

Supplementary Table 1 Longitudinal changes in liver function following transarterial treatments

Relationship to treatment	AST (U/L)	ALT (U/L)	TBil (μmol/L)	Albumin (g/L)	CTCAE v5.0 assessment / interpretation
Pretreatment	63	29	13.9	41.2	Pretreatment baseline
Post-treatment day 2	429	349	21	35.3	Grade 3 aminotransferase elevation
Post-treatment day 6	39	67	29	28.9	Aminotransferases substantially improved; Grade 2 hypoalbuminemia
Pretreatment	25	17	20.4	39	Pretreatment baseline
Post-treatment day 4	49	65	28	36.1	Grade 1 AST, ALT, and TBil elevations
Pretreatment	56	45	21.5	42.7	Pretreatment abnormalities present
Immediate post-treatment	-	-	-	-	Immediate post-treatment laboratory data unavailable; CTCAE grading not performed
Pretreatment	43	36	26.4	44.7	Pretreatment abnormalities present
Later follow-up	34.3	26.1	18.4	46.9	Aminotransferases and bilirubin improved; not used for peak toxicity grading
Pretreatment	54	49	22.2	42.3	Pretreatment mild abnormalities

Later follow-up	45.9	41	24.4	43.4	Aminotransferases returned toward pretreatment levels; not used for peak toxicity grading
Pretreatment	80	61	25.5	42.6	Abnormal pretreatment baseline
Post-treatment	215	121	32	32.8	Grade 1 AST, ALT, and TBil elevations relative to abnormal baseline
Pretreatment	64	69	32.9	37.2	Abnormal pretreatment baseline
Post-treatment day 1	126	85	28.7	27.4	Grade 1 AST elevation; Grade 2 hypoalbuminemia; TBil did not worsen

Abbreviations: AST, aspartate aminotransferase; ALT, alanine aminotransferase; TBil, total bilirubin; TACE, transarterial chemoembolization; HAIC, hepatic arterial infusion chemotherapy; CTCAE, Common Terminology Criteria for Adverse Events.

Note: CTCAE grades were retrospectively assigned according to CTCAE version 5.0 using the available laboratory data. For abnormal pretreatment values, post-treatment abnormalities were graded relative to the pretreatment baseline where applicable. Immediate post-treatment laboratory data were not available for the third TACE session. The later follow-up values after the fourth and fifth TACE sessions were therefore used only to describe subsequent recovery and were not used to determine peak toxicity. Magnesium isoglycyrrhizinate was administered as hepatoprotective therapy after each transarterial treatment session. Available follow-up laboratory data showed subsequent improvement in treatment-associated liver-function abnormalities.