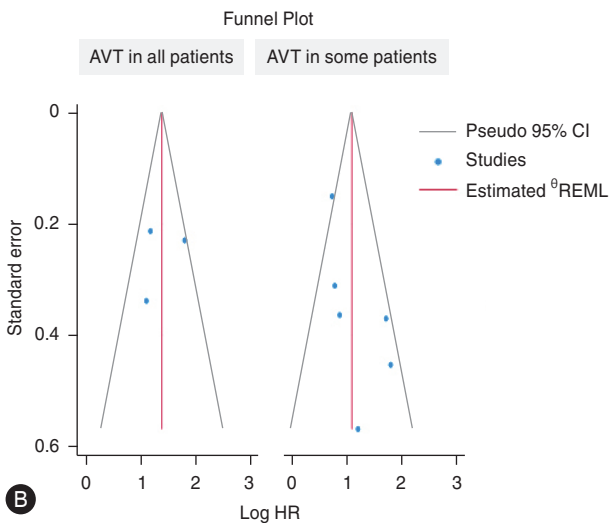


Random-effects REML model

A



B

Supplementary Figure 1. Meta-analysis of the risk of HCC development according to the proportion of AVT use. Two meta-analyses were separately conducted on the risk of HCC development in three studies in which AVT was used in all (100%) patients and in six studies in which AVT was used in some patients (A). HRs for the HCC development in CHB patients with a VCTE-determined LSM of ≥ 11 kPa were 4.02 (95% CI, 2.57–6.29) and 2.95 (95% CI, 2.00–4.37), respectively (A). Publication bias does not appear to exist in the Funnel plot (B). HCC, hepatocellular carcinoma; AVT, antiviral therapy; CHB, chronic hepatitis B; LSM, liver stiffness measurement; HR, hazard ratio; CI, confidence interval; kPa, kilopascal; VCTE, vibration-controlled transient elastography; REML, restricted maximum likelihood.