Supplementary Table 1. Causality assessment methods used in DILI studies

% Likelihood of DILI	WHO 4 levels	Naranjo 4 levels	RUCAM 5 levels	M & V 5 Levels	DILIN 5 levels
➢ 75%	Level 1 (Certain)	Definite	Highly probable	Definite	Definite (1) and Highly likely (2)
50 to 75%	Level 2 (Probable)	Probable	Probable	Probable	Probable
25 to 50%	Level 3 (Possible)	Possible	Possible	Possible	Possible
< 25%	Level 4 (Unlikely)	Doubtful	Not likely and excluded	Not likely and excluded	Unlikely

Adapted from LiverTox website at http:www.livertox.nih.gov/

Abbreviations: WHO, World Health Organization; RUCAM, Rousell-Uclaf Causality Assessment Method; M & V, Maria and Victorino; DILIN, Drug induced Liver Injury Network

Supplementary Table 2. Genome wide association studies of DILI susceptibility

Drug (Ref #)	DILI cases	Control	Gene	Minor allele frequency	Odds ratio
Flucloxacillin (B-lactam antibiotic) (#125)	51	282 population controls	HLA-B*5701	6%	80
Ximelagatran (Thrombin inhibitor) (#126)	74	130 treated controls	DRB1*07 DQA1*02	8.5%	4.4 4.4
Lumiracoxcib (COX-2 inhibitor) (#127)	41	176 treated controls	DRB1*1501 DQB1*0602	15%	5.0
Lapatanib (Kinase inhibitor) (#128)	37	286 treated controls	DQA1*02	21%	9.0
Amoxicllin-clavulanate (Antibiotic) (#136)	201	532 Population controls	DRB1*1501 HLA-A*0201	16% 4%	2.8 2.3