Supplementary Table S1. Eligible observational cohort studies examining the association between NAFLD and incidence of different types of extra-hepatic tumours.

Author, Year, Ref.	PMID	Study characteristics (median or mean follow-up duration)	Study country	Sample size (n)	NAFLD Individu als (n)	Modality of NAFLD diagnosis	Mean Age (years)	Male sex (n)	Mean BMI (kg/m²)	Current smokers (n)	Patients with established diabetes (n)	Incident cases of extra-hepatic cancers at different sites (n)	Ascertainment of outcomes	Main results	Covariate adjustment(s)
								Lo	ngitudinal co	hort studies (n=10))	, ,			
Lee et al. 2012	21679251	Retrospective cohort study (by health examination check-up program) (mean follow- up: 4.5 years)	South Korea	5,517	831	Ultrasound	47	0	23	161	143 with type 2 diabetes	65 female patients developed colorectal adenomas; 15 female patients developed colorectal cancer	ICD-10 codes	Women with NAFLD had a higher risk of incident colorectal adenomas (aHR 1.94, 95%CI 1.11-3.40) and colorectal cancer (aHR 3.08, 95%CI 1.02-9.34)	Age, BMI, smoking, hypertension, dyslipidemia, impaired fasting glucose/diabetes
Huang et al. 2013	23398678	Retrospective cohort study (by health examination check-up program) (mean follow- up: 2.6 years)	Taiwan	1,522	619	Ultrasound	54	913	24	219	94 with type 2 diabetes	216 patients developed colorectal adenomas (of whom 13 had advanced adenomas)	Asymptomatic individuals with negative baseline colonoscopy who received consecutive self-paid health examinations and colonoscopy between 2003 and 2010	Patients with NAFLD had a higher risk of incident colorectal adenomas (aHR 1.45, 95%CI 1.07-1.98)	Age, sex, BMI, smoking, hypertension, diabetes, MetS
Sun et al. 2015	26656334	Retrospective cohort study (by national health Insurance program) (mean follow- up: 3.6 years)	Taiwan	10,545	2,109	ICD-9 codes	61	6,565	NR (149 with obesity)	NR	1,699 with type 2 diabetes	15 patients developed uterine cancer; 9 patients developed thyroid cancer; 43 patients developed stomach cancer; 55 patients developed prostate cancer; 19 patients developed pancreas cancer; 102 patients developed	ICD-9 codes	Patients with non-alcoholic cirrhosis had a higher risk of incident esophagus cancer (aHR 7.25, 95%CI 2.44-21.6), stomach cancer (aHR 5.50, 95%CI 2.78-10.9), colorectal cancer (aHR 2.58, 95%CI 1.59-4.18), but not a higher risk of incident thyroid cancer (aHR 1.97, 95%CI 0.34-11.5), lung cancer (aHR 1.54, 95%CI 0.85-2.80), uterine cancer (aHR 2.03, 95%CI 0.60-6.80), prostate cancer (aHR 1.58, 95%CI 0.73-3.44), urinary system cancers (aHR 1.60, 95%CI 0.69-3.72) and	Age, sex, obesity, hypertension, diabetes, dyslipidemia, viral hepatitis, and colon polyps, and diagnostic procedures of esophagogastrodi odenoscopy, colonoscopy, abdomen CT, or ultrasonography

Yang et al.	28777831	Retrospective	South	1,023	441	Ultrasound	55	522	25	226	127 with type 2	lung cancer; 16 patients developed esophagus cancer; 105 patients developed colorectal cancer; 46 patients developed urinary system cancers	Occurrence of	haematologic cancers (aHR 3.12, 95%CI 1.34- 7.25)	Propensity score
2017		hospital-based cohort study (follow-up: up to 5 years)	Korea	,		or CT					diabetes	developed colorectal adenomas	colorectal tumours at 3 and 5 years after index colonoscopy	had a higher risk of incident colorectal adenomas (aHR 1.31, 95%CI 1.01-1.71)	matching analysis Age, sex, BMI, smoking, hypertension, diabetes, use of aspirin, lipid- lowering agents and imaging for NAFLD diagnosis
Kim GA et al. 2017	29150142	Retrospective cohort study (by health examination check-up program) (median follow- up: 7.4 years)	South Korea	25,947	8,721	Ultrasound	48	13,966	24,5	5,067	2,174 with type 2 diabetes	162 patients developed stomach cancer; 24 patients developed pancreas cancer; 118 patients developed male genital organ cancer; 83 patients developed lung cancer; 22 patients developed female genital organ cancer; 8 patients developed female genital organ cancer; 76 patients developed colorectal cancer; 91	Pathological and/or radiological confirmation	Patients with NAFLD had a higher risk of incident breast cancer (aHR 1.92, 95%CI 1.15-3.20), but not a higher risk of incident stomach cancer (aHR 0.98, 95%CI 0.69-1.38), esophagus cancer (aHR 1.93, 95%CI 0.48-7.72), colorectal cancer (aHR 1.45, 95%CI 0.88-2.38), pancreas cancer (aHR 1.16, 95%CI 0.51-2.65), male genital organ cancer (aHR 0.91, 95%C 0.63-1.31), female genital organ cancer (aHR 1.34, 95%CI 0.86-4.91), lung cancer (aHR 1.34, 95%CI 0.87-2.07), kidney cancer (aHR 1.76, 95%CI 0.96-3.22), bladder cancer (aHR 1.93, 95%CI 0.94-3.95), non-Hodgkin lymphomas (aHR 0.94,	Age, sex, smoking hypertension, diabetes, lipids, GGT levels

Hamaguchi et	31275587	The NAGALA	Japan	27,944	3,211	Ultrasound	45	8,585	25	3,457	299 with type 2	patients developed breast cancer; 42 patients developed kidney cancer; 30 patients developed bladder cancer; 49 patients developed non-Hodgkin lymphoma; 16 patients developed	ICD-10 codes	95%CI 0.52-1.70), and leukemias (1.16, 95%CI 0.42-3.19)	Age, sex, obesity,
al. 2019	31173307	cohort study (by health examination check-up program) (mean follow- up: 6.5 years)	Sapan		ŕ						diabetes	developed stomach cancer; 52 patients developed colorectal cancer	(subjects undergoing health check-ups for gastric cancer or colorectal cancers)	had higher risk of incident stomach cancer (aHR 3.3, 95%CI 1.57-6.90) and colorectal cancer (aHR 3.04, 95%CI 1.47-6.30)	smoking, diabetes, physica activity, alcohol consumption
Allen et al. 2019	31470068	Retrospective hospital-based matched cohort study (median follow-up: 8 years)	USA	19,163 (4,722 with NAFLD and 14,441 individuals matched for age, and sex)	4,722	ICD-9/10 codes	54	8,959	31	1,946	2,895 with type 2 diabetes	202 patients developed uterine cancer; 30 patients developed stomach cancer; 581 patients developed prostate cancer; 72 patients developed pancreas cancer; 69 patients developed ovary cancer; 238 patients developed lung cancer; 29 patients developed	ICD-9/10 codes	Patients with NAFLD had higher risk of incident uterine cancer (aHR 2.40, 95%CI 1.40-4.10), stomach cancer (aHR 2.30, 95%CI 1.30-4.10), prostate cancer (aHR 1.60, 95%CI 1.00-2.50), pancreas cancer (aHR 2.00, 95%CI 1.20-3.30), ovary cancer (aHR 1.70, 95%CI 1.05-3.00), colorectal cancer (aHR 1.80, 95%CI 1.10-2.80) and breast cancer (aHR 1.60, 95%CI 1.05-2.60), but not higher risk of incident lung cancer (aHR 1.40, 95%CI 0.50-2.40) and esophagus cancer (aHR 1.70, 95%CI 0.80-2.70)	Age, sex, and obesity

Wang et al. 2020	32407969	Retrospective cohort study (by health examination check-up program) (follow-up: up to 10 years)	China	54,187	17,528	Ultrasound	53	54,187	NR (3,385 with obesity)	17,117	5,597 with type 2 diabetes	esophagus cancer; 276 patients developed colorectal cancer; 676 patients developed breast cancer 58 male patients developed stomach cancer; 8 male patients developed small intestine cancer; 29 male patients developed prostate cancer; 208 male patients developed prostate cancer; 209 male patients developed cancer; 114 male patients developed colorectal cancer; 114 male patients developed kidney cancer, 96 male patients developed kidney cancer, 96 male patients developed	Self-reported information through questionnaires in the every 2-year routine follow-up and by linkage with the provincial vital statistics data	Men with NAFLD had higher risk of incident lung cancer (aHR 1.23, 95%CI 1.02-1.49), but not stomach cancer (aHR 1.01, 95%CI 0.71-1.43), small intestine cancer (aHR 1.68, 95%CI 0.73-3.84), esophagus cancer (aHR 1.45, 95%CI 0.77-2.73), colorectal cancer (aHR 1.22, 95%CI 0.91-1.64), kidney cancer (aHR 1.46, 95%CI 0.96-2.21), and bladder cancer (aHR 1.04, 95%CI 0.61-1.75)	Age, BMI, physica activity, smoking, diabetes, hypertension, alcohol consumption, education level, serum ALT, lipids, C-reactive proteir
Yamamoto et al. 2020	33201570	Retrospective cohort study (by health examination check-up program) (follow-up: up to 14 years)	Japan	30,172	4,394	Ultrasound	44	9,517	22	3,415	663 with type 2 diabetes	cancer 226 patients developed stomach cancer; 15 patients developed small intestine cancer; 13 patients developed	ICD-10 codes and/or participant questionnaries	Patients with NAFLD had higher risk of incident stomach cancer (aHR 1.40, 95%CI 1.02-1.94), and lung cancer (aHR 1.34, 95%CI 1.07-1.67), but not small intestine cancer (aHR 2.80, 95%CI 0.87-8.96), rectum cancer (aHR	Age, sex, BMI, smoking, dyslipidemia, diabetes, thyroid dysfunction, hypertension, sleep apnea, chronic kidney disease, cardiovascular disease

												rectum cancer; 219 patients developed male genital organ cancer; 206 patients developed lung cancer; 250 patients developed female genital organ cancer; 43 patients developed esophagus cancer; 560 patients developed breast cancer; 86 patients developed urinary system cancers		0.69, 95%CI 0.15-3.30), male genital organ cancer (aHR 0.75, 95%CI 0.52-1.07), female genital organ cancer (aHR 1.03, 95%CI 0.69-1.54), esophagus cancer (aHR 1.40, 95%CI 0.71-2.78), breast cancer (aHR 1.22, 95%CI 0.94-1.59), and urinary system cancers (aHR 0.86, 95%CI 0.50-1.47)	
Kim NH et al. 2020	32630984	Retrospective hospital-based cohort study (mean follow- up: 3.5 years)	South Korea	6,182	2,642	Ultrasound	44	4,659	24	3,051	NR	1,999 patients developed cancer or any adenoma; 144 patients developed cancer or advanced adenoma	Colonoscopy	Patients with NAFLD had a higher risk of developing metachronous colorectal cancer or any adenoma (men: aHR 1.17, 95%Cl 1.06-1.29; women: aHR 1.63, 95%Cl 1.27-2.07). In addition, NAFLD was an independent predictor for metachronous colorectal cancer or advanced adenoma in women (aHR 2.61, 95%Cl 1.27-5.37), but not in men (aHR 0.97,95%Cl 0.66-1.42)	Age, sex, smoking family history of colorectal cancer, regular exercise, baseline adenoma characteristics, medications

Abbreviations: ALT, alanine aminotransferase; aHR, adjusted hazard ratio; aOR, adjusted odds ratio; BMI, body mass index; CI, confidence interval; CT, computed tomography; GGT, gamma-glutamyltransferase; ICD, international classification of diseases; MetS, metabolic syndrome; NAFLD, non-alcoholic fatty liver disease; NASH, non-alcoholic steatohepatitis; NR, not reported.