SUPPLEMENTAL APPENDIX

Cohort Profile: A Multi-centre Prospective Validation Cohort of the Chinese Acute-on-Chronic Liver Failure (CATCH-LIFE) Study

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SUPPLEMENTARY APPENDIX 1

QUALIFICATIONS FOR THE SELECTION OF CENTRES

The participating centres met all the following qualifications:

- 1) Hepatology, gastroenterology, or infectious disease departments of tertiary university hospitals;
- 2) The presence of one principal investigator with a research interest in acute-onchronic liver failure;
- 3) Specific staffs assigned to this study;
- 4) A representative geographic distribution; and
- 5) Monthly admittance and screening numbers if larger than 30 patients.

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1 QUESTIONNAIRE FOR THE ELIGIBILITY CRITERIA

1 Inclusion Criteria

1. 1 Chronic liver disease: (multiple choices permitted)
Chronic viral hepatitis
non-alcoholic fatty liver disease (NAFLD) (via B ultrasound report)
Alcoholic liver disease
Autoimmune liver disease
Hereditary liver disease (such as Wilson's disease)
Compensated cirrhosis
Decompensated cirrhosis
Other Chronic liver disease [having abnormal values of serum
alanine aminotransferase (ALT), aspartate transaminase (AST), gamma-
glutamyl transferase (γ-GT), alkaline phosphatase (AKP), total bilirubin
(TB) or pre-albumin in the past 6 months]
None
1.2 Acute Deterioration (multiple choices permitted):
Acute liver injury: ALT or AST > 3 times the upper limit of normal
level in the past week
Acute liver injury: TB > 2 mg/dL in the past week
Acute decompensation (AD): gastrointestinal bleeding in the past month
AD: Hepatic encephalopathy in the past month
AD: Ascites in the past month
5

AD: Defined bacterial infection in the past month	
None	
1.3 Inpatients:	
patients hospitalized or under emergency observation > 24 hours	
☐ Yes ☐ No	
1.4 Fulfil the criteria 1.1, 1.2, 1.3 above?	
Yes (continue) No (not include)	
2 Exclusion criteria	
<15 years old or >80 years old	
Pregnancy	
Malignancy of liver or other organs (including leukaemia)	
Chronic obstructive pulmonary disease level IV	
\square New York Heart Association (NYHA) Functional Class \geqslant 3	
Myocardial infarction within 3 months before admission	
Diabetes with severe complications	
Chronic kidney disease with end-stage renal failure	
Receiving immunosuppressive agents for non-hepatic diseas	ses
Patients who participated the CATCH-LIFE development cohe	ort study
Fulfilment any of the above criteria?	
Yes (exclude) No (continue)	

2 (CRF) DEMOGRAPHIC INFORMATION

2.1 Multi-centre enrolment number:
2.2 Hospitalization number:
2.3 Admission date: \square \square \square \square \square (year-month-date)
2.4 Identity card number:
2.5 Name:
2.6 Gender: □male □ female
2.7 Date of birth: \square \square \square \square \square \square (year-month-date)
2.8 Age: (years old)
2.9 Mobile number-1(patient):
2.10 Mobile number-2 (family member):
2.11 Fixed-line Telephone number-3 (if available):
2.12 WeChat number (if available):
2.13 Street:
2.14 City:
2.15 Province:
2.16 Postal code:
2.17 Degree of education: \square doctor \square master \square bachelor \square high school
\Box primary school \Box illiteracy \Box unknown
2.19 Means of naument.

3 (CRF) HISTORY COLLECTION

3.1 Etiology

3.1.1 Type of chronic liver disease (multiple choices permitted)
☐ Hepatitis B virus infection (if checked, question 3.5.1 have to be answered)
☐ Hepatitis C virus infection
$\ \square$ Hepatitis E virus infection (independent or combining with another virus)
☐ Autoimmune Liver disease
□ PBC □ AIH □ PSC □ unknown
☐ Alcoholic liver disease (if checked, question 3.5.2 have to be answered)
☐ Nonalcoholic steatohepatitis
☐ Schistosomiasis
☐ hereditary liver disease
☐ Chronic drug-induced liver disease
☐ Cryptogenic liver disease
3.1.2 The history of chronic liver disease: months/years.
3.1.3 being diagnosed cirrhosis before: \square yes \square no
3.2 Present acute deterioration
3.2.1 The date of the acute deterioration this time (if more than one ADs in recent one month, then record the date of first one that occurred): \[\sum \left[-\sum \sum \cdot -\sum \sum \sum \cdot \sum \cdo
3.3 Previous decompensation
3.3.1 Whether the patient had previous decompensation
\square Yes (to question 3.3.2) \square No (to block 3.4)
3.3.2 Time of the first decompensation: □□□□□□□ (year-month)
3.3.3 Previous types of decompensation (multiple choices permitted)
\square gastrointestinal bleeding

☐ hepatic encephalopathy ☐ ascites
□ pneumonia, SBP or SEPSIS
□jaundice (TB≥5mg/dL)
3.4 Predisposition of this time
3.4.1 Predispositions (multiple choices permitted)
☐ HBV reactivation [in patients with 1) HBV-DNA over 500 copies/ml; 2] received
nucleotide analogues (NUCs) therapy in the past 6 months; 3) ALT over 3 times
the upper limit of normal level (ULN)] caused by
☐ A.NUCs resistance: both HBV-DNA >1000 copies/ml and ALT (over 3 ULN) in
the patients under continuous treatment with NUCs over 6 months
☐ B.NUCs abandonment: both HBV-DNA >1000copies/ml and ALT (over 3 ULN)
in the patients under continuous NUCs treatment but abandoning the
antiviral treatment.
\Box C. de novo hepatitis: HBV DNA > 10^5 copies/ml, HBsAg reappearance and ALT
(over 3 ULN) in a patient previously HBsAg (-) and HBcAb (-)
☐ Bacterial infection (if checked, question 3.4.2 have to be answered)
☐A. pneumonia
☐ B. spontaneous bacteremia or sepsis
\square C. spontaneous bacterial peritonitis (SBP)
\square D. urinary tract infection
\square E. infection of biliary tract
☐ F. cellulitis
\square G. other defined infection
\square Active alcohol intaking in the past 3 months (over 100ml hard liquor, 400ml wine or
1000ml beer per week in men and over 75% of the above volume in women)
\square Hepatitis A,C,E viruses or CMV overlap infection recently
\square Gastrointestinal bleeding in the past month before
☐ Thrombogenesis in the portal vein

1(

\square Suspicious hepatotoxic drugs or herbs intake in the past 3 months
\square Underwent invasive examination or surgery in the past 3 months
\square Defatigation in the past 3 months
□Undefined
3.4.2 Any antibiotics treatment within the past 3 months?
\square Yes(to 3.4.3) \square No (to block 3.5)
3.4.3 Antimicrobial usage within the past 3 months:
A. Type: Date: dosage: duration:
2.5 Duadion asidian (datailad)
3.5 Predisposition (detailed)
3.5.1 HBV infection and treatment
Whether the HBV-patient were treated with NUCs before?
\square Yes (continue) \square No (to question 3.5.2)
A. Antiviral treatment initiation: $\Box \Box \Box \Box \Box \Box \Box$ (year-month)
B. Drugs used at treatment initiation:
C. Whether the antiviral treatment discontinued?
\square Yes(to question D) \square No (to question 3.5.2)
D. When was the antiviral treatment discontinued?
E. Why was the antiviral treatment discontinued?
F. Drugs in use at the time of discontinuation:
G. Antiviral treatment discontinuation by the patient himself/herself
□Yes □No
H. NUC resistance during the course of treatment
\square Yes(to question D) \square No (to question 3.5.2)
I. NUC resistance date: □□□□-□□ (year-month)
3.5.2 Alcohol intaking
A. the type and amount of alcohol?
Beer: average amount per day ml ×years
Wine: average amount per day ml ×years
10

11
Liquor: average amount per day ml ×years
3.6 History of chronic disease (multiple choices permitted)
☐Hypertension
□ Diabetes
☐ Coronary heart disease
☐ Chronic renal disease
☐ Rheumatism or connective tissue disease
☐ Immunodeficiency diseases
□None

4 (CRF) DYNAMIC DATA RECORDING DURING

HOSPITALIZATION

4.1 Basic & Vital Sign
A. Heightcm
B. Weightkg
C. BMI{\text{Weight/(Height /100)}^2\}
D.Heart ratebeats/minute
E. Temperature $^{\circ}\mathrm{C}$
F. Blood pressure/mmHg
4.2 Evaluation of circulatory, respiratory, central nervous systems and renal
4.2.1 Circulatory system:
A. Whether vasopressors (exclude telipressin) had been used to maintain the basic
blood pressure? □Yes □No
4.2.2 Respiratory system:
A. SpO ₂ =%
B. $SPO_2/FiO_2 = \frac{SPO_2/0.21}{}$
C. Supplemental oxygen?
\square Yes (continue) \square No (to question 4.2.3)
D. Oxygen flow rateL/min
E. FiO_2 (with O_2) = {(21+oxygen flow rate*4) /100}
F. $SPO_2/FIO_2(with O_2) = {SPO_2/FIO_2(with O_2)}$
G. Whether the traumatic mechanical ventilation had been used?
4.2.3 Renal
A. Whether the renal replacement therapy (hemodialysis) had been used?
□Yes □No
4.2.4 Central nervous system
A. Location identification (ask the patient: Do you know where you are?)
□Good □Poor
B. Identification capacity [ask the patient: Do you know who he/she(a relative or

the doctor) is ?] Good Poor C. Calculation capacity: Ask the patient: What is 100 minus 7? \square Right answer (to question D) \square Wrong answer (to question E) D. Time required for the right answer: _____ seconds E. Grades of hepatic encephalopathy (HE) ☐grade 0: Normal ☐ grade 1: Minor lack of awareness, shortened attention span, sleep disturbance and altered mood. Asterixis may be present. (the patient can successfully answer the question A, B and C, but the time required for question C is long/the patient can successfully answer the question A and B but not the question C). \square grade 2: Lethargy, disorientation to time, amnesia of recent events, impaired ability for simple computations, inappropriate behavior and slurred speech. Asterixis is present (the patient cannot successfully answer neither of the question A nor B) ☐ grade 3: Somnolence, confusion, disorientation to location, bizarre behavior, clonus, nystagmus and positive Babinski sign. Asterixis is usually absent. ☐ grade 4: Coma. Lack of verbal, eye, and oral response. 4.3 Evaluation of Bacterial infection, SIRS and Sepsis 4.3.1 Bacterial infection A. Had the patient got defined infection? \square Yes (to question B) ☐ Suspected (to question E) \square no (to the question 4.3.2) B. What's the location of the infection? (multiple choices permitted) ☐ Pneumonia (via image of focus of infection on X ray or CT) ☐ Spontaneous bacterial peritonitis (SBP) (positive ascites culture or absolute counting of neutrophil in ascite≥250×10⁶/L)

\square Spontaneous bacteremia (positive blood culture) or s	sepsis		
☐ Urinary tract infection (positive middle urine culture))		
☐ Cellulitis			
☐ Infection of biliary tract			
☐ Others, culture result and location:			
C. Type and name of pathogenic microorganism:			
D. Drug susceptibility testing (you can upload the photos)			
E. Had blood culture been taken?			
□Yes □No			
4.3.2 SIRS			
A. criteria (multiple choices permitted)			
\Box temperature > 38°C or temperature < 36°C			
heart rate > 90 beats per minute			
☐ respiratory >20 times per minute or hyperventila:	tion (PaC(ر 32mmHa)	
\square WBC >12×10 ⁹ /L or <4×10 ⁹ /L	tion (rack	5 <u>7</u> \ 3211111116)	
B. Were at least two of the above four criteria met?			
□ Yes □ No			
4.3.3 Sepsis			
A. Both bacterial infection and SIRS above are met?			
☐Yes ☐ No			
4.4 Acute Decompensation (AD), Organ Failure	(OF) &	ACLF Eval	uation
4.4.1. The number of AD(multiple choices permitted)			
A. TB>5mg/dl	\square yes	□no	
B. gastrointestinal bleeding within recent 1 month	\square yes	□no	
C. Hepatic encephalopathy within recent 1 month	□yes	\Box no	
D. Ascites within recent 1 month	□yes	□no	
E. defined bacterial infection	□yes	□no	
count the number of AD: {number of YES in	question	4.4.1}	
14			

4.4.2 The number	of OF (multip	ole choices permitted)		
A. Liver failure (TB>22mg/dl)			\square yes	□no
B. Coagulation failure (INR>2.0)			\square yes	□no
C. Renal failure (Cr>2mg/dl or hemodialysis)			□yes	□no
D. Respiratory failure (Artificial respiratory support)		□yes	□no	
E. Circulatory failure (Vasopressor using)			□yes	□no
F. CNS failure (HE Grade≥2)			□yes	□no
count the nu	umber of OF: _	{number of YES in c	question 4.4	4.2}
4.4.3 ACLF Grade=	:			
{If the number of	OF = 1, the A	CLF Grade = 1;		
if the number o	f OF = 2, the A	CLF Grade = 2;		
if the number o	f OF ≥ 3, the A	.CLF Grade = 3 }		
4.5 Medication 1	During Hos	pitalization		
4.5.1 Whether thy		-		
·		□ No (to questi	on 4 5 2)	
☐ Yes (continue) ☐ No (to questio A. Type: Date: dosage: dura		-		
		ibitors (PPI) has been use		
☐Yes (cont		\Box No (to questi		
•	•	dosage: dur	-	
4.5.3 Whether glu			ation	
☐Yes (cont			on 4 F 4\	
,	,	□ No (to questi	•	
		dosage: dur	auon:	
4.5.4 Whether ant			4.5.4\	
☐Yes (cont	•	□No (to questi	,	
A. Type:	_ Date:	dosage: dur	ation:	

5.1 Peripheral blood cells count 5.1.1 Haemoglobin (HGB), g/L 5.1.2 White blood cell count (WBC), *10^9/L 5.1.3 Proportion of neutrophils (N%) 5.1.4 Proportion of lymphocytes (L%) 5.1.5 Proportion of monocytes (M%) 5.1.6 Neutrophil lymphocyte ratio (NLR) 5.1.7 Platelet count (PLT), *10^9/L 5.2 Liver function test 5.2.1 Alanine aminotransferase (ALT), U/L 5.2.2 Aspartate aminotransferase (AST), U/L 5.2.3 Albumin (ALB), g/L 5.2.4 Pre-ALB, mg/L 5.2.5 Total bilirubin (TB), mg/dL	
5.1.2 White blood cell count (WBC), *10^9/L 5.1.3 Proportion of neutrophils (N%) 5.1.4 Proportion of lymphocytes (L%) 5.1.5 Proportion of monocytes (M%) 5.1.6 Neutrophil lymphocyte ratio (NLR) 5.1.7 Platelet count (PLT), *10^9/L 5.2 Liver function test 5.2.1 Alanine aminotransferase (ALT), U/L 5.2.2 Aspartate aminotransferase (AST), U/L 5.2.3 Albumin (ALB), g/L 5.2.4 Pre-ALB, mg/L 5.2.5 Total bilirubin (TB), mg/dL	
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5.1.4 Proportion of lymphocytes (L%) 5.1.5 Proportion of monocytes (M%) 5.1.6 Neutrophil lymphocyte ratio (NLR) 5.1.7 Platelet count (PLT), *10^9/L 5.2 Liver function test 5.2.1 Alanine aminotransferase (ALT), U/L 5.2.2 Aspartate aminotransferase (AST), U/L 5.2.3 Albumin (ALB), g/L 5.2.4 Pre-ALB, mg/L 5.2.5 Total bilirubin (TB), mg/dL	
5.1.5 Proportion of monocytes (M%) 5.1.6 Neutrophil lymphocyte ratio (NLR) 5.1.7 Platelet count (PLT), *10^9/L 5.2 Liver function test 5.2.1 Alanine aminotransferase (ALT), U/L 5.2.2 Aspartate aminotransferase (AST), U/L 5.2.3 Albumin (ALB), g/L 5.2.4 Pre-ALB, mg/L 5.2.5 Total bilirubin (TB), mg/dL	28
5.1.7 Platelet count (PLT), *10^9/L 5.2 Liver function test 5.2.1 Alanine aminotransferase (ALT), U/L 5.2.2 Aspartate aminotransferase (AST), U/L 5.2.3 Albumin (ALB), g/L 5.2.4 Pre-ALB, mg/L 5.2.5 Total bilirubin (TB), mg/dL	20
5.2 Liver function test 5.2.1 Alanine aminotransferase (ALT), U/L 5.2.2 Aspartate aminotransferase (AST), U/L 5.2.3 Albumin (ALB), g/L 5.2.4 Pre-ALB, mg/L 5.2.5 Total bilirubin (TB), mg/dL	
5.2.1 Alanine aminotransferase (ALT), U/L 5.2.2 Aspartate aminotransferase (AST), U/L 5.2.3 Albumin (ALB), g/L 5.2.4 Pre-ALB, mg/L 5.2.5 Total bilirubin (TB), mg/dL Required at Day 1 / 4 / 7 / 14 / 21 / 3	
5.2.2 Aspartate aminotransferase (AST), U/L 5.2.3 Albumin (ALB), g/L 5.2.4 Pre-ALB, mg/L 5.2.5 Total bilirubin (TB), mg/dL Required at Day 1 / 4 / 7 / 14 / 21 / 3	
5.2.3 Albumin (ALB), g/L 5.2.4 Pre-ALB, mg/L 5.2.5 Total bilirubin (TB), mg/dL Required at Day 1 / 4 / 7 / 14 / 21 / 3	
5.2.4 Pre-ALB, mg/L 5.2.5 Total bilirubin (TB), mg/dL Day 1 / 4 / 7 / 14 / 21 / 3	
5.2.5 Total bilirubin (TB), mg/dL	00
	2 8
F 2 6 Alkalina phaaphatasa (AKD) 11/1	
5.2.6 Alkaline phosphatase (AKP), U/L	
5.2.7 Glutamyl transpeptidase (γ-GT), U/L	
5.3 Renal function test Required at	
5.3.1 Creatinine (Cr), mg/dL Day 1 / 4 / 7 / 14 / 21 / 3	28
5.3.2 Blood urea nitrogen (BUN), mmol/L	
5.4 Electrolytes	
5.4.1 Sodium (Na+), mmol/L Required at	
5.4.2 Potassium (K+), mmol/L Day 1 / 4 / 7 / 14 / 21 / 3	28
5.4.3 PH	
5.5 Coagulation test	
5.5.1 Prothrombin time (PT), seconds Required at	
5.5.2 International normalized ratio (INR)	28
5.5.3 D-dimer, μg/L	
5.6 HBV-DNA, antigens and antibodies test	
5.6.1 HBV-DNA load, copies/ml	
5.6.2 HBsAg, IU/ml	
5.6.3 HBsAb, mIU/ml Required at Day 1 or	ıly
5.6.4 HBcAb, S/CO	
5.6.5 HBeAg, S/CO	
5.6.6 HBeAb, S/CO	
5.7 Other hepatitis virus antibodies test Required at Day 1 or	

5.7.1	anti-HAV(IgM)				
5.7.2	anti-HEV(IgM)				
5.7.3	anti-HCV				
5.8 Imm	unoglobulin test				
5.8.1	Immunoglobulin A (IgA), g/L				
5.8.2	Immunoglobulin M (IgM), g/L	Optional			
5.8.3	Immunoglobulin G (IgG), g/L				
5.8.4	Immunoglobulin G-4 (IgG-4), g/L				
5.9 Auto	antibody for autoimmune liver disease				
5.9.1	Antinuclear antibody (ANA), titer				
5.9.2	Anti-smooth muscle antibody (SMA), titer	Optional			
5.9.3	Anti-mitochondria antibody (AMA), titer				
5.9.4	AMA-M2, titer				
5.10 Oth	ners test (1)				
5.10.1	C-reactive protein (CRP), mg/L				
5.10.2	Procalcitonin (PCT), ng/ml	Demoised of Dec. 4 code			
5.10.3	AFP, ng/ml	Required at Day 1 only			
5.10.4	CA199, U/ml				
5.10.5	Blood ammonia, umol/L				
5.10.6	Fasting blood glucose (GLU), mmol/L				
5.11 Others test (2)					
5.11.1	lactic acid, mmol/L	- Optional			
5.11.2	Serum ferritin, µ mol/L	op.iiona.			
5.11.3	Serum amyloid A, mg/L				
5.12 Cyt	tokine				
5.12.1	Interleukin IL-6, ng/ml	Optional			
5.12.2	Interleukin IL-8, ng/ml	- 1			
5.12.3	Interleukin IL-10, ng/ml				
5.13 Ba	cterial culture test				
5.13.1	Blood culture				
5.13.2	Blood culture bacterial types				
5.13.3	Sputum culture	If infection is suspected			
5.13.4	Sputum culture bacterial types				
5.13.5	Middle urine culture	1			
5.13.6	Middle urine culture bacterial types				
1	cites test	If abdominocentesis			
J. 14 ASC	DICO ICOL	ii abdoiiiiiloceiilesis			

5.14.1	WBC count in ascites,	is taken
5.14.2	Proportion of polynuclear cells	
5.14.3	Absolute polynuclear cell count,	
5.14.4	RBC count in ascites fluid,	
5.14.5	Lactic dehydrogenase (LDH),	
5.14.6	Adenosine deaminase (ADA),	
5.14.7	Ascites culture	
5.14.8	Ascites culture bacterial types	

6: IMAGING TEST RESULTS

6.1 Abdominal ultrasound					
6.1.1	Date of test: □□□□-□□ (year-month-date)				
6.1.2	Ascites: □Positive □Negative				
6.1.3	If ascites positive, the depth mm				
6.2 CT/M	RI scan cirrhosis (Preferred enhanced CT results)				
6.2.1	Test used: □ CT □ MRI				
6.2.2	Date of test: □□□□-□□ (year-month-date)				
6.2.3	Result: ☐ Cirrhosis ☐ Non-cirrhosis ☐ Undefined				
6.3. CT/M	IRI scan portal thrombosis /varices/ pulmonary infection				
6.3.1	Test used: □ CT □ MRI				
6.3.2	Date of test: □□□□-□□ (year-month-date)				
6.3.3	Whether portal thrombosis has been found?				
0.3.3	☐ Yes ☐ No ☐ Undefined				
6.3.4	Whether esophageal and gastric varices have been found?				
0.5.4	☐ Yes ☐ No ☐Undefined				
6.3.5	Whether pulmonary infection has been found by CT scan?				
0.5.5	☐ Yes ☐ No ☐Undefined				
6.4. Fibro-scan					
6.4.1	Test date: □□□□-□□-□□ (year-month-date)				
6.4.2	Result:				

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7: (CRF) CHECK LIST FOR DATA COLLECTION

COMPLETENESS DURING HOSPITALIZATION

☐ Eligibility Criteria
\square Demographic Information
☐ History Collection
 □ Dynamic Data Recording □ Basic & Vital Sign □ Evaluation of circulatory, respiratory, central nervous systems and renal □ Evaluation of bacterial infection/sirs/sepsis □ AD, OF & ACLF evaluation □ Medication during hospitalization
□ Laboratory Tests (required) □ Peripheral blood cells count □ Liver function test □ River function test □ Electrolytes □ Coagulation test □ Others test (1)
□ Laboratory Tests (optional) □ Immunoglobulin test □ Others test (2) □ Cytokine □ Bacterial culture test □ Ascites test
 ☐ Imaging tests ☐ B ultrasound ☐ CT/MRI scan cirrhosis ☐ CT/MRI scan portal thrombosis /varices / pulmonary ☐ Fibro-scan
☐ Biospecimen collection ☐ Whole Blood ☐ Serum ☐ Urine

8: (CRF) SUMMARY FOR THE HOSPITALIZATION

8.1 Hospitalization ending date: UUU-UU-UU (year-month-date)	
8.2 Period of hospitalization:days	
8.3 Hospitalization Expenses:yuan	
8.4 Outcome of hospitalization	
Discharged (continue)	
Died (to question 8.6)	
Liver transplanted (to question 8.7)	
8.5 Discharge status	
Improved (regular outpatient and Tel. Follow-up)	
Stable (regular outpatient and Tel. Follow-up)	
Deteriorated (Tel. follow-up within 3 days after discharge)	
8.6 If the patient dies, main cause of death (multiple choices permitted)	
Multiple organ failure (MOF)	
Septic shock	
Hypovolemic shock	
Other cause:	
8.7 If the patient has LT, whether the patient is in the list of LT?	
□Yes □No	
A. What was the pathological result of the patient's liver?	
B. Whether the pathological result of the patient's liver is cirrhosis?	
□Yes □No	
C. Whether the pathological result include "sub-massive necrosis" or "necrosis"	?
□Yes □No	
D. Liver transplant surgery related Expenses:yuan	

9: (CRF) TELEPHONE FOLLOW-UP

9.1 Date: (year-month-date)
9.2 The patient's status
\square Alive (to question 9.3)
☐ Died (to question 9.4)
☐ Liver transplanted (to question 9.5)
☐ Loss to follow-up
9.3 Whether there are new onset complications?
□ Yes □ No
if yes, please choose
\square Gastrointestinal bleeding,
\square Hepatic encephalopathy,
□Ascites,
\square Bacterial infection
□Jaundice
9.4 Date of death: \square \square \square \square \square (year-month-date)
9.5 Date of liver transplantation:

10: (CRF) FINAL REPORT FOR THE FOLLOW-UP

10.1 The patient's outcome
□Death
□ц
\square malignancy
☐ Lost follow-up
□Alive
10.2 Date of the patient's outcome:
10.3 If the patient dies, main cause of death:
10.4 If the patient had LT, name of LT hospital:
10.5 If the natient lost follow-up, reasons:

SUPPLEMENTARY APPENDIX 3

Table The monthly enrolment number in each centre

Centre	Month of enrolment					
	SUM	SEP	OCT	NOV	DEC	JAN
All centres	1370	127	250	316	375	302
Ditan Hospital (Beijing)	199	18	36	28	53	64
Southwest Hospital (Chongqing)	178	15	25	47	49	42
Xiangya Hospital (Hunan)	167	54	27	32	31	23
Renji Hospital (Shanghai)	162	15	49	42	41	15
Guangzhou Nanfang Hospital (Guangdong)	125	19	34	29	22	21
Taihe Hospital (Hubei, Shiyan)	121	0	3	36	37	45
Wuhan Union Hospital (Hubei, Wuhan)	115	1	12	20	38	44
First hospital of ZU (Zhejiang)	79	4	11	17	37	10
SPHCC (Shanghai)	67	0	19	14	23	11
Second Hospital of SDU (Shandong)	46	1	11	15	15	4
First Hospital of JU (Jilin)	42	0	5	16	13	8
Henan Provincial People's Hospital (Henan)	35	0	0	4	16	15
First hospital of XMU (Xinjiang)	34	0	18	16	0	0