

**Table 1. Randomized trials of hepatocellular carcinoma screening in patients with chronic liver disease**

Author, Year, Setting, Years of enrollment	Screening modality, frequency (months)	N, screening vs no screening	Demographics: mean age; % male; race	Etiology, %	Liver disease severity, %	Stage at Diagnosis, %	Treatment received, %	Mortality, screening vs no screening, or interval comparison
Chen, 2003 <sup>29</sup> Asia: China (Qidong county, Jiangsu Province) 1989-1995	AFP+ALT, 6 vs None	3712 vs 1869	age: 41.0 vs 41.3	HBV: 100	NR	*I: 29.6 vs 6.0 II: 50.6 vs 53.0 III: 19.8 vs 41.0	NR	All-cause mortality rate (per 100,000): 1.842 person-yr vs 1.788 person-yr HCC mortality rate: 1.138 person-yr vs 1.113 person-yr, p=0.86
Zhang, 2004 <sup>28</sup> Asia: China (Shanghai) 1993-1995	AFP+US, 6 vs None	9757 vs 9443	age: 42 vs 41 male: 62.6 vs 63.3	HBsAg+: 64.8 vs 63.8 HBsAg+ and history of hepatitis: 26.8 vs 28.0	NR	I: 60.5 vs 0 II: 13.9 vs 37.3 III: 25.6 vs 62.7 p<0.01	Resection: 46.5 vs 7.5 TACE or PEI: 32.6 vs 41.8 Conservative treatment: 20.9 vs 50.7	HCC mortality (per 100,000): 83.2 vs 131.5, RR 0.63 (95% CI 0.41-0.98), p<0.01; NR; NR
Trinchet 2011 <sup>31</sup> Europe: France 2000-2006	US, 3 vs US, 6	640 vs 638	age: 54 vs 55 male: 69.5 vs 68.7	HBV: 12.8 vs 12.2 HCV: 44.7 vs 43.6 EtOH: 39.4 vs 39 ; hemochromatosis: 0.8 vs 2.3 other: 2.3 vs 2.6	Child A or B: 100	Milan: 79.2 vs 71.4	OLT: 18.9 vs 4.3 resection: 5.7 vs 9.7 percutaneous ablation: 37.7 vs 44.3 TACE: 17 vs 12.3	**24mo survival: 95.8 vs 93.5; 60mo survival: 84.9 vs 85.8 Total mortality: 11.3 vs 12.1, p=0.38
Wang, 2013 <sup>30</sup> Asia: Taiwan 2006-2010	US, 4 vs US, 12	387 vs 357	Group A: 4mo Group B: 12mo age: 63.8 vs 66.6, p<0.001 male: 47.8 vs 51.8 race: NR	HBV: 30 vs 25.2 HCV: 63 vs 67.2 HBV+HCV: 7 vs 7.6	NR	BCLC: Very-early: 37.5 vs 6.7 Early: 54.2 vs 66.6 Others: 8.3 vs 26.7 , p=0.02	Curative treatment (surgical resection or RFA): 54.2 vs 20, p=0.05	1 vs 2 vs 4yr cumulative survival: Group A: 95.8 vs 78.8 vs 57.4 Group B: 80 vs 64 vs 56, p=0.399; NR

\*China Liver Disease Study Group classification. I-subclinical or early stage (no signs/sx, tumor usually <5 cm). II-moderate stage, intermediate between I and III. III-late stage (obvious cachexia, jaundice, ascites, or distant metastases) Confounders adjusted for in analysis: \*\*EtOH, HCV, age, platelet count, bilirubin, AST, ALT, alk phos, GGT, albumin, PT and AFP.