

Supplementary Table 1. The detailed reimbursement guidelines for nucleos(t)ide analogs therapy by the National Health Insurance Service in Taiwan.

Clinical status	Reimbursement criteria for nucleos(t)ide analogs therapy in CHB patients
Decompensated	PT \geq 3sec or Total bilirubin \geq 2mg/dL
Cirrhosis or HCC	Serum HBV DNA \geq 2,000 IU/mL
HBeAg-positive	Serum ALT \geq 200 U/mL or ALT \geq 80 but <200 U/mL and serum HBV DNA \geq 20,000 IU/mL
HBeAg-negative	Serum HBV DNA \geq 2,000 IU/mL and serum ALT \geq 80 U/mL more than twice a half year (with an interval of 3 months each time)

Abbreviation: HBeAg: hepatitis B e antigen. CHB: chronic hepatitis B. HBV: hepatitis B virus. AST: aspartate aminotransferase. ALT: alanine aminotransferase. HCC: hepatocellular carcinoma.

Supplementary Table 2. 3-year, 5-year, and 10-year cumulative incidence of hepatocellular carcinoma (life table method).

	MVR (N=1285)	LLV (N=1351)	HBV DNA>2000 (N=3027)	
HCC incidence	%	%	%	p-value ^a
3y	3.64	3.56	4.38	0.349
5y	4.98	4.96	6.68	0.044 ^b
10y	10.54	9.51	12.37	0.034 ^c

Abbreviation: LLV: low-level viremia. MVR: maintained virological response. HBV: hepatitis B virus. HCC: hepatocellular carcinoma.

^a Log-rank test.

^b Post-hoc test with Scheffe's method: HBV-DNA >2000 vs. MVR (p-value: 0.075); LLV vs. MVR (p-value: 0.999); HBV-DNA >2000 vs. LLV (p-value: 0.076)

^c Post-hoc test with Scheffe's method: HBV-DNA >2000 vs. MVR (p-value: 0.078); LLV vs. MVR (p-value: 0.970); HBV-DNA >2000 vs. LLV (p-value: 0.049)

Supplementary Table 3. Score comparison table for predicting the risk of hepatocellular carcinoma in patients with low level viremia.

Total Points 3 year HCC-free probability	
42	0.99
117	0.90
141	0.80
156	0.70
168	0.60

Total Points 5 year HCC-free probability	
31	0.99
106	0.90
130	0.80
145	0.70
157	0.60
166	0.50

Total Points 10 year HCC-free probability	
81	0.9
105	0.80
120	0.70
131	0.60
141	0.50
150	0.40
159	0.30
168	0.20

Abbreviation: HCC: hepatocellular carcinoma.