## **Supplementary Online Content**

- Lee T-Y, Hsu Y-C, Tseng H-C, et al. Association of daily aspirin therapy with risk of hepatocellular carcinoma in patients with chronic hepatitis B. *JAMA Intern Med*. Published online March 18, 2019. doi:10.1001/jamainternmed.2018.8342
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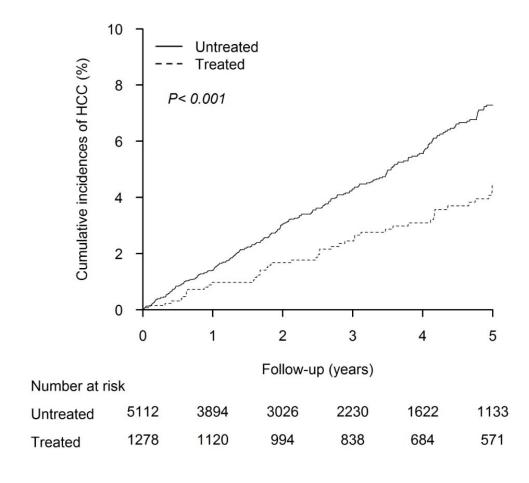
This supplementary material has been provided by the authors to give readers additional information about their work.

## eMethods. The ICD Codes Used in This Study

		ICD9-CODE
1	Chronic hepatitis B	[070.2][070.3][V02.61]
2	Chronic hepatitis C	[07041][07044][07051][07054]
		[V0262][070.7]
3	Other viral hepatitis	[573.2] [573.1]
4	Human immunodeficiency virus disease	[042]
5	Alcoholic liver disease	[571.0] [571.3]
6	Cirrhosis	[571.2] [571.5] [571.6]
7	Liver decompensation	[789.5] [572.2] [572.4]
8	Diabetes mellitus	[250][648.0]
9	Hyperlipidemia	[272.0] - [272.4]
10	Hypertension	[401] - [405]
11	Coronary arterial disease	[410] - [414]
12	Cerebral vascular disease	[430] - [438]
13	Cardiac dysrhythmias	[427]
14	Peripheral vascular disease	[443]
15	Hepatocellular carcinoma	[155.0]
16	Peptic ulcer bleeding	[531.0] [531.1] [531.2] [531.4]
		[531.5] [531.6] [532.0] [532.1]
		[532.2] [532.4] [532.5] [532.6]
		[533.0] [533.1] [533.2] [533.4]
		[533.5] [533.6] [534.0] [534.1]
		[534.2] [534.4] [534.5] [534.6]
17	Suicide	[E950]-[E958][E980]-[E988]
18	Hip fracture	[820] [733.14] [733.96]

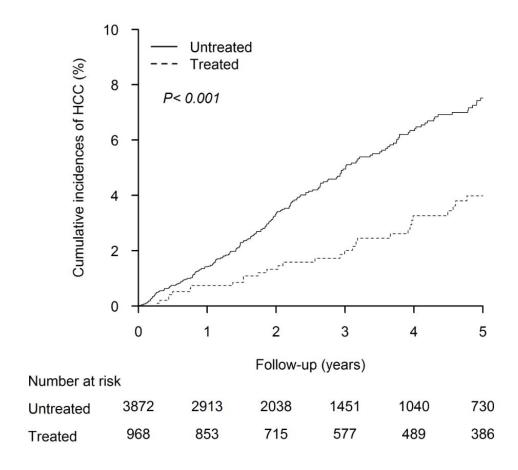
eFigure 1. Cumulative Incidence of Hepatocellular Carcinoma Development in Aspirin-Treated (Continuous Aspirin Use for at Least 1 Year) or Untreated Groups

Follow-up from 1 year after the initiation of aspirin therapy.

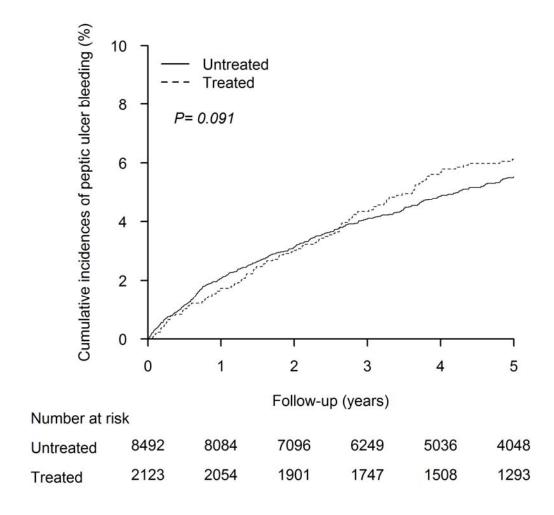


eFigure 2. Cumulative Incidence of Hepatocellular Carcinoma Development in Aspirin-Treated (Continuous Aspirin Use for at Least 2 Years) or Untreated Groups

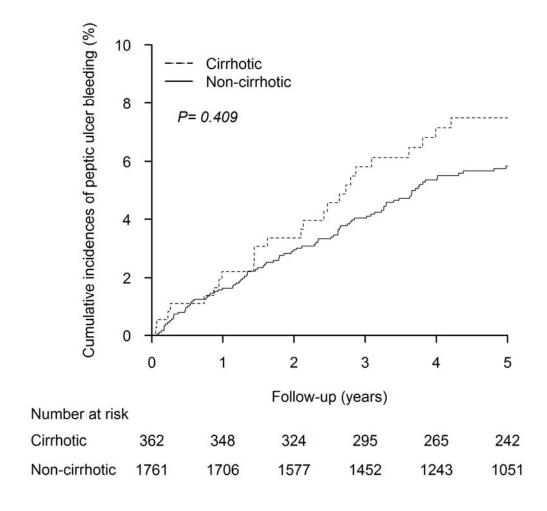
Follow-up from 2 years after the initiation of aspirin therapy.



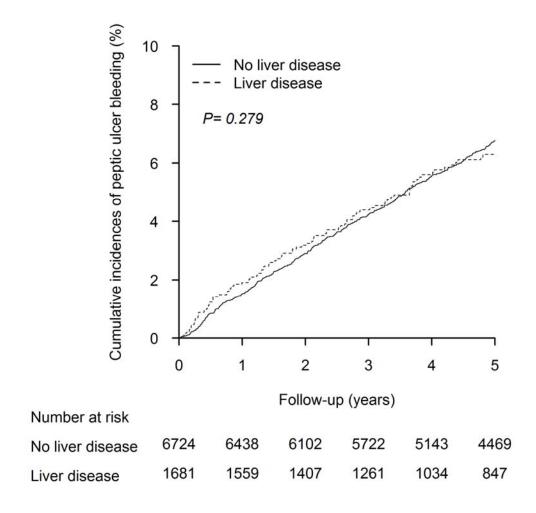
eFigure 3. Cumulative Incidence of Peptic Ulcer Bleeding in the Aspirin-Treated or Untreated Groups



eFigure 4. Cumulative incidence of Peptic Ulcer Bleeding Among Cirrhotic or Non-Cirrhotic Patients in the Aspirin-Treated Group



eFigure 5. Cumulative Incidence of Peptic Ulcer Bleeding in Typical Aspirin Users With Liver Disease (Chronic Hepatitis B) or Without Liver Disease

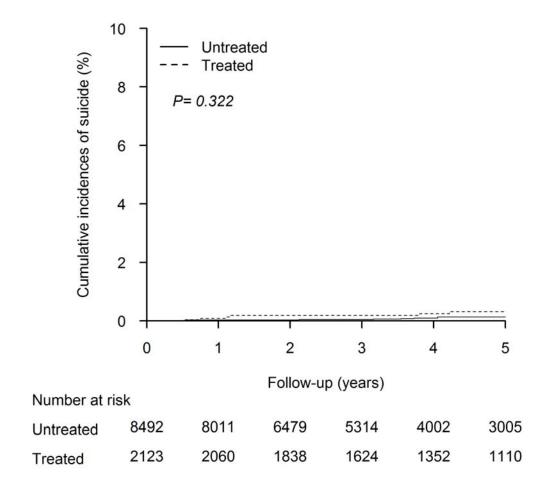


eTable. Demographic Characteristics of Typical Patients Who Received Daily Aspirin
Therapy for Cardiovascular Diseases

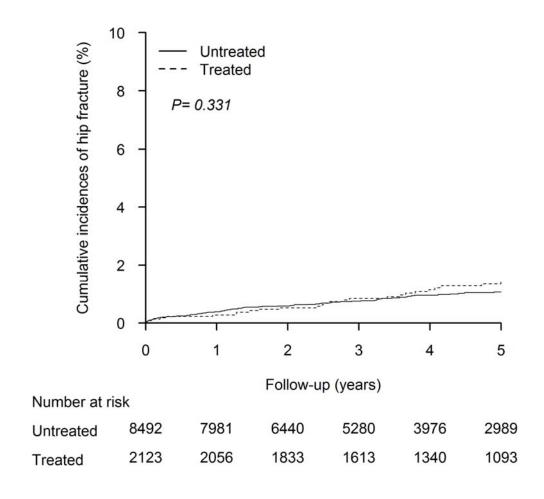
Characteristics	Liver disease	No liver diseas	<i>P</i> value	
		е		
	n = 1,681	n = 6,724		
Age, years				
Mean ± SD	60.9 ± 11.5	60.8 ± 11.5	0.69	
Median (IQR)	61.4 (52.4-69.4)	61.4 (52.2-69.3)	0.72	
Sex, n (%)			0.87	
Male	1241 (73.8%)	4948 (73.6%)		
Female	440 (26.2%)	1776 (26.4%)		
Underlying comorbidities, n (%)				
Coronary arterial disease	603 (35.9%)	2475 (36.8%)	0.49	
Cerebral vascular disease	733 (43.6%)	2928 (43.6%)	0.99	
Diabetes mellitus	802 (47.7%)	3274 (48.7%)	0.49	
Hyperlipidemia	606 (36.1%)	2424 (36.1%)	1.00	
Hypertension	1156 (68.8%)	4642 (69.0%)	0.86	
Drug use				
Metformin	603 (35.9%)	2477 (36.8%)	0.48	
Statin	507 (30.16)	2119 (31.5%)	0.30	
Proton pump inhibitor	4 (0.24%)	16 (0.24%)	1.00	
NSAID	277 (16.5%)	1008 (15.0%)	0.14	

Abbreviations: SD, standard deviation; IQR, interquartile range; NSAID: non-steroidal anti-inflammatory drug

eFigure 6. Cumulative Incidence of Suicide in the Aspirin-Treated or Untreated Groups



eFigure 7. Cumulative Incidence of Hip Fracture in the Aspirin-Treated or Untreated Groups



eFigure 8. The Proportion of Patients Continuing Aspirin Therapy During the Study Period

