## APPENDIX I RISK FACTORS OF LIVER CANCER PREDICTION

|                               | Identifie<br>r | Risk Factor                                   | Options  |  |  |
|-------------------------------|----------------|---|--|--|--|
| Basic Information             | A01            | Gender  | Fill in the blank  |  |  |
|                               | A02            | Age   | Fill in the blank  |  |  |
|                               | A03            | Height (cm)                                   | Fill in the blank  |  |  |
|                               | A04            | Weight (kg)                                   | Fill in the blank  |  |  |
|                               | A05            | Waistline (cm)                                | Fill in the blank  |  |  |
|                               | A06            | Marriage                                      | • Unmarried • First marriage • Remarriage • Divorce • Widowhood • Non-marital cohabitation   |  |  |
|                               | A07            | Occupation                                    | <ul> <li>Professional and technical</li> <li>Leader of government, enterprises or institutions</li> <li>Staff</li> <li>Merchant</li> <li>Peasant</li> <li>Workman</li> <li>Service Staff</li> <li>Housework</li> <li>Others</li> </ul> |  |  |
|                               | A08            | Asbestos Contact                              | • Yes • No   |  |  |
|                               | A09            | Rubber Contact                                | • Yes • No   |  |  |
|                               | A10            | Dust Contact                                  | • Yes • No   |  |  |
|                               | A11            | Pesticides Contact                            | • Yes • No   |  |  |
|                               | A12            | Radiation Contact                             | • Yes • No   |  |  |
|                               | A13            | Beryllium, Uranium,                           | • Yes • No   |  |  |
|                               | A14            | Radon Contact Other Harmful Substance Contact | • Yes • No   |  |  |
|                               | B01            | Fresh Vegetable                               | • Never • < 2.5 kg/week • ≥ 2.5 kg/week  |  |  |
|                               | B02            | Fresh Fruit                                   | • Never • $< 1.25 \text{ kg/week}$ • $\ge 1.25 \text{ kg/week}$  |  |  |
|                               | B03            | Meat  | • Never • ≤ 350 g/week • > 350 g/week  |  |  |
| oits                          | B04            | Coarse Grain                                  | • Never • $< 500 \text{ g/week}$ • $\ge 500 \text{ g/week}$  |  |  |
| Diet Habits                   | B05            | Diet Temperature                              | • Hot • Moderate • Cool  |  |  |
| Diet                          | B06            | Diet Dryness                                  | • Dry • Moderate • Liquid  |  |  |
|                               | B07            | Salt Intake                                   | • High • Moderate • Low  |  |  |
|                               | B08            | Oil Intake                                    | • High • Moderate • Low  |  |  |
|                               | B09            | Pickled Food                                  | • Never • Occasionally • Often   |  |  |
|                               | C01            | Air Pollution                                 | • Yes • No   |  |  |
|                               | C02            | Heating Mode                                  | • No heating • Central heating • Electricity • Solar energy • Natural gas • Coal • Others  |  |  |
|                               | C03            | Cooking Fuel                                  | • Natural gas or liquid gas • Electricity • Coal • Others  |  |  |
|                               | C04            | Lampblack                                     | No lampblack • Light • Relatively heavy • Heavy  |  |  |
| <b>10</b>                     | C05            | Smoking                                       | • Non-smoker • Current smoker • Once smoked but now quit   |  |  |
| tions                         | C06            | Cigarette per Day                             | Fill in the blank (non-smoker: 0)  |  |  |
| ndil                          | C07            | Total Smoking Years                           | Fill in the blank (non-smoker: 0)  |  |  |
| CC                            | C08            | Quit-Smoking Years                            | Fill in the blank (non-smoker: 0)  |  |  |
| Living Conditions             | C09            | Regular Inhalation of                         | • Yes • No   |  |  |
|                               |                | Secondhand Smoke<br>Regular Wine              |  |  |  |
|                               | C10            | Drinking 1                                    | • Yes • No • Used to but now quit  |  |  |
|                               | C11            | Quit Regular Wine<br>Drinking Years           | Fill in the blank ((non-drinker: 0))   |  |  |
|                               | C12            | Regular Tea Drinking <sup>2</sup>             | • Yes • No • Used to but now quit  |  |  |
|                               | C13            | Regular Physical<br>Exercise <sup>3</sup>     | • Yes • No   |  |  |
| holo<br>and<br>tion           | D01            | Recent Mental<br>Trauma <sup>4</sup>          | • Yes • No   |  |  |
| Psycholo<br>gy and<br>Emotion | D02            | Long-Term Mental<br>Depression <sup>5</sup>   | • Yes • No   |  |  |

|                                    | Identifier | Risk Factor                                  | Options  | Identifier | Risk Factor                          | Options   |
|------------------------------------|------------|--|--|------------|--------------------------------------|---|
|                                    | E01        | Hepatitis B Surface Antigen<br>(HBsAg) Test  | <ul><li>Not tested</li><li>Negative</li><li>Positive</li><li>Unclear</li><li>Not tested</li><li>Negative</li></ul> | E18        | Gastrointestinal Metaplasia          | • Yes • No  |
|                                    | E02        | Fecal Occult Blood Test<br>(FOBT)            | <ul><li>Negative</li><li>Positive</li><li>Unclear</li></ul>  | E19        | Hepatobiliary Disease                | • Yes • No  |
|                                    | E03        | Chronic Respiratory Disease                  | • Yes • No   | E20        | Chronic Hepatitis B                  | • Yes • No  |
|                                    | E04        | Tuberculosis                                 | • Yes • No   | E21        | Chronic Hepatitis C                  | • Yes • No  |
|                                    | E05        | Chronic Bronchitis                           | • Yes • No   | E22        | Cirrhosis                            | • Yes • No  |
|                                    | E06        | Emphysema                                    | • Yes • No   | E23        | Schistosomiasis Infection            | • Yes • No  |
| ıry                                | E07        | Asthma Bronchodilation                       | • Yes • No   | E24        | Fatty Liver                          | <ul><li>No • Mild</li><li>Moderate •</li><li>Severe • Unknown</li></ul>                           |
| Histc                              | E08        | Silicosis or Pneumoconiosis                  | • Yes • No   | E25        | Other Liver Diseases                 | • Yes • No  |
| Medical History                    | E09        | Other Lung Diseases                          | • Yes • No   | E26        | Gallstone                            | No    • Intrahepatic bile duct stones     Extrahepatic bile duct stones     Gallstone     Unknown |
|                                    | E10        | Upper Digestive System<br>Disease            | • Yes • No   | E27        | Lower Digestive System<br>Disease    | • Yes • No  |
|                                    | E11        | Reflux Esophagitis                           | • Yes • No   | E28        | Intestinal Polyps                    | • Yes • No  |
|                                    | E12        | Superficial Gastritis                        | • Yes • No   | E29        | Chronic Colorectal<br>Inflammation   | • Yes • No  |
|                                    | E13        | Atrophic Gastritis                           | • Yes • No   | E30        | Other Lower Digestive System Disease | • Yes • No  |
|                                    | E14        | Stomach Ulcer                                | • Yes • No   | E31        | Hypertension                         | • Yes • No  |
|                                    | E15        | Duodenal Ulcer                               | • Yes • No   | E32        | Hyperlipidemia                       | • Yes • No  |
|                                    | E16        | Residual Stomach                             | • Yes • No   | E33        | Diabetes                             | • Yes • No  |
|                                    | E17        | Gastric Mucosal<br>Intraepithelial Neoplasia | • Yes • No   | E34        | Other Diseases                       | • Yes • No  |
| 9                                  | F01        | Cancer History of Blood<br>Relatives         | • Yes • No   | F07        | Grandparents-in-law                  | • Yes • No  |
| story                              | F02        | Mother                                       | • Yes • No   | F08        | Father's Brother or Sister           | • Yes • No  |
| er Hi                              | F03        | Father                                       | • Yes • No   | F09        | Mother's Brother or Sister           | • Yes • No  |
| Canc                               | F04        | Sisters                                      | • Yes • No   | F10        | Cousins on Father's Side             | • Yes • No  |
| Family Cancer History <sup>6</sup> | F05        | Brothers                                     | • Yes • No   | F11        | Cousins on Mother's Side             | • Yes • No  |
| <br>Fa                             | F06        | Grandparents                                 | • Yes • No   | F12        | Other Blood Relatives                | • Yes • No  |

<sup>&</sup>lt;sup>1</sup>Regular Drinking means at least three times a week for more than six consecutive months.

<sup>&</sup>lt;sup>2</sup>Regular Tea Drinking means at least three times a week for more than six consecutive months.

<sup>&</sup>lt;sup>3</sup>Regular Physical Exercise means more than three times a week, and more than 30 minutes each time.

<sup>&</sup>lt;sup>4</sup>Serious illness or death of relatives, family breakdown, heavy property losses, unexpected unemployment, violent intimidation, etc.

<sup>&</sup>lt;sup>5</sup>More than six months in a row.

<sup>&</sup>lt;sup>6</sup>F01 refers to blood relatives with any kind of cancer, and the rest questions are for liver cancer only.

## APPENDIX II LIVER CANCER SPECIES IN ICD-10

| ICD             | Disease                                   | ICD         | Disease  |
|-----------------|---|-------------|--|
| C22.000         | Hepatocellular Carcinoma                  | C24.000x006 | Hepatobiliary Malignant Tumor                              |
| C22.001         | Malignant Cell Tumor Of Live              | C24.000x007 | Malignant Tumor of Hilar Bile Duct                         |
| C22.100         | Intrahepatic Cholangiocarcinoma           | C24.001     | Malignant Tumor of Hepatic Duct                            |
| C22.101M81600/3 | Cholangiocarcinoma                        | C24.002     | Malignant Tumor of Bile Duct                               |
| C22.200         | Hepatoblastoma                            | C24.003     | Malignant Tumors of Common Bile Duct                       |
| C22.300         | Angiosarcoma of Liver                     | C24.004     | Malignant Tumor of Cystic Duct                             |
| C22.300x001     | Hepatic Macrophage Sarcoma                | C24.100     | Malignant Tumor of Vater Ampulla                           |
| C22.301         | Hepatic Macrophage Sarcoma                | C24.100x001 | Malignant Tumor around Vater                               |
| C22.400         | Other Sarcoma of The Liver                | C24.101     | Malignant Tumor around Ampulla Of Vater                    |
| C22.700         | Other Specific Hepatoma                   | C24.800     | The Damage of Bile Duct Crossing Malignant Tumor           |
| C22.900         | Malignant Tumor of Liver                  | C24.800x001 | Malignant Tumor of Intrahepatic and Extrahepatic Bile Duct |
| C23.x00         | Malignant Tumor of Gallbladder            | C24.900     | Biliary Tract Cancer                                       |
| C24.000         | Malignant Tumor of Extrahepatic Bile Duct | -           | -  |