Supplementary Methods

We systematically reviewed clinical trials from leading medicine and gastroenterology journals that exclusively focused on patients with cirrhosis published from 2000 to 2021 using the literature search engine PubMed, identifying 503 trials. We selected 12 leading journals, 4 general medicine journals, and 8 gastroenterology journals, selected by impact factor, to focus our search, which is consistent with prior work.[1] Journals were considered high impact if they reported an impact factor of at least 10 in 2022. Search criteria was as follows: ((((((((((((("The New England journal of medicine"[Journal]) OR ("Journal of the American Medical Association"[Journal])) OR ("Lancet (London, England)"[Journal])) OR ("British medical journal"[Journal])) OR ("Gastroenterology"[Journal])) OR ("Journal of hepatology"[Journal])) OR ("Hepatology (Baltimore, Md.)"[Journal])) OR ("Gut"[Journal])) OR("The lancet. Gastroenterology hepatology"[Journal])) OR ("Clinical gastroenterology and hepatology : the official clinical practice journal of the American Gastroenterological Association"[Journal])) OR ("Alimentary pharmacology therapeutics"[Journal])) OR ("The American journal of gastroenterology"[Journal])) AND (liver cirrhosis).

Eligible studies focused on subjects with compensated or decompensated cirrhosis; were phase-independent or at minimum phase 3; implemented pharmacologic, procedural, or behavioral interventions; and demonstrated superiority or noninferiority compared with standard of care. Non-RCTs, trials focused on patients without cirrhosis, trials focused on patients with hepatocellular carcinoma, pre–phase 3 trials, post hoc analyses, and trials with nonclinical end points were excluded. We reviewed the abstracts, primary manuscripts, published tables, and supplementary indices of these journals for relevant demographics, and where applicable we searched provided trials registry numbers on clinicaltrials.gov for the relevant published study demographic data.

We constructed an abstraction spreadsheet modeled on previous work.[1] We documented the specific clinical intervention, location of primary clinical sites, source of funding, sex representation (male or female), the discrete age breakdown, and number of individuals represented by race (ie, White, Black, Asian, American-Indian/Alaska-Native, Native-Hawaiian/Pacific-Islander, or other) or ethnicity (ie, Hispanic or Latino) as classified by the US Federal Office of Management and Budget.[2] The ethnicity "Hispanic or Latino" includes individuals with Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.[3] The proportions of clinical trials with complete documentation of sex, race, and ethnicity representation were collected, as well as clinical trials where this information was incomplete or absent.

We compared the reported findings with the expected incidence of cirrhosis for the respective populations.[4] The group comparisons were performed using the chi-square or Fisher exact test, the Student t test for parametric data, or a Mann-Whitney U test for nonparametric data, as deemed appropriate. We performed a meta-analysis of proportions to account for study weights and potential overrepresentation of Black patients in the trial by Pearlman et al[6] (Table 1) using a random effects model. The observed P values were considered statistically significant when $< .05$.

References

1. Kochar B, et al. Inflamm Bowel Dis 2021;27:1541–1543.
2. https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf.
3. https://www.census.gov/topics/population/hispanic-origin/about.html.
4. Scaglione SM, et al. J Clin Gastroenterol 2015;49:690–696.