Supplementary Table 1 Univariate analysis of risk factors of 90-d mortality in patients with cirrhosis and acute decompensation

Candidate variables	Univariable logistic regression		
	OR	**95% CI**	***P* value**
Demographic data			
Age	0.95	0.33-3.11	0.93
Male	1.72	0.73-3.84	0.2
Acute decompensation events			
Overt ascites	1.73	0.81-3.98	0.17
Gastrointestinal bleeding	1.28	0.5-2.96	0.58
Bacterial infection	2.79	1.34-5.86	0.006
Hepatic encephalopathy	3.23	1.51-7.41	0.004
Laboratory data			
Total bilirubin	1.72	1.35-2.27	< 0.001
International normalized ratio	3.7	1.84-8.27	0.001
Creatinine	1.33	0.84-2.29	0.27
Blood urea nitrogen	1.87	1.29-2.8	0.001
Albumin	0.34	0.1-1.19	0.09
ALT	1.24	0.97-1.58	0.09
AST	1.27	0.96-1.67	0.1
White blood cells	1.97	1.28-3.1	0.003
Platelet	0.82	0.6-1.13	0.22
Hemoglobin	0.59	0.25-1.44	0.24
K	0.46	0.11-2.01	0.3
Sodium	0	0-0.08	0.007
Neutrophil-lymphocyte ratio	1.52	1.13-2.08	0.008
ALP	0.96	0.64-1.43	0.82
GGT	0.84	0.64-1.09	0.2

AD: Acute decompensation; ALT: Alanine transaminase; AST: Aspartate transaminase; ALP: Alkaline phosphatase; GGT: Gamma glutamyl transpeptidase. Variables with $P < 0.1$ in univariate analysis were selected into multivariate analysis. Continuous variables were log transformed before entering the model (base2).

Supplementary Figure 1 Subgroup analysis of the impact of etiology on 90-d LT-free mortality in AILD patients with cirrhosis and AD. Adjusted variables: age, gender, infection, gastrointestinal bleeding, hepatic encephalopathy, ascites. PBC, primary biliary cirrhosis; AIH, autoimmune hepatitis; PBC/AIH, PBC-AIH overlap syndrome; Others, other uncommon etiologies of AILD. PBC as a reference