

Supplement to:

Diagnostic accuracy of elastography, and magnetic resonance imaging in patients with NAFLD: a systematic review and meta-analysis

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Supplementary results

Narrative synthesis of MRI techniques

Two studies assessed cT_1 measured by LMS^{1,2}, one evaluated deMILI³ and one tested DWI⁴. Amongst the MRI techniques, only DWI was used to assess any stage of fibrosis ($\geq F1$). DWI-derived parameters performed poorly in diagnosing any fibrosis stage ($\geq F1$); however, the NPV for each parameter was acceptable ($>80\%$). deMILI predicted significant fibrosis with AUC of 0.94 and 0.85 in a training and validation cohort, respectively. LMS cT_1 was used to predict significant fibrosis (AUC 0.73 and 0.78), advanced fibrosis (AUC 0.73) and cirrhosis (AUC 0.85).

The diagnostic performance of all three MRI-based methods was assessed for distinguishing NASH from simple steatosis. LMS cT_1 had an AUC of 0.69 and 0.80 from two studies^{2, 1}, and deMILI had AUCs of 0.88 and 0.83 in the training and validation cohorts respectively.³ DWI had AUCs of 0.74, 0.68, and 0.61 for the pure molecular diffusion coefficient, perfusion-related diffusion coefficient, and the perfusion fraction.⁴ Forest plots for each target condition and each MRI modality are presented in **Figs. S23-S2**.

Supplementary tables

Table S1 PRISMA-DTA checklist

Section/topic	#	PRISMA-DTA Checklist Item	Reported on page #
TITLE / ABSTRACT			
Title	1	Identify the report as a systematic review (+/- meta-analysis) of diagnostic test accuracy (DTA) studies.	1
Abstract	2	Abstract: See PRISMA-DTA for abstracts.	5
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	7
Clinical role of index test	D1	State the scientific and clinical background, including the intended use and clinical role of the index test, and if applicable, the rationale for minimally acceptable test accuracy (or minimum difference in accuracy for comparative design).	7
Objectives	4	Provide an explicit statement of question(s) being addressed in terms of participants, index test(s), and target condition(s).	8
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	9
Eligibility criteria	6	Specify study characteristics (participants, setting, index test(s), reference standard(s), target condition(s), and study design) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	9-10
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	10
Search	8	Present full search strategies for all electronic databases and other sources searched, including any limits used, such that they could be repeated.	Table S2
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	9-10
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	11
Definitions for data extraction	11	Provide definitions used in data extraction and classifications of target condition(s), index test(s), reference standard(s) and other characteristics (e.g. study design, clinical setting).	9
Risk of bias and applicability	12	Describe methods used for assessing risk of bias in individual studies and concerns regarding the applicability to the review question.	11
Diagnostic accuracy	13	State the principal diagnostic accuracy measure(s) reported (e.g. sensitivity, specificity) and state the unit of assessment (e.g. per-patient, per-lesion).	11

measures			
Synthesis of results	14	Describe methods of handling data, combining results of studies and describing variability between studies. This could include but is not limited to: a) handling of multiple definitions of target condition. b) handling of multiple thresholds of test positivity, c) handling multiple index test readers, d) handling of indeterminate test results, e) grouping and comparing tests, f) handling of different reference standards	12
Section/topic	#	PRISMA-DTA Checklist Item	Reported on page #
Meta-analysis	D2	Report the statistical methods used for meta-analyses, if performed.	12-13
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	12
RESULTS			
Study selection	17	Provide numbers of studies screened, assessed for eligibility, included in the review (and included in meta-analysis, if applicable) with reasons for exclusions at each stage, ideally with a flow diagram.	14 Fig.1
Study characteristics	18	For each included study provide citations and present key characteristics including: a) participant characteristics (presentation, prior testing), b) clinical setting, c) study design, d) target condition definition, e) index test, f) reference standard, g) sample size, h) funding sources	14-15 Table 1
Risk of bias and applicability	19	Present evaluation of risk of bias and concerns regarding applicability for each study.	14 Figs. S1-S5
Results of individual studies	20	For each analysis in each study (e.g. unique combination of index test, reference standard, and positivity threshold) report 2x2 data (TP, FP, FN, TN) with estimates of diagnostic accuracy and confidence intervals, ideally with a forest or receiver operator characteristic (ROC) plot.	Figs. 2-6 Figs.S6-S21
Synthesis of results	21	Describe test accuracy, including variability; if meta-analysis was done, include results and confidence intervals.	Table 2
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression; analysis of index test: failure rates, proportion of inconclusive results, adverse events).	18
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence.	19-22
Limitations	25	Discuss limitations from included studies (e.g. risk of bias and concerns regarding applicability) and from the review process (e.g. incomplete retrieval of identified research).	22-23
Conclusions	26	Provide a general interpretation of the results in the context of other evidence. Discuss implications for future research and clinical practice (e.g. the intended use and clinical role of the index test).	21-22
FUNDING			
Funding	27	For the systematic review, describe the sources of funding and other support and the role of the funders.	Title page

Adapted From: McInnes MDF, Moher D, Thombs BD, McGrath TA, Bossuyt PM, The PRISMA-DTA Group (2018). Preferred Reporting Items for a Systematic Review and Meta-analysis of Diagnostic Test Accuracy Studies: The PRISMA-DTA Statement. JAMA. 2018 Jan 23;319(4):388-396. doi: 10.1001/jama.2017.19163. For more information, visit: www.prisma-statement.org

Table S2 Descriptions of index tests.

Index tests		Details of technique
Ultrasound	VCTE	Vibration-controlled transient elastography (VCTE; FibroScan® (Echosens, Paris, France) measures liver stiffness by measuring shear wave velocity. Vibrations of mild amplitude and low frequency (50 Hz) are transmitted by a small transducer on the end of an ultrasound probe, inducing a shear wave that propagates through the liver. The probe also has a transducer on the end that can measure the velocity of the shear wave (in meters per second). The shear wave velocity can then be converted into liver stiffness, which is expressed in kilopascals. ⁵
	pSWE	Acoustic radiation force impulse (ARFI) is a type of shear wave elastography (SWE) that is incorporated into a diagnostic ultrasound system and is performed using an ultrasound probe to emit a single pulse of shear wave using an excitation method known as ARFI. ⁶ The propagation velocity of the shear waves is measured at single point measurement and therefore also known as point SWE (pSWE). Only studies that used the Virtual Touch Quantification (VTQ) on Siemens platform are included in the present study.
	2DSWE	Two-dimensional (2D) SWE uses supersonic shear imaging (SSI) technique to measure acoustically-generated tissue shear wave propagation speeds to derive estimates of liver stiffness in real-time. ⁶ It has the advantage of simultaneous anatomic B-mode US imaging, thus allows selection of a larger liver parenchymal region of interest devoid of blood vessels and larger than pSWE. Only studies that used the Aixplorer® platform are included in the present study.
Magnetic resonance	MRE	Magnetic resonance elastography (MRE; Resoundant, Rochester, USA) measures liver stiffness. A mechanical shear wave generator is installed outside the scanner room which is connected to a plastic circular disc that is attached to the patient in a position overlying the liver during the scan. Oscillating signals produced by the generator are transmitted to the plastic disc and then through the liver as acoustic waves. Specific MR sequences are then used to visualise the propagation of these waves through the liver.

		Dedicated software is used to analyse these data and produce shear wave elastograms that can be used to measure liver stiffness. ⁷
	LMS-cT1	LiverMultiScan™ (LMS; Perspectum Diagnostics, Oxford, UK) measures multiple MRI parameters (T_1 , T_2^* and proton density fat fraction (PDFF)). Central to this technology is the correction of the T_1 relaxation time, as measured by the shortened modified Look-Locker inversion recovery (shMOLLI) technique ⁸ , for iron. T_1 is an intrinsic property of tissues that changes to reflect alterations in extracellular fluid ⁹ . T_1 is, however, confounded by the presence of iron. In LMS, the measured T_1 is corrected for iron (the concentration of which is estimated from T_2^*), to produce an “iron corrected T_1 (cT1)”, a parameter that has been reported to improve diagnostic accuracy. ¹⁰
	DWI	Diffusion weighted imaging (DWI) uses MRI acquisition and analysis techniques to track diffusion of water in tissues. Quantitative measures of diffusion can be produced by measuring the magnitude (apparent diffusion coefficient; ADC) and directionality (fractional anisotropy) of diffusion. The accumulation of steatosis, inflammation and fibrosis can lead to changes in water diffusion ¹¹ and these can be measured using various DWI techniques.
	deMILI	Detection of metabolic liver injury (deMILI) MRI uses optical analysis of magnetic resonance images to define the NASHMRI (0-1) and FibroMRI (0-1) measures of NASH and liver fibrosis respectively. Image acquisition does not require injection of intravenous contrast and includes just three sequences: single-shot fast spin echo T_2 -weighted (SSFE- T_2), fast short inversion time inversion recovery (FAST-STIR), 2D fast-field-echo T_1 -weighted (gradient echo) (2D-FFE- T_1). ³

Table S3 Electronic search strategy.

Index test	Search terms
VCTE	<p>((((("transient elastography"[Title/Abstract] OR "liver stiffness"[Title/Abstract] OR "vibration controlled transient elastography"[Title/Abstract] OR VCTE[Title/Abstract] OR fibroscan[Title/Abstract]))) OR "Elasticity Imaging Techniques"[Mesh])) AND (("Non-alcoholic Fatty Liver Disease"[Mesh] OR ("non-alcoholic fatty liver"[Title/Abstract] OR "non alcoholic fatty liver"[Title/Abstract] OR "nonalcoholic fatty liver"[Title/Abstract] OR "non-alcoholic steatohepatitis"[Title/Abstract] OR "non alcoholic steatohepatitis"[Title/Abstract] OR "nonalcoholic steatohepatitis"[Title/Abstract] OR steatohepatitis[Title/Abstract] OR NASH[Title/Abstract] OR NAFLD[Title/Abstract])))</p>
MRE	<p>((("Non-alcoholic Fatty Liver Disease"[Mesh] OR ("non-alcoholic fatty liver"[Title/Abstract] OR "non alcoholic fatty liver"[Title/Abstract] OR "nonalcoholic fatty liver"[Title/Abstract] OR "non-alcoholic steatohepatitis"[Title/Abstract] OR "non alcoholic steatohepatitis"[Title/Abstract] OR "nonalcoholic steatohepatitis"[Title/Abstract] OR steatohepatitis[Title/Abstract] OR NASH[Title/Abstract] OR NAFLD[Title/Abstract]))) AND ((MRE[Title/Abstract] OR "MR elastography"[Title/Abstract] OR "magnetic resonance elastography"[Title/Abstract]))</p>
pSWE	<p>((((("point shear wave elastography" OR pSWE OR "acoustic radiation force impulse" OR ARFI))) OR "Elasticity Imaging Techniques"[Mesh])) AND (("Non-alcoholic Fatty Liver Disease"[Mesh] OR ("non-alcoholic fatty liver"[Title/Abstract] OR "non alcoholic fatty liver"[Title/Abstract] OR</p>

"nonalcoholic fatty liver"[Title/Abstract] OR "non-alcoholic steatohepatitis"[Title/Abstract] OR "non alcoholic steatohepatitis"[Title/Abstract] OR "nonalcoholic steatohepatitis"[Title/Abstract] OR steatohepatitis[Title/Abstract] OR NASH[Title/Abstract] OR NAFLD[Title/Abstract]))

2DSWE

(((((("2D shear wave elastography" OR 2DSWE OR "acoustic radiation force impulse" OR ARFI))) OR "Elasticity Imaging Techniques"[Mesh])) AND (("Non-alcoholic Fatty Liver Disease"[Mesh] OR ("non-alcoholic fatty liver"[Title/Abstract] OR "non alcoholic fatty liver"[Title/Abstract] OR "nonalcoholic fatty liver"[Title/Abstract] OR "non-alcoholic steatohepatitis"[Title/Abstract] OR "non alcoholic steatohepatitis"[Title/Abstract] OR "nonalcoholic steatohepatitis"[Title/Abstract] OR steatohepatitis[Title/Abstract] OR NASH[Title/Abstract] OR NAFLD[Title/Abstract])))

MRI

((("Magnetic Resonance Imaging"[Mesh] OR ((T1 OR "iron corrected T1" OR "cT1" OR "Liver Inflammation and Fibrosis score" OR LIF OR "multiparametric MR" OR "multi-parametric MR")))) AND (("Non-alcoholic Fatty Liver Disease"[Mesh] OR ("non-alcoholic fatty liver"[Title/Abstract] OR "non alcoholic fatty liver"[Title/Abstract] OR "nonalcoholic fatty liver"[Title/Abstract] OR "non-alcoholic steatohepatitis"[Title/Abstract] OR "non alcoholic steatohepatitis"[Title/Abstract] OR "nonalcoholic steatohepatitis"[Title/Abstract] OR steatohepatitis[Title/Abstract] OR NASH[Title/Abstract] OR NAFLD[Title/Abstract])))

(((("Non-alcoholic Fatty Liver Disease"[Mesh] OR ("non-alcoholic fatty liver"[Title/Abstract] OR "non alcoholic fatty liver"[Title/Abstract] OR "nonalcoholic fatty liver"[Title/Abstract] OR "non-alcoholic steatohepatitis"[Title/Abstract] OR "non alcoholic steatohepatitis"[Title/Abstract] OR "nonalcoholic steatohepatitis"[Title/Abstract] OR steatohepatitis[Title/Abstract] OR NASH[Title/Abstract] OR NAFLD[Title/Abstract])))

steatohepatitis"[Title/Abstract] OR "non alcoholic
steatohepatitis"[Title/Abstract] OR "nonalcoholic
steatohepatitis"[Title/Abstract] OR steatohepatitis[Title/Abstract] OR
NASH[Title/Abstract] OR NAFLD[Title/Abstract])) AND (((("diffusion
weighted imaging"[Title/Abstract] OR DWI[Title/Abstract] OR "intravoxel
incoherent motion"[Title/Abstract] OR IVIM[Title/Abstract] OR "Diffusion
tensor imaging"[Title/Abstract] OR DTI[Title/Abstract])) OR "Diffusion
Magnetic Resonance Imaging"[Mesh])

(((((deMILI OR "detection of metabolic liver injury" OR "NASHMRI" OR
"fibroMRI")) OR "Magnetic Resonance Imaging"[Mesh])) AND (("Non-
alcoholic Fatty Liver Disease"[Mesh]) OR ("non-alcoholic fatty
liver"[Title/Abstract] OR "non alcoholic fatty liver"[Title/Abstract] OR
"nonalcoholic fatty liver"[Title/Abstract] OR "non-alcoholic
steatohepatitis"[Title/Abstract] OR "non alcoholic
steatohepatitis"[Title/Abstract] OR "nonalcoholic
steatohepatitis"[Title/Abstract] OR steatohepatitis[Title/Abstract] OR
NASH[Title/Abstract] OR NAFLD[Title/Abstract]))))

Table S4 Proportion of technical failures of index tests in individual studies.

Study ID	Number of patients, n	Technical failure, %
VCTE		
Agrawal 2017 (UK)	25	-
AlJuboori 2018 (USA) [‡]	60	-
Anstee 2019 (UK)	F0-2: 284 F3-4: 1323	-
Attia 2016 (Germany)	M probe (overweight): XL probe (obese):	1.1 3.3
Aykut 2014 (Turkey)	88	-
Boursier 2016 (France)	452	14.1
Boursier 2019 (France)	Training:625 Validation:313	-
Cardoso 2019 (Brazil)	M probe: 81 XL probe: 81	4.7 0
Cassinotto 2013 (France)	M probe: 48 XL probe: 49	21.3 5.8
Cassinotto 2016 (France)	M probe: 223	23.4
Chan 2015 (Malaysia)	Training: 101 Validation: 46	3.8 4.2
Chan 2017 (Malaysia)	M probe: 60 XL probe: 60	3.3 1.7
Clet 2018 (UK) [‡]	176	-
Das 2012 (India)	25	9.6
Eddowes 2018 (UK)	50	6.0
Eddowes 2019 (UK)	373	2.7
Ergelen 2016 (Turkey)	63	1.6
Forlano 2017 (UK) [‡]	238	-
Gaia 2011 (Italy)	72	-
Gaia 2015 (Italy)	58	1.9
Gallego-Durán 2016 (Spain)	126	-
Garg 2018 (India)	XL probe: 76	12.1
Hee 2014 (Australia) [‡]	98	-
Imajo 2016 (Japan)	M probe: 142	10.6
Inadomi 2020 (Japan)	224	-
Kao 2020 (Taiwan)	Training: 73 Validation: 50	-
Karlas 2015 (Germany)	Bariatric: 41 Non-bariatric: 45	48.8 6.3
Kumar 2013 (India)	Non-cirrhotic: 120 Cirrhotic: 85 (M probe)	10.1
Kwok 2016 (Hong Kong)	94	1.8
Labenz 2018 (Germany)	126	9.4

Lee 2016 (South Korea)	183	1.6
Lee 2017 (South Korea)	94	21.3
Lee 2019 (South Korea)	184	-
Lee 2020 (South Korea)	130	2.5
Leong 2020 (Malaysia)	100	8.0
Loong 2017 (Hong Kong)	215	11.5
Lupsor 2010 (Romania)	M probe: 72	9.7
Mahadeva 2013 (Malaysia)	M probe: 131	8.4
Morrison 2020 (USA) [‡]	162	-
Myers 2012 (Canada)	75	-
Naveau 2014 (France)	100	19.1
	Retrospective:	
Naveau 2017 (France)	194	-
	Prospective: 123	
	Training: 96	21.3
	Validation: 103	14.2
Oeda 2020 (Japan)	M probe: 104	14.8
	XL probe: 109	10.7
Okajima 2017 (Japan)	M probe: 163	5.8
Ooi 2018 (Australia)	XL probe: 66	19.5
Pais 2011 (France)	208	10.7
Park 2017 (USA)	97	6.7
Pavlidis 2017 (UK)	71	46.5
Petta 2011 (Italy)	M probe: 146	13.6
	Training: 179	12.7
	(M probe)	
Petta 2015_Liv Int (Italy)	Validation: 142	23
	(M probe)	
Petta 2015_Hepatol (Italy)	M probe: 253	17.3
Petta 2017_APT (Italy)	761	-
Petta 2017_Hepatol (Italy)	324	-
Rosso 2016 (Italy)	105	8.3
Seki 2017 (Japan)	171	-
Shen 2015 (China)	M probe: 101	9.7
Shima 2020 (Japan)	M probe: 249	10.4
Staufer 2019 (Austria)	140	6.7
Tapper 2016 (USA)	M probe: 120	26.8
Wong 2010 (Hong Kong)	M probe: 246	10.2
		9.8
Wong 2012 (Hong Kong)	193	M: 10 XL: 2
		M: 21.2 XL: 12.7
Wong 2018 (Hong Kong)	496	
Yoneda 2008 (Japan)	M probe: 97	4.9
Younes 2018 (Italy)	292	2.4
Ziol 2009 (France)	13	-
MRE		
Chen 2011 (USA)	58	0.0

Costa-Silva 2018 (Brazil)	49	0.0
Cui 2015 (USA)	102	0.0
Cui 2016 (USA)	125	0.8
Imajo 2016 (Japan)	142	0.0
Kim 2013 (USA)	142	-
Kim 2020 (South Korea)	47	-
Lee 2020 (South Korea)	130	1.3
Loomba 2013 (USA) [‡]	52	-
Loomba 2014 (USA)	117	-
Loomba 2016 (USA)	99	0.0
Park 2017 (USA)	104	0.0

pSWE

Attia 2016 (Germany)	Overweight: 61 Obese: 26	1.0
Cassinotto 2013 (France)	60	1.6
Cassinotto 2016 (France)	236	18.9
Cui 2016 (USA)	125	2.4
Fierbinteanu-Braticevici 2013 (Romania)	Simple steatosis: 21 NASH: 43	0.0
Joo 2018 (South Korea)	315	8.5
Karlas 2015 (Germany)	Bariatric: 41 Non-bariatric: 48	9.8 0.0
Lee 2017 (South Korea)	83	11.7
Medellin 2019 (Canada)	51	42.6
Palmeri 2011 (USA)	135	21.5
Zhang 2014 (China)	67	-

2DSWE

Cassinotto 2016 (France)	232	20.3
Lee 2017 (South Korea)	83	26.6
Takeuchi 2018 (Japan)	71	2.7
Ozturk 2020 (USA)	116	12.1

MRI

Eddowes 2018 (UK)	50	5.6
Gallego-Duran 2016 (Spain)	126	0.0
Parente 2015 (Brazil)	59	17.5
Pavlidis 2017 (UK)	71	5.3

[‡] Abstracts

- Not reported or unable to derive

Table S5 Details of pre-defined cut-offs for index tests.

Study ID	Lower limit	Upper limit	Single cut-off	Source of pre-defined cut-offs
VCTE (kPa)				
Any fibrosis (F0 vs F1-4)				
Ooi 2018 (Australia)	-	-	5.25	Kwok R et al. APT 2014 ¹²
Significant fibrosis (F0-1 vs F2-4)				
Eddowes 2018 (UK)	-	-	5.8, 7.0, 7.9, 9.0	Wong VW et al. Hepatology 2010 ¹³
Morrison 2020 (USA) [‡]	-	-	8.5	unclear
Ooi 2018 (Australia)	-	-	7.0	Kwok R et al. APT 2014 ¹²
Staufer 2019 (Austria)	-	-	8.2	Eddowes PJ et al. Gastroenterology 2019 ¹⁴
Wong 2018 (Hong Kong)	5.00	-	-	de Franchis R et al. J Hepatol 2015 ¹⁵
Advanced fibrosis (F0-2 vs F3-4)				
Anstee 2019 (UK)	9.9	11.4	-	unclear
Hee 2014 (Australia) [‡]	7.9(M)	9.6(M)	-	unclear
	7.2(XL)	9.3(XL)	-	
Kwok 2016 (Hong Kong)	-	-	9.6-11.4 (M)	Wong VW et al. Hepatology 2010 ¹³
	-	-	9.3-10.9 (XL)	Wong VW et al. AJG 2012 ¹⁶
Labenz 2018 (Germany)	-	-	12.0	Vuppalanchi R et al. Hepatology. 2018 ¹⁷
Loong 2017 (Hong Kong)	7.9	9.6	-	Siddiqui MS et al. CGH. 2018 ¹⁸
				Wong VW et al. Hepatology 2010 ¹³
Morrison 2020 (USA) [‡]	-	-	9.5	unclear
Ooi 2018 (Australia)	-	-	10.3	Kwok R et al. APT 2014 ¹²
Pais 2011 (France) [‡]	7.9	9.6	-	Wong VW et al. Hepatology 2010 ¹³
Petta 2015_Liv Int (Italy)	7.9	9.6	-	Wong VW et al. Hepatology 2010 ¹³
Petta 2017_APT (Italy)	7.9	9.6	-	Wong VW et al. Hepatology 2010 ¹³
Staufer 2019 (Austria)	-	-	9.7	Eddowes PJ et al. Gastroenterology 2019 ¹⁴
Wong 2018 (Hong Kong)	10.0	15.0	-	de Franchis R et al. J Hepatol 2015 ¹⁵
Cirrhosis				
Kwok 2016 (Hong Kong)	-	-	11.5 (M)	Wong VW et al. Hepatology 2010 ¹³
			11.0 (XL)	Wong VW et al. AJG 2012 ¹⁶
Morrison 2020 (USA) [‡]	-	-	12.0	

Wong 2018 (Hong Kong)	10.0	15.0	-	de Franchis R et al. J Hepatol 2015 ¹⁵
MRE (kPa)				
Advanced fibrosis				
Cui 2015 (USA)	-	-	3.64	Loomba R et al. Hepatology. 2014 ¹⁹
pSWE (m/s)				
Significant fibrosis				
Medellin 2019 (Canada)	-	-	1.20	Barr RG et al. Radiology 2015 ²⁰
			1.34	Friedrich-Rust M et al. EJR 2012 ²¹
Advanced fibrosis				
Medellin 2019 (Canada)	-	-	2.20	Barr RG et al. Radiology 2015 ²⁰
			1.55	Friedrich-Rust M et al. EJR2012 ²¹
Cirrhosis				
Medellin 2019 (Canada)	-	-	2.20	Barr RG et al. Radiology 2015 ²⁰
			1.80	Friedrich-Rust M et al. EJR2012 ²¹
Iron corrected T1 measured by LiverMultiScan™ (ms)				
Significant fibrosis				
Eddowes 2018 (UK)	-	-	822	Banerjee R et al. J Hepatol. 2014 ²²
			875	Pavlidis M et al. J Hepatol. 2016 ²³

‡Abstracts

Table S6 Details of liver biopsy in individual studies.

Study ID	Needle gauge, G	Biopsy length, mm	Number of portal tracts, n	Other details
VCTE				
Agrawal 2017 (UK)	16	29	-	
AlJuboori 2018 (USA)	-	-	-	Intraoperative
Anstee 2019 (UK)	-	-	-	
Attia 2016 (Germany)	16	>10	>6	
Aykut 2014 (Turkey)	-	>20	>11	
Boursier 2016 (France)	-	26	-	
Boursier 2019 (France)	-	27	-	
Cardoso 2020 (Brazil)	16	>15	-	
Cassinotto 2013 (France)	-	22.5-26.8	20.9-21.3	
Cassinotto 2016 (France)	-	26.8	-	
Chan 2015 (Malaysia)	18	14.7-15.3	8.3-8.4	
Chan 2017 (Malaysia)	18	14	7	
Clet 2018 (UK)	-	-	-	
Das 2012 (India)	-	27.3	9	
Eddowes 2018 (UK)	16	25	≥11	
Eddowes 2019 (UK)	-	23	-	
Ergelen 2016 (Turkey)	16	>20	>11	
Forlano 2017 (UK)	-	-	-	
Gaia 2011 (Italy)	-	25.2	-	
Gaia 2015 (Italy)	-	>20	-	
Gallego-Durán 2016 (Spain)	-	20	≥15	
Garg 2018 (India)	16	>15	>6	
Hee 2014 (Australia)	-	-	-	
Imajo 2016 (Japan)	16	21.3	14.3	
Inadomi 2020 (Japan)	16	-	-	Intraoperative
Kao 2020 (Taiwan)	-	-	-	
Karlas 2015 (Germany)	-	-	>50	
Kumar 2013 (India)	18	-	-	
Kwok 2016 (Hong Kong)	16	20	8	
Labenz 2018 (Germany)	16	-	-	
Lee 2016 (South Korea)	-	>15	-	
Lee 2017 (South Korea)	-	-	-	
Lee 2019 (South Korea)	-	≥15	≥10	
Lee 2020 (South Korea)	18	≥20	-	
Leong 2020 (Malaysia)	18	14	6	
Loong 2017 (Hong Kong)	16	22	-	
Lupsor 2010 (Romania)	14	11	11	
Mahadeva 2013 (Malaysia)	18	13	-	
Morrison 2020 (USA)	-	-	-	
Myers 2012 (Canada)	-	>15	>6	

Naveau 2014 (France)	14	≥10	≥10	
Naveau 2017 (France)	14	> 10	-	
Oeda 2020 (Japan)	16	≥20	-	
Okajima 2017 (Japan)	16	19.6	> 6	Intraoperative
Ooi 2018 (Australia)	-	-	-	Intraoperative
Pais 2011 (France)	-	25	-	
Park 2017 (USA)	-	-	-	
Pavlidis 2017 (UK)	18/19	18	10	Intraoperative
Petta 2011 (Italy)	-	17	>10	
Petta 2015_Liv Int (Italy)	-	16.4	-	
Petta 2015_Hepatol (Italy)	16	17-20	-	
Petta 2017_APT (Italy)	-	27.3	-	
Petta 2017_Hepatol (Italy)	-	>15	>10	
Rosso 2016 (Italy)	-	-	>11	
Seki 2017 (Japan)	16	≥20	-	
Shen 2015 (China)	18	≥16	≥6	
Shima 2020 (Japan)	16	>20	-	
Staufer 2019 (Austria)	-	≥15	-	
Tapper 2016 (USA)	-	-	-	
Wong 2010 (Hong Kong)	16	21	-	
Wong 2012 (Hong Kong)	16	24	-	
Wong 2018 (Hong Kong)	16	26	11	
Yoneda 2008 (Japan)	18	>20	>7	
Younes 2018 (Italy)	-	-	-	
Ziol 2009 (France)	-	-	-	

MRE

Chen 2011 (USA)	-	-	-	
Costa-Silva 2018 (Brazil)	-	-	-	
Cui 2015 (USA)	-	-	-	
Cui 2016 (USA)	-	-	-	
Imajo 2016 (Japan)	16	21.3	14.3	
Kim 2013 (USA)	-	-	-	
Kim 2020 (South Korea)	18	-	-	
Lee 2020 (South Korea)	18	≥20	-	
Loomba 2013 (USA)	-	-	-	
Loomba 2014 (USA)	-	23.8	13.7	
Loomba 2016 (USA)	-	23.2	13.7	
Park 2017 (USA)	-	-	-	

pSWE

Attia 2016 (Germany)	16	>10	>6	
Cassinotto 2013 (France)	-	26.8	-	
Cassinotto 2016 (France)	-	25.4	20.9	
Cui 2016 (USA)	-	-	-	
Fierbinteanu-Braticevici 2013 (Romania)	-	22	>8	
Joo 2018 (South Korea)	-	26	10	

Karlas 2015 (Germany)	-	-	>50	
Lee 2017 (South Korea)	-	-	-	Intraoperative
Medellin 2019 (Canada)	-	15-20	-	
Palmeri 2011 (USA)	-	-	-	
Zhang 2013 (China)	16	>15	-	

2D-SWE

Cassinotto 2016 (France)	-	26.8	-
Lee 2017 (South Korea)	-	-	-
Takeuchi 2018 (Japan)	16	>20	>7
Ozturk 2020 (USA)	-	-	-

MRI

Eddowes 2018 (UK)	16	25	≥11
Gallego-Duran 2016 (Spain)	-	17.5	≥15
Parente 2015 (Brazil)	16	>20	-
Pavlidis 2017 (UK)	18/19	18	10

Table S7 Calculated sensitivities and specificities at cut-offs identified from the literature for the detection of advanced fibrosis by VCTE and their corresponding PPVs and NPVs for different prevalences derived using the multiple-thresholds model

Cut-off, kPa	Se, %	95% CI, %	Sp, %	95% CI, %	Prevalence, %	PPV, %	NPV, %	FP*	FN*
7.1 (Eddowes 2019)	87.9	81.4- 92.3	66.7	58.3- 74.2	5	12.2	99.1	32	1
					10	22.7	98.0	30	1
					20	39.7	95.7	27	2
					30	53.1	92.8	23	4
					40	63.8	89.2	20	5
7.9 (Wong 2010)	84.7	77.5- 89.9	71.6	64.2- 78.0	5	13.6	98.9	27	1
					10	24.9	97.7	26	2
					20	42.7	94.9	23	3
					30	56.1	91.6	20	5
					40	66.6	87.5	17	6
9.6 (Wong 2010)	75.7	67.0- 82.7	80.5	74.9- 85.1	5	17.0	98.4	19	1
					10	30.1	96.8	18	2
					20	49.3	93.0	16	5
					30	62.5	88.6	14	7
					40	72.1	83.3	12	10
9.9 (Anstee 2019)	73.8	64.8- 81.2	81.8	76.4- 86.2	5	17.6	98.3	17	1
					10	31.1	96.6	16	3
					20	50.4	92.6	15	5
					30	63.5	87.9	13	8
					40	73.0	82.4	11	10
10 (Wong 2019)	73.2	64.1- 80.6	82.2	76.9- 86.6	5	17.8	98.3	17	1
					10	31.4	96.5	16	3
					20	50.7	92.5	14	5
					30	63.8	87.7	12	8
					40	73.3	82.1	11	11
11.4 (Anstee 2019)	62.9	52.8- 72.1	87.4	82.9- 90.9	5	20.8	97.8	12	2
					10	35.7	95.5	11	4
					20	55.6	90.4	10	7
					30	68.2	84.6	9	11
					40	76.9	78.0	8	15
14.1 (Eddowes 2019)	40.6	29.9- 52.2	93.8	90.5- 96.0	5	25.7	96.8	6	3
					10	42.2	93.4	6	6
					20	62.1	86.3	5	12
					30	73.8	78.6	4	18
					40	81.4	70.3	4	24
15 (Wong 2019)	33.5	23.3- 45.5	95.2	92.2- 97.1	5	26.7	96.5	5	3
					10	43.5	92.8	4	7
					20	63.4	85.1	4	13
					30	74.8	77.0	3	20
					40	82.2	68.2	3	27
50	87.4	58.9	2	33					

*Number of false positives and false negatives for 100 hypothetical cases

Table S8 Probe type (M or XL) as a covariate of the diagnostic performance of VCTE.

Fibrosis group	M probe	XL probe	χ^2	p-value
Any fibrosis (F>0)	8	2	2.930	0.231
Significant fibrosis (F>1)	21	6	2.138	0.343
Advanced fibrosis (F>2)	28	6	2.927	0.231
Cirrhosis (F=4)	11	6	1.091	0.579

Table S9 Study origin as a covariate of the diagnostic performance of VCTE.

Fibrosis	Europe	Asia	Australia	America	χ^2	p-value
Any fibrosis (F>0)	3	9	1	1	4.449	0.616
Significant fibrosis (F>1)	16	20	1	3	4.400	0.819
Advanced fibrosis (F>2)	22	21	2	2	5.266	0.729
Cirrhosis (F=4)	11	13	0	1	9.764	0.135

Table S10 Sensitivity analysis of the effect allowing less than 3 months' time between liver biopsy and VCTE.

	Interval between biopsy and VCTE <3 months			All studies		
	Se [%]	Sp [%]	sAUC	Se [%]	Sp [%]	sAUC
Any fibrosis (F>0)	77 (72-82)	71 (61-79)	0.81 (0.77-0.85)	78 (73-82)	72 (65-79)	0.82 (0.78-0.85)
Significant fibrosis (F>1)	77 (72-82)	72 (66-77)	0.81 (0.78-0.85)	80 (76-83)	73 (68-77)	0.83 (0.80-0.87)
Advanced fibrosis (F>2)	79 (75-82)	80 (77-82)	0.86 (0.84-0.88)	80 (77-83)	77 (74-80)	0.85 (0.83-0.87)
Cirrhosis (F=4)	72 (63-80)	89 (85-92)	0.89 (0.82-0.93)	76 (70-82)	88 (85-91)	0.88 (0.84-0.93)

Table S11 Subgroup analysis for the comparison of diagnostic performance of VCTE performed by M probe and XL probe.

	M probe			XL probe			p
	Se [%]	Sp [%]	sAUC	Se [%]	Sp [%]	sAUC	
Any fibrosis (F>0)	81 (76-86)	68 (57-78)	0.83 (0.78-0.89)	71 (49-86)	73 (29-94)	0.76 (0.64-0.84)	0.231
Significant fibrosis (F>1)	80 (72-86)	72 (64-79)	0.82 (0.78-0.86)	81 (72-87)	62 (51-72)	0.78 (0.67-0.87)	0.343
Advanced fibrosis (F>2)	80 (76-83)	78 (75-81)	0.86 (0.81-0.88)	74 (61-83)	79 (68-86)	0.83 (0.80-0.85)	0.231
Cirrhosis (F=4)	69 (59-77)	89 (85-93)	0.85 (0.71-0.93)	71 (54-84)	92 (88-94)	0.93 (0.78-0.95)	0.579

Table S12 Comparison of our results with previously published meta-analyses.

	Studies included (n)	Patients (n)		F0 vs F1-4	F0-1 vs F2-4	F0-2 vs F3-4	F0-3 vs F4
VCTE							
Present study	≥F1: 14	1064	sAUC	0.82	0.82	0.85	0.89
	≥F2: 37	2763	Se	78	80	80	76
	≥F3: 44	4219	Sp	72	73	77	88
	F4: 22	337					
Hsu 2019 ²⁴	3	230	sAUC	0.82	0.87	0.84	0.84
			Se	66	76	77	80
			Sp	67	80	78	81
Jiang 2018 ²⁵	≥F2: 10	1735	sAUC	-	0.85	0.92	0.94
	≥F3: 11		Se	-	77	79	90
	F4: 11		Sp	-	80	89	91
Xiao 2017 ^{26†}	≥F2: 21	3165	sAUC	-	-	-	-
	M ≥F3: 22	3090	Se	-	68-92	69-89	78-97
	F4: 20	2692	Sp	-	57-84	66-78	78-91
	≥F2: 4	654	sAUC	-	-	-	-
	XL ≥F3: 3	579	Se	-	76	75	88
	F4: 4	654	Sp	-	65	75	82
Hashemi 2016 ²⁷	≥F1: 3	199	sAUC	-	-	-	-
	≥F2: 6	567	Se	84	88	94	96
	≥F3: 7	698	Sp	78	78	91	92
	F4: 4	546					
Kwok 2014 ¹²	≥F2: 7	800	sAUC	-	-	-	-
	≥F3: 8	854	Se	-	79	85	92
	F4: 6	639	Sp	-	75	85	92
MRE							
Present study	≥F1: 6	391	sAUC	0.87	0.91	0.92	0.90
	≥F2: 6	209	Se	71	78	83	81
	≥F3: 10	214	Sp	85	89	89	90
	F4: 5	41					
Liang 2020 ^{28**}	12	910	sAUC	0.89	0.93	0.93	0.95
			Se	77	87	89	94
			Sp	90	86	84	75
Hsu 2019 ²⁴	3	230	sAUC	0.87	0.92	0.93	0.94
			Se	71	85	83	80
			Sp	73	85	83	86
Xiao 2017 ^{26†}	≥F2: 3	≥F2: 384	sAUC	-	-	-	-
	≥F3: 5	≥F3: 628	Se	-	73	86	87
	F4: 3	F4: 384	Sp	-	91	91	93
Singh 2016 ²⁹	9	232	sAUC	0.86	0.87	0.90	0.91
			Se	75	79	83	88
			Sp	77	81	86	87
pSWE							
Present study	≥F1: 4	276	sAUC	0.77	0.86	0.91	0.90
	≥F2: 9	805	Se	64	69	80	76
	≥F3: 11	1209	Sp	76	85	88	88
	F4: 8	759					

Jiang 2018 ^{25†}	≥F2: 6	982	sAUC	-	0.86	0.94	0.95
	≥F3: 9		Se	-	70	89	89
	F4: 7		Sp	-	84	88	91
Liu 2015 ^{30‡}		723	sAUC	-	0.90	-	-
			Se	-	82	-	-
			Sp	-	85	-	-

†This study included some patients with viral hepatitis, and some children

‡This study included data from cohorts of patients that included some children (Osaki et al. 2010) and a duplicate cohort to Zhang et al. 2014 (Li et al. 2016)

*This study included data from cohorts of patients with mixed liver disease aetiologies, data from biopsies reported with histological scores other than the NASH CRN, and data from a cohort of patients that included some children (Osaki et al. 2010)

**This study included data from biopsies reported with histological scores other than NASH CRN (e.g. METAVIR)

sAUC – summary area under the curve, Se – sensitivity, Sp – specificity. Sensitivity and specificity are reported as %.

Supplementary figures

Study ID	Risk of bias				Applicability concerns		
	Patient selection	Index test	Reference test	Flow and timing	Patient selection	Index test	Reference test
Agrawal 2017	+	-	+	-	+	+	+
AlJuboori 2018	?	?	+	?	+	+	+
Anstee 2019	+	?	+	?	+	+	+
Attia 2016	+	-	+	-	+	+	+
Aykut 2014	?	?	?	?	+	+	+
Boursier 2016	+	-	+	-	+	+	+
Boursier 2019	?	+	+	+	+	+	+
Cardoso 2019	+	-	+	+	+	+	+
Cassinotto 2013	+	-	+	-	+	+	+
Cassinotto 2016	+	-	+	-	+	+	+
Chan 2015	+	+	+	-	+	+	+
Chan 2017	-	-	+	-	+	+	+
Clet 2018	?	-	+	?	+	+	+
Das 2012	?	-	+	?	+	+	+
Eddowes 2018	?	?	+	-	+	+	+
Eddowes 2019	+	-	+	-	+	+	+
Ergelen 2016	+	-	+	-	+	+	+
Forlano 2017	?	-	?	?	+	+	+
Gaia 2011	+	-	+	?	+	+	+
Gaia 2015	-	-	+	+	+	+	+
Gallego-Durán 2016	?	+	+	+	+	+	+
Garg 2018	+	-	+	-	+	+	+
Hee 2014	?	?	?	?	+	+	+
Imajo 2016	?	-	?	-	+	+	+
Inadomi 2020	?	-	+	-	+	+	+
Kao 2020	+	-	+	+	+	+	+
Karlas 2015	?	?	+	-	+	+	+
Kumar 2013	+	-	+	-	+	+	+
Kwok 2016	+	+	+	-	+	+	+
Labenz 2018	+	+	?	-	+	+	+
Lee 2016	?	-	+	-	+	+	+
Lee 2017	+	-	+	-	+	+	+
Lee 2019	?	-	+	+	+	+	+
Lee 2020	?	-	+	+	+	+	+
Leong 2020	+	-	+	+	+	+	+
Loong 2017	+	+	+	-	+	+	+
Lupsor 2010	?	-	+	-	+	+	+
Mahadeva 2013	+	-	+	?	+	+	+
Morrison 2020	+	?	?	?	+	+	+
Myers 2012	?	-	+	-	+	+	+
Naveau 2014	+	-	+	-	+	+	+
Naveau 2017	+	-	+	+	+	+	+
Oeda 2020	+	-	+	-	+	+	+
Okajima 2017	+	-	?	-	+	+	+
Ooi 2018	+	?	+	+	+	+	+
Pais 2011	?	?	?	?	+	+	+
Park 2017	+	-	+	-	+	+	+
Pavlidis 2017	+	-	+	-	+	+	+
Petta 2011	+	-	+	-	+	+	+
Petta 2015 Liv Int	+	+	+	-	+	+	+
Petta 2015 Hepatol	+	-	+	-	+	+	+
Petta 2017 APT	+	-	+	?	+	+	+
Petta 2017 Hepatol	+	+	+	+	+	+	+
Rosso 2016	?	-	+	-	+	+	+
Seki 2017	+	-	?	+	+	+	+
Shen 2015	+	-	+	-	+	+	+
Shima 2020	?	-	-	-	+	+	+
Staufer 2019	+	+	+	-	+	+	+
Tapper 2016	+	-	+	-	+	+	+
Wong 2010	+	-	+	-	+	+	+
Wong 2012	+	-	+	-	+	+	+
Wong 2018	+	+	+	-	+	+	+
Yoneda 2008	?	-	?	-	+	+	+
Younes 2018	?	+	+	+	+	+	+
Ziol 2009	+	-	?	+	+	+	+

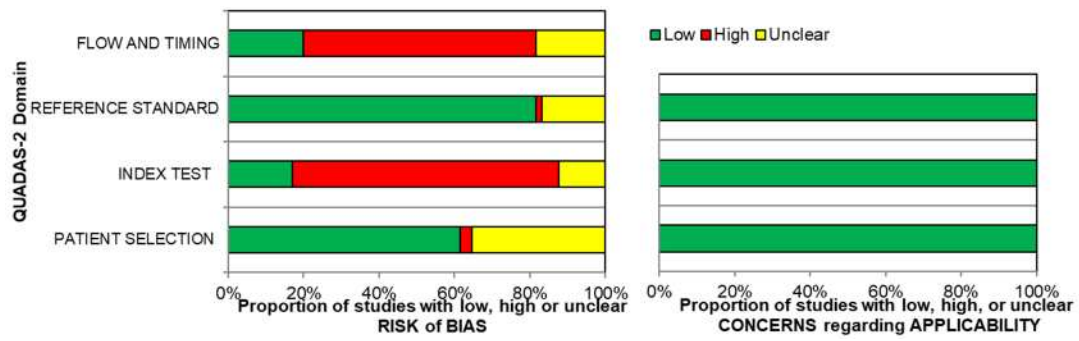


Figure S1 Methodological quality summary of VCTE studies. Red circles – high risk of bias, yellow circles – unclear risk of bias, green circles – low risk of bias

Study ID	Risk of bias				Applicability concerns		
	Patient selection	Index test	Reference test	Flow and timing	Patient selection	Index test	Reference test
Chen 2011	?	-	+	+	+	+	+
Costa-Silva 2018	+	-	+	+	+	+	+
Cui 2015	+	+	+	+	+	+	+
Cui 2016	+	-	+	-	+	+	+
Imajo 2016	-	-	?	+	+	+	+
Kim 2013	-	-	?	-	+	+	+
Kim 2020	?	-	+	+	+	+	+
Lee 2020	?	-	+	+	+	+	+
Loomba 2013	?	-	?	?	+	+	+
Loomba 2014	+	-	+	?	+	+	+
Loomba 2016	+	-	+	+	+	+	+
Park 2017	+	-	+	+	+	+	+

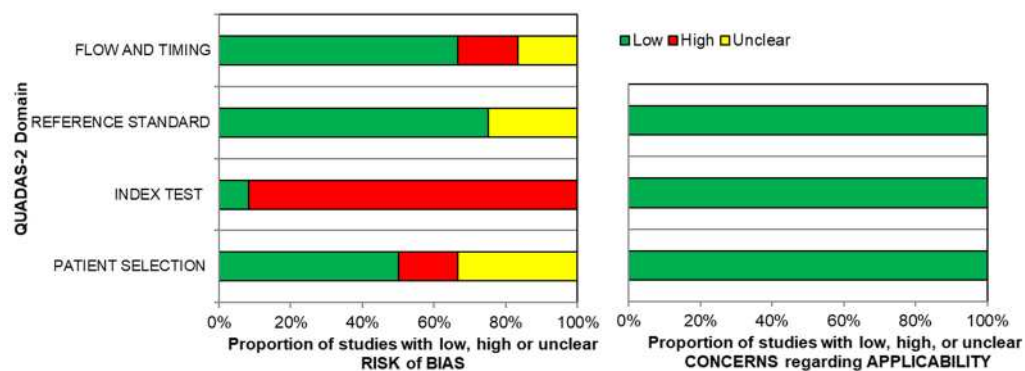


Figure S2 Methodological quality summary of MRE studies. Red circles – high risk of bias, yellow circles – unclear risk of bias, green circles – low risk of bias

Study ID	Risk of bias				Applicability concerns		
	Patient selection	Index test	Reference test	Flow and timing	Patient selection	Index test	Reference test
Attia 2016	+	-	+	-	+	+	+
Cassinotto 2013	+	-	+	-	+	+	+
Cassinotto 2016	+	-	+	-	+	+	+
Cui 2016	+	-	+	-	+	+	+
Fierbinteanu 2013	+	-	+	+	+	+	+
Joo 2018	+	-	-	-	+	+	+
Karlas 2015	?	?	+	-	+	+	+
Lee 2017	+	-	+	-	+	+	+
Medellin 2019	?	?	+	-	+	+	+
Palmeri 2011	?	-	?	-	+	+	+
Zhang 2013	+	-	+	-	+	+	+

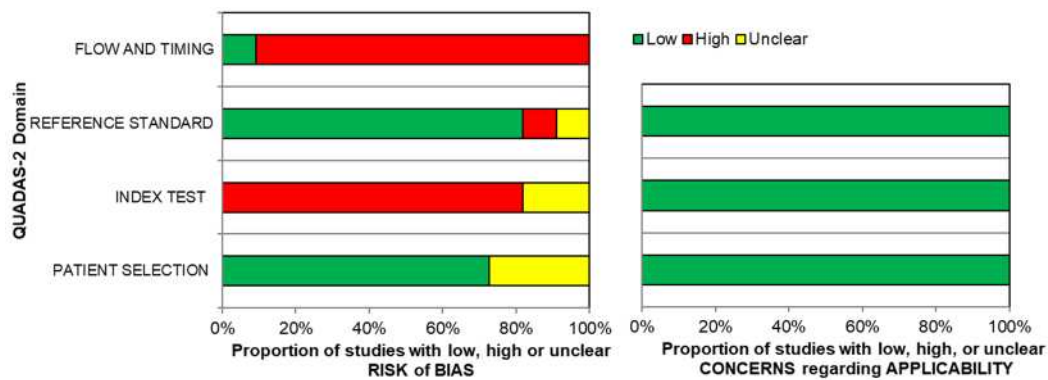


Figure S3 Methodological quality summary of pSWE studies. Red circles – high risk of bias, yellow circles – unclear risk of bias, green circles – low risk of bias

Study ID	Risk of bias				Applicability concerns		
	Patient selection	Index test	Reference test	Flow and timing	Patient selection	Index test	Reference test
Cassinotto 2016	+	-	+	-	+	+	+
Lee 2017	+	-	+	-	+	+	+
Takeuchi 2018	+	-	+	-	+	+	+
Ozturk 2020	?	-	+	-	+	+	+

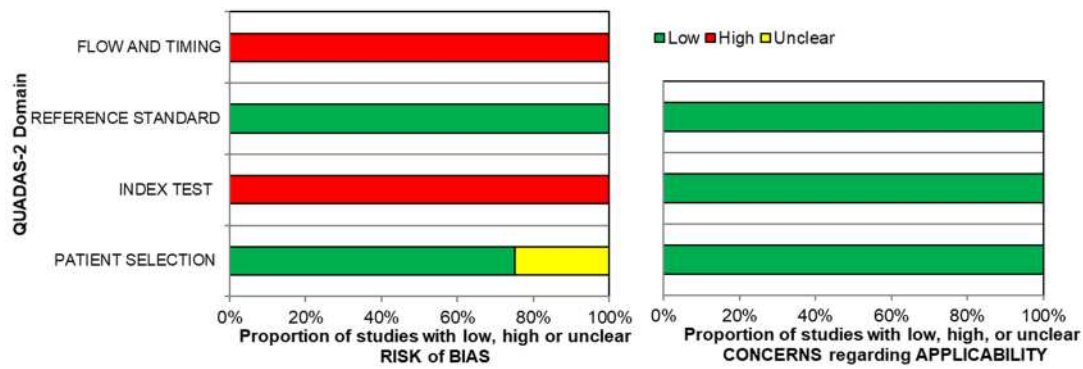


Figure S4 Methodological quality summary of 2DSWE studies. Red – high risk of bias, yellow – unclear risk of bias, green – low risk of bias

Study ID	Risk of bias				Applicability concerns		
	Patient selection	Index test	Reference test	Flow and timing	Patient selection	Index test	Reference test
Eddowes 2018	?	+	+	-	+	+	+
Gallego-Durán 2016	?	-	+	+	+	+	+
Parente 2015	+	-	?	-	+	+	+
Pavlidis 2017	+	-	+	-	+	+	+

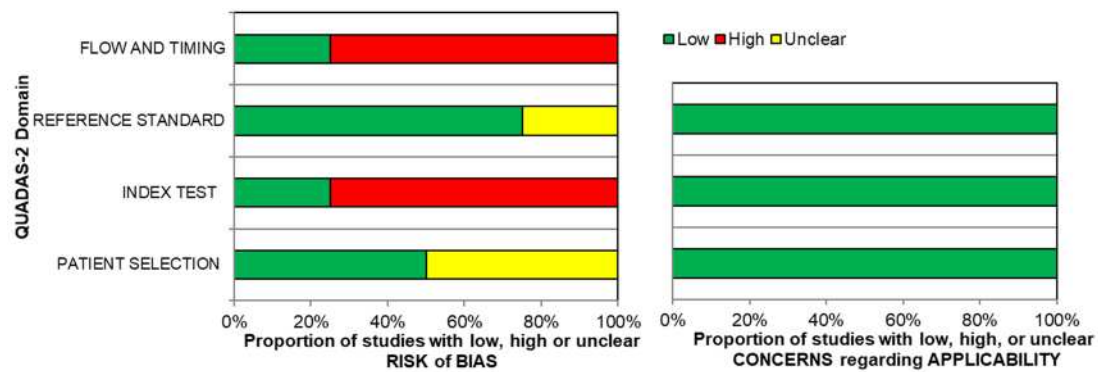


Figure S5 Methodological quality summary of MRI studies.

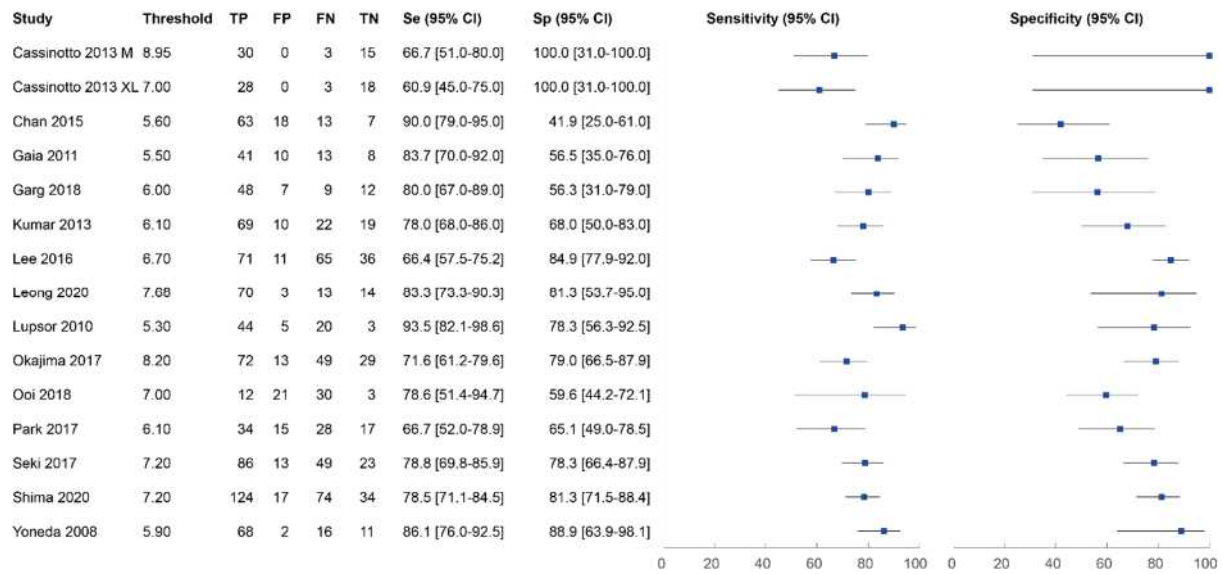


Figure S6 Forest plots of all included studies for the diagnosis of any fibrosis ($\geq F1$) using VCTE.

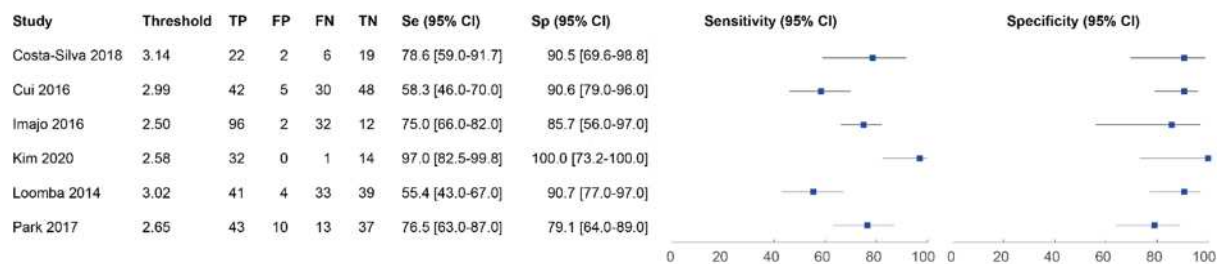


Figure S7 Forest plots of all included studies for the diagnosis of any fibrosis ($\geq F1$) using MRE.

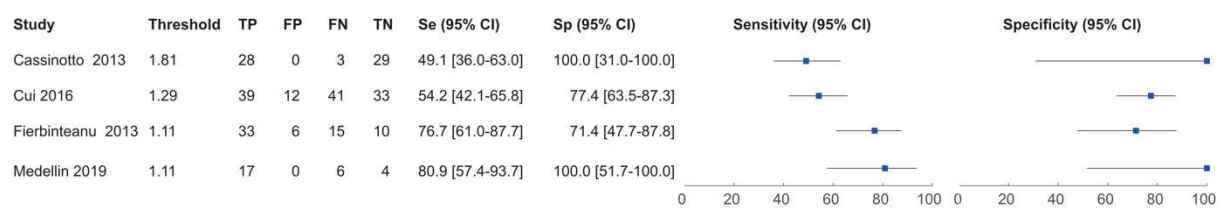


Figure S8 Forest plots of all included studies for the diagnosis of any fibrosis ($\geq F1$) using pSWE.

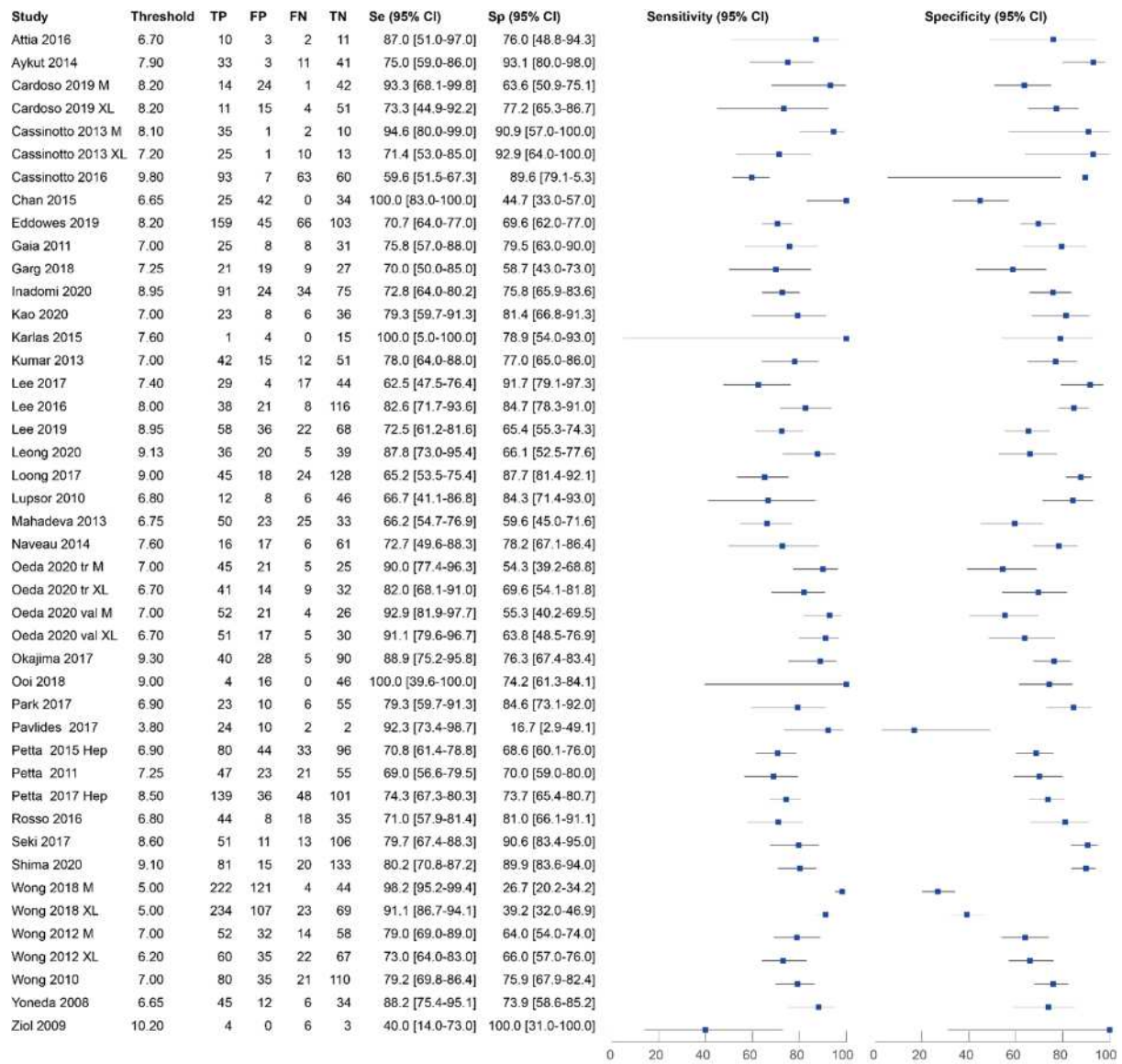


Figure S9 Forest plots of all included studies for the diagnosis of significant fibrosis ($\geq F2$) using VCTE.

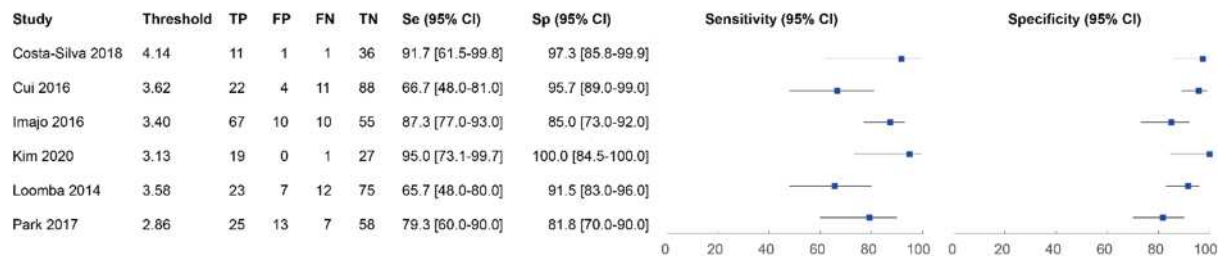


Figure S10 Forest plots of all included studies for the diagnosis of significant fibrosis ($\geq F2$) using MRE.

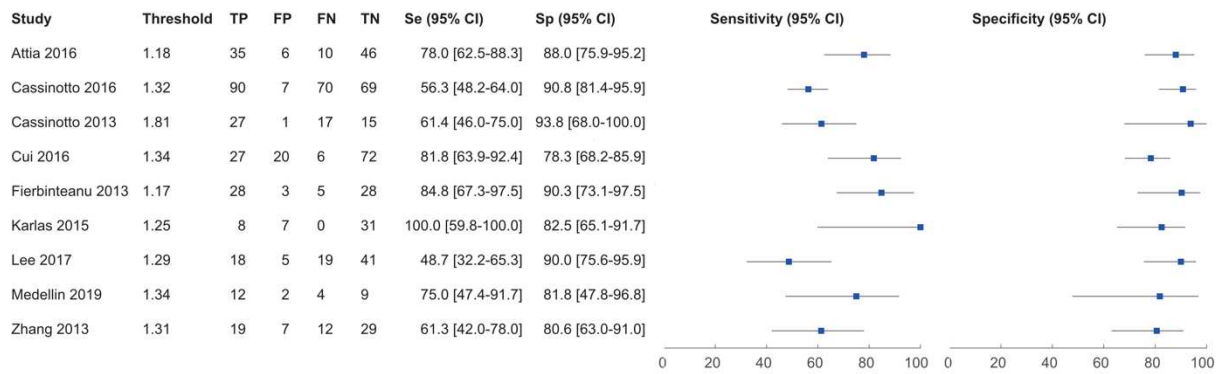


Figure S11 Forest plots of all included studies for the diagnosis of significant fibrosis (\geq F2) using pSWE.

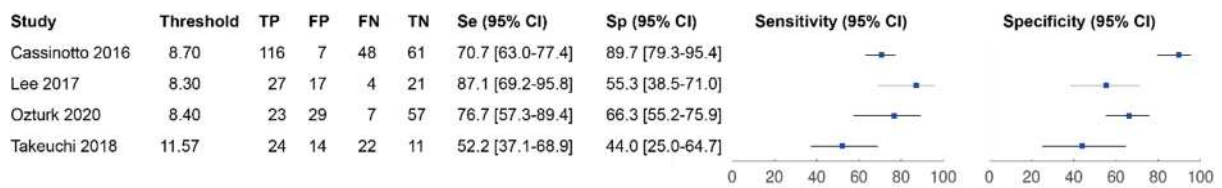


Figure S12 Forest plots of all included studies for the diagnosis of significant fibrosis (\geq F2) using 2DSWE.

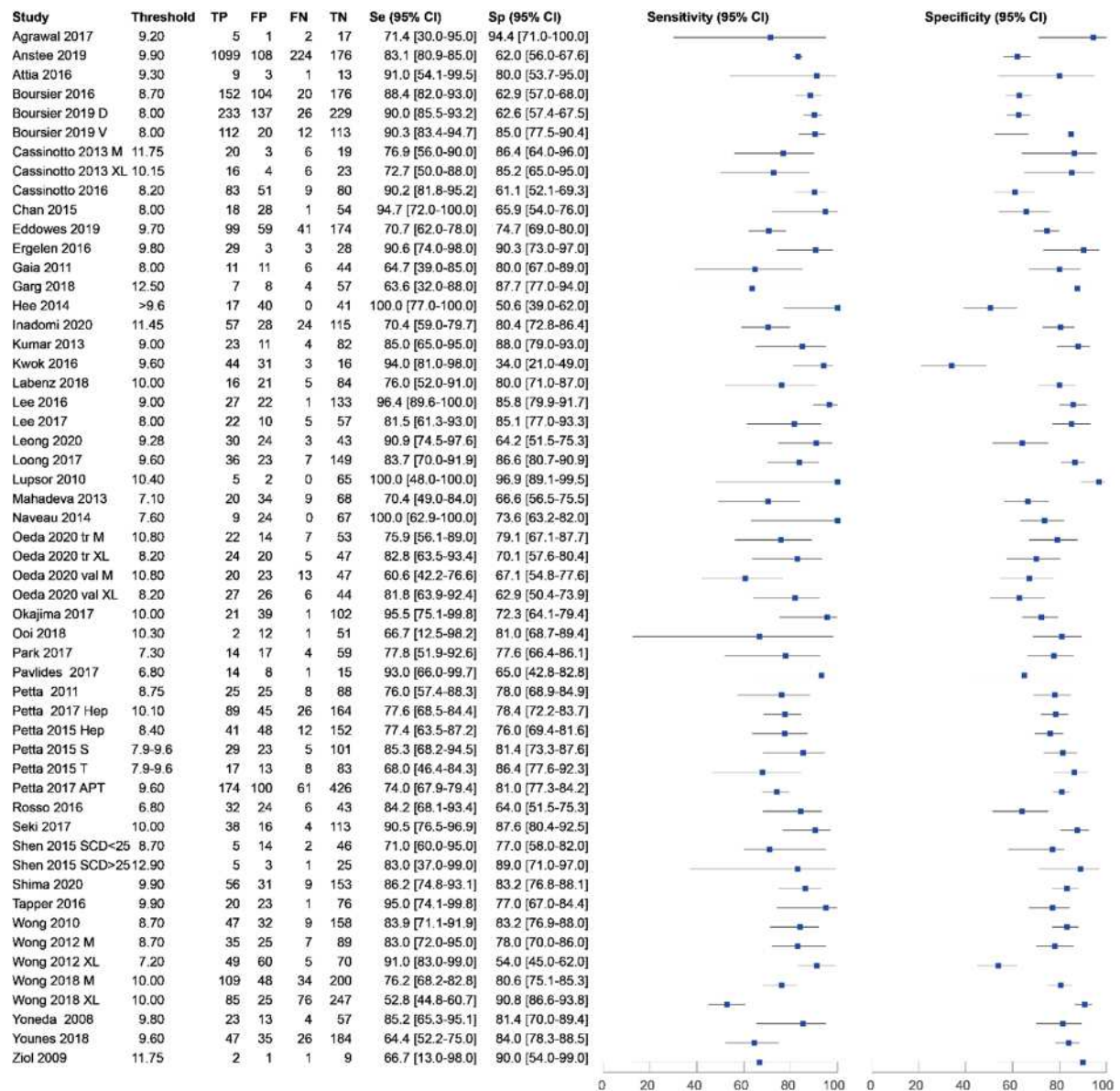


Figure S13 Forest plots of all included studies for the diagnosis of advanced fibrosis (\geq F3) using VCTE.

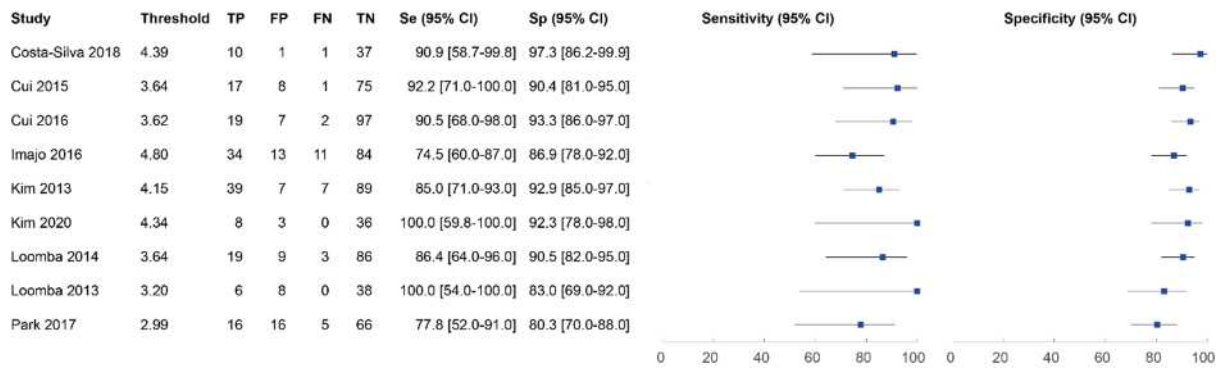


Figure S14 Forest plots of all included studies for the diagnosis of advanced fibrosis (\geq F3) using MRE.

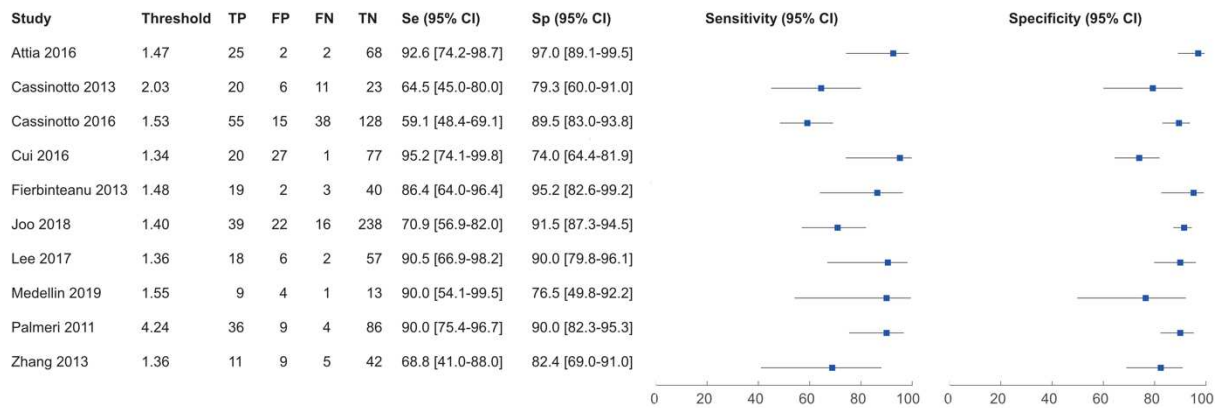


Figure S15 Forest plots of all included studies for the diagnosis of advanced fibrosis (\geq F3) using pSWE.

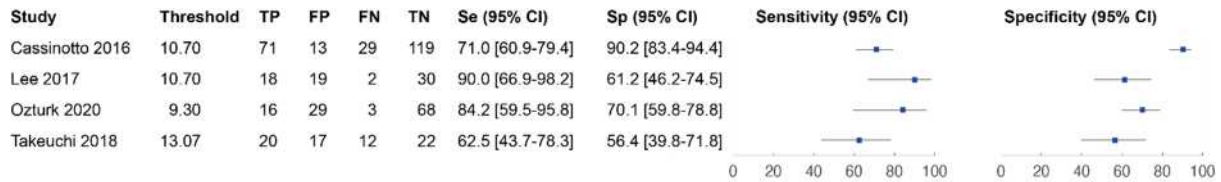


Figure S16 Forest plots of all included studies for the diagnosis of advanced fibrosis (\geq F3) using 2DSWE.

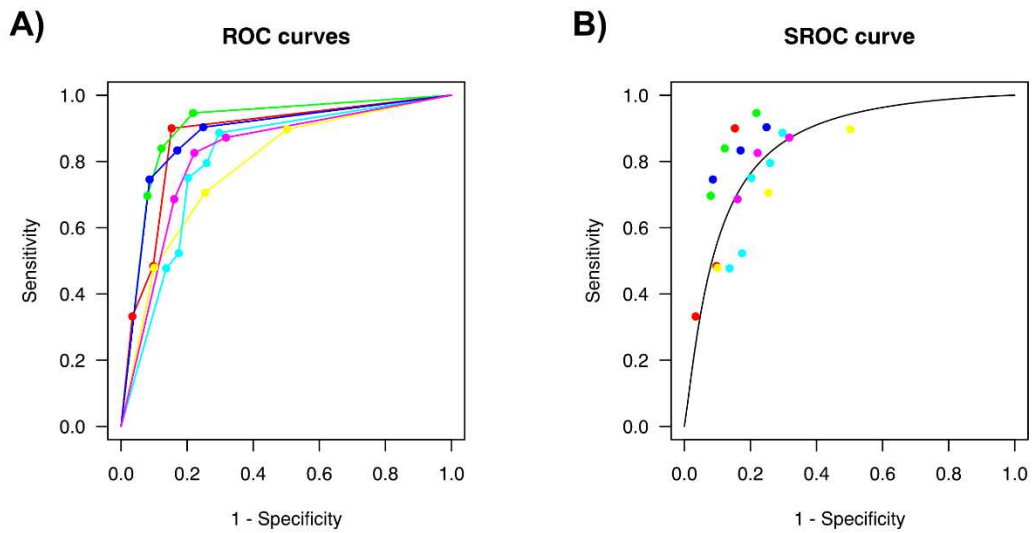


Figure S17 The performance of VCTE in detecting advanced fibrosis ($\geq F3$) (A) Multiple-threshold ROC curves and (B) multiple-threshold sROC curve based on the multiple-thresholds model using homogenized thresholds. Circles represent information on sensitivity and specificity. AUC: 0.85 (0.80, 0.89). Max Youden-index results: cut-off: 8.7 kPa, sensitivity: 81% (73%, 87%), specificity: 76% (70%, 82%).

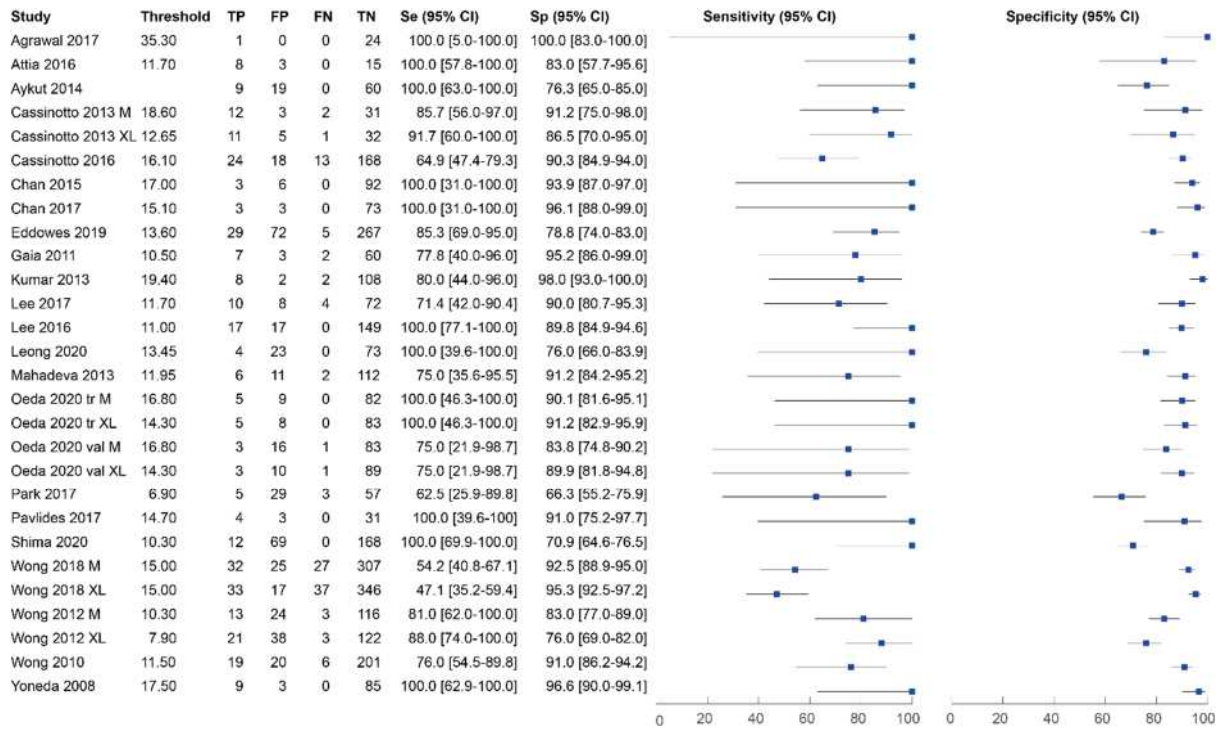


Figure S18 Forest plot of all included studies for the diagnosis of cirrhosis (F4) using VCTE.

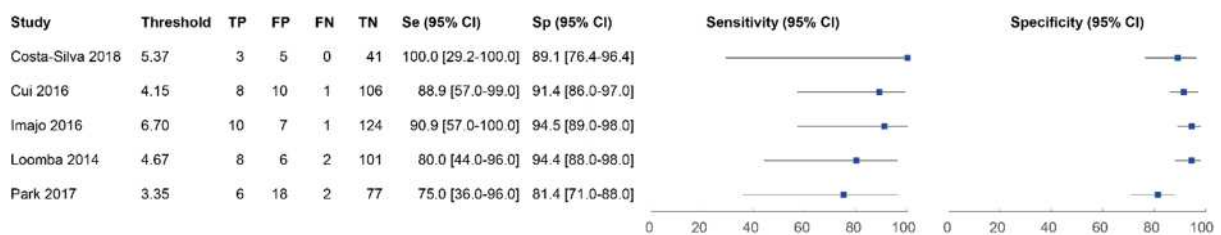


Figure S19 Forest plot of all included studies for the diagnosis of cirrhosis (F4) using MRE.

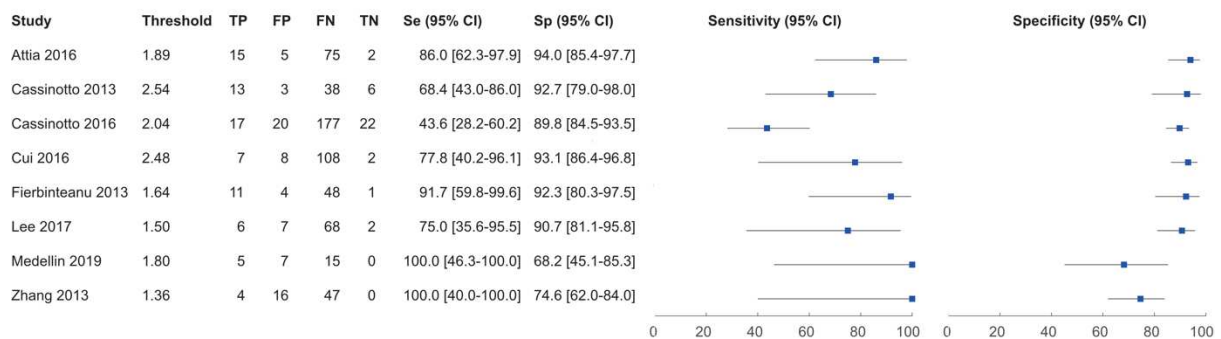


Figure S20 Forest plot of all included studies for the diagnosis of cirrhosis (F4) using pSWE.

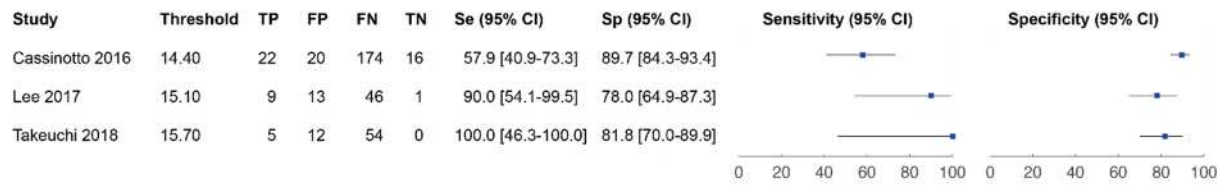


Figure S21 Forest plot of all included studies for the diagnosis of cirrhosis (F4) using 2DSWE.

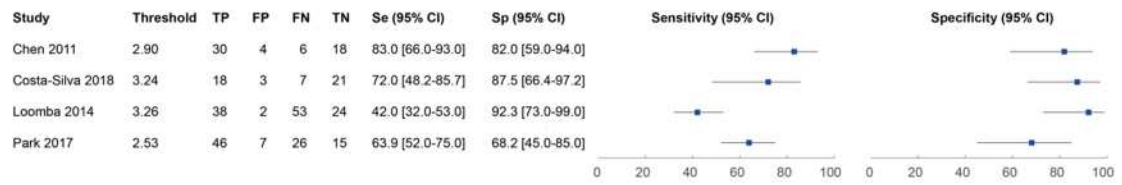


Figure S22 Forest plot of MRE studies for the diagnosis of NASH.

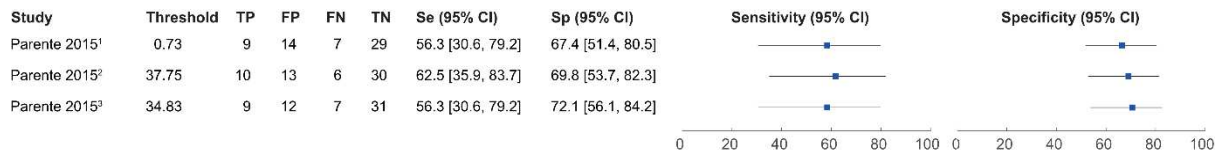


Figure S23 Forest plots of all included studies for the diagnosis of any fibrosis ($\geq F1$) using MRI methods. (¹pure molecular diffusion, ²vascular fraction, ³perfusion-related diffusion)

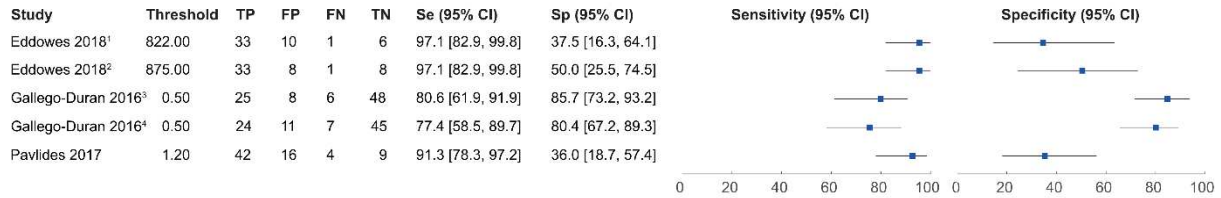


Figure S24 Forest plots of all included studies for the diagnosis of significant fibrosis ($\geq F2$) using MRI methods. (¹ different cut-offs from literature, ²estimation cohort, ³validation cohort)

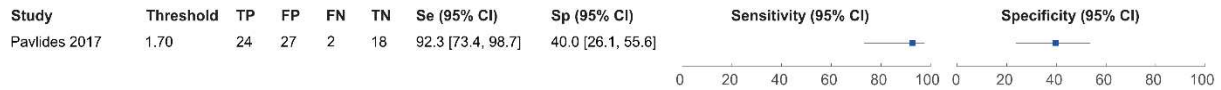


Figure S25 Forest plots of all included studies for the diagnosis of advanced fibrosis ($\geq F3$) using MRI methods.

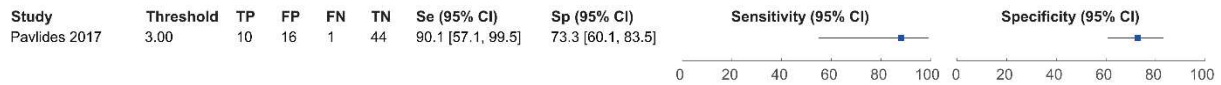


Figure S26 Forest plots of all included studies for the diagnosis of cirrhosis (F4) using MRI methods.

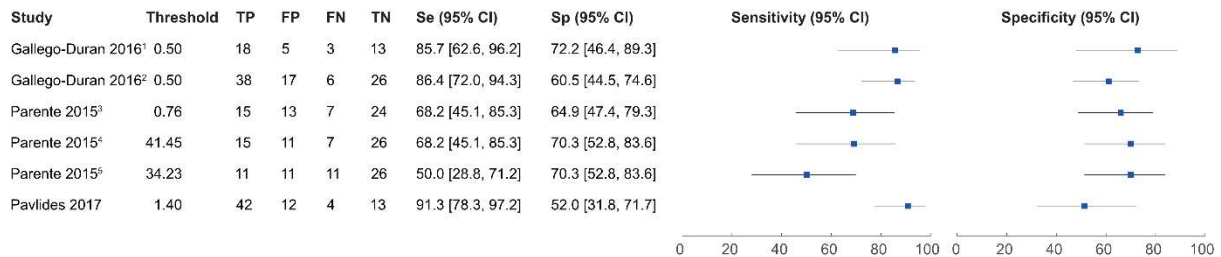


Figure S27 Forest plot of MRI studies for the diagnosis of NASH. (¹estimation cohort, ²validation cohort, ³pure molecular diffusion, ⁴vascular fraction, ⁵perfusion-related diffusion)

Supplementary references

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