

Supplementary data

S1 Table. Completed MOOSE (Meta-analysis Of Observational Studies in Epidemiology) checklist

Item No	Recommendation	Reported on Page No
Reporting of background should include		
1	Problem definition	5-6
2	Hypothesis statement (Objectives)	6
3	Description of study outcome(s)	6
4	Type of exposure or intervention used	NA
5	Type of study designs used	7
6	Study population	7
Reporting of search strategy should include		
7	Qualifications of searchers (eg, librarians and investigators)	NA
8	Search strategy, including time period included in the synthesis and key words	7 S2 Table
9	Effort to include all available studies, including contact with authors	7
10	Databases and registries searched	7
11	Search software used, name and version, including special features used (eg, explosion)	7
12	Use of hand searching (eg, reference lists of obtained articles)	7
13	List of citations located and those excluded, including justification	Fig 1
14	Method of addressing articles published in languages other than English	7
15	Method of handling abstracts and unpublished studies	7, Fig 1
16	Description of any contact with authors	-
Reporting of methods should include		
17	Description of relevance or appropriateness of studies assembled for assessing the hypothesis to be tested	NA
18	Rationale for the selection and coding of data (eg, sound clinical principles or convenience)	7
19	Documentation of how data were classified and coded (eg, multiple raters, blinding and interrater reliability)	6
20	Assessment of confounding (eg, comparability of cases and controls in studies where appropriate)	NA
21	Assessment of study quality, including blinding of quality assessors, stratification or regression on possible predictors of study results	Table 1, S3 Table
22	Assessment of heterogeneity	9
23	Description of statistical methods (eg, 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	8-9
24	Provision of appropriate tables and graphics	Table 1-2, Fig 1-4

Reporting of results should include		
25	Graphic summarizing individual study estimates and overall estimate	Fig 2-4
26	Table giving descriptive information for each study included	Table 1
27	Results of sensitivity testing (eg, subgroup analysis)	13-14, S9-11 Table
28	Indication of statistical uncertainty of findings	-

S2 Table. Search strategies

Electronic database	Search strategies
PubMed	((((((((("glutathione S transferase") OR GST)) OR ("glutathione S-transferase T1" [Supplementary Concept] OR "glutathione S-transferase M1" [Supplementary Concept])) AND Humans[Mesh] AND English[lang])) OR (((("SLCO1B1 protein, human" [Supplementary Concept] OR "solute carrier organic anion transporter") AND Humans[Mesh] AND English[lang])) OR ("isoniazid acetyltransferase" [Supplementary Concept] OR "ArylamineN-Acetyltransferase"[Mesh] OR "NAT2 protein, human" [Supplementary Concept])) OR "Cytochrome P-450 CYP2E1"[Mesh] OR drug metaboli#er*) OR "Genetic Predisposition to Disease"[Mesh] AND (("Drug-Induced Liver Injury"[Mesh] OR "Drug-Induced Liver Injury, Chronic"[Mesh]))) AND (((("AntitubercularAgents"[Mesh]) OR tuberculosis OR antituberculo*)) Filters: Humans; English
EMBASE	'solute carrier organic anion transporter 1b1'/expOR 'solute carrier organic anion transporter 1' OR 'multidrug resistance protein 1'/expOR 'multidrug resistance protein 1' OR 'organic anion transporter'/expOR 'organic anion transporter' AND [humans]/limAND [english]/limOR slco1b1 OR 'drug transporter gene*' OR abcb1 AND ('hepatitis'/expOR hepatitis OR 'liver toxicity'/expOR ('drug induced' AND ('liver'/expOR liver) AND ('toxicity'/expOR toxicity)) OR 'toxic hepatitis'/expOR 'hepatotoxicity'/expOR hepatotoxicity) AND ('tuberculostaticagent'/expOR 'tuberculostaticagent' OR antituberculosisOR 'isoni*' OR 'rifampi*') AND [humans]/limAND [english]/lim
Web of Science	((((("Glutathione S transferase") OR GST) OR GSTT1) OR GSTM1) OR (((NAT2) OR "arylamineN acetyltransferase") OR N acetyltransferase*) OR ((drug metaboli?er*) OR (drug metabli?ingenzyme*)) OR ("Cytochrome 2E1") OR "CYP 2E1") OR ("The solute carrier organic anion transporter family member 1B1") OR SLCO1B1) OR (genotyp* OR acetylator*) OR (gene* susceptibilit*) OR (*polymorphism*) AND ((drug NEAR/3 liver) OR (hepatotoxi*) OR (drug induced liver injury) OR (hepatitis)) AND ((rifampi*) OR (isoni*) OR (antituberculosis) OR ("antitubercul* agent*"))
Cochrane Reviews	[AntitubercularAgents] explode all trees AND [Drug-Induced Liver Injury] explode all trees AND ([Cytochrome P-450 CYP2E1] explode all trees OR nat2 OR "N acetyltrasferase" "glutathione S transferase" OR GST OR GSTM1 OR GSTT1 "Solute carrier organic anion transporter" OR SLCO1B1)(Limitation : Trials)

S3 Table. Study quality assessment

Studies	Scientific design	Definite inclusion of study population^a	Explicit information on study population^a	Explicit diagnostic criteria on ATDILI^a	Genetic detection method^a	Correct statistical analysis^a	Logical discussion of study bias^a
Feng, 2014 ¹	1	1	1	1	1	1	0
Kim, 2009 ²	1	1	1	1	1	1	1
Singh, 2014 ³	1	1	1	1	1	1	1
Tang, 2013 ⁴	1	1	1	1	1	1	1
Ben Mahmoud, 2012 ⁵	1	1	1	1	1	1	1
Bozok Cetintas, 2008 ⁶	1	1	1	1	1	0	1
Higuchi, 2007 ⁷	1	1	1	1	1	1	1
Ho, 2013 ⁸	1	1	1	1	1	1	0
Huang, 2002 ⁹	1	1	1	1	1	1	1
Khalili, 2011 ¹⁰	1	1	1	1	1	1	0
Leiro-Fernandez, 2011 ¹¹	1	1	1	1	1	1	1
Lv, 2012 ¹²	1	1	1	1	1	1	1
Ng, 2014 ¹³	1	1	1	1	1	1	1
Ohno, 2000 ¹⁴	1	1	1	1	1	1	1
Possuelo, 2008 ¹⁵	1	1	1	1	1	1	1
Rana, 2012 ¹⁶	1	1	1	1	1	1	1
Shimizu, 2006 ¹⁷	1	1	1	1	1	1	0
Yuliwulandari, 2016 ¹⁸	1	1	1	1	1	1	1
Wattanapokayakit, 2016 ¹⁹	1	1	1	1	1	1	1
Chatterjee, 2010 ²⁰	1	1	1	1	1	1	1
Gupta, 2013 ²¹	1	1	1	1	1	1	1
Huang, 2007 ²²	1	1	1	1	1	1	0
Kim, 2010 ²³	1	1	1	1	1	1	1
Leiro, 2008 ²⁴	1	1	1	1	1	1	1
Liu, 2014 ²⁵	1	1	1	1	1	1	1
Monteiro, 2012 ²⁶	1	1	1	1	1	1	1
Rana, 2013 ²⁷	1	1	1	1	1	1	0
Roy, 2001 ²⁸	1	1	1	1	1	1	1
Chen, 2015 ²⁹	1	1	1	1	1	1	1
Kim, 2012 ³⁰	1	1	1	1	1	1	1
Li, 2012 ³¹	1	1	1	1	1	1	1
An, 2012 ³²	1	1	1	1	1	1	1
Bose, 2011 ³³	1	1	1	1	1	1	1

Chamorro, 2013 ³⁴	1	1	1	1	1	1	1
Cho, 2007 ³⁵	1	1	1	1	1	1	1
Gupta, 2013 ³⁶	1	1	1	1	1	1	1
Huang, 2003 ³⁷	1	1	1	1	1	1	1
Lee, 2010 ³⁸	1	1	1	1	1	1	1
Mishra, 2013 ³⁹	1	1	1	1	1	1	1
Santos, 2013 ⁴⁰	1	1	1	1	1	1	1
Vuilleumier, 2006 ⁴¹	1	1	1	1	1	1	1
Yamada, 2009 ⁴²	1	1	1	1	1	1	1
Zaverucha-do-Valle, 2014 ⁴³	1	1	1	1	1	1	0
Sharma, 2014 ⁴⁴	1	1	1	1	1	1	1
Wang, 2010 ⁴⁵	1	1	1	1	1	1	1
Tang, 2012 ⁴⁶	1	1	1	1	1	1	1
Yimer, 2011 ⁴⁷	1	1	1	1	1	1	0
Brito, 2014 ⁴⁸	1	1	1	1	1	1	1
Forestiero, 2013 ⁴⁹	1	1	1	1	1	1	0
Rana, 2014 ⁵⁰	1	1	1	1	1	1	0
Singla, 2014 ⁵¹	1	1	1	1	1	1	1
Sotsuka, 2011 ⁵²	1	1	1	1	1	1	1
Teixeira, 2011 ⁵³	1	1	1	1	1	1	1
Xiang, 2014 ⁵⁴	1	1	1	1	1	1	1

Abbreviation: ATDILI, anti-tuberculosis drug-induced liver injury

^a 0 indicates 'not mentioned' in the study; 1 indicates 'sufficient information provided' in the study

S4 Table. Genotype distribution and the genotyping method used for the *CYP2E1* genetic polymorphisms in the included studies (n = 26)

Study	<i>RsaI/PstI</i> genotype (n = 24)				<i>DraI</i> genotype (n = 6)				Genotyping method
	Case (number of individuals [%])		Control (number of individuals [%])		Case (number of individuals [%])		Control (number of individuals [%])		
	C1/C1	C1/C2 + C2/C2	C1/C1	C1/C2 + C2/C2	D/D	D/C + C/C	D/D	D/C + C/C	
An ³²	72 (71.3)	29 (28.7)	64 (59.8)	43 (40.2)	NA	NA	NA	NA	Sequencing
Bose ³³	NA	NA	NA	NA	4 (9.8)	37 (90.2)	32 (18.1)	145 (81.9)	PCR-RFLP
Brito ⁴⁸	13 (86.7)	2 (13.3)	195 (84.8)	35 (15.2)	12 (80.0)	3 (20.0)	179 (76.8)	54 (23.2)	PCR-RFLP
Chamorro ³⁴	30 (63.8)	17 (36.2)	83 (64.8)	45 (35.2)	NA	NA	NA	NA	PCR-RFLP
Cho ³⁵	10 (55.6)	8 (44.4)	65 (57.0)	49 (43.0)	NA	NA	NA	NA	Sequencing
Feng ¹	142 (82.1)	31 (17.9)	90 (52.0)	83 (48.0)	NA	NA	NA	NA	Sequencing
Forestiero ⁴⁹	53 (89.8)	6 (10.2)	30 (75.0)	10 (25.0)	NA	NA	NA	NA	PCR-RFLP
Gupta ³⁶	49 (98.0)	1 (2.0)	156 (94.5)	9 (5.5)	33 (66.0)	17 (34.0)	107 (64.9)	58 (35.1)	PCR-RFLP
Huang ³⁷	37 (75.5)	12 (24.5)	148 (55.0)	121 (45.0)	NA	NA	NA	NA	PCR-RFLP

Kim ²	54 (81.8)	12 (18.2)	97 (63.4)	56 (36.6)	NA	NA	NA	NA	SNP stream
Lee ⁵⁵	26 (57.8)	19 (42.2)	55 (57.9)	40 (42.1)	NA	NA	NA	NA	Taqman
Mishra ³⁹	31 (93.9)	2 (6.1)	168 (97.1)	5 (2.9)	NA	NA	NA	NA	PCR-RFLP
Rana ⁵⁶	28 (50.9)	27 (49.1)	150 (61.2)	95 (38.8)	NA	NA	NA	NA	PCR-RFLP
Santos ⁵⁷	15 (83.3)	3 (16.7)	173 (75.6)	56 (24.4)	15 (83.3)	3 (16.7)	166 (72.8)	62 (27.2)	Taqman
Sharma ⁴⁴	81 (77.1)	24 (22.9)	139 (75.1)	46 (24.9)	NA	NA	NA	NA	PCR-RFLP
Singh ³	42 (84.0)	8 (16.0)	77 (56.6)	59 (43.4)	NA	NA	NA	NA	PCR-RFLP
Singla ⁵¹	15 (88.0)	2 (12.0)	375 (96.0)	16 (4.0)	NA	NA	NA	NA	PCR-RFLP
Sotsuka ⁵²	11 (55.0)	9 (45.0)	60 (65.2)	32 (34.8)	9 (45.0)	11 (55.0)	45 (48.9)	47 (51.1)	PCR-RFLP
Tang ⁴⁶	NA	NA	NA	NA	47 (52.8)	42 (47.2)	204 (57.3)	152 (42.7)	PCR-RFLP
Tang ⁴	56 (62.9)	33 (37.1)	225 (63.2)	131 (36.8)	NA	NA	NA	NA	Taqman
Teixeira ⁵³	23 (88.5)	3 (11.5)	128 (90.8)	13 (9.2)	NA	NA	NA	NA	PCR-RFLP
Vuilleumier ⁴¹	7 (87.5)	1 (12.5)	58 (92.1)	5 (7.9)	NA	NA	NA	NA	PCR-RFLP

Wang ⁴⁵	82 (78.8)	22 (21.2)	71 (64.0)	40 (36.0)	NA	NA	NA	NA	PCR-RFLP
Xiang ⁵⁴	58 (82.9)	12 (17.1)	1264 (79.0)	336 (21.0)	NA	NA	NA	NA	PCR/ligase detection reaction assays
Yamada ⁴²	17 (73.9)	6 (26.1)	107 (72.8)	40 (27.2)	NA	NA	NA	NA	PCR-RFLP
Zaverucha-do-Valle ⁴³	48 (94.1)	3 (5.9)	74 (94.9)	4 (5.1)	NA	NA	NA	NA	PCR-RFLP

Abbreviations: *NA*, not available; *PCR*, polymerase chain reaction; *RFLP*, restriction fragment length polymorphism; *SNP*, single nucleotide polymorphism

S5 Table. Genotype distribution and the genotyping method used for the *NAT2* genetic polymorphism in the included studies (n = 35)

Study	Case (number of individuals [%])		Control (number of individuals [%])		Genotyping method
	Slow acetylator	Intermediate and fast acetylator	Slow acetylator	Intermediate and fast acetylator	
An ³²	40 (39.6)	61 (60.4)	13 (12.1)	94 (87.9)	Sequencing
Ben Mahmoud ⁵	11 (78.5)	3 (21.5)	22 (42.4)	30 (57.6)	PCR-RFLP
Bose ³³	29 (70.7)	12 (29.3)	79 (44.6)	98 (55.4)	PCR-RFLP
Bozok Cetintas ⁶	23 (76.7)	7 (23.3)	19 (27.1)	51 (72.9)	PCR
Brito ⁴⁸	9 (60.0)	6 (40.0)	56 (24.3)	174 (75.7)	PCR-RFLP
Chamorro ³⁴	28 (58.7)	19 (41.3)	48 (37.5)	80 (62.5)	PCR-RFLP
Cho ³⁵	7 (38.9)	11 (61.1)	12 (10.5)	102 (89.5)	Sequencing
Forestiero ⁴⁹	28 (47.4)	31 (52.6)	13 (32.5)	27 (67.5)	PCR-RFLP
Gupta ³⁶	28 (56.0)	22 (44.0)	63 (38.2)	102 (61.8)	PCR-RFLP
Higuchi ⁷	6 (33.3)	12 (66.7)	4 (4.9)	78 (95.1)	PCR-RFLP
Ho ⁸	12 (63.2)	7 (36.8)	67 (20.4)	262 (79.6)	Sequenom MassARRAY

Huang ⁹	14 (42.4)	19 (57.6)	39 (20.4)	152 (79.6)	PCR-RFLP
Huang ³⁷	19 (38.8)	30 (61.2)	58 (21.6)	211 (78.4)	PCR-RFLP
Khalili ¹⁰	9 (64.3)	5 (35.7)	5 (13.9)	31 (86.1)	PCR-RFLP
Lee ³⁸	21 (46.7)	24 (53.3)	20 (21.1)	75 (78.9)	Taqman
Leiro-Fernandez ¹¹	36 (72.0)	14 (28.0)	44 (65.7)	23 (34.3)	PCR-RFLP
Lv ⁵⁸	18 (20.2)	71 (79.8)	74 (20.8)	282 (79.2)	PCR-RFLP
Mishra ³⁹	23 (70.0)	10 (30.0)	73 (42.0)	100 (58.0)	PCR-RFLP
Ng ¹³	22 (84.6)	4 (15.4)	57 (56.4)	44 (43.6)	PCR-RFLP
Ohno ¹⁴	7 (50.0)	7 (50.0)	0 (0.0)	63 (100.0)	PCR-RFLP
Possuelo ¹⁵	9 (64.3)	5 (35.7)	60 (25.0)	180 (75.0)	Sequencing
Rana ¹⁶	19 (38.0)	31 (62.0)	30 (14.9)	171 (85.1)	PCR-RFLP
Rana ⁵⁰	21 (38.2)	34 (61.8)	36 (14.7)	209 (85.3)	PCR-RFLP
Santos ⁴⁰	11 (61.1)	7 (38.9)	75 (29.8)	177 (70.2)	Sequencing
Shimizu ¹⁷	4 (40.0)	6 (60.0)	1 (3.1)	31 (96.9)	PCR-RFLP
Singla ⁵¹	15 (88.2)	2 (11.8)	213 (54.5)	178 (45.5)	PCR-RFLP

Sotsuka ⁵²	8 (15.4)	44 (84.6)	5 (5.4)	87 (94.6)	PCR-RFLP
Teixeira ⁵³	18 (75.0)	6 (25.0)	64 (51.2)	61 (48.8)	Sequencing
Vuilleumier ⁴¹	3 (37.5)	5 (62.5)	8 (12.7)	55 (87.3)	PCR-RFLP
Wattanapokayakit ¹⁹	38 (71.7)	15 (28.3)	15 (17.7)	70 (82.3)	Sequencing
Xiang ⁵⁴	28 (31.5)	61 (68.5)	501 (23.2)	1654 (76.8)	PCR/ligase detection reaction assays
Yamada ⁴²	14 (60.9)	9 (39.1)	64 (43.5)	83 (56.5)	Sequencing
Yimer ⁴⁷	31 (75.6)	10 (24.4)	107 (66.9)	53 (33.1)	Taqman
Yuliwulandari ¹⁸	32 (64.0)	18 (36.0)	65 (34.0)	126 (66.0)	Sequencing
Zaverucha-do-Valle ⁴³	37 (71.2)	15 (28.8)	36 (45.6)	43 (54.4)	Sequencing

Abbreviations: *NA*, not available; *PCR*, polymerase chain reaction; *RFLP*, restriction fragment length polymorphism

S6 Table. Genotype distribution and the genotyping method used for the *GST* genetic polymorphisms in the included studies (n = 19)

Study	<i>GSTM1</i> genotype (n = 19)				<i>GSTT1</i> genotype (n = 17)				<i>GSTM1/GSTT1</i> genotype (n = 11)				Genotyping method
	Case (number of individuals [%])		Control (number of individuals [%])		Case (number of individuals [%])		Control (number of individuals [%])		Case (number of individuals [%])		Control (number of individuals [%])		
	Null	Non-null	Null	Non-null	Null	Non-null	Null	Non-null	Dual-null	One-/non-null	Dual-null	One-/non-null	
Brito ⁴⁸	6 (40.0)	9 (60.0)	99 (43.0)	131 (57.0)	2 (13.3)	13 (86.7)	28 (12.2)	202 (87.8)	1 (6.7)	14 (93.3)	12 (5.2)	218 (94.8)	PCR
Chatterjee ²⁰	25 (49.0)	26 (51.0)	49 (49.0)	51 (51.0)	3 (5.9)	48 (94.1)	3 (3.0)	97 (97.0)	3 (5.9)	48 (94.1)	11 (11.0)	89 (89.0)	Multiplex PCR
Forestiero ⁴⁹	25 (42.4)	34 (57.6)	21 (52.5)	19 (47.5)	10 (17.0)	49 (83.0)	8 (20.0)	32 (80.0)	4 (6.8)	55 (93.2)	5 (12.5)	35 (87.5)	Multiplex PCR
Gupta ²¹	21 (42.0)	29 (58.0)	61 (24.8)	185 (75.2)	11 (22.0)	39 (78.0)	30 (12.2)	216 (87.8)	5 (10.0)	45 (90.0)	4 (1.6)	242 (98.4)	Multiplex PCR
Huang ²²	42 (66.7)	21 (33.3)	29 (46.0)	34 (54.0)	24 (38.1)	39 (61.9)	25 (39.7)	38 (60.3)	NA	NA	NA	NA	Multiplex PCR
Kim ²³	26 (45.6)	31 (54.4)	104 (54.7)	86 (45.3)	34 (59.6)	23 (40.4)	103 (54.2)	87 (45.8)	17 (29.8)	40 (70.2)	56 (29.6)	133 (70.4)	PCR
Leiro ²⁴	12 (34.3)	23 (65.7)	25 (41.7)	35 (58.3)	17 (48.6)	18 (51.4)	16 (26.7)	44 (73.3)	7 (20.0)	28 (80.0)	6 (10.0)	54 (90.0)	PCR
Liu ²⁵	14 (70.0)	6 (30.0)	96 (67.1)	47 (32.9)	13 (65.0)	7 (35.0)	97 (67.8)	46 (32.2)	NA	NA	NA	NA	Multiplex PCR

Monteiro ²⁶	21 (35.6)	38 (64.4)	34 (28.8)	84 (71.2)	11 (18.7)	48 (81.3)	28 (23.8)	90 (76.2)	NA	NA	NA	NA	PCR
Rana ²⁷	10 (41.6)	20 (58.4)	37 (18.5)	183 (81.5)	6 (25.0)	24 (75.0)	68 (33.8)	152 (66.2)	9 (37.5)	21 (62.5)	96 (47.7)	124 (52.3)	PCR
Rana ¹⁶	19 (34.5)	36 (65.5)	42 (17.1)	203 (82.9)	14 (25.5)	41 (74.5)	81 (33.1)	164 (66.9)	22 (40.0)	33 (60.0)	122 (49.8)	123 (50.2)	PCR
Roy ²⁸	17 (52.0)	15 (48.0)	8 (24.0)	25 (76.0)	5 (15.0)	28 (85.0)	1 (3.0)	32 (97.0)	NA	NA	NA	NA	PCR
Sharma ⁴⁴	42 (40.0)	63 (60.0)	68 (36.7)	117 (63.3)	NA	NA	NA	NA	NA	NA	NA	NA	PCR
Singla ⁵¹	10 (59.0)	7 (41.0)	165 (42.0)	226 (58.0)	8 (47.0)	9 (53.0)	102 (26.0)	289 (74.0)	5 (29.0)	12 (71.0)	32 (8.0)	359 (92.0)	Multiplex PCR
Sotsuka ⁵²	12 (60.0)	8 (40.0)	50 (54.3)	42 (45.7)	7 (35.0)	13 (65.0)	40 (43.5)	52 (56.5)	NA	NA	NA	NA	PCR
Tang ⁴⁶	55 (61.8)	34 (38.2)	203 (57.0)	153 (43.0)	40 (44.9)	49 (55.1)	164 (46.1)	192 (53.9)	22 (24.7)	67 (75.3)	94 (26.4)	262 (73.6)	Multiplex PCR
Teixeira ⁵³	11 (42.3)	15 (57.7)	61 (43.3)	80 (56.7)	4 (15.4)	22 (84.6)	27 (19.2)	114 (80.8)	NA	NA	NA	NA	Multiplex PCR
Wang ⁴⁵	63 (60.6)	41 (39.4)	54 (48.6)	57 (51.4)	NA	NA	NA	NA	NA	NA	NA	NA	PCR
Xiang ⁵⁴	41 (46.1)	48 (53.9)	925 (42.9)	1230 (57.1)	18 (20.2)	71 (79.8)	477 (22.1)	1678 (77.9)	7 (9.3)	68 (90.7)	283 (16.5)	1427 (83.5)	PCR

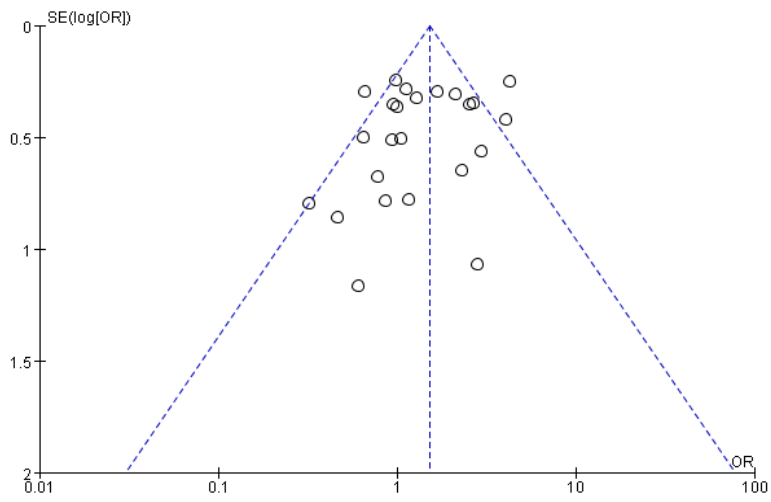
Abbreviations: *NA*, not available; *PCR*, polymerase chain reaction

S7 Table. Genotype distribution and the genotyping method used for the *SLCO1B1* genetic polymorphisms in the included studies (n = 4)

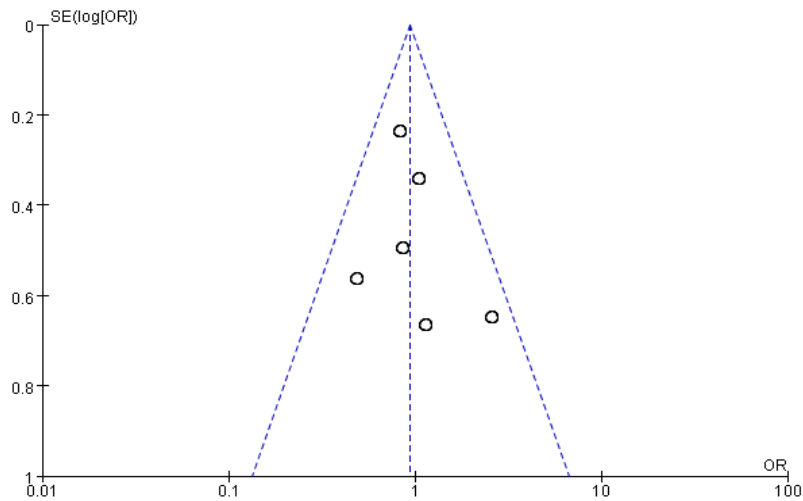
Study	<i>SLCO1B1</i> 388A>G (rs2306283)						<i>SLCO1B1</i> 521T>C (rs4149056)						Genotyping method
	Case (number of individuals [%])			Control (number of individuals [%])			Case (number of individuals [%])			Control (number of individuals [%])			
	AA	AG	GG	AA	AG	GG	TT	CT	CC	TT	CT	CC	
Chen ²⁹	8 (9.0)	34 (38.2)	47 (52.8)	33 (7.5)	164 (37.1)	245 (55.4)	72 (80.9)	15 (16.9)	2 (2.2)	351 (79.6)	87 (19.7)	3 (0.7)	Taqman
Kim ³⁰	6 (9.2)	26 (40.0)	33 (50.8)	11 (7.1)	60 (38.5)	85 (54.5)	46 (69.7)	20 (30.3)	0 (0.0)	113 (72.4)	40 (25.6)	3 (1.9)	SNPstream
Li ³¹	11 (9.3)	38 (32.2)	69 (58.5)	12 (7.7)	48 (31.0)	95 (61.3)	83 (70.3)	34 (28.8)	1 (0.8)	136 (87.7)	18 (11.6)	1 (0.7)	PCR direct sequencing
Yimer ⁴⁷	9 (22.0)	17 (41.5)	15 (36.6)	20 (12.5)	87 (54.4)	53 (33.1)	27 (65.9)	13 (31.7)	1 (2.4)	107 (66.9)	49 (30.6)	4 (2.5)	Taqman

Abbreviations: *PCR*, polymerase chain reaction; *SNP*, single nucleotide polymorphism

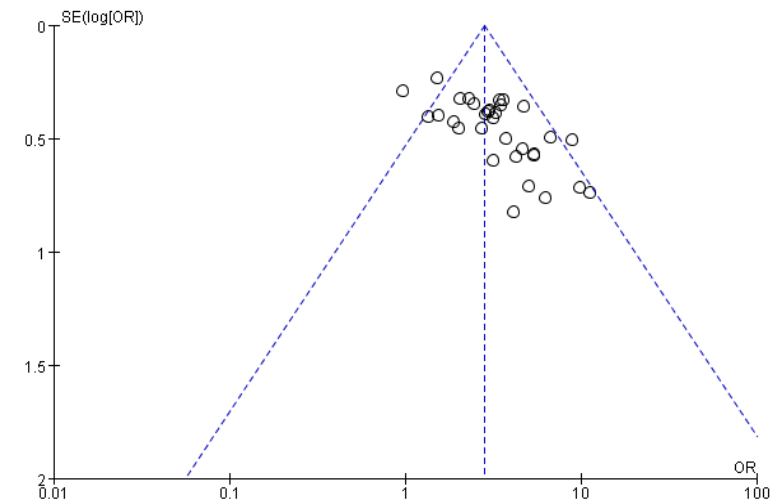
(A) CYP2E1 RsaI/PstI polymorphism



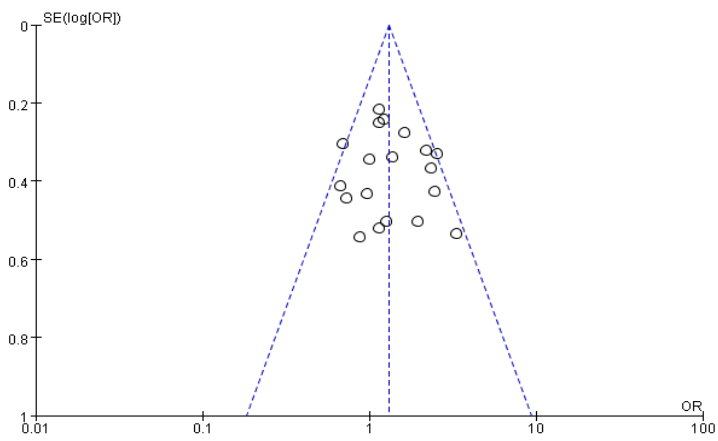
(B) CYP2E1 DraI polymorphism



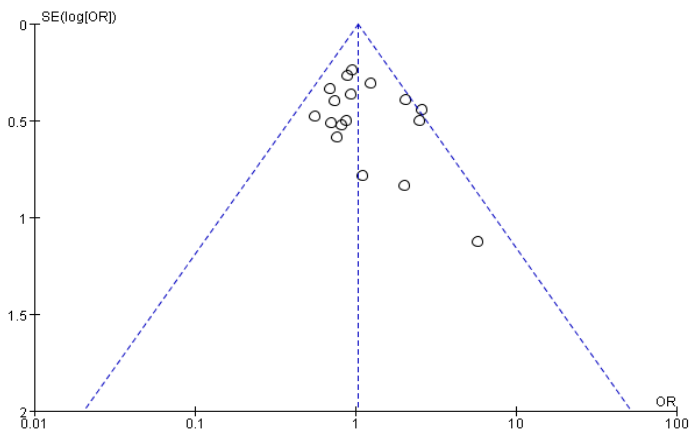
(C) NAT2 polymorphism



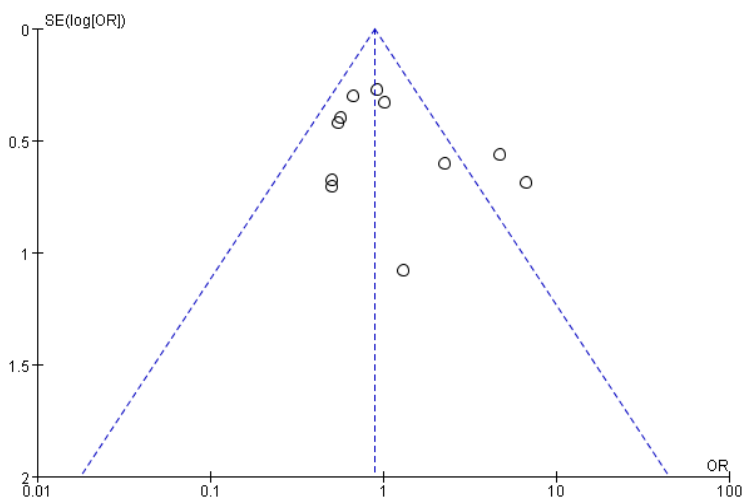
(D) *GSTM1* polymorphism



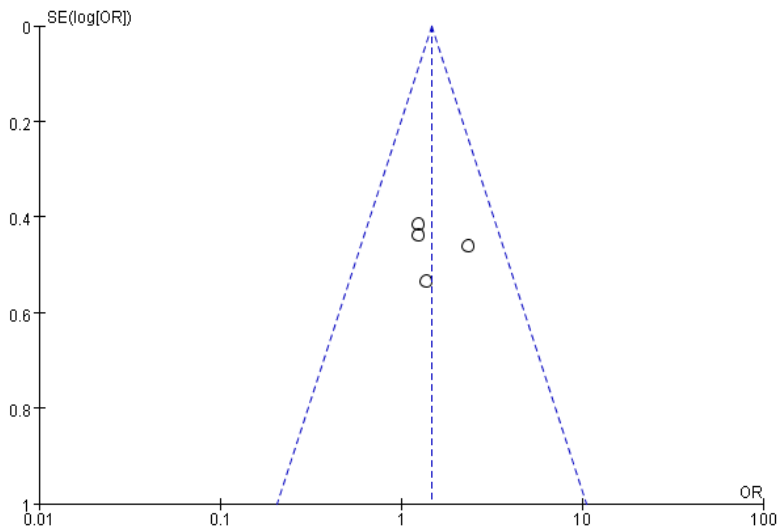
(E) *GSTT1* polymorphism



(F) *GSTT1/M1* polymorphism



(G) *SLCO1B1* 388A>G and 521T>C polymorphism



S8 Figure. Funnel plots to evaluate publication bias for the *CYP2E1*, *NAT2*, *GST*, and *SLCO1B1* polymorphisms associated with the risk of anti-tuberculosis drug-induced liver injury. (A) *CYP2E1* *RsaI/PstI* polymorphism, (B) *CYP2E1* *DraI* polymorphism, (C) *NAT2* polymorphism, (D) *GSTM1* polymorphism, (E) *GSTT1* polymorphism, (F) *GSTT1/M1* polymorphism, and (G) *SLCO1B1* 388A>G and 521T>C polymorphism.

S9 Table. Subgroup analysis for the association between *CYP2E1* polymorphisms and the risk of anti-tuberculosis drug-induced liver injury based on ethnicity, anti-tuberculosis drug regimen, and study design

Polymorphic gene	Subgroup	Number of studies	Case/control (n)	Test of association		Model of meta-analysis	Test of heterogeneity		
				OR [95% CI]	P value ^a		I ² , %	P value ^b	
<i>CYP2E1 RsaI/PstI</i> (c1/c1 vs. c1/c2 + c2/c2)	Total	24	1293/5450	1.39 [1.06, 1.83]	0.02	Random	60	<0.0001	
	Ethnicity	East Asian	10	736/3076	1.62 [1.12, 2.36]	0.01	Random	69	0.0006
		Indian	6	310/1295	1.08 [0.52, 2.25]	0.85	Random	70	0.005
		South American	6	216/869	1.30 [0.83, 2.03]	0.25	Fixed	0	0.49
		Others	2	31/210	0.98 [0.39, 2.45]	0.96	Fixed	0	0.66
	Anti-TB drug regimen	INH alone	2	31/210	0.98 [0.39, 2.45]	0.96	Fixed	0	0.66
		Combination	21	1212/5104	1.35 [1.01, 1.79]	<0.00001	Random	61	0.0002
	Study design	Cohort	11	564/3120	1.32 [0.94, 1.87]	0.11	Random	50	0.03
		Case-control	12	729/2330	1.42 [0.93, 2.16]	0.10	Random	65	0.0006
<i>CYP2E1 DraI^c</i> (D/D vs. D/C + C/C)	Total	6	233/1272	0.93 [0.68, 1.27]	0.64	Fixed	0	0.51	
	Ethnicity	East Asian	2	109/448	0.84 [0.55, 1.28]	0.41	Fixed	0	0.96
		Indian	2	91/342	0.83 [0.48, 1.45]	0.51	Fixed	27	0.24
		South American	2	33/482	1.80 [0.73, 4.45]	0.20	Fixed	0	0.37
	Study design	Cohort	2	56/407	0.68 [0.31, 1.50]	0.33	Fixed	0	0.33
		Case-control	4	177/865	0.99 [0.70, 1.38]	0.94	Fixed	0	0.42

Abbreviations: *CI*, confidence interval; *CYP2E1*, cytochrome P450 2E1; *INH*, isoniazid; *OR*, odds ratio; *TB*, tuberculosis

^a P value from Z test

^b P value from Cochran's Q test based on chi-square statistic

^c Subgroup analysis based on anti-TB drug regimen could not be performed due to insufficient information provided.

S10 Table. Subgroup analysis for the association between *NAT2* polymorphism and the risk of anti-tuberculosis drug-induced liver injury based on ethnicity, anti-tuberculosis drug regimen, and study design

Polymorphic gene	Subgroup	Number of studies	Case/control (n)	Test of association		Model of meta-analysis	Test of heterogeneity		
				OR [95% CI]	P value ^a		I ² , %	P value ^b	
<i>NAT2</i> (Slow acetylator vs. fast and intermediate acetylator)	Total	35	1323/7319	3.30 [2.65, 4.11]	<0.00001	Random	47	0.002	
	Ethnicity	East Asian	13	590/3970	4.00 [2.42, 6.60]	<0.00001	Random	77	<0.00001
		Indian	6	246/1352	3.07 [2.26, 4.16]	<0.00001	Fixed	0	0.74
		West Asian	2	44/106	9.51 [4.19, 21.61]	<0.00001	Fixed	0	0.79
		South American	7	231/1110	2.94 [2.11, 4.08]	<0.00001	Fixed	0	0.75
		African	2	55/212	2.08 [1.06, 4.10]	0.03	Fixed	52	0.15
		Others	5	157/569	2.56 [1.72, 3.79]	<0.00001	Fixed	15	0.32
	Anti-TB drug regimen	INH alone	2	31/210	2.32 [1.05, 5.13]	0.04	Fixed	0	0.45
		Combination	32	1256/6954	3.37 [2.67, 4.25]	<0.00001	Random	56	<0.0001
		Cohort	18	673/4850	2.82 [2.35, 3.40]	<0.00001	Fixed	40	0.04
Study design	Case-control	17	650/2469	3.53 [2.42, 5.16]	<0.00001	Random	65	0.0001	

Abbreviations: *CI*, confidence interval; *INH*, isoniazid; *NAT2*, N-acetyltransferase 2; *OR*, odds ratio; *TB*, tuberculosis

^a P value from Z test

^b P value from Cochran's Q test based on chi-square statistic

S11 Table. Subgroup analysis for the association between *GST* polymorphisms and the risk of anti-tuberculosis drug-induced liver injury based on ethnicity, anti-tuberculosis drug regimen, and study design

Polymorphic gene	Subgroup	Number of studies	Case/control (n)	Test of association		Model of meta-analysis	Test of heterogeneity		
				OR [95% CI]	P value ^a		I ² , %	P value ^b	
<i>GSTM1</i> ^c (null vs. non-null)	Total	19	977/5119	1.30 [1.12, 1.52]	0.0007	Fixed	33	0.08	
	Ethnicity	East Asian	7	442/3110	1.23 [0.99, 1.54]	0.06	Fixed	23	0.25
		Indian	7	341/1420	1.68 [1.30, 2.19]	<0.0001	Fixed	36	0.15
		Brazilian	4	159/529	0.98 [0.66, 1.47]	0.94	Fixed	0	0.60
	Study design	Cohort	8	462/3439	1.41 [1.04, 1.93]	0.03	Random	44	0.08
Case-control		11	515/1680	1.25 [1.01, 1.55]	0.20	Fixed	29	0.17	
<i>GSTT1</i> ^c (null vs. non-null)	Total	17	768/4823	1.03 [0.85, 1.25]	0.76	Fixed	16	0.26	
	Ethnicity	East Asian	6	338/2999	0.96 [0.74, 1.24]	0.75	Fixed	0	0.94
		Indian	6	236/1235	1.37 [0.72, 2.59]	0.33	Random	57	0.04
		Brazilian	4	159/529	0.80 [0.47, 1.33]	0.39	Fixed	0	0.97
	Study design	Cohort	8	408/3354	0.89 [0.67, 1.19]	0.44	Fixed	3	0.41
Case-control		9	360/1469	1.16 [0.90, 1.50]	0.26	Fixed	24	0.23	
<i>GSTM1/GSTT1</i> ^c (dual-null vs. one-/non-null)	Total	11	547/4233	1.05 [0.67, 1.62]	0.84	Random	59	0.006	
	Ethnicity	East Asian	3	235/2701	0.83 [0.58, 1.20]	0.33	Fixed	0	0.49
		Indian	5	203/1202	1.33 [0.50, 3.53]	0.56	Random	80	0.0005
		Brazilian	2	74/270	0.67 [0.20, 2.18]	0.50	Fixed	0	0.47
	Study design	Cohort	6	298/3136	0.85 [0.45, 1.61]	0.62	Random	58	0.04
Case-control		5	249/1097	1.31 [0.71, 2.43]	0.39	Random	59	0.04	

Abbreviations: *CI*, confidence interval; *GSTM1*, glutathione S-transferase Mu 1; *GSTT1*, glutathione S-transferase Theta 1; *OR*, odds ratio

^a P value from Z test

^b P value from Cochran's Q test based on chi-square statistic

^c Subgroup analysis based on anti-tuberculosis drug regimen could not be performed due to insufficient information provided

References

1. Feng FM, Guo M, Chen Y, *et al.* Genetic polymorphisms in metabolic enzymes and susceptibility to anti-tuberculosis drug-induced hepatic injury. *Genetics and Molecular Research* 2014;13:9463-71.
2. Kim SH, Kim SH, Bahn JW, *et al.* Genetic polymorphisms of drug-metabolizing enzymes and anti-TB drug-induced hepatitis. *Pharmacogenomics* 2009;10:1767-79.
3. Singh M, Gupta VH, Amarapurkar DN, *et al.* Association of genetic variants with anti-tuberculosis drug induced hepatotoxicity: A high resolution melting analysis. *Infection Genetics and Evolution* 2014;23:42-8.
4. Tang S, Lv X, Zhang Y, *et al.* Cytochrome P450 2E1 Gene Polymorphisms/Haplotypes and Anti-Tuberculosis Drug-Induced Hepatitis in a Chinese Cohort. *PLoS ONE* 2013;8:e57526.
5. Ben Mahmoud L, Ghozzi H, Kamoun A, *et al.* Polymorphism of the N-acetyltransferase 2 gene as a susceptibility risk factor for antituberculosis drug-induced hepatotoxicity in Tunisian patients with tuberculosis. *Pathologie Biologie* 2012;60:324-30.
6. Bozok Cetintas V, Erer OF, Kosova B, *et al.* Determining the relation between N-acetyltransferase-2 acetylator phenotype and antituberculosis drug induced hepatitis by molecular biologic tests. *Tuberk Toraks* 2008;56:81-6.
7. Higuchi N, Tahara N, Yanagihara K, *et al.* NAT2 6A, a haplotype of the N-acetyltransferase 2 gene, is an important biomarker for risk of anti-tuberculosis drug-induced hepatotoxicity in Japanese patients with tuberculosis. *World J Gastroenterol* 2007;13:6003-8.
8. Ho HT, Wang TH, Hsiong CH, *et al.* The NAT2 tag SNP rs1495741 correlates with the susceptibility of antituberculosis drug-induced hepatotoxicity. *Pharmacogenet Genomics* 2013;23:200-7.
9. Huang YS, Chern HD, Su WJ, *et al.* Polymorphism of the N-acetyltransferase 2 gene as a susceptibility risk factor for antituberculosis drug-induced hepatitis. *Hepatology* 2002;35:883-9.
10. Khalili H, Fouladdel S, Sistanizad M, *et al.* Association of N-acetyltransferase-2 genotypes and anti-tuberculosis induced liver injury: First case-controlled study from Iran. *Current Drug Safety* 2011;6:17-22.
11. Leiro-Fernandez V, Valverde D, Vazquez-Gallardo R, *et al.* N-acetyltransferase 2 polymorphisms and risk of anti-tuberculosis drug-induced hepatotoxicity in Caucasians. *International Journal of Tuberculosis and Lung Disease* 2011;15:1403-8.
12. Lv X, Tang S, Xia Y, *et al.* NAT2 genetic polymorphisms and anti-tuberculosis drug-induced hepatotoxicity in Chinese community population. *Ann Hepatol* 2012;11:700-7.
13. Ng CS, Hasnat A, Al Maruf A, *et al.* N-acetyltransferase 2 (NAT2) genotype as a risk factor for development of drug-induced liver injury relating to antituberculosis drug treatment in a mixed-ethnicity patient group. *European Journal of Clinical Pharmacology* 2014;70:1079-86.
14. Ohno M, Yamaguchi I, Yamamoto I, *et al.* Slow N-acetyltransferase 2 genotype affects the incidence of isoniazid and rifampicin-induced hepatotoxicity. *International Journal of Tuberculosis and Lung Disease* 2000;4:256-61.

15. Possuelo LG, Castelan JA, de Brito TC, *et al.* Association of slow N-acetyltransferase 2 profile and anti-TB drug-induced hepatotoxicity in patients from Southern Brazil. *European Journal of Clinical Pharmacology* 2008;64:673-81.
16. Rana SV, Ola RP, Sharma SK, *et al.* Comparison between acetylator phenotype and genotype polymorphism of n-acetyltransferase-2 in tuberculosis patients. *Hepatology International* 2012;6:397-402.
17. Shimizu Y, Dobashi K, Mita Y, *et al.* DNA microarray genotyping of N-acetyltransferase 2 polymorphism using carbodiimide as the linker for assessment of isoniazid hepatotoxicity. *Tuberculosis* 2006;86:374-81.
18. Yuliwulandari R, Susilowati RW, Wicaksono BD, *et al.* NAT2 variants are associated with drug-induced liver injury caused by anti-tuberculosis drugs in Indonesian patients with tuberculosis. *J Hum Genet* 2016; doi:10.1038/jhg.2016.10.
19. Wattanapokayakit S, Mushiroda T, Yanai H, *et al.* NAT2 slow acetylator associated with anti-tuberculosis drug-induced liver injury in Thai patients. *Int J Tuberc Lung Dis* 2016;20:1364-9.
20. Chatterjee S, Lyle N, Mandal A, *et al.* GSTT1 and GSTM1 gene deletions are not associated with hepatotoxicity caused by antitubercular drugs. *Journal of Clinical Pharmacy and Therapeutics* 2010;35:465-70.
21. Gupta VH, Singh M, Amarapurkar DN, *et al.* Association of GST null genotypes with anti-tuberculosis drug induced hepatotoxicity in Western Indian population. *Annals of Hepatology* 2013;12:959-65.
22. Huang YS, Su WJ, Huang YH, *et al.* Genetic polymorphisms of manganese superoxide dismutase, NAD(P)H : quinone oxidoreductase, glutathione S-transferase M1 and T1, and the susceptibility to drug-induced liver injury. *Journal of Hepatology* 2007;47:128-34.
23. Kim SH, Kim SH, Yoon HJ, *et al.* GSTT1 and GSTM1 null mutations and adverse reactions induced by antituberculosis drugs in Koreans. *Tuberculosis* 2010;90:39-43.
24. Leiro V, Fernandez-Villar A, Valverde D, *et al.* Influence of glutathione S-transferase M1 and T1 homozygous null mutations on the risk of antituberculosis drug-induced hepatotoxicity in a Caucasian population. *Liver International* 2008;28:835-9.
25. Liu F, Jiao AX, Wu XR, *et al.* Impact of Glutathione S-Transferase M1 and T1 on Anti-Tuberculosis Drug-Induced Hepatotoxicity in Chinese Pediatric Patients. *Plos One* 2014;9.
26. Monteiro TP, El-Jaick KB, Jeovanio-Silva AL, *et al.* The roles of GSTM1 and GSTT1 null genotypes and other predictors in anti-tuberculosis drug-induced liver injury. *Journal of Clinical Pharmacy and Therapeutics* 2012;37:712-8.
27. Rana SV, Kamboj JK, Sharma SK, *et al.* Antioxidant status and GST gene polymorphisms in antitubercular treatment-induced hepatotoxicity patients. *Hepatol Int* 2013;7:876-82.
28. Roy B, Chowdhury A, Kundu S, *et al.* Increased risk of antituberculosis drug-induced hepatotoxicity in individuals with glutathione S-transferase M1 'null' mutation. *Journal of Gastroenterology and Hepatology* 2001;16:1033-7.
29. Chen R, Wang J, Tang S, *et al.* Association of polymorphisms in drug transporter genes (SLCO1B1 and SLC10A1) and anti-tuberculosis drug-induced hepatotoxicity in a Chinese cohort. *Tuberculosis*

- 2015;95:68-74.
30. Kim SH, Kim SH, Lee JH, *et al.* Polymorphisms in drug transporter genes (ABCB1, SLCO1B1 and ABCC2) and hepatitis induced by antituberculosis drugs. *Tuberculosis* 2012;92:100-4.
 31. Li LM, Chen L, Deng GH, *et al.* SLCO1B1*15 haplotype is associated with rifampin-induced liver injury. *Molecular Medicine Reports* 2012;6:75-82.
 32. An HR, Wu XQ, Wang ZY, *et al.* NAT2 and CYP2E1 polymorphisms associated with antituberculosis drug-induced hepatotoxicity in Chinese patients. *Clinical and Experimental Pharmacology and Physiology* 2012;39:535-43.
 33. Bose PD, Sarma MP, Medhi S, *et al.* Role of polymorphic N-acetyl transferase2 and cytochrome P4502E1 gene in antituberculosis treatment-induced hepatitis. *Journal of Gastroenterology and Hepatology* 2011;26:312-8.
 34. Chamorro JG, Castagnino JP, Musella RM, *et al.* Sex, ethnicity, and slow acetylator profile are the major causes of hepatotoxicity induced by antituberculosis drugs. *Journal of Gastroenterology and Hepatology* 2013;28:323-8.
 35. Cho HJ, Koh WJ, Ryu YJ, *et al.* Genetic polymorphisms of NAT2 and CYP2E1 associated with antituberculosis drug-induced hepatotoxicity in Korean patients with pulmonary tuberculosis. *Tuberculosis* 2007;87:551-6.
 36. Gupta VH, Amarapurkar DN, Singh M, *et al.* Association of N-acetyltransferase 2 and cytochrome P450 2E1 gene polymorphisms with antituberculosis drug-induced hepatotoxicity in Western India. *Journal of Gastroenterology and Hepatology* 2013;28:1368-74.
 37. Huang YS, Chern HD, Su WJ, *et al.* Cytochrome p450 2E1 genotype and the susceptibility to antituberculosis drug-induced hepatitis. *Hepatology* 2003;37:924-30.
 38. Lee SW, Chung LS, Huang HH, *et al.* NAT2 and CYP2E1 polymorphisms and susceptibility to first-line anti-tuberculosis drug-induced hepatitis. *Int J Tuberc Lung Dis* 2010;14:622-6.
 39. Mishra S, Daschakraborty S, Shukla P, *et al.* N-acetyltransferase and cytochrome P450 2E1 gene polymorphisms and susceptibility to antituberculosis drug hepatotoxicity in an Indian population. *National Medical Journal of India* 2013;26:260-5.
 40. Santos NP, Callegari-Jacques SM, Ribeiro Dos Santos AK, *et al.* N-acetyl transferase 2 and cytochrome P450 2E1 genes and isoniazid-induced hepatotoxicity in Brazilian patients. *Int J Tuberc Lung Dis* 2013;17:499-504.
 41. Vuilleumier N, Rossier MF, Chiappe A, *et al.* CYP2E1 genotype and isoniazid-induced hepatotoxicity in patients treated for latent tuberculosis. *Eur J Clin Pharmacol* 2006;62:423-9.
 42. Yamada S, Tang M, Richardson K, *et al.* Genetic variations of NAT2 and CYP2E1 and isoniazid hepatotoxicity in a diverse population. *Pharmacogenomics* 2009;10:1433-45.
 43. Zaverucha-do-Valle C, Monteiro SP, El-Jaick KB, *et al.* The role of cigarette smoking and liver enzymes polymorphisms in anti-tuberculosis drug-induced hepatotoxicity in Brazilian patients. *Tuberculosis (Edinb)* 2014;94:299-305.
 44. Sharma SK, Jha BK, Sharma A, *et al.* Genetic polymorphisms of CYP2E1 and GSTM1 loci and susceptibility to anti-tuberculosis drug-induced hepatotoxicity. *International Journal of Tuberculosis and Lung Disease* 2014;18:588-93.

45. Wang T, Yu HT, Wang W, *et al.* Genetic Polymorphisms of Cytochrome P450 and Glutathione S-transferase Associated with Antituberculosis Drug-induced Hepatotoxicity in Chinese Tuberculosis Patients. *Journal of International Medical Research* 2010;38:977-86.
46. Tang SW, Lv XZ, Zhang Y, *et al.* CYP2E1, GSTM1 and GSTT1 genetic polymorphisms and susceptibility to antituberculosis drug-induced hepatotoxicity: a nested case-control study. *Journal of Clinical Pharmacy and Therapeutics* 2012;37:588-93.
47. Yimer G, Ueda N, Habtewold A, *et al.* Pharmacogenetic & pharmacokinetic biomarker for efavirenz based ARV and rifampicin based anti-TB drug induced liver injury in TB-HIV infected patients. *PLoS One* 2011;6:e27810.
48. Brito TC, Possuelo LG, Valim ARM, *et al.* Polymorphisms in CYP2E1, GSTM1 and GSTT1 and anti-tuberculosis drug-induced hepatotoxicity. *Anais Da Academia Brasileira De Ciencias* 2014;86:855-65.
49. Forestiero FJ, Cecon L, Hirata MH, *et al.* Relationship of NAT2, CYP2E1 and GSTM1/GSTT1 polymorphisms with mild elevation of liver enzymes in Brazilian individuals under anti-tuberculosis drug therapy. *Clinica Chimica Acta* 2013;415:215-9.
50. Rana SV, Sharma SK, Ola RP, *et al.* N-acetyltransferase 2, cytochrome P4502E1 and glutathione S-transferase genotypes in antitubercular treatment-induced hepatotoxicity in North Indians. *J Clin Pharm Ther* 2014;39:91-6.
51. Singla N, Gupta D, Birbian N, *et al.* Association of NAT2, GST and CYP2E1 polymorphisms and anti-tuberculosis drug-induced hepatotoxicity. *Tuberculosis* 2014;94:293-8.
52. Sotsuka T, Sasaki Y, Hirai S, *et al.* Association of Isoniazid-metabolizing Enzyme Genotypes and Isoniazid-induced Hepatotoxicity in Tuberculosis Patients. *In Vivo* 2011;25:803-12.
53. Teixeira RL, Morato RG, Cabello PH, *et al.* Genetic polymorphisms of NAT2, CYP2E1 and GST enzymes and the occurrence of antituberculosis drug-induced hepatitis in Brazilian TB patients. *Mem Inst Oswaldo Cruz* 2011;106:716-24.
54. Xiang Y, Ma L, Wu WD, *et al.* The Incidence of Liver Injury in Uyghur Patients Treated for TB in Xinjiang Uyghur Autonomous Region, China, and Its Association with Hepatic Enzyme Polymorphisms NAT2, CYP2E1, GSTM1 and GSTT1. *Plos One* 2014;9.