# Supplementary Method 3

We collected serum samples from 415 participants at the First Affiliated Hospital of Xi'an Medical University, including 330 MAFLD patients and 85 healthy control subjects. The diagnosis of MAFLD was performed using the FibroScan 502 device (Echosens, Paris, France) within one month of the clinic visit and blood tests. Experienced operators, trained by the manufacturer or certified delegates, carried out the controlled attenuation parameter (CAP) and liver stiffness measurements. Patients with a CAP value ≥ 248 dB/m, as assessed by FibroScan, were considered to have hepatic steatosis. Fibroscan has already been recommended by major clinical practice guidelines and adopted by numerous studies related to MAFLD.1 This part study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics Committee of the First Affiliated Hospital of Xi'an Medical University (approval number: XYFY2018LSK-003).

Reference

[1] Lin H, Lee HW, Yip TC, Tsochatzis E, Petta S, Bugianesi E, Yoneda M, Zheng MH, Hagström H, Boursier J, Calleja JL, Goh GB, Chan WK, Gallego-Durán R, Sanyal AJ, de Lédinghen V, Newsome PN, Fan JG, Castéra L, Lai M, Harrison SA, Fournier-Poizat C, Wong GL, Pennisi G, Armandi A, Nakajima A, Liu WY, Shang Y, de Saint-Loup M, Llop E, Teh KK, Lara-Romero C, Asgharpour A, Mahgoub S, Chan MS, Canivet CM, Romero-Gomez M, Kim SU, Wong VW; VCTE-Prognosis Study Group. Vibration-Controlled Transient Elastography Scores to Predict Liver-Related Events in Steatotic Liver Disease. JAMA. 2024 Apr 16;331(15):1287-1297. doi: 10.1001/jama.2024.1447. PMID: 38512249; PMCID: PMC10958386.