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Supplementary Method:

We extracted data on baseline patient characteristics (age, sex, cirrhosis and diabetes mellitus, alanine aminotransferase [ALT], HBeAg, HBV DNA, and antiviral treatment status), study characteristics (publication date, study location, primary author, sample size, and study design), follow-up duration (person-years), and relevant clinical outcomes (HCC, cirrhosis, mortality and HBsAg seroclerance). If not reported by the study, we estimated the annual rate of the outcome of interest by dividing the number of patients with the outcome by the product of mean follow-up duration in years times the total number of patients and the person-years of follow-up by dividing the number of patients who developed the event by the annual incidence rate of said event.

Studies with a score 7–9 were considered to be of high quality, 4–6 fair quality, and <4 poor quality. Discrepancies during data collection and study quality assessment were resolved by consensus and with a third author as needed.