**Supplementary Table 3. Subgroup analysis and meta-regression analysis for studies that estimated the preventive effect of aspirin use in hepatocellular carcinoma incident risk**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Covariates (*n*†)** | **Meta-regression** | **Subgroup (*n*†)** | **Effect Size (95% CI)** | **Heterogeneity** |
| ***p*-value** | **Adj R-square‡** | ***I*2** | ***p*-value** |
| Overall (23) | – | – | – | 0.64 (0.56–0.75) | 80.9% | <0.001 |
| Study design | 0.8932 | −13.69% | Retrospective cohort (15) | 0.64 (0.53–0.77) | 92.1% | <0.001 |
| Prospective cohort (3) | 0.60 (0.51–0.70) | 0.0% | 0.669 |
| Case-control (5) | 0.68 (0.42–1.09) | 89.1% | <0.001 |
| Region | 0.9250 | −6.13% | Europe/America (8) | 0.64 (0.51–0.80) | 81.5% | <0.001 |
| Asia (15) | 0.64 (0.56–0.75) | 92.2% | <0.001 |
| Drug assessment | 0.1980 | 11.65% | Prescription (17) | 0.70 (0.59–0.83) | 91.7% | <0.001 |
| Self-reported (4) | 0.53 (0.42–0.66) | 61.1% | 0.052 |
| NA (2) | 0.29 (0.14–0.61) | 0.0% | 0.855 |
| Comorbidity | 0.0310\* | 54.33% | Viral hepatitis (7) | 0.76 (0.64–0.89) | 72.5% | 0.001 |
| Liver cirrhosis (2) | 0.16 (0.10–0.27) | 19.3% | 0.266 |
| Diabetes mellitus (2) | 0.82 (0.75–0.89) | 0.0% | 0.499 |
| NAFLD (1) | 0.70 (0.37–1.34) | - | - |
| HNSCC (1) | 0.67 (0.42–1.07) | - | - |
| Without underlying disease (10) | 0.66 (0.52–0.85) | 91.7% | <0.001 |

†number of studies; ‡adjusted R-squared, percentage of between-study variance explained. HNSCC, head and neck squamous cell carcinoma NA, not applicable; NAFLD, non-alcoholic fatty liver disease.