Supplementary Table 1. Definitions of the Risk Models for NAFLD and Liver Fibrosis

Model	Cutoff points	Equation
Risk models for NAFLD		
Comprehensive NAFLD score	≥40	Probability (in %) of having NAFLD=1/(1+ exp(-x))×100. If male, x=0.016×age+0.182×BMI+0.089×WC+0.391×alcohol+0.124×exercise+0.018×fasting glucose+0.773×$\log_e$(triglycerides) – 0.014×HDL cholesterol+0.145×uric acid – 0.674×$\log_e$(AST)+1.632×$\log_e$(ALT) – 21.695. If female, x=0.320×BMI+0.044×WC+0.533×diabetes (yes=1, no=0)+0.016×fasting glucose+0.951×$\log_e$(triglycerides) – 0.015×HDL cholesterol+0.199×uric acid – 0.645×$\log_e$(AST)+1.302×$\log_e$(ALT)+0.255×menopause – 19.741.
NAFLD liver fat score	≥–0.640	–2.89+1.18×metabolic syndrome (yes=1, no=0)+0.45×diabetes (yes=2, no=0)+0.15×fasting insulin+0.04×AST–0.94×AST/ALT ratio
Risk models for significant fibrosis		
NAFLD fibrosis score	≥0.676	–1.675+0.037×age+0.094×BMI+1.13×IFG/diabetes (yes=1, no=0)+0.99×AST/ALT ratio – 0.013×platelet count – 0.66×albumin
BARD score	≥2.0	AST/ALT ratio ≥0.8: 2 points; BMI ≥28 kg/m^2: 1 point; the presence of diabetes: 1 point

NAFLD, nonalcoholic fatty liver disease; BMI, body mass index; WC, waist circumference; HDL, high-density lipoprotein; AST, aspartate aminotransferase; ALT, alanine transaminase; IFG, impaired fasting glucose.

Supplementary Table 2. High Probability of ASCVD According to Cardiometabolic Risk Factors Stratified by Obesity and NAFLD Status Based on the Liver Fat Score

Variable	Subjects without NAFLD OR (95% CI)	Obese subjects with NAFLD		Lean subjects with NAFLD	
		OR (95% CI)	p-value	OR (95% CI)	p-value
Hypertension	1.00 (reference)	4.80 (4.07–5.66)	<0.001	3.75 (3.12–4.51)	<0.001
Diabetes mellitus	1.00 (reference)	13.14 (10.63–16.81)	<0.001	15.06 (11.63–19.49)	<0.001
Chronic kidney disease	1.00 (reference)	1.68 (1.21–2.33)	0.002	1.55 (1.09–2.19)	0.014
Hyper-LDL cholesterolemia	1.00 (reference)	2.38 (2.03–2.78)	<0.001	2.02 (1.69–2.41)	<0.001
Hypo-HDL cholesterolemia	1.00 (reference)	3.85 (3.27–4.53)	<0.001	3.99 (3.30–4.53)	<0.001
Hypertriglyceridemia	1.00 (reference)	8.25 (7.01–7.90)	<0.001	7.49 (6.23–9.00)	<0.001
Proteinuria	1.00 (reference)	3.24 (1.98–5.30)	<0.001	2.15 (1.17–3.94)	0.014

ASCVD, atherosclerotic cardiovascular disease; NAFLD, nonalcoholic fatty liver disease; OR, odds ratio; CI, confidence interval; LDL, low-density lipoprotein; HDL, high-density lipoprotein.
Adjusted for age and sex.

Supplementary Table 3. High Probability of ASCVD According to Obesity and NAFLD Based on the Liver Fat Score

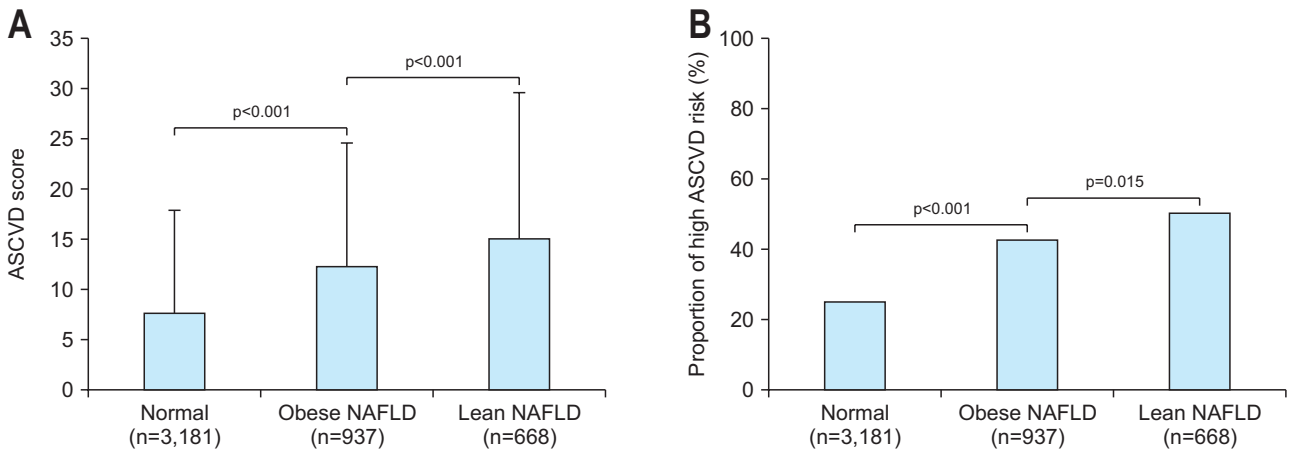
Model	Subjects without NAFLD OR (95% CI)	Obese subjects with NAFLD		Lean subjects with NAFLD	
		OR (95% CI)	p-value	OR (95% CI)	p-value
Crude	1.00 (reference)	2.27 (1.95–2.64)	<0.001	3.02 (2.54–3.58)	<0.001
Model 1	1.00 (reference)	5.97 (4.54–7.84)	<0.001	4.98 (2.69–6.70)	<0.001
Model 2	1.00 (reference)	2.22 (1.39–3.53)	0.001	2.03 (1.29–3.20)	0.002

ASCVD, atherosclerotic cardiovascular disease; NAFLD, nonalcoholic fatty liver disease; OR, odds ratio; CI, confidence interval.
Model 1: adjusted for age and sex and model 2: adjusted for age, sex, smoking, exercise, waist circumference, hypertension, diabetes, homeostasis model assessment of insulin resistance, chronic kidney disease, and hyper-low-density lipoprotein cholesterolemia.

Supplementary Table 4. High Probability of ASCVD According to Obesity and Significant Fibrosis Based on the BARD Score

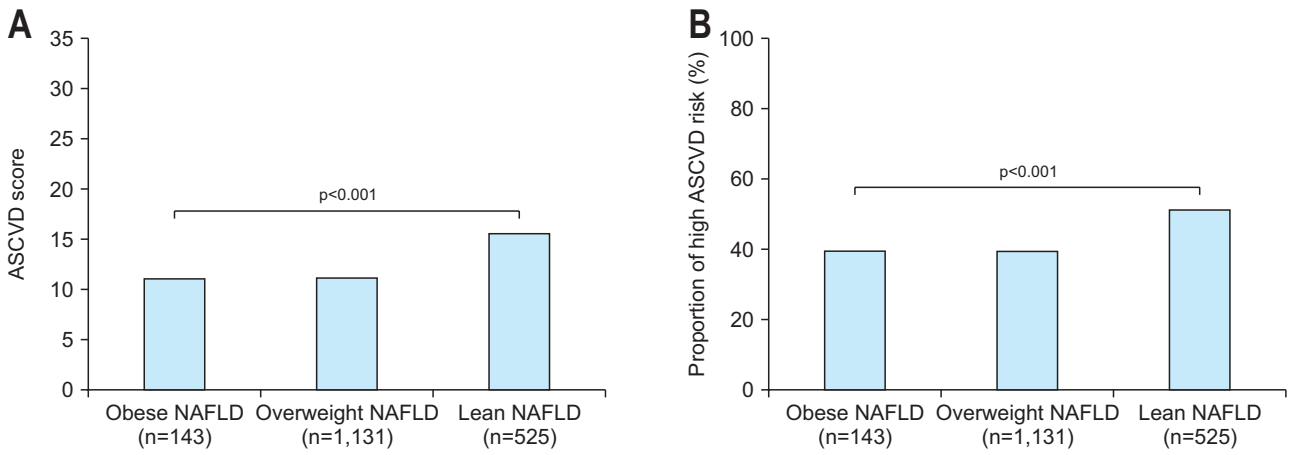
Model	NAFLD with no fibrosis OR (95% CI)	Obese NAFLD subjects with significant fibrosis		Lean NAFLD subjects with significant fibrosis	
		OR (95% CI)	p-value	OR (95% CI)	p-value
Crude	1.00 (reference)	1.58 (1.25–1.99)	<0.001	3.01 (2.26–4.00)	<0.001
Model 1	1.00 (reference)	1.15 (0.93–1.60)	0.398	1.57 (1.06–2.32)	0.026
Model 2	1.00 (reference)	1.31 (0.86–2.00)	0.213	1.65 (0.98–2.78)	0.058

ASCVD, atherosclerotic cardiovascular disease; NAFLD, nonalcoholic fatty liver disease; OR, odds ratio; CI, confidence interval.
Model 1: adjusted for age and sex and model 2: adjusted for age, sex, smoking, exercise, waist circumference, hypertension, diabetes, homeostasis model assessment of insulin resistance, chronic kidney disease, and hyper-low-density lipoprotein cholesterolemia.

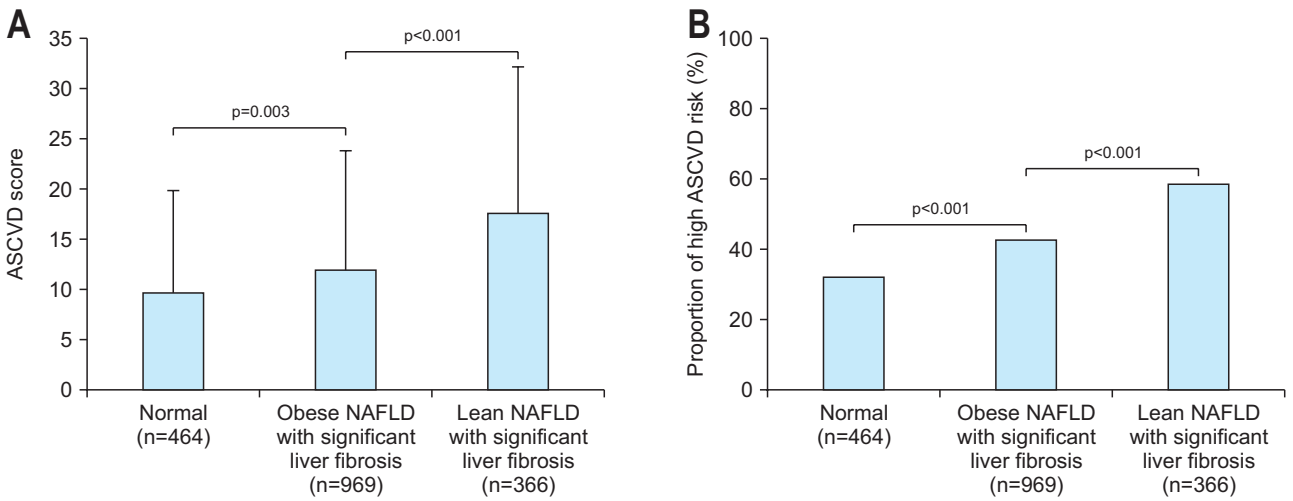


Supplementary Fig. 1. ASCVD score and proportion of high ASCVD risk according to LFS-defined NAFLD/obesity status. Lean NAFLD subjects had significantly higher ASCVD scores (A) and prevalence of a high ASCVD risk (B), followed by subjects with obese NAFLD and those without NAFLD (all $p<0.05$).

ASCVD, atherosclerotic cardiovascular disease; NAFLD, nonalcoholic fatty liver disease; LFS, liver fat score.



Supplementary Fig. 2. ASCVD score and proportion of high ASCVD risk according to CNS-defined NAFLD/obesity status (BMI ≥30 kg/m^2). Lean NAFLD subjects had significantly higher ASCVD scores (A) and prevalence of a high ASCVD risk (B) than obese subjects (all p<0.001).
ASCVD, atherosclerotic cardiovascular disease; NAFLD, nonalcoholic fatty liver disease; CNS, comprehensive NAFLD score; BMI, body mass index.



Supplementary Fig. 3. ASCVD score and proportion of high ASCVD risk according to BARD-defined significant liver fibrosis stratified by CNS-defined NAFLD/obesity status. Lean subjects with BARD-defined significant liver fibrosis had significantly higher ASCVD scores (A) and prevalence of a high ASCVD risk (B), followed by obese subjects with BARD-defined significant liver fibrosis and those without BARD-defined significant liver fibrosis (all $p<0.05$).

ASCVD, atherosclerotic cardiovascular disease; NAFLD, nonalcoholic fatty liver disease; CNS, comprehensive NAFLD score.