Supplementary Table 2. Observational cross-sectional or longitudinal studies *excluded* at the stage of eligibility according to the PRISMA flow diagram.

Author, Year (Ref.)	Study Design, Sample Size, Population Characteristics	Main reason(s) of exclusion
Touzin NT <i>et al.</i> 2011 (1)	Cross-sectional, case-control study: 94 US overweight/obese individuals with biopsy-proven NAFLD and 139 control individuals undergoing screening colonoscopy (at Brooke Army Medical Center)	Unsatisfactory study design
Aktas E <i>et al.</i> 2014 (2)	Cross-sectional, case-control study: 105 Turkish individuals who presented for a scanning or diagnostic colonoscopy examination and 94 control individuals	Unsatisfactory study design
Bhatt BD <i>et al.</i> 2015 (3)	Retrospective cross-sectional study: 591 US individuals with cirrhosis of different aetiology evaluated for liver transplantation and who underwent a screening colonoscopy	Unsatisfactory study design
Basyigit S <i>et al.</i> 2015 (4)	Cross-sectional study: 127 Turkish individuals undergoing screening colonoscopy	Unsatisfactory study design and small sample size
You J et al. 2015 (5)	Retrospective longitudinal study: survival rates of 1,314 Chinese patients who were first diagnosed with colorectal cancer between 2006 and 2011	Unsatisfactory study outcome
Chen QF <i>et al</i> . 2017 (6)	Cross-sectional study: 2,409 Chinese individuals undergoing screening colonoscopy in a health check program	Identical cases of another study that has been included in the meta-analysis (duplication)
Mahamid M et al. (7)	Cross-sectional, case-control study: 123 Israeli patients with biopsy-proven NASH and 100 patients without NASH undergoing screening colonoscopy over 2 years	Unsatisfactory study outcome and small sample size
Kim GA <i>et al.</i> 2017 (8)	Retrospective longitudinal cohort study: 25,947 South Korean adult individuals who had not developed cancer within a year from their health check-up and who were followed-up for a median of 7.5 years	Unsatisfactory study design (no screening colonoscopy was performed)

References for the table

- 1. Touzin NT, Bush KN, Williams CD, Harrison SA. Prevalence of colonic adenomas in patients with nonalcoholic fatty liver disease. Ther Adv Gastroenterol. 2011; 4: 169-76.
- 2. Aktas E, Uzman M, Yildirim O, Sahin B, et al. Assessment of hepatic steatosis on contrast enhanced computed tomography in patients with colorectal cancer. Int J Clin Exp Med. 2014; 7: 4342-46.
- 3. Bhatt BD, Lukose T, Siegel AB, Brown RS, et al. Increased risk of colorectal polyps in patients with non-alcoholic fatty liver disease undergoing liver transplant evaluation. J Gastrointest Oncol. 2015; 6: 459-68.
- 4. Basyigit S, Uzman M, Kefeli A, Sapmaz FP, et al. Absence of non-alcoholic fatty liver disease in the presence of insulin resistance is a strong predictor for colorectal carcinoma. Int J Clin Exp Med. 2015; 8: 18601-610.
- 5. You J, Huang S, Huang GQ, Zhu GQ, et al. Nonalcoholic fatty liver disease a negative risk factor for colorectal cancer prognosis. Medicine (Baltimore). 2015; 94: e479.
- 6. Chen QF, Zhou XD, Fang DH, Sun YJ et al. Impact of non-alcoholic fatty liver disease and smoking on colorectal polyps. Oncotarget. 2017; 8: 74927-35.
- 7. Mahamid M, Yassin T, Abu Elheja O, Nseir W. Association between fatty liver disease and hyperplastic colonic polyp. Isr Med Assoc J. 2017; 19: 105-108.
- 8. Kim GA, Lee HC, Choe J, Kim MJ, Lee MJ, Chang HS, Bae IY, Kim HK, An J, Shim JH, Kim KM, Lim YS. Association between non-alcoholic fatty liver disease and cancer incidence rate. J Hepatol. 2017 Nov 2. pii: S0168-8278(17)32294-8. doi: 10.1016/j.jhep.2017.09.012. [Epub ahead of print].