

**Table 2. Association between *HSD17B13* rs72613567 genotypes and abnormal albuminuria in patients with biopsy-proven NAFLD.**

	<i>HSD17B13</i> rs72613567 genotype	N	B coeff.	Wald	Odds ratio	95% CI	<i>p</i>
<b>Unadjusted model</b>	-/-	93	<i>Ref.</i>	<i>Ref.</i>	<i>Ref.</i>	<i>Ref.</i>	
	A/-	96	-1.28	6.65	0.28	0.11-0.74	<b>0.010</b>
	A/- + A/A	122	-1.54	9.65	0.22	0.08-0.57	<b>0.002</b>
<b>Adjusted model 1</b>	-/-	93	<i>Ref.</i>	<i>Ref.</i>	<i>Ref.</i>	<i>Ref.</i>	
	A/-	96	-1.56	7.96	0.21	0.07-0.62	<b>0.005</b>
	A/- + A/A	122	-1.81	10.75	0.17	0.06-0.48	<b>0.001</b>
<b>Adjusted model 2</b>	-/-	93	<i>Ref.</i>	<i>Ref.</i>	<i>Ref.</i>	<i>Ref.</i>	
	A/-	96	-1.47	6.48	0.23	0.08-0.71	<b>0.011</b>
	A/- + A/A	122	-1.83	10.26	0.16	0.05-0.49	<b>0.001</b>

Sample size,  $n = 215$ . Data are expressed as odds ratio and 95% confidence intervals as tested by univariable and multivariable logistic regression analyses. The dependent variable was abnormal albuminuria defined as defined as u-ACR  $\geq 30$  mg/g creatinine. *Ref.* = reference category.

Model 1 adjusted for age, sex, BMI, HOMA-IR, hypertension, diabetes and hyperuricemia.

Model 2 adjusted for the same covariates of Model 1 *plus* e-GFR levels, presence of NASH (defined as NAFLD Activity Score  $\geq 4$ ), and histological stages of liver fibrosis.