Supplementary Data

Hepatitis B virus-related acute-on-chronic liver failure (HBV-ACLF) exclusion criteria

The HBV-ACLF exclusion criteria were: (1) chronic liver disease of non-HBV etiology; (2) HBV-coinfected other etiologies, such as nonalcoholic steatohepatitis, hepatitis C virus, and alcohol (>3 drinks/day in men and >2 drinks/day in women, and persisting for >5 years); (3) age <18 years; (4) pregnancy; (5) thyroid disease; (6) diabetes mellitus; (7) previous chronic kidney disease; (8) coronary heart disease treated with an anticoagulant; (9) hepatocellular carcinoma or other type of tumor; (10) liver transplantation; and (11) severe immunosuppression such as active tuberculosis, human immunodeficiency virus infection, or hematomatological disease.

Definition of organ failure

The chronic liver failure-sequential organ failure assessment (CLIF-SOFA) score was used to diagnose the organ failure for HBV-ACLF patients. Briefly, liver failure was diagnosed when the TBil level was ≥12 mg/dL, and brain and kidney failure were considered when grade III–IV of hepatic encephalopathy (HE) occurred and serum creatinine level was ≥2 mg/dL, respectively. Circulation failure was confirmed when the mean arterial pressure was less than 70 mmHg or prescribed with vasoactive agents. Coagulation failure was determined if the PT-INR ≥2.5 or the platelet count was 20×10^9/L or lower. Whether the ratio of arterial oxygen partial pressure to fractional inspired oxygen (PaO₂/FiO₂) was 200 or less or the ratio of pulse oxymetric saturation to FiO₂ (SpO₂/FiO₂) was 214 or less was determined as respiratory failure.

Supplementary References