

**Table 8. Assessment of study methods for potential sources of bias in cohort studies of resection, OLT, RFA, and TACE in patients with hepatocellular carcinoma**

Author, Year, Geographic setting, Years of enrollment	Comparability of groups? Confounding by indication? Selection of the non-exposed cohort drawn from the same community as the exposed cohort?	Outcome assessment bias? Difference in loss to follow-up between treated and controls?	Adequate adjustment for potential confounders?
DuBay, 2011 <sup>64</sup> Canada 1999-2007	Confounding by indication an issue as no details were given as to why certain OLT candidates would receive RFA and which would not, groups are generally comparable	No bias in outcome assessment. No difference in loss to follow-up	Unclear which variables were modeled in the multivariable analysis of overall survival with RFA versus control
Farinati, 2012 <sup>80</sup>	Selected all patients who would be potentially eligible for OLT on the basis of age, tumor stage, and liver disease severity but did not account for other factors that would determine surgical candidacy so confounding by indication likely present.	No discussion of loss to follow-up	Yes
Lee, 2012 <sup>62</sup> Korea 2000-2003	Confounding by indication present, unable to assess the characteristics of treatment group as compared to the control group, other than by stage	No description of loss to follow-up	Unclear multivariable analysis for survival
Liu, 2004 <sup>57</sup> USA 1988-1998	Chose all patients who would be surgical candidates, groups were comparable. Registry data on surgical contraindications originated from chart review, but unable to account for patient comorbidities that may have influenced decision to perform surgery.	No discussion of loss to follow-up	No liver disease variable, but did not include cirrhotic
Mahady, 2010 <sup>81</sup> Australia	Baseline groups were not similar, confounding by indication present	No	Yes
Tong, 2010 <sup>58</sup> USA 2000-2007	unknown, groups drawn from the same community, but confounding by indication present	Loss to follow-up not discussed	Yes adjusted for confounders