

**Supplementary table 1.** Comparison between MAFLD and NAFLD for the identification of CKD

Author-Year	Study design	Study population	Diagnosis of fatty liver	Diagnosis of CKD	Results
Tanaka-2022 [25]	retrospective cohort	13159 Japanese 32.8%NAFLD; 32.3%MAFLD	liver ultrasonography	positive for urinary protein or eGFR<60 mL/min/1.73 m <sup>2</sup>	MAFLD better identified and predicted CKD than NAFLD.
Liang-2022 [20]	prospective cohort	6873 Chinese 40.3%NAFLD; 46.7%MAFLD	liver ultrasonography	u-ACR≥30mg/g and/or eGFR<60 mL/min/1.73 m <sup>2</sup>	Both equivalently increased incident risks of CKD.
Jung-2022 [26]	retrospective cohort	268,946 Korean 27.4%NAFLD; 33%MAFLD	fatty liver index ≥ 30	positive for urinary protein or eGFR<60 mL/min/1.73 m <sup>2</sup>	MAFLD better identified CKD than NAFLD.
Zhang-2021 [27]	cross-sectional study	19,617 from US national surveys, 1999-2016 26.4-33%NAFLD; 28.4-35.8%MAFLD	ultrasound-fatty liver index	u-ACR≥30mg/g and/or eGFR<60 mL/min/1.73 m <sup>2</sup>	MAFLD and NAFLD had comparable prevalence for CKD.
Sun-2021 [24]	cross-sectional study	12,571 from US national surveys, 1988-1994 36.2%NAFLD; 30.2%MAFLD	liver ultrasonography	according to the KDIGO guidelines	MAFLD better identified CKD than NAFLD.
Hashimoto-2022 [22]	cross-sectional study	27,371 Japanese 2.3%NAFLD; 20.8%MAFLD	liver ultrasonography	positive for urinary protein or eGFR<60 mL/min/1.73 m <sup>2</sup>	MAFLD was independently associated with CKD, while NAFLD not.

Note: u-ACR:urinary albumin-to-creatinine ratio; KDIGO: Kidney Disease Improving Global Outcomes