

The authors declare that the STROBE statement was followed in the article entitled “LIV-4 Score: A Novel model for predicting transplant-free survival in critically ill patients with cirrhosis”

STROBE Statement—Checklist of items that should be included in reports of *cohort studies*

| Item No                   |    | Recommendation  |
|---------------------------|----|---|
| Title and abstract        | 1  | (a) Indicate the study’s design with a commonly used term in the title or the abstract<br>Page 4<br>(b) Provide in the abstract an informative and balanced summary of what was done and what was found<br>Page 4-5   |
| <b>Introduction</b>       |    |   |
| Background/rationale      | 2  | Explain the scientific background and rationale for the investigation being reported<br>Page 7-8  |
| Objectives                | 3  | State specific objectives, including any prespecified hypotheses<br>Page 8  |
| <b>Methods</b>            |    |   |
| Study design              | 4  | Present key elements of study design early in the paper<br>Page 8   |
| Setting                   | 5  | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection<br>Page 8 and 10  |
| Participants              | 6  | (a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up<br>Page 8-10<br>(b) For matched studies, give matching criteria and number of exposed and unexposed<br>N/A   |
|                           |    |   |
| Variables                 | 7  | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if Applicable<br>Page 9-10   |
| Data sources/ measurement | 9  | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group<br>Pages 8-9   |
| Bias                      | 9  | Describe any efforts to address potential sources of bias<br>Page 11  |
| Study size                | 10 | Explain how the study size was arrived at<br>Page 8   |
| Quantitative variables    | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why<br>Page 10   |
| Statistical methods       | 12 | (a) Describe all statistical methods, including those used to control for confounding<br>Page 10-11<br>(b) Describe any methods used to examine subgroups and Interactions<br>Page 10-11<br>(c) Explain how missing data were addressed<br>Page 11<br>(d) If applicable, explain how loss to follow-up was addressed<br>N/a<br>(e) Describe any sensitivity analyses<br>Page 13 |

|                          |         |   |
|--------------------------|---------|---|
| <b>Results</b>           |         |   |
| Participants             | 13<br>* | (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed<br><a href="#">Page 11 and 14</a><br>(b) Give reasons for non-participation at each stage<br><a href="#">Page 8-9</a><br>(c) Consider use of a flow diagram<br><a href="#">N/A</a>  |
| Descriptive data         | 14<br>* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential Confounders<br><a href="#">Tables 1 and 4</a><br>(b) Indicate number of participants with missing data for each variable of interest<br><a href="#">N/a</a><br>(c) Summarise follow-up time (eg, average and total amount)<br><a href="#">N/A</a>  |
| Outcome data             | 15<br>* | Report numbers of outcome events or summary measures over time<br><a href="#">Table 1 and 4</a>   |
| Main results             | 16      | (a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included<br><a href="#">Tables 2 and 6</a><br>(b) Report category boundaries when continuous variables were Categorized<br><a href="#">N/a</a><br>(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period<br><a href="#">N/a</a> |
| Other analyses           | 17      | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses<br><a href="#">Page 13, Table 6</a>  |
| <b>Discussion</b>        |         |   |
| Key results              | 18      | Summarise key results with reference to study objectives<br><a href="#">Page 15</a>   |
| Limitations              | 19      | Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias<br><a href="#">Page 17</a>   |
| Interpretation           | 20      | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence<br><a href="#">Page 15-17</a>  |
| Generalisability         | 21      | Discuss the generalizability (external validity) of the study results<br><a href="#">Page 17</a>  |
| <b>Other information</b> |         |   |
| Funding                  | 22      | Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based<br><a href="#">Page 20</a>  |

\*Give information separately for exposed and unexposed groups.