Supplementary Figures and Tables

Appendix S1

Supplementary Table 1 - Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist.

Section/topic	#	Prisma Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	3
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	5
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	6
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	7
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	7
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	7
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	7
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	8
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	9

Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	9
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	9-10
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	11
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	11

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	9-10
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	11
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	12
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	12
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	12-13
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	13
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	13-14
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	12
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	14
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	14

Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	1

Appendix S2

Supplementary Table 2 - MOOSE Statement - Reporting Checklist for Authors, Editors, and Reviewers of Meta-analyses of Observational Studies

Reporting Criteria	Reported (Yes/No)	Reported on Page
Reporting of Background	Yes	See Introduction- pp 6-7
Problem definition	Yes	See Introduction- p 7
Hypothesis statement	Yes	See Introduction- p 7
Description of Study Outcome(s)	Yes	See Introduction- p 7
Type of exposure or intervention used	Yes	See Material and methods- pp 7-8
Type of study design used	Yes	See Material and methods- pp 7-8
Study population	Yes	See Material and methods – pp 7-8
Reporting of Search Strategy		
Qualifications of searchers (e.g. librarians and investigators)	Yes	See Material and methods- Data sources and searches- pp 8-9
Search strategy, including time period included in the synthesis and keywords	Yes	See Material and methods- Data sources and searches- pp 8-9
Effort to include all available studies, including contact with authors	Yes	See Material and methods- Data sources and searches- pp 8-9
Databases and registries searched	Yes	See Material and methods- Data sources and searches- p 8-9
Search software used, name and version, including special features used (e.g, explosion)	Yes	See Material and methods- Data sources and searches- p 9-10
Use of hand searching (e.g. reference lists of obtained articles)	Yes	See Material and methods- Data sources and searches- p 9-10
List of citations located and those excluded, including justification	Yes	See Flow-chart Figure 1 Reference to Figure 1 at Page 15
Method for addressing articles published in languages other than English	No	Articles published in non-English languages were not searched- Explanation of why we did not include studies in non-English languages is reported in the Methods at page 8 in the section Data Sources and Searches
Method of handling abstracts and unpublished studies	Yes	Gray literature was searched but no abstracts or manuscripts were identified – More details about gray literature is reported in the section of Material and methods Data Sources and searches- see pp 8-9
Description of any contact with authors	No	No attempts to contact authors for individual patient data. This is explained in the Methods, in the section Data Sources and Searches at page 8
Reporting of Methods		
Description of relevance or appropriateness of studies assembled for assessing the hypothesis to be tested	Yes	See Material and methods- Study characteristics- p 10 and Table 1
Rationale for the selection and coding of data (e.g. sound clinical principles or convenience)	Yes	See Material and methods- Summary statistics- p 11
Documentation of how data were classified and coded (e.g. multiple raters, blinding, and interrater reliability)	Yes	See Methods- Assessment of Bias p 11
Assessment of confounding (e.g.	Yes	See Data sources and Searches at pp 8-9

comparability of cases and controls in studies where appropriate		
Assessment of study quality, including blinding of quality assessors. stratification or regression on possible predictors of study results YES 5	Yes	See Assessment of Bias, pp 11 See Study Characteristics at p 16 See meta-regression at p 19
Assessment of heterogeneity	Yes	See Meta-regression and other sensitivity analyses at p 19
Description of statistical methods (e.g. complete description of fixed or random effects models, justification of whether the chosen models account for predictors of study results, dose-response models, or cumulative meta-analysis) in sufficient detail to be replicated	Yes	See methods section summary statistics at p 13, See Data Synthesis at p 14
Provision of appropriate tables and graphics	Yes	Results- p 16, Table 1. Results- p 16, Table 2. Results- p 16, Table 3. Results- p 17, Table 4. Results- p 17, Figure 2A Results- p 17, Figure 2B Results- p 18, Figure 3A Results- p 18, Figure 3B
Reporting of Results		
Table giving descriptive information for each study included	Yes	Results- p 16, Table 2 Results- p 16, Table 3
Results of sensitivity testing (e.g. subgroup analysis)	Yes	Results- p 19, Meta-regression and sensitivity analysis- pp 19-20
Indication of statistical uncertainty of findings	yes	Results- pp17-20 Discussion pp 19-20
Reporting of Discussion		
Quantitative assessment of bias (e.g., publication bias)	Yes	Methods- Assessment of bias- p 11
Justification for exclusion (e.g. exclusion of non–English-language citations)	Yes	Methods- Data sources and searches- p 8
Assessment of quality of included studies	Yes	Discussion- p 22
Reporting of Conclusions		
Consideration of alternative explanations for observed results	Yes	Discussion- pp 20-22
Generalization of the conclusions (i.e. appropriate for the data presented and within the domain of the literature review)	Yes	Discussion- pp 22-26
Guidelines for future research	Yes	Discussion- pp 26-28
Disclosure of funding source	Yes	Funding sources – p 29

Appendix S3

Supplementary Table 3 Example of The Newcastle-Ottawa Scale (NOS) for grading the quality of studies included in this meta-analysis. A study can be awarded a maximum of one star for each numbered item within the Selection and Exposure categories. A maximum of two stars can be given for Comparability.

Selection (First Domain)

1) Is the case definition adequate?

a) yes, with independent validation *
b) yes, e.g. record linkage or based on self-reports
c) no description

2) Representativeness of the cases

a) consecutive or obviously representative series of cases *
b) potential for selection biases or not stated

3) Selection of Controls

a) community controls *
b) hospital controls
c) no description

4) Definition of Controls

a) no history of disease (endpoint) *
b) no description of source Comparability

Comparability (Second Domain)

1) Comparability of cases and controls based on the design or analysis

a) study controls for _____ (Select the most important factor.) *
b) study controls for any additional factor * (This criterion could be modified to indicate specific control for a second important factor.)

Exposure (Third Domain)

1) Ascertainment of exposure

a) secure record (e.g. surgical records) *
b) structured interview where blind to case/control status *
c) interview not blinded to case/control status
d) written self-report or medical record only
e) no description

2) Same method of ascertainment for cases and controls

a) yes *
b) no

3) Non-Response rate

a) same rate for both groups *
b) non respondents described
c) rate different and no designation

Supplementary Table 4.

Characteristics of the included studies

Authors (Reference)	Publication Year	Country	Study Design	Timeframe	Total N. Patients	NAFLD(+)	NAFLD(-)	Median or Mean Follow-up (Months)	Reported Outcomes
						N. Patients	N. Patients		
Wakai [30]	2011	Japan	RCC	1990-2007	225	17	208	87	OS and DFS
Wu [28]	2011	Taiwan	RCC	1999-2005	1,048	355	693	53.1	OS
Ishizuka [24]	2013	Japan	RCC	2000-2008	377	40	337	27.3	OS and DFS
Cauchy [25]	2013	France	RCC	2000-2011	62	38	24	24	OS
Nishio [33]	2015	Japan	RCC	2000-2011	456	19	437	75.4	OS and DFS
Vigano [31]	2015	Italy	RCC	2000-2012	192	96	96	44.6	OS and DFS
Mikuriya [34]	2015	Japan	RCC	1998-2011	666	21	645	-	OS and DFS
Su [23]	2015	Taiwan	RCC	1991-2006	188	74	114	69.8	OS
Tian [32]	2017	China	RCC	2009-2012	1,235	81	1154	40.2	OS and DFS
Kimura [37]	2017	Japan	RCC	1996-2012	77	30	47	-	OS and DFS
Wong [29]	2017	United States	RCC	1991-2011	866	179	687	-	OS
Pais [26]	2017	France	RCC	1995-2014	323	39	284	-	DFS
Liang [35]	2019	Japan	RCC	2002-2015	177	75	102	52	OS and DFS
Koh [36]	2019	Singapore	RCC	2000-2015	996	152	844	-	OS and DFS
Yoon [27]	2020	South Korea	RCC	2009-2013	338	196	142	72.3	OS and DFS
Total N. Patients					7,226	1,412	5,814		

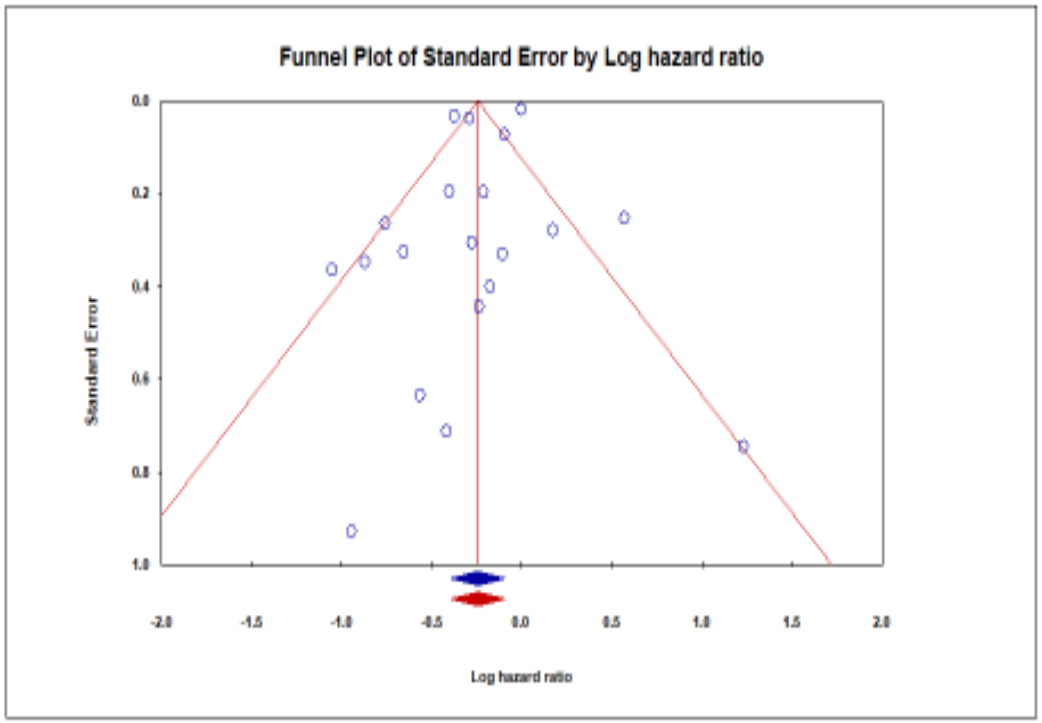
Legend: Retrospective Cohort (RCC); Overall Survival (OS); Disease Free Survival (DFS)

Appendix S4

Supplementary Table 5. Quality assessment of the included studies based on the Newcastle-Ottawa Scale (NOS) for non-randomized studies. The quality of each study was judged on three domains: the selection of the study groups, the comparability of the groups, and the ascertainment of the outcome of interest. The NOS assigns up to a maximum of nine stars (points) for the least risk of bias. A study can be awarded a maximum of one star for each item within the selection and exposure categories. A maximum of two stars can be awarded for comparability of cases and controls. Studies with seven or more stars are categorized as good quality, five to six stars indicate fair quality, and four or fewer stars indicate poor quality.

Primary Author	Adequate definition of cases	Representativeness of cases	Selection of control	Definition of control	Comparability of cases and controls	Exposure assessment	Same method of ascertainment for cases and controls	Nonresponsive rate	Total quality score
Wakai	★	★	★	★	★★	★	★		**8**
Wu	★	★	★	★	★	★	★		**7**
Ishizuka	★	★	★	★	★	★	★		**7**
Cauchy	★	★	★	★	★	★	★	★	**8**
Nishio	★	★	★	★	★	★	★		**7**
Vigano	★	★	★	★	★★	★	★		**8**
Mikuriya	★	★	★	★	★★	★	★	★	**9**
Su	★	★	★	★	★	★	★		**7**
Tian	★	★	★	★	★★	★	★	★	**9**
Kimura	★	★	★	★	★★	★	★		**8**
Wong	★	★	★	★	★	★	★	★	**8**
Pais	★	★	★	★	★★	★	★		**8**
Liang	★	★	★	★	★★	★	★		**8**
Koh	★	★	★	★	★★	★	★		**8**
Yoon	★	★	★	★	★★	★	★	★	**9**

Appendix S5



Supplementary Figure 1S. Funnel plot illustrating each study's effect with reference to their sample size. There was a symmetric distribution of the plot indicating a low risk of publication bias (Egger's regression; P=0.23).

Supplementary Table 6 Clinical characteristics and tumor characteristics of patients treated with hepatic resection for hepatocellular carcinoma stratified by the presence or absence of non-alcoholic fatty liver disease as a predisposing factor for the development of the tumor.

			NAFLD(+)						NAFLD(-)					
Authors (Reference)	**Frequency of Follow-up after Hepatic Resection**	**Treatment of Recurrent Disease**	**N of patients (Diagnosis)**	**Median or Mean Age (Years)**	**Median or Mean Size of largest Tumor (mm)**	**Patients with Cirrhosis (%)**	**Median or Mean AFP (ng/mL)**	**Perioperative Mortality (%)**	**N of patients (Diagnosis)**	**Median or Mean Age (Years)**	**Median or Mean Size of Largest Tumor (mm)**	**Patients with Cirrhosis (%)**	**Median or Mean AFP (ng/mL)**	**Perioperative Mortality (%)**
Wakai	3 months	-	17	≤65 (n. 4 pts) >65 (n. 13 pts)	≤50 (n. 9 pts) >50 (n. 8 pts)	75	≤20 (n. 9 pts) >20 (n. 8 pts)	12	147 (HCV+)	≤65 (n. 63 pts) >65 (n. 84 pts)	≤50 (n. 122 pts) >50 (n. 25 pts)	-	≤20 (n. 64 pts) >20 (n. 83 pts)	0.7
									61 (HBV+)	≤65 (n. 47 pts) >65 (n. 14 pts)	≤50 (n. 40 pts) >50 (n. 21 pts)	-	≤20 (n. 22 pts) >20 (n. 39 pts)	3.3
Wu	3 months	Re-resection or Ablation or TACE or Systemic Chemotherapy	**355**	57.4	46.1 (34.0)	58.6	27	4.5	438 (HBV+) 202 (HBV+) 53 (Other Conditions)	55.7	59.1	58.6	72.5	4.9
Ishizuka	-	-	40	66	≤20 (n. pts 5) >20 (n. pts 35)	32.5	1,030	-	337 (HBV+/HCV+)	65	≤20 (n. pts 119) >20 (n. pts 218)	62	9,330	-
Cauchy	-	-	38	68	71	26.3	≤10 (n. 27 pts) >10 (n. 11 pts)	18	24 (Normal liver)	72	94	45.8	≤10 (n. 14 pts) >10 (n. 10 pts)	0
Nishio	-	-	19	69	52	10.5	420.8	-	373 (HCV+/HBV+)	69	48	41.8	12,133	-

									43 (ETOH)	68	55	30.2	4,984	-	
									21 (Cryptogenic)	62	97	19.1	11,400	-	
Vigano	-	Re-resection or Ablation or TACE or Liver Transplantation	96	71	≤50 (n. 48 pts) >50 (n. 48 pts)	22.9	≤10 (n. 40 pts) >10 (n. 52 pts)	1	96 (HCV+)	69	≤50 (n. 48 pts) >50 (n. 48 pts)	22.9	≤10 (n. 51 pts) >10 (n. 42 pts)	3	
Mikuriya	-	-	21	69	47.2	-	2,906	0	645 (HCV+)	66	33.7	-	1,632	0	
Su	3 months	-	7 (Non viral cirrhosis) 55 (HBV+) 12 (HCV+)	60	25	58.1	38.4	-	82 (HBV+) 28 (HCV+) 4 (Other)	62	25	59.6	15.9	-	
Tian	-	-	81	52	≤50 (n. 6 pts) >50 (n. 75 pts)	51.8	-	2.4	1,154 (HBV+)	50	≤50 (n. 473 pts) >50 (n. 681 pts)	78.7	-	2.1	
Kimura		-	30	71	41	63	-	-	31 (ETOH)	69	25	84	-	-	
									16 (Cryptogenic)	75	67	25	-	-	
Wong	-	-	179	-	-	-	-	-	215 (HBV+)	-	-	-	-	-	
									413 (HCV+)						
									59 (ETOH)						
Pais	-	-	39	70	87	37	27	-	74 (HBV+)	51	62	72	38	-	
									85 (HCV+)	61		93			
									31 (ETOH)	64		84			
Liang		-	75	73	48	12	7	-	23 (HBV+)	73	34	48	14	-	
									51 (HCV+)						
									28 (ETOH)						
Koh	3 months	-	152	69	7	34.2	<200 (n. 119 pts) 200-	-	844 (HBV+ or HCV+ or other causes)	63	40	51.1	<200 (n. 583 pts) 200-400 (n.		

							400 (n. 4 pts) >400 (n. 29 pts)						24 pts) >400 (n. 237 pts)		
Yoon	3 months	-	196 NAFLD + and HBV+	55	30	-	11.9	-	142 NAFLD- and HBV+	57	40	-	24.2	-	

Legend**:** Non-alcoholic fatty liver disease (NAFLD), Trans-arterial chemoembolization (TACE), Viral Hepatitis B (HBV), Viral Hepatitis C (HCV), Alcohol Induced Liver Disease (ETOH), Alpha Feto-Protein (AFP)

Legend: Non-alcoholic fatty liver disease (NAFLD), Trans-arterial chemoembolization (TACE), Viral Hepatitis B (HBV), Viral Hepatitis C (HCV), Alcohol Induced Liver Disease (ETOH), Alpha Feto-Protein (AFP)

Appendix S6

Supplementary Table 7. Disease free survival of patients with nonalcoholic fatty liver disease (NAFLD+) in comparison to patients without nonalcoholic fatty liver disease (NAFLD-) after radical hepatic resections for hepatocellular carcinoma (HCC).

Authors	Comparison Groups			Disease Free Survival					
				1-year (%)		3-year (%)		5-year (%)	
				NAFLD(+)	NAFLD(-)	NAFLD(+)	NAFLD(-)	NAFLD(+)	NAFLD(-)
Wu	NAFLD(+)	vs.	HBV(+) / HCV(+)	71.4	59.3	45.6	39.6	33.5	32.6
Wakai	NAFLD(+)	vs.	HBV(+)	80.2	69.0	65.7	51.5	66.0	39.0
Wakai	NAFLD(+)	vs.	HCV(+)	80.2	69.0	65.7	39.4	66.0	29.0
Ishizuka	NAFLD(+)	vs.	HBV(+) / HCV(+)	71.8	65.2	45.0	29.3	24.4	19.6
Vigano	NAFLD(+)	vs.	HCV(+)	76.0	73.5	56.9	39.3	37.0	27.5
Nishio	NAFLD(+)	vs.	HBV(+) / HCV(+)	81.3	68.3	62.5	38.6	62.5	28.2
Nishio	NAFLD(+)	vs.	Cryptogenic	81.3	64.0	62.5	30.1	62.5	28.1
Nishio	NAFLD(+)	vs.	ETOH	81.3	63.8	62.5	32.3	62.5	17.4
Mikuriya	NAFLD(+)	vs.	HCV(+)	80.1	70.4	29.1	39.5	29.2	26.1
Tian	NAFLD(+)	vs.	HBV(+)	95.1	76.1	72.8	52.5	53.1	39.8
Kimura	NAFLD(+)	vs.	Cryptogenic	76.8	68.8	42.3	44.2	42.3	44.2
Kimura	NAFLD(+)	vs.	ETOH	76.8	77.1	42.3	43.3	42.3	29.2
Koh	NAFLD(+)	vs.	NAFLD(-)	78.0	74.5	60.9	51.2	45.4	40.8
Liang	NAFLD(+)	vs.	HBV(+) / HCV(+) / ETOH	80.8	69.0	58.0	34.8	50.9	25.1
Yoon	NAFLD(+)	vs.	NAFLD(-)	85.7	75.6	65.3	54.9	52.8	46.9

Legend: Nonalcoholic fatty liver disease (NAFLD), Viral hepatitis B (HBV), Viral hepatitis C (HCV), alcoholic liver disease (ETOH).

Appendix S7

Supplementary Table 8. Overall survival of patients with nonalcoholic fatty liver disease (NAFLD+) in comparison to patients without nonalcoholic fatty liver disease (NAFLD-) after radical hepatic resections for hepatocellular carcinoma (HCC).

				Overall Survival					
Authors (Reference)	**Comparison Groups**			**1-year survival (%)**		**3-year survival (%)**		**5-year Survival (%)**	
				NAFLD(+)	**NAFLD(-)**	**NAFLD(+)**	**NAFLD(-)**	**NAFLD(+)**	**NAFLD(-)**
Wu	NAFLD(+)	vs.	HBV(+) / HCV(+)	88.6	83.2	71.7	60.8	61.6	49.8
Wakai	NAFLD(+)	vs.	HBV(+)	92.8	90.6	70.2	72.7	59.0	63.0
Wakai	NAFLD(+)	vs.	HCV(+)	92.8	93.5	64.0	74.4	59.0	57.0
Cauchy	NAFLD(+)	vs.	NAFLD(-)	78.0	90.0	64.0	90.0	-	-
Ishizuka	NAFLD(+)	vs.	HBV(+) / HCV(+)	86.2	88.7	75.1	69.3	53.7	51.2
Vigano	NAFLD(+)	vs.	HCV(+)	96.8	96.9	81.3	73.0	65.6	61.4
Nishio	NAFLD(+)	vs.	HBV(+) / HCV(+)	94.6	86.5	88.6	66.1	76.5	55.3
Nishio	NAFLD(+)	vs.	Cryptogenic	94.6	84.6	88.6	59.8	76.5	49.1
Nishio	NAFLD(+)	vs.	ETOH	94.6	95.2	88.6	78.3	76.5	50.6
Mikuriya	NAFLD(+)	vs.	HCV(+)	100.0	88.6	76.1	71.6	75.9	51.0
Su	NAFLD(+)	vs.	NAFLD(-)	94.6	97.3	79.3	86.5	57.8	75.6
Wong	NAFLD(+)	vs.	HBV(+)	73.3	81.5	46.4	63.1	28.1	50.8
Wong	NAFLD(+)	vs.	HCV(+)	73.3	74.1	46.4	43	28.1	25.4
Wong	NAFLD(+)	vs.	ETOH	73.3	68.8	46.4	43.2	28.1	21.2
Tian	NAFLD(+)	vs.	HBV(+)	96.3	82.9	82.7	62.3	63.0	49.8
Kimura	NAFLD(+)	vs.	Cryptogenic	96.6	93.4	85.2	80.4	72.6	72.3
Kimura	NAFLD(+)	vs.	ETOH	96.6	93.4	85.2	70.9	72.6	47.5
Koh	NAFLD(+)	vs.	NAFLD(-)	94.0	90.1	82.5	73.4	70.1	60.9
Liang	NAFLD(+)	vs.	HBV(+) / HCV(+) / ETOH	99.7	91.7	88.8	76.1	84.8	67.0
Yoon	NAFLD(+)	vs.	NAFLD(-)	97.9	94.2	94.7	89.3	91.1	79.2

Legend: Nonalcoholic fatty liver disease (NAFLD), Viral hepatitis B (HBV), Viral hepatitis C (HCV), alcoholic liver disease (ETOH).

Appendix S8

Supplementary Table 9 Summary of the output of multivariable meta-regression analysis. The hazard ratios of the disease-free survival (DFS) and overall survival (OS) were the dependent variables adjusted for year of publication and prevalence of cirrhosis among patients with nonalcoholic fatty liver disease (NAFLD). The year of publication and the prevalence of cirrhosis among patients with NAFLD expressed as a percentage were entered as continuous variables.

Outcome	Covariate	Coefficient	95% Confidence Interval		P Value
			Lower	Upper	
Disease free survival	Intercept	-70.297	-192.824	52.229	0.260
	Year of publication	0.035	-0.026	0.095	0.263
	Cirrhosis	0.007	-0.003	0.017	0.170
Overall survival	Intercept	157.429	13.640	301.217	**0.032**
	Year of publication	-0.078	-0.149	-0.007	**0.031**
	Cirrhosis	-0.001	-0.013	0.011	0.841