**Supplementary Table 1. Previously published research on TCM in the prevention of HCC related to HBV**

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| --- | --- | --- | --- | --- | --- | --- |
| Authors | Year | Population  | Intervention | Control | Incidence of HCC | Study design |
| Preexisting Disease fibrosis/cirrhosis | Naive/ experienced | Stage |
| Dong J, et al [1] | 2022 | Ishak fibrosis score ≥3 points | Naïve | Compensated stage | ETV+BRC | ETV+ placebo; ETV only in open-label treatment phase | 4.7% vs 9.3% (7 years) | RCT + open-label treatment phase |
| ShiK, et al [2] | 2020 | Cirrhosis | Unclear | Compensated & decompensated stage | ETV/TDF + FZHY | ETV or TDF | 10.04% vs 23.2% (5 years) | retrospective cohort |
| Zhou YC, et al [3] | 2019 | METAVIR≥F2 | Naïve | Compensated stage | ETV/TDF/ADV +BRC | ETV, TDF or ADV | 1.7%/0/3.3% vs 2.2%/0/1.7% (3 years) | randomized, open-label control study |
| Tsai TY, et al [4] | 2017 | CHB | Unclear | Unclear | TCM (Herbal formula) | Nucleos(t)ide analogues (LAM, ADV, telbivudine, ETV or TDF) | 5.28 vs10.18 per 1000 PYs | retrospective cohort |
| Jiang XY, et al [5] | 2021 | CHB and hepatitis B cirrhosis | Naïve | Compensated & decompensated stage | anti-inflammatory and hepatoprotective drugs including schisandra preparation (oral bicyclol, wuzhi capsule or tablet), and Silymarin | Monotherapy (LAM, ADV, LDT or ETV) or combination therapy (LAM + ADV, LDT + ADV, or ETV + ADV) | 13.5% vs 10.7% (16 years) in CHB;53.1% vs 31.9% (10 years) in cirrhosis | ambispective cohort |
| Yufeng Xing, et al [6] | 2023 | HBV-related cirrhosis | Naïve | Compensated stage | ETV+BRC | ETV+placebo; ETV only in open-label treatment phase | 1.18% vs 3.68% (5 years) | RCT+open-label treatment phase |

HCC, hepatocellular carcinoma; ETV, entecaivr; FZHY, Fuzheng Huayu tablets; TDF, tenofovir; BRC, Biejia-Ruangan compound; ADV, adefovir; LAM, lamivudine.

Reference

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