Supplementary Table 1. Definitions of cirrhosis recompensation and cutoff values for improved liver function in different studies.

Author (s)	Year	Country	Criteria for recompensation or delisting / clinical improvement
Wang et al.[76]	2022	China	Patients must have a MELD score of less than 10 and/or hepatic function within Child-Pugh stage A, characterized by albumin levels greater than 35 g/L, INR less than 1.5, and bilirubin less than 34 μmol/L
Franchis et al.[38]	2022	Multiple countries	After the removal, suppression, or cure of the primary etiology of cirrhosis, there is a resolution of ascites (without the need for diuretics), encephalopathy (without the need for lactulose or rifaximin), and absence of recurrent variceal hemorrhage for at least 12 months, together with stable improvement of liver function tests, including albumin, INR, and bilirubin
Kim et al.[77]	2022	Korea	The primary outcome was recompensation, defined as recovery to a Child–Pugh score of 5
Xu et al.[78]	2021	China	Recompensated cirrhosis was defined as clinically stable outpatients with either controlled ascites or previously treated decompensation events who were in a stable clinical state for at least 1 year
Gentile et al.[79]	2019	Italy	Reduction in Child-Pugh stage to A following treatment with DAAs, indicating a return to a compensated stage of liver function tests
Martini et al.[80]	2018	Italy	The evaluation of potential candidates for delisting is characterized by their regression to Child-Pugh stage A and a MELD score of less than 15
Aravinthan et al.[81]	2017	Canada	Delisting due to clinical improvement is determined by the following criteria: absence of ascites, hepatic hydrothorax, peripheral edema, and hepatic encephalopathy, despite the discontinuation of treatment, along with a decrease in the MELD score to less than 15

Shim[82]	2010	Korea	Under treatment, there is a reduction in the Child-Pugh stage to A