Study	Recruitment	FU,	Location	Participants,	BMI	Women,	Age,	Comorbidities	Therapy	Outcome
Vilar- Gomez ⁴⁸	(year) 1995-2013	Years 5.5	Europe, Asia, Australia, Cuba	458; 159: bridging fibrosis 299: cirrhosis	kg/m² 33 (9)	(%) 52%	Years 56 (11)	Smokers 17% HTN 61% CVD 9% Cancer 5% CKD 13% Diabetes 67% Alcohol excess 14%	Statin 24% Metformin39% Insulin24%	N. Deaths: 37 (85% LR) Other outcomes: 37 LT 41 HCC 10 CAD 4 Stroke 30 non-LR Ca Cirrhosis associated with greater mortality of LRE. Patients with bridging fibrosis have higher rates of vascular events and non-LR Ca.
Hagström ¹⁷	1971-2009	20	Sweden	646; NASH: 383 Fibrosis 0:25% Fibrosis 1:24% Fibrosis 2:23% Fibrosis 3: 9% Fibrosis 4: 3%	28 (4)	38%	48 (14)	Smokers 24% HTN 30% Diabetes 14% Hyperlipidaemia 8%	NR	N. Deaths: 214 Causes of death: 37% CV 26% non-LR Ca 8% LR; rest: Other causes. NAFDL: ↑ Risk of liver disease NAFDL: ↑ Risk of CVD Advanced Fibrosis, but not NASH, ↑ Risk of mortality
Younossi ⁷³	NR	12	USA	209; NASH: 131 Non-NASH: 78	37 (10) 35 (11)	69% 50%	49 (14) 48 (15)	NASH/non-NASH: Diabetes 24%/15%	NR	NASH/non-NASH: ACM: 31%/31% LRM: 13%/1% NASH: ↑ Risk of LRM Advanced Fibrosis: ↑ Risk of LRM
Sebastiani ⁷⁴	2004-2013	5	Canada	148 (NASH); Fibrosis 0:15% Fibrosis 1:36% Fibrosis 2:15% Fibrosis 3: 19% Fibrosis 4: 15%	31 (5)	30%	50 (11)	HTN 39% Diabetes 33%	NR	Deaths: 9 (6%). Clinical outcomes (ACM/hepatic complications): 24 (16%). Non-invasive assessment of fibrosis predicted outcome.
Angulo ¹²	1975-2005	13	6 Countries	619 (97 no FU); Fibrosis 0:52% Fibrosis 1:23% Fibrosis 2:14% Fibrosis 3: 9% Fibrosis 4: 3%	31 (26-37)	62%	49 (38-60)	Smokers 9% HTN 31% Diabetes 38%	Statin 10%	ACM/Liver Transplant: 193 (37%) Liver death/transplant: 18 (3%) ↑ Fibrosis, but no other histologic features of steatohepatitis, ↑ Risk of Death/LRE

Leung ⁷⁵	2006-2015	~4	Hong Kong	307; 27% advanced fibrosis.	28 (25-31)	44	51 (11)	HTN Diabetes	55% 55%	NR	Deaths: 6 (1 LR) CV events: 22 (including 8 strokes and 8 MIs) 5 LRE (including 2 HCC) 6 Not-LR Ca Patients with BMI<25 Kg/m² (n=72) were less likely to have fibrosis and had better outcomes.
Ito ⁷⁶	1999-2014	7	Japan	246; (NASH 63%) Fibrosis 0:25% Fibrosis 1:39% Fibrosis 2:15% Fibrosis 3: 17% Fibrosis 4: 3%	26 (24-29)	48	55 (41-63)	HTN Diabetes Dyslipidaemi	42% 45% a 71%	NR	Deaths: 8 (LR 75%) Other events: 16 Ca (not-LR),9 HCC, 12 CV. Advanced Fibrosis (≥3) ↑ Risk of LR-Ca, not-LR Ca, and mortality.
Rafiq ⁷⁷	NR	~11 (up to 28)	USA	173; NASH: 72 Non-NASH: 101	34 (10) 34 (10)	69 54	51 (13) 49 (15)	Diabetes	~70%	NR	Deaths: 78, due to CAD (n=22), not-LR Ca (n=14) or LR (includes HCC; n=12). No difference in ACM between NASH and non-NASH; patients with NASH had greater LR mortality than Non-NASH.

Table 1. Selected studies summarizing characteristics and outcome of patients with biopsy proven NAFLD. Abbreviations used: FU – follow-up; BMI – body mass index; NA - not applicable; HTN – Hypertension; CVD – cardiovascular disease; LT – Liver transplant; LR

⁻ liver related; LRE - liver related events; LRM - liver related mortality; CAD - coronary artery disease; ACM - all cause mortality; Ca

 $^{- \,} Cancer; \, HCC-Hepatocellular \, carcinoma; \, MI-myocardial \, infarction.$