	<u>.951°</u>	<u>0.937</u>	<u>0.962</u>	<u>20.363</u>	<u>176</u>	<u>352</u>	<u>0.000</u>
BON	Average Measures	<u>.849<sup>c</sup></u>	<u>0.810</u>	<u>0.881</u>	<u>6.623</u>	<u>206</u>	<u>412</u>	<u>0.000</u>
COC	Average Measures	<u>.985°</u>	<u>0.978</u>	<u>0.991</u>	<u>68.352</u>	<u>60</u>	<u>120</u>	<u>0.000</u>
<u>HEH</u>	Average Measures	<u>.977°</u>	<u>0.970</u>	<u>0.983</u>	44.205	<u>128</u>	<u>256</u>	<u>0.000</u>
<u>IKM</u>	Average Measures	<u>.980°</u>	<u>0.964</u>	<u>0.990</u>	<u>51.097</u>	<u>30</u>	<u>60</u>	<u>0.000</u>
<u>ODE</u>	Average Measures	<u>.963°</u>	<u>0.955</u>	<u>0.970</u>	<u>27.280</u>	<u>258</u>	<u>516</u>	<u>0.000</u>
<u>SSI</u>	Average Measures	<u>.982°</u>	<u>0.968</u>	<u>0.990</u>	<u>54.886</u>	<u>32</u>	<u>64</u>	<u>0.000</u>
<u>TIM</u>	Average Measures	<u>.994<sup>c</sup></u>	<u>0.982</u>	<u>0.999</u>	<u>176.008</u>	<u>8</u>	<u>16</u>	<u>0.000</u>
<u>UZA</u>	Average Measures	<u>.740<sup>c</sup></u>	<u>0.579</u>	<u>0.847</u>	<u>3.852</u>	<u>46</u>	<u>92</u>	<u>0.000</u>
<u>ZHE</u>	Average Measures	<u>.994<sup>c</sup></u>	<u>0.991</u>	<u>0.997</u>	<u>174.214</u>	<u>51</u>	<u>102</u>	<u>0.000</u>
Operato	<u>rs</u>							
<u>AB</u>	Average Measures	<u>.951°</u>	<u>0.473</u>	<u>0.999</u>	<u>20.213</u>	<u>2</u>	<u>4</u>	<u>0.008</u>
<u>AH</u>	Average Measures	<u>.710<sup>c</sup></u>	<u>-10.151</u>	<u>1.000</u>	<u>3.453</u>	<u>1</u>	<u>2</u>	<u>0.204</u>
<u>CM</u>	Average Measures	<u>.986°</u>	<u>0.964</u>	<u>0.995</u>	<u>69.953</u>	<u>12</u>	<u>24</u>	<u>0.000</u>
<u>FTT</u>	Average Measures	<u>.999°</u>	<u>0.995</u>	<u>1.000</u>	<u>915.274</u>	<u>5</u>	<u>10</u>	<u>0.000</u>
HG	Average Measures	<u>.967<sup>c</sup></u>	<u>0.947</u>	<u>0.980</u>	<u>30.197</u>	<u>49</u>	<u>98</u>	<u>0.000</u>
<u>MP</u>	Average Measures	<u>.997°</u>	<u>0.985</u>	<u>1.000</u>	<u>331.462</u>	<u>4</u>	<u>8</u>	<u>0.000</u>
<u>RS</u>	Average Measures	<u>.996°</u>	<u>0.991</u>	<u>0.998</u>	<u>251.181</u>	<u>15</u>	<u>30</u>	<u>0.000</u>

Supplementary	y table 3. Parameters that related to the outcome and put into regress	sion analysis
	Parameters	
	Male sex	
	2D-SWE at baseline (kPa)	
	Age (year)	
	CRP	
	Bilirubin (mg/dl)	
	Platelets (G/l)	
	White blood cell count ( $\times 10^9/L$ )	
	INR	
	Serum creatinine (mg/dl)	
	Albumin (g/l)	
	Alanine transaminase (U/L)	
	Variceal bleeding episode	
	Hepatic encephalopathy	
	Ascites grade	
	Bacterial infections episode	
	spontaneous bacterial peritonitis episode	
	Abstinence from alcohol drinking	
	Alkaline phosphatase (U/L)	
	aspartate transaminase (U/L)	

7

Supplementary table 4	Valid and missing value in cohort of patients with 2D-SWE and aditional	Į
cohort of p-SWE		

	<u>Cohort wit</u>	h 2D-SWE	Additional c	ohort with p-SWE
Parameters	Valid	Missing / Lost to follow-up	Valid	Missing / Lost to follow-up
2D-SWE	1827	0	119	0
TE	754	1073	119	0
Cause of chronic liver disease	1546	281	119	0
Age	1826	1	119	0
Gender	1826	1	119	0
Height (m)	1392	435	119	0
Weight (kg)	1518	309	118	1
BMI (kg/m <sup>2</sup> )	1467	360	118	1
ALT (U/L)	1782	45	117	2
AST (U/L)	1723	104	118	1
Alkaline phosphatase (U/L)	1691	136	118	1
Bilirubin (mg/dl)	1766	61	118	1
Creatinine (mg/dl)	1758	69	117	2
CRP	960	867	115	4
WBC (×10 <sup>9</sup> /L)	1331	496	118	1
Albumin (g/l)	1702	125	118	1
Platelets (G/l)	1796	31	118	1
INR	1729	98	118	1
MELD score	1667	160	117	2
Child-Pugh score	1640	187	117	2
Child-Pugh class	1640	187	117	2
28-day follow-up	1827	0	119	0
90-day follow-up	1783	44	113	6
1-year follow up	1618	209	84	35
2-year follow-up	1293	534	46	73

### Supplementary table 5. Portal and systemic hemodynamic results of compensated and decompensated patients included

Parameter	<b>Compensated</b>	<b>Decompensated</b>	<u>P<sup>*</sup> value</u>	All	<u>R**</u>	Correlation P
$\frac{\text{Heart rate (bpm)}}{n = 194}$	<u>68 (60 - 77.8)</u>	<u>72 (64 - 82)</u>	<u>0.023</u>	<u>70 (61 - 80)</u>	<u>0.118</u>	<u>0.101</u>
<u>MAP (mmHg)</u> <u>n = 193</u>	<u>92 (80 - 99)</u>	<u>88.3 (78 - 96.2)</u>	<u>0.198</u>	<u>90 (78.3 - 98)</u>	<u>-0.162</u>	<u>0.024</u>
<u>HVPG (mmHg)</u> <u>n = 140</u>	<u>17 (11 - 20)</u>	<u>20 (16 - 22)</u>	<u>0.001</u>	<u>18 (14 - 21)</u>	<u>0.256</u>	<u>0.002</u>
$\frac{\text{EF by TTE}}{n = 81}$	<u>62.2 (58.6 - 68.4)</u>	<u>66.1 (60.6 - 70.2)</u>	<u>0.170</u>	<u>64.6 (59.6 - 69)</u>	<u>0.241</u>	<u>0.030</u>
$\frac{\text{MELD score}}{n = 194}$	<u>9 (7.3 - 13)</u>	<u>12 (9 - 16)</u>	<u>&lt;0.001</u>	<u>11 (9 - 14)</u>	<u>0.258</u>	<u>&lt;0.001</u>

\*p values are compared between compensated and decompensated groups using Mann-Whitney U test;

\*\* R, Pearson correlation was calculated between the parameter and L-SWE;

Abbreviations: MAP, mean arterial pressure; EF, ejection fraction; SV, stroke volume; TTE, transthoracic echocardiography; PHPG, portal hepatic pressure gradient; HVPG, hepatic venous pressure gradient.

### Gut

Sup	plementary	7 <b>Table <u>6</u>.</b> Ui	nivariate and	d multivariate C	ox regression	analysis in	compensated a	and
all p	patients for 2	2-year mortal	ity and all-t	ime of follow-u	p			

Parameters	Univariate Multivariate			ite	e			
	Pr > ChiSq	Hazard Ratio	95% H Ra Confi Lin	Hazard Itio dence nits	Pr > ChiSq	Hazard Ratio	95% Hazard Ratio Confidence Limits	
All time of follow-up in al	l included patie	nts in deriv	ation cohe	ort			I	
Gender	0.0253	1.485	1.050	2.100				
2D-SWE	< 0.0001	1.026	1.021	1.031	< 0.0001	1.020	1.010	1.030
Age	< 0.0001	1.050	1.035	1.066	0.0075	1.041	1.011	1.073
CRP	<0.0001	1.014	1.007	1.021	0.0024	1.017	1.006	1.028
Albumin	< 0.0001	0.976	0.965	0.988	0.0051	0.964	0.940	0.989
All time of follow-up in co	ompensated pati	ents of deri	vation col	hort				•
Gender								
2D-SWE	< 0.0001	1.025	1.018	1.033	0.0001	1.019	1.009	1.029
Age	0.0001	1.045	1.022	1.069	0.0194	1.035	1.006	1.065
CRP	0.0073	1.015	1.004	1.026	0.0056	1.015	1.004	1.027
Bilirubin	0.0283	1.098	1.01	1.194	0.0500	1.102	1.000	1.214
Platelets	0.0118	0.996	0.992	0.999				
WBC	0.0184	1.107	1.017	1.204				
2-year outcome in all inclu	uded patients in	derivation	cohort		1			
Gender								
2D-SWE	< 0.0001	1.028	1.022	1.034	0.0009	1.019	1.008	1.030
Age	< 0.0001	1.054	1.034	1.073	0.0010	1.062	1.025	1.101
CRP	0.0002	1.014	1.007	1.022	0.0400	1.015	1.001	1.029
Albumin	< 0.0001	0.971	0.958	0.983	0.0022	0.957	0.930	0.984
2-year outcome in compet	nsated patients of	of derivatio	n cohort	•	•	•		•
Gender								
2D-SWE	<.0001	1.027	1.019	1.035	<.0001	1.019	1.01	1.028
Age	<.0001	1.07	1.042	1.099	<.0001	1.063	1.034	1.093
Bilirubin	0.0016	1.125	1.046	1.209	0.0016	1.142	1.052	1.241
Platelets	0.0003	0.993	0.989	0.997	0.0478	0.996	0.992	1.000
Albumin	0.0318	0.98	0.962	0.998				
Variceal bleeding	0.0023	2.587	1.404	4.769				
2-year outcome in decomp	pensated patient	ts of derivat	tion cohor	<u>t</u>				•
Gender	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Age	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Bacterial infection	0.0046	1.58	<u>1.151</u>	2.17	0.0009	<u>1.744</u>	1.254	2.425
<u>2D-SWE</u>	0.0201	<u>1.019</u>	1.003	1.035	0.0272	1.023	1.003	1.043
INR	0.0002	<u>1.049</u>	<u>1.022</u>	<u>1.076</u>	<u>&lt;.0001</u>	<u>1.073</u>	<u>1.039</u>	<u>1.109</u>
Bilirubin	<u>0.0091</u>	<u>1.065</u>	<u>1.016</u>	<u>1.117</u>	<u></u>	<u></u>	<u></u>	<u></u>
Albumin	0.0232	<u>0.97</u>	0.944	<u>0.996</u>	<u></u>	<u></u>		<u></u>

## Supplementary Table 7. Univariate and multivariate Cox regression analysis in decompensated patients for 28-day and 2-year mortality after adjusted for age and MELD score

Parameters		<u>Univaria</u>	<u>te</u>		<u>Multivariate</u>			
	<u>Pr &gt; ChiSq</u>	<u>Hazard</u> <u>Ratio</u>	95% Hazard Ratio Confidence Limits		<u>Pr &gt; ChiSq</u>	<u>Hazard</u> <u>Ratio</u>	<u>95% Hazard</u> <u>Ratio</u> <u>Confidence</u> <u>Limits</u>	
<u>28-day</u>								
<u>2D-SWE</u>	<u>0.015</u>	<u>1.048</u>	<u>1.009</u>	<u>1.089</u>	<u>0.0159</u>	<u>1.075</u>	<u>1.014</u>	<u>1.139</u>
MELD	<u>&lt;.0001</u>	<u>1.119</u>	<u>1.066</u>	<u>1.176</u>	<u>0.0002</u>	<u>1.158</u>	<u>1.073</u>	<u>1.251</u>
Age		<u></u>	<u></u>	<u></u>		<u></u>	<u></u>	<u></u>
Platelet count	<u></u>	<u></u>	<u></u>	<u></u>		<u></u>	<u></u>	<u></u>
<u>2-year</u>								
<u>2D-SWE</u>	<u>0.0201</u>	<u>1.019</u>	<u>1.003</u>	<u>1.035</u>	<u>0.0203</u>	<u>1.019</u>	<u>1.003</u>	<u>1.035</u>
MELD	<u>0.0004</u>	<u>1.043</u>	<u>1.019</u>	<u>1.068</u>	<u>0.0003</u>	<u>1.047</u>	<u>1.021</u>	<u>1.073</u>
Age		<u></u>	<u></u>	<u></u>		<u></u>	<u></u>	<u></u>
Platelets	<u></u>				<u></u>			

		SWE (kPa)				MELD score						
Time	AUC	and	Best	cut-	Sensitivity	Specificity	AUC	and	Best	cut-	Sensitivity	Specificity
	95%CI		off				95%CI		off			
28 days	0.864	(0.800-	25.15		100.0%	76.3%	0.902	(0.821-	10		100.0%	70.4%
	0.928)						0.983)					
90 days	0.788	(0.723-	16.35		94.7%	63.3%	0.898	(0.852-	10		94.7%	70.8%
-	0.853)						0.944)					
6	0.799	(0.750-	16.35		96.3%	63.6%	0.889	(0.849-	10		96.3%	71.1%
months	0.847)						0.929)					
1 year	0.782	(0.734-	16.35		89.4%	64.1%	0.800	(0.732-	10		83.0%	71.6%
	0.831)						0.869)					
2 years	0.796	(0.759-	16.09		88.1%	74.9%	0.788	(0.744-	10		75.3%	72.9%
	0.833)						0.832)					

### Supplementary Table <u>8</u>. Best cut-off value of SWE and related sensitivity, specificity for mortality

Supplementary Table <u>9</u>. Best cut-off value of SWE and related sensitivity, specificity, positive predictive value and negative predictive value with different MELD scores

		$MELD \ge 10$							
Time	AUC and 95%CI	Best cut-	Sensitivity	Specificity	AUC and	95%CI	Best cut-off	Sensitivity	Specificity
		off							
28 days					0.719	(0.577-	25.15	100.0	49.3
					0.860)				
90 days	0.822 (0.800-	21.03	100.0	82.2	0.599	(0.484-	16.35	94.4	30.6
	0.844)				0.714)				
6	0.822 (0.800-	21.03	100.0	82.0	0.608	(0.520-	19.69	88.5	39.2
months	0.844)				0.695)				
1 year	0.764 (0.590-	21.02	75.0	82.5	0.606	(0.529-	15.39	94.9	29.2
	0.938)				0.683)				
2 years	0.794 (0.704-	19.87	70.8	81.5	0.625	(0.565-	15.39	94.5	31.1
	0.884)				0.685)				

**Supplementary table 10**. Best cut-off for MELD score and L-SWE of 2-year out-come in compensated patients and decompensated patients, and related sensitivity, specificity, positive predictive value, and negative predictive value.

Best cut-off of 10 for MELD Score	Value	95% CI		
Compensated	_			
Sensitivity	61.54%	47.02% to 74.70%		
Specificity	84.96%	82.59% to 87.13%		
Positive Likelihood Ratio	4.09	3.15 to 5.31		
Negative Likelihood Ratio	0.45	0.32 to 0.64		
Positive Predictive Value	17.68%	14.20% to 21.80%		
Negative Predictive Value	97.68%	96.76% to 98.35%		
Accuracy	83.80%	81.42% to 85.98%		
Decompensated				
Sensitivity	90.91%	78.33% to 97.47%		
Specificity	32.94%	23.13% to 43.98%		
Positive Likelihood Ratio	1.36	1.14 to 1.62		
Negative Likelihood Ratio	0.28	0.10 to 0.74		
Positive Predictive Value	41.24%	37.05% to 45.55%		
Negative Predictive Value	87.50%	72.38% to 94.92%		
Accuracy	52.71%	43.74% to 61.56%		
Best cut-off of 20 kPa for L-SWE	Value	95% CI		
Compensated				
Sensitivity	68.52%	54.45% to 80.48%		
Specificity	81.63%	79.22% to 83.87%		
Positive Likelihood Ratio	3.73	2.99 to 4.64		
Negative Likelihood Ratio	0.39	0.26 to 0.57		
Positive Predictive Value	15.42%	12.77% to 18.50%		
Negative Predictive Value	98.15%	97.28% to 98.75%		
Accuracy	81.02%	78.64% to 83.24%		
Decompensated				
Sensitivity	89.13%	76.43% to 96.38%		
Specificity	29.55%	20.29% to 40.22%		
Positive Likelihood Ratio	1.27	1.07 to 1.50		
Negative Likelihood Ratio	0.37	0.15 to 0.89		
Positive Predictive Value	39.81%	35.84% to 43.91%		
Negative Predictive Value	83.87%	68.15% to 92.67%		
Accuracy	50.00%	41.25% to 58.75%		

Supplementary tab	e <u>11</u> . Uni	variate and m	ultivariate o	competing ri	sk (death	as competing risk)	
analysis of SWE with	1 outcome	of developme	nt of decom	pensations in	n 2 years		

		Univariate	Multivariate		
Variables	P value	sHR & 95.0% CI	P value	sHR & 95.0% CI	
SWE at baseline	< 0.001	1.026 (1.020 - 1.031)	< 0.001	1.020 (1.014 – 1.026)	
MELD score	< 0.001	1.074 (1.052 – 1.096)	0.028	1.036 (1.004 – 1.069)	
Child-Pugh score	< 0.001	1.545 (1.417 – 1.684)	0.001	1.272 (1.110 – 1.456)	
Age	< 0.001	1.030 (1.014 - 1.046)	0.050	1.018 (1.000 – 1.035)	

Abbreviations: MELD, model for end-stage liver disease; SWE, shear wave elastography; sHR, sub-Hazard ratio; CI, confidential interval.

	cohort with p-SWE							
	Characteristics	2D-SWE	<u>cohort</u> (n = 1827)	p-SWE coho	<u>rt</u> (n = 119)			
	Age	55.0 (45.9	- 62.7)	55 (46 - 66)				
	Male	1140 (62.4	-)	81 (68.1)				
	BMI (kg/m <sup>2</sup> )	26.5 (23.2	- 30.6)	25.2 (21.8 - 2	9.2)			
	Scores							
	MELD score	8 (6 - 10)		10 (8 - 14)				
	Child Pugh score	5 (5 - 6)		6 (5 - 8)				
	Child Pugh class (A/B/C)	1334 / 20	6 / 44 (84.2 / 13.0 /	74 / 29 / 14 (6	52.2 / 24.4 / 11.8)			
		2.8)						
	SWE at baseline (kPa)	11.8 (7.4 -	24.5)	17 (9.7 - 26.8	)			
	TE at baseline (kPa)	8.3 (5.7 –	14.0)	23 (14.4 - 39.	7)			
	Etiology: Alcohol / NAFLD /	414 / 389 /	/ 267 / 166 / 310	33 / 25 / 31 /	5 / 25 (27.7 / 21.0 /			
	HCV / HBV / Other or multiple	(26.8 / 25.	2 / 17.3 / 10.7 / 20.0)	26.1 / 4.2 / 21	.0)			
	causes							
	Laboratory test							
	Albumin (g/L)	40.0 (33.8	- 43.0)	38.9 (34.8 - 4	2.6)			
e	Alkaline phosphatase (U/L)	90.0 (67.0	- 128.0)	89.5 (66.3 - 120.0)				
lin	ALT (U/L)	44.9 (28.0	- 77.0)	32 (22 - 51.5)				
)ase	AST (U/L)	43.0 (30.0	- 69.0)	41 (30 - 58.8)				
At k	Bilirubin (mg/dl)	0.8 (0.5 - 1	1.3)	0.9 (0.6 - 1.6)				
1	Creatinine (mg/dl)	0.8 (0.7 –	1.0)	0.8 (0.6 - 1.1)				
	INR	1.1 (1.0 - 1	1.2)	1.2 (1.1 - 1.4)				
	Platelets (G/l)	179.0 (122	2.0 - 242.0)	120.5 (86 - 168.3)				
	WBC (×10 <sup>9</sup> /L)	6.2 (5.0 - 7	6.2 (5.0 - 7.9)		5.4 (3.8 - 6.6)			
	CRP	2.9 (1.1 -	7.0)	0.4 (0.1 - 0.8)				
	Clinical complications							
	Absent from alcohol drinking	1394 (76.3)		105 (88.2)				
	HCV SVR before SWE	81 (16.8)		21 (17.6)				
	Ascites (absent / mild / tense)	1574 / 134	/ 107	81 / 29 / 8				
		(86.7 / 7.4	/ 5.9)	(68.1 / 24.4 /	6.7)			
	Hepatic encephalopathy	1262 / 172	2 / 44 / 6	77 / 25 / 15 /	1 (64.7 / 21.0 / 12.6			
	(Grade 0 / 1 / 2 / 3)	(85.0 / 11.	6 / 3.0 / 0.4)	/ 0.8)				
	Previous variceal bleeding	113 (6.9)		13 (10.9)				
	Previous bacterial infection	99 (6.0)		10 (8.4)				
	Previous hepatorenal	51 (3.1)		6 (5.0)				
	syndrome		1					
	Had decompensation episodes	2-year	Till end of follow-	2-year	Till end of			
			up		follow-up			
	Ascites	73 (4.0)	132 (7.2)	6 (5.0)	8 (6.7)			
dn	Bacterial infection	71 (3.9)	159 (8.7)	26 (21.8)	28 (23.5)			
-wc	Hepatic encephalopathy	48 (2.6)	93 (5.1)	19 (16.0)	27 (22.7)			
ollc	Hepatorenal syndrome	25 (1.4)	44 (2.4)	8 (6.7)	9 (7.6)			
Ξ	Variceal bleeding	21 (1.1)	36 (2.0)	4 (3.4)	4 (3.4)			

### Supplementary table <u>12. Baseline characteristics of cohort with 2D-SWE and the additional</u>

## **Supplementary table 13**. Baseline characteristics of compensated patients and randomly selected into 2/3 of derivation group and 1/3 of internal validation group

	Derivation in comparented	Internal validation in	
<b>Baseline characteristics</b>	(n-10/1)	<u>compensated</u>	<u>p value</u>
	<u>(II-1041)</u>	<u>(n=519)</u>	
Age	<u>54 (44 - 61.8)</u>	<u>55.1 (44.3 - 64)</u>	<u>0.019</u>
Male gender	<u>637 (61.2)</u>	<u>325 (62.6)</u>	<u>0.600</u>
<u>BMI (kg/m<sup>2</sup>)</u>	<u>26.5 (23.1 - 31)</u>	<u>26.9 (23.5 - 30.7)</u>	<u>0.937</u>
<u>SWE (kPa)</u>	<u>8.8 (5.8 - 15.5)</u>	<u>10.3 (7 - 17.4)</u>	<u>0.185</u>
<u>TE (kPa)</u>	<u>8.9 (5.9 - 15.6)</u>	<u>9.5 (6.9 - 17.2)</u>	<u>0.509</u>
Etiology			<u>0.501</u>
<u>NAFLD</u>	<u>248 (23.8)</u>	<u>127 (24.5)</u>	
Alcohol	<u>214 (20.6)</u>	<u>113 (21.8)</u>	
<u>HCV</u>	<u>156 (15)</u>	<u>62 (11.9)</u>	
HBV	<u>99 (9.5)</u>	<u>48 (9.2)</u>	
Other causes	<u>195 (18.7)</u>	<u>95 (18.4)</u>	
Multiple causes	<u>8 (0.8)</u>	<u>2 (0.4)</u>	
Scores for chronic liver di	iseases		
MELD score	<u>7 (6 - 9)</u>	<u>7 (6 - 9)</u>	<u>0.698</u>
Child-pugh score	<u>5 (5 - 5)</u>	<u>5 (5 - 5)</u>	<u>0.346</u>
Child-pugh class			<u>0.717</u>
<u>A</u>	<u>871 (83.7)</u>	<u>434 (83.6)</u>	
<u>B</u>	<u>57 (5.5)</u>	<u>26 (5.0)</u>	
Laboratory data			
<u>Albumin (g/l)</u>	<u>41 (37 - 44)</u>	<u>41 (37 - 43.2)</u>	<u>0.785</u>
<u>Bilirubin (mg/dl)</u>	<u>0.7 (0.5 - 1.1)</u>	<u>0.7 (0.5 - 1.1)</u>	<u>0.296</u>
Creatinine (mg/dl)	<u>0.8 (0.7 - 1)</u>	<u>0.8 (0.7 - 1)</u>	<u>0.421</u>
INR	<u>1.0 (1.0 - 1.1)</u>	<u>1.0 (1.0 - 1.2)</u>	<u>0.367</u>
Platelets (G/l)	<u>193 (141 - 249.8)</u>	<u>190.5 (139.3 - 251)</u>	<u>0.736</u>
<u>WBC (<math>\times 10^9/l</math>)</u>	<u>6.2 (5.1 - 7.8)</u>	<u>6.2 (4.9 - 7.9)</u>	<u>0.686</u>
<u>usCRP</u>	<u>2.2 (0.9 - 5.1)</u>	<u>2.4 (0.9 - 6.6)</u>	<u>0.292</u>
Hemodynamic data			
Pulse (bpm)	<u>68 (60 - 80)</u>	<u>65 (60 - 76)</u>	<u>0.588</u>
MAP (mmHg)	<u>79.8 (70 - 92.7)</u>	<u>89.3 (78.3 – 96.0)</u>	<u>0.118</u>
Scores for fibrosis or cirr	<u>hosis</u>		
ALBI	<u>-2.8 (-32.2)</u>	<u>-2.7 (-32.2)</u>	<u>0.690</u>
<u>FIB-4</u>	<u>1.6 (1 - 2.8)</u>	<u>1.8 (1.1 - 3.2)</u>	<u>0.019</u>
APRI	<u>0.5 (0.3 - 0.9)</u>	<u>0.5 (0.3 - 1)</u>	<u>0.164</u>

## **Supplementary table 14**. Baseline characteristics of decompensated patients and randomly selected into 2/3 of derivation group and 1/3 of internal validation group

Deceline abaractoristics	<b>Derivation in</b>	Internal validation in	<u>p value</u>	
Dasenne characteristics	decompensated (n=257)	decompensated (n=129)		
Male	<u>178 (69.3)</u>	<u>81 (62.8)</u>	<u>0.202</u>	
Age	<u>57.2 (50.4 - 64)</u>	<u>58.3 (52.4 - 65)</u>	<u>0.119</u>	
<u>BMI (kgm<sup>2</sup>)</u>	<u>25.3 (22.5 - 29.1)</u>	<u>26.5 (23 - 30.4)</u>	<u>0.195</u>	
Mean value of SWE	<u>28.7 (19.1 - 40.5)</u>	<u>30.2 (19.2 - 43.9)</u>	<u>0.292</u>	
Median value of TE	<u>36.1 (26.6 - 46.9)</u>	<u>61.6 (31.2 - 75)</u>	<u>0.021</u>	
<b><u>Etiology</u></b>			<u>0.517</u>	
Alcohol	<u>78 (30.4)</u>	<u>42 (32.6)</u>		
<u>HCV</u>	<u>55 (21.4)</u>	<u>25 (19.4)</u>		
<u>NAFLD</u>	<u>23 (8.9)</u>	<u>16 (12.4)</u>		
HBV	<u>17 (6.6)</u>	<u>7 (5.4)</u>		
Other causes	<u>25 (9.7)</u>	<u>9 (7)</u>		
Multiple causes	<u>0 (0.0)</u>	<u>1 (0.8)</u>		
Scores for chronic liver	<u>diseases</u>			
<u>MELD</u>	<u>13 (9 - 17)</u>	<u>12.5 (9.8 - 17)</u>	<u>0.662</u>	
Child-pugh	<u>8 (6 - 9)</u>	<u>8 (6 - 9)</u>	<u>0.785</u>	
Child-pugh class			<u>0.897</u>	
<u>A</u>	<u>69 (26.8)</u>	<u>36 (27.9)</u>		
<u>B</u>	<u>100 (38.9)</u>	<u>52 (40.3)</u>		
<u>C</u>	<u>40 (15.6)</u>	<u>18 (14)</u>		
Laboratory data				
<u>Albumin (g/l)</u>	<u>31.5 (26 - 37)</u>	<u>32.5 (25.2 - 37)</u>	<u>0.913</u>	
Bilirubin (mg/dl)	<u>1.6 (1 - 3.1)</u>	<u>1.5 (0.9 - 3.2)</u>	<u>0.248</u>	
Creatinine (mg/dl)	<u>0.8 (0.7 - 1.1)</u>	<u>0.8 (0.7 - 1.2)</u>	<u>0.614</u>	
INR	<u>1.4 (1.2 - 1.6)</u>	<u>1.3 (1.2 - 1.5)</u>	<u>0.337</u>	
Platelets (G/l)	<u>98 (70 - 144)</u>	<u>102 (72.5 - 145.5)</u>	<u>0.836</u>	
<u>WBC (×10<sup>9</sup>/l)</u>	<u>6.1 (4.2 - 8.1)</u>	<u>5.7 (4.1 - 7.3)</u>	<u>0.477</u>	
<u>usCRP</u>	<u>10.3 (5.8 - 30.7)</u>	<u>9.5 (4 - 27.6)</u>	<u>0.298</u>	
Hemodynamic data				
Pulse (bpm)	<u>72 (64 - 79)</u>	<u>64 (62 - 78)</u>	<u>0.256</u>	
MAP (mmHg)	<u>82.3 (73.3 - 90.3)</u>	<u>81.7 (75 - 90.8)</u>	<u>0.732</u>	
Scores for fibrosis or cir	<u>rhosis</u>			
ALBI	<u>-1.6 (-2.21.1)</u>	<u>-1.6 (-2.30.9)</u>	<u>0.738</u>	
<u>FIB-4</u>	<u>5.1 (3.1 - 8.5)</u>	<u>5.3 (3.2 - 8.8)</u>	<u>0.882</u>	
APRI	<u>1.4 (0.7 - 2.4)</u>	<u>1.2 (0.8 - 2.4)</u>	<u>0.838</u>	

### Supplementary table <u>15</u>. Multivariate analysis of TE and MELD score of 2-year mortality.

Parameter	Chi- Square	Pr > ChiSq	Hazard Ratio	95% Haz Confidence	ard Ratio Limits
TE (kPa)	16.8366	<.0001	1.038	1.02	1.056
MELD	10.2248	0.0014	1.198	1.073	1.339





### Supplementary figure 2. Violin plot of L-SWE measurements of each participated center.



Supplementary Figure 3. ROC curve of combination of SWE and MELD, SWE, ALBI score, FIB-4 score and APRI score. Panel A. ROC curve of mortality; Panel B. ROC curve of decompensations. Panel C, D and E. Time-dependent area under the curve of APRI, FIB4 and ALBI score in the outcome of mortality







Е



21

**Supplementary Figure 4.** Panel A. ROC curve of combination of SWE and MELD, SWE, MELD score and Child-Pugh score in prediction of mortality. Panel B. Calibration plot of MELD score and SWE combined with MELD score. Panel C. Kaplan Meier curve of patients with MELD score < 10, comparison between SWE > 20 kPa < 20 kPa; Panel D. Kaplan Meier curve of patients with MELD score > 10, comparison between SWE > 20 kPa and < 20 kPa



**Supplementary figure 5.** Panel A. Density curve of patients died days during 2-year of follow-up. The length of follow-up days of each group was described as median and interquartile range. Panel B. Density curve of L-SWE distribution of patients with good, intermediate and poor prognosis. The L-SWE value of each group was described as median and interquartile range.



Gut

**Supplementary Figure 6.** Panel A. ROC curve of decompensation development; Panel B. Cumulative incidence of decompensation in patients with MELD score < 10, comparison between SWE > 20 kPa and < 20 kPa; Panel C. Cumulative incidence of decompensation in patients with MELD score > 10, comparison between SWE > 20 kPa and < 20 kPa; A B







Patients at riskSWE  $\geq 20$ <br/>kPa305246187131100SWE < 20<br/>kPa193173151126106

24

Supplementary Figure 7. Cumulative incidence of development of Panel A ascites (death as competing risk), Panel B, hepatic encephalopathy (death as competing risk) over two years in patients with good, intermediate and poor prognosis.



В





B

0.00

0.00

**Supplementary figure 8** Panel A. Calibration plot of the SWE and MELD in the mortality outcome prediction of validation cohort; Panel B. ROC curve of MELD score and SWE combined with MELD score in prediction 2-year mortality of validation cohort **A**.



26

MELD

0.50

1-Specificity

0.25

SWE and MELD

0.75

AUC

1.00

0.8452

0.857

A

B









## **Supplementary figure 11**. Kaplan Meier curve of 2-year survival in decompensated patients randomly selected into derivation and internal validation groups



# **Supplementary figure 12.** Panel A. Time-dependent area under the curve of TE and SWE. Panel B. Time-dependent area under the curve of TE combined with MELD score and SWE combined with MELD score.



B



Gut

**Supplementary figure 13.** Panel A. ROC curve of TE in the outcome prediction and compared with other models. Panel B. Kaplan Meier curve of patients with MELD lower than 10, compared by TE lower and greater than 20kPa; Panel C. Kaplan Meier curve of patients with MELD equal and higher than 10, compared by TE lower and greater than 20kPa; Panel D. Kaplan Meier curve of patients with TE lower or greater than 20kPa, combined with MELD lower or greater than 10.



**Supplementary figure 14**. Etiology sensitive analysis of Kaplan Meier survival curve in different causes of chronic liver disease, compared among different prognosis groups. Panel A. in alcohol-related chronic liver diseases; Panel B. in HCV; Panel C. in HBV; Panel D. in NAFLD; Panel E. in other causes.



**Supplementary figure 15**. Center sensitivity analysis. Panel A. ROC curve in South Europe of 2-year mortality; Panel B. ROC curve in North Europe of 2-year mortality. Panel C. Kaplan Meier curve of South Europe in three group of different prognoses; Panel C. Kaplan Meier curve of North Europe in three group of different prognoses





34

**Supplementary figure 17**. Panel A. River diagram of dynamic changes at baseline and during follow-up of the patients with good prognosis, intermediate prognosis and poor prognosis; Panel B. Distribution of the follow-up time of patients with good prognosis, intermediate prognosis and poor prognosis



#### Supplementary reference

1. Dietrich CF, Bamber J, Berzigotti A, et al. EFSUMB Guidelines and Recommendations on the Clinical Use of Liver Ultrasound Elastography, Update 2017 (Long Version). *Ultraschall Med* 2017; **38**(4): e16-e47.

2. Ferraioli G, Wong VW, Castera L, et al. Liver Ultrasound Elastography: An Update to the World Federation for Ultrasound in Medicine and Biology Guidelines and Recommendations. *Ultrasound Med Biol* 2018; **44**(12): 2419-40.

3. Jansen C, Möller P, Meyer C, et al. Increase in liver stiffness after transjugular intrahepatic portosystemic shunt is associated with inflammation and predicts mortality. *Hepatology* 2018; **67**(4): 1472-84.

4. EASL-ALEH Clinical Practice Guidelines: Non-invasive tests for evaluation of liver disease severity and prognosis. *J Hepatol* 2015; **63**(1): 237-64.

5. Bucsics T, Grasl B, Ferlitsch A, et al. Point Shear Wave Elastography for Non-invasive Assessment of Liver Fibrosis in Patients with Viral Hepatitis. *Ultrasound Med Biol* 2018; **44**(12): 2578-86.

6. Ferraioli G, De Silvestri A, Reiberger T, et al. Adherence to quality criteria improves concordance between transient elastography and ElastPQ for liver stiffness assessment-A multicenter retrospective study. *Dig Liver Dis* 2018; **50**(10): 1056-61.

7. EASL clinical practice guidelines on the management of ascites, spontaneous bacterial peritonitis, and hepatorenal syndrome in cirrhosis. J Hepatol 2010; 53(3): 397-417.

8. Johnson PJ, Berhane S, Kagebayashi C, et al. Assessment of liver function in patients with hepatocellular carcinoma: a new evidence-based approach-the ALBI grade. J Clin Oncol 2015; 33(6): 550-8.

9. Chou R, Wasson N. Blood tests to diagnose fibrosis or cirrhosis in patients with chronic hepatitis C virus infection: a systematic review. Ann Intern Med 2013; 158(11): 807-20.

10. Sterling RK, Lissen E, Clumeck N, et al. Development of a simple noninvasive index to predict significant fibrosis in patients with HIV/HCV coinfection. Hepatology 2006; 43(6): 1317-25.