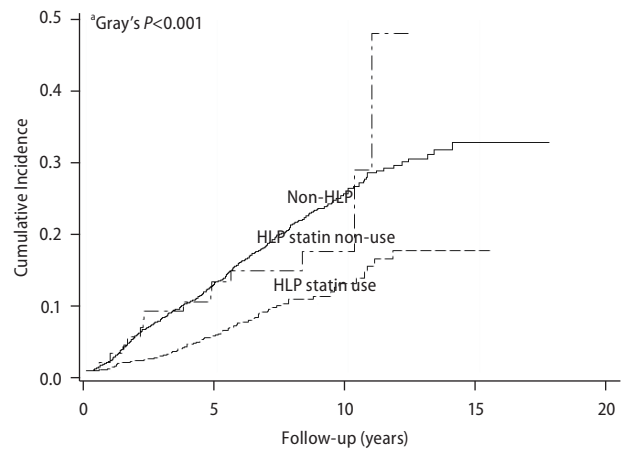


A The effects of DM with and without metformin for HCC risk

Groups	No. at risk	5-year cumulative HCC (%)	^b aSHR (95% CI) <i>P</i> -value	
DM metformin non-use	86	29.7	2.45 (1.95-4.24)	2.28 (1.48-3.46)
DM metformin use	792	8.1	1.12 (0.99-1.59)	1
Non-DM	1,901	11.1	1	0.89 (0.63-1.01)
				<i>P</i> =0.054



B The effects of HLP with and without statin for HCC risk.

Groups	No. at risk	5-year cumulative HCC (%)	^b aSHR (95% CI) <i>P</i> -value	
HLP statin non-use	82	12.7	0.82 (0.49-1.38)	1.84 (1.02-3.189)
HLP statin use	687	5.1	0.43 (0.34-0.63)	1
Non-HLP	2,010	12.7	1	2.30 (1.60-2.90)
				<i>P</i> <0.001

Supplementary Figure 2. The effects of DM with and without metformin (A) and HLP with and without statin (B) on the new-onset HCC among CHC patients who failed antiviral therapy. Metformin or statin use was redefined as ever metformin or statin use before or after end-of-treatment. (A) ^aAfter considering death as a competing risk, a Kaplan–Meier plot was constructed using Gray’s cumulative incidence method. ^bAll SHRs (95% CIs) and *p*-values were calculated using the Cox sub-distribution hazards method. *Adjusted for age, sex, LC, HCV GT1, HCV RNA, aspirin, and HLP/statin. DM, diabetes mellitus; HLP, hyperlipidemia; HCC, hepatocellular carcinoma; SHR, sub-distribution hazard ratio; LC, liver cirrhosis; GT, genotype. (B) ^aAfter considering death as a competing risk, a Kaplan–Meier plot was constructed using Gray’s cumulative incidence method. ^bAll SHRs (95% CIs) and *P*-values were calculated using the Cox sub-distribution hazards method. *Adjusted for age, sex, LC, HCV GT1, HCV RNA, aspirin, and DM/metformin. DM, diabetes mellitus; HLP, hyperlipidemia; HCC, hepatocellular carcinoma; SHR, sub-distribution hazard ratio; LC, liver cirrhosis; GT, genotype.