Table 1. Characteristics of the study population in the training and validation cohorts

	Training set (N=627)	Validation set (N=627)
Age (ys), median (IQR)	61.0 (18.0)	60.0 (20.0)
Male, N (%)	289 (46%)	310 (49%)
BMI (kg/m^2), median (IQR)	29.1 (8.1)	28.8 (9.2)
HTN, N (%)	198 (32%)	191 (30%)
Diabetes, N (%)	230 (37%)	219 (35%)
MRE (kPa), median (IQR)	3.5 (2.5)	3.4 (2.5)
Albumin (g/dL), median (IQR)	4.3 (0.5)	4.3 (0.6)
ALT (U/mL), median (IQR)	46.0 (41.0)	47.0 (50.0)
AST (U/ml), median (IQR)	40.0 (32.0)	42.0 (32.0)
Total Bilirubin (mg/dL), median (IQR)	0.6 (0.5)	0.6 (0.5)
Platelet count (*10^3/uL), median (IQR)	195.0 (106.0)	202.0 (110.0)
Follow up time (yrs), median (IQR)	3.0 (4.0)	2.8 (4.0)
Follow up time (yrs), min-max	0.3 – 12.1	0.3-12.1
Variceal hemorrhage, N (%)	5 (1%)	5 (1%)
Ascites, N (%)	33 (5%)	27 (4%)
Hepatic encephalopathy, N (%)	21 (3%)	14 (2%)
Composite Primary Outcome, N (%)	38 (6%)	30 (5%)
Hepatocellular carcinoma, N (%)	9 (1%)	7 (1%)
Death, N (%)	50 (8%)	34 (5%)

Commented [김범1]: Reanalysis with new Study population
1) patients with < 3 months F/u since MRE should be removed.
2) Outcome should be re-defined as variceal hemorrhage rather than varices needing treatment.

Table 2. Univariable and multivariable Cox proportional hazards regression analysis for hepatic decompensation in the training cohort (N=627)

	Univariable Models		Final Model	
	Crude HR (95% CI)	**P-value**	**Adjusted HR (95% CI)**	**P-value**
Age	1.05 (1.02, 1.08)	.0007	1.02 (1.00, 1.05)	.0848
Sex				
Male	Ref			
Female	1.01 (0.53, 1.90)	0.9875		
BMI	1.04 (0.99, 1.08)	0.1069		
HTN				
No	Ref			
Yes	1.26 (0.66, 2.40)	.4842		
DM				
No	Ref			
Yes	3.18 (1.61, 6.31)	.0009		
log(MRE [kPa]), per 1 log-unit increase	10.14 (4.91, 20.95)	<.0001	2.58 (1.12, 5.96)	.0262
square(albumin [g/dL]), per 1-unit increase	0.80 (0.74, 0.86)	<.0001	0.89 (0.81, 0.97)	.0068
log(ALT [U/mL]), per 1 log–unit increase	0.88 (0.54, 1.44)	.6160		
log(AST [U/mL]), per 1 log–unit increase	2.22 (1.31, 3.76)	.0030	2.08 (1.17, 3.72)	.0132
Platelet count (*10^3/uL), per 1-unit increase	0.98 (0.97, 0.98)	<.0001	0.98 (0.98, 0.99)	<.0001

Multivariable model included all significant (p<.10) variables from univariable models. Non-significant (p>.10) terms were dropped stepwise from final model.

Commented [김범2]: Reanalysis with new Study population
1) patients with < 3 months F/u since MRE should be removed.
2) Outcome should be re-defined as variceal hemorrhage rather than varices needing treatment.

Table 3. Diagnostic performance of multivariable MRE-based model with age, sqare (albumin), log(AST) and platelets for 3- and 5-year risk of hepatic decompensation in training N=627 and validation cohorts N=627.

	Concordance Index (Uno's C-Statistic)			
	Training Set (N=627)		Validation Set (N=627)	
	Estimate (SE)	Difference between reduced and Full models, p-value	Estimate (SE)	Difference between reduced and Full models, p-value
3-year				
Full model	.9117 (.0245)		.8707 (.0337)	
FIB-4*	.8210 (.0250)	<.0001	.7502 (.0452)	.0003
5-year				
Full model	.8914 (.0258)		.8758 (.0303)	
FIB-4*	.8022 (.0303)	<.0001	.7255 (.0525)	.0001

*FIB-4 cut-point of 2.67 used to define high-risk

Commented [김범3]: Reanalysis with new Study population
1) patients with < 3 months F/u since MRE should be removed.
2) Outcome should be re-defined as variceal hemorrhage rather than varices needing treatment.