SUPPLEMENTARY TABLE

Supplementary Table 1. Excluded studies after checking the full text and primary reason for exclusion.

Author	Year	Study description	Primary reason for exclusion
Pol et al. [1]	2019	This prospective study found that the risk of liver-related events was not different between tenofovir and entecavir group. However, the study was published in the form of conference abstract.	Conference abstract
Lee et al. [2]	2019	This propensity score analysis compared the effect of tenofovir and entecavir on the risk of hepatocellular carcinoma and liver-related events in patients with CHB. It is noteworthy that this study is published in the form of conference abstract and is a duplicate report of an included study [3].	Duplicate report of included study
Le et al. [4]	2019	This is a multicenter retrospective cohort study of CHB patients; its primary purpose was to evaluate the long-term safety and efficacy of tenofovir and entecavir. This study reported the number of patients diagnosed with liver cancer in tenofovir and entecavir groups but not adjusted risk estimates.	Adjusted risk estimates were not available
Kim et al. [5]	2019	This study is a retrospective cohort study, and found that treatment with tenofovir was associated with a reduced risk of HCC compared with treatment with entecavir. However, the study was published in the form of conference abstract.	Conference abstract
Gordon et al. [6]	2019	This prospective cohort study suggested that the risk of HCC in patients treated with tenofovir versus entecavir might vary by race group. However, the study was published in the form of conference abstract.	Conference abstract
Lee et al. [7]	2018	This longitudinal observational analysis compared the risk of developing HCC in treatment-naïve CHB patients and provided the relevant hazard ratio. Of note, this study is published in the form of conference abstract and is a duplicate report of an included study [8].	Duplicate report of included study
Kim et al. [9]	2018	This retrospective study reported the annual incidence of HCC in tenofovir and entecavir groups (0.85% versus 1.27%), with 3 cases in tenofovir group (3/112, 2.7%) and 13 in entecavir group (13/191, 6.8%). However, it failed to provide the relevant adjusted risk estimates.	Adjusted risk estimates were not available
Ha et al. [10]	2018	This study is a retrospective cohort study, and found that there was no difference in risk reduction of HCC between tenofovir and entecavir. However, the study was published in the form of conference abstract. Also, this study is a duplicate report of an included study [11].	Conference abstract
Tsai et al. [12]	2017	This follow-up study documented a total of 56 HCC cases in a cohort of 546 CHB patients with cirrhosis on nucleos(t)ide analog therapy. The authors did not report the relevant adjusted risk estimates of developing HCC.	Adjusted risk estimates were not available
Riveiro-Barciela et al. [13]	2017	This study aimed to assess the effectiveness and safety of tenofovir or entecavir in CHB patients. The authors provided the number of HCC cases in tenofovir and entecavir groups (11 in tenofovir group and 3 in entecavir group) but not the corresponding adjusted risk estimates.	Adjusted risk estimates were not available
Papatheodoridis et al. [14]	2017	This is a multicenter cohort study involving 1951 CHB patients. The primary aim of the study was to determine the HCC incidence in patients receiving tenofovir or entecavir treatment. The authors only reported the overall HCC incidence in their study population.	Overall HCC incidence in the whole study population.
Choi et al. [15]	2017	This cohort study found that tenofovir treatment conferred a reduced risk of HCC but a similar risk death or transplantation compared with entecavir treatment. However, the study was published in the form of conference abstract.	Conference abstract
Kramer et al. [16]	2015	This study examined the effect of tenofovir versus entecavir on the risk of HCC in CHB patients. However, the authors did not exclude patients with HIV/HCV infection.	Including patients with HIV/HCV infection.
Idilman et al. [17]	2015	This study documented a total of 17 HCC cases in a cohort of 355 CHB patients and showed that there was no significant difference in HCC incidence between tenofovir and entecavir groups. Importantly, the authors did not provide the relevant adjusted risk estimates of developing HCC.	Adjusted risk estimates were not available.
Goyal et al. [18]	2015	This study aimed to evaluate the efficacy and outcome of CHB patients receiving	Adjusted risk estimates

		tenofovir and entecavir treatment. The study showed that 6 patients in tenofovir group and 4 patients in entecavir group developed HCC during follow up. Note that the authors did not provide the relevant adjusted risk estimates.	were not available.
Hsu et al. [19]	2014	This study included a total of 210 CHB patients receiving antiviral treatment (lamivudine, telbivudine, entecavir, and tenofovir). During a median follow-up of 25.2 months, the authors observed 35 HCC cases (1 in lamivudine group, 2 in telbivudine group, and 32 in entecavir group). It is noteworthy that the authors did not provide the relevant adjusted risk estimates.	Adjusted risk estimates were not available.
Hanumantharaya et al. [20]	2014	This study included a total of 132 CHB patients on antiviral treatment (84 receiving tenofovir and 48 receiving entecavir). The authors only reported the number of HCC cases in tenofovir and entecavir groups (2 patients in tenofovir group and 2 patients in entecavir group) but not the relevant adjusted risk estimates.	Adjusted risk estimates were not available.
Coffin et al. [21]	2014	The study aimed to determine the HCC incidence of HCC in CHB patients receiving nucleos(t)ide analogues treatment. The study documented a total of 11 HCC cases over a median follow-up of 3.2 years, with 1 in entecavir group (1/127) and 3 in tenofovir group (3/132). The authors revealed that the annual incidence of HCC in the study cohort was 0.9% per year. However, importantly, the authors did not report the relevant adjusted risk estimates.	Adjusted risk estimates were not available
Koklu et al. [22]	2013	This is a retrospective analysis of 227 CHB patients, with 72 patients receiving tenofovir and 77 patients receiving entecavir. The authors reported the number of HCC cases in tenofovir- and entecavir-treated patients (2 in tenofovir group and 4 in entecavir group). The authors did not provide the relevant adjusted risk estimates.	Adjusted risk estimates were not available

Note that the reference numbers in Supplementary Table 2 refer to the reference list presented below.

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