

Table S1. Prevalence of overestimated renal function in patients with or without advanced liver disease.

	Non-advanced Liver Disease (n = 57, 18.6%)	Advanced Liver Disease (n = 250, 81.4%)	P-value
Overestimation of Renal Function +/-	7 (12.3)/50 (87.7)	69 (27.6)/181 (73.4)	0.0156

Table S2. Prevalence of overestimated renal function stratified ages.

	Age			P-value
	<50 (n = 27, 8.8%)	50-70 (n = 139, 45.3%)	70< (n = 151, 45.9%)	
Overestimation of Renal function +/-	8 (29.6)/ 19 (70.4)	28 (20.1)/111 (79.9)	40 (26.5)/101 (73.5)	0.2323

Table S3. Characteristics of patients with additional data for grip hand strength.

	Total (n = 213)	Without overestimated renal function (n = 164)	With overestimated renal function (n = 49)	P-value
Clinical factors				
Age, years	68 (21–90)	68 (21–86)	68 (43–90)	0.6210
Male / Female	133 / 80	104 / 60	29 / 20	0.6166
CH / LC	57 / 156	48 / 116	9 / 40	0.1451
Etiology, HBV/HCV/NBNC	64 / 43 / 106	50 / 35 / 79	14 / 8 / 27	0.6439
HCC, +/-	81 / 132	65 / 99	16 / 33	0.4064
PMI, cm²/m²	3.61 (0.71–6.91)	3.74 (0.71–6.91)	3.03 (0.91–6.77)	0.0234
Height, cm	160.8 (136.4–188.7)	161.2 (136.4–188.7)	159.8 (140.4–183.3)	0.3560
Body weight, kg	64.0 (32.5–123.0)	65.0 (40.5–123.0)	61.4 (32.5–99.8)	0.1894
BMI, kg/m²	24.4 (14.9–42.6)	24.5 (16.0–39.0)	23.5 (14.9–42.6)	0.4295
Low Hand Grip Strength, +/-	41 / 172	25 / 139	16 / 33	0.0120
Sarcopenia, +/-	21 / 192	11 / 153	10 / 39	0.0110
Laboratory data				
Platelet count, 10⁴/mm³	13.0 (1.6–66.5)	13.1 (1.6–66.5)	11.9 (2.3–36.8)	0.7023
Prothrombin time, %	83.9 (18.0–148.9)	85.1 (18.0–128.1)	79.2 (34.9–148.9)	0.4079
Serum albumin, g/dL	4.0 (2.2–5.0)	4.1 (2.4–5.0)	3.6 (2.2–4.6)	<0.0001
Total Bilirubin, mg/dL	0.9 (0.3–29.3)	0.8 (0.3–29.3)	1.0 (0.3–18.4)	0.4272
AST, IU/L	34 (15–179)	32 (15–179)	37 (17–155)	0.2186
ALT, IU/L	25 (8–214)	25 (9–109)	25 (8–214)	0.5109
Creatinine, mg/dL	0.75 (0.37–1.76)	0.77 (0.40–1.76)	0.66 (0.37–1.58)	0.0958
Cystatin C, mg/L	0.95 (0.49–2.59)	0.90 (0.49–2.05)	1.19 (0.87–2.59)	<0.0001

Data are shown as median (range) values or patients numbers. CPG, Child-Pugh grade, BMI, body mass index; CH, chronic hepatitis; LC, liver cirrhosis; HBV, hepatitis B virus; HCV, hepatitis C virus; NBNC, non-hepatitis B and C virus; HCC, hepatocellular carcinoma; PMI, psoas muscle mass index

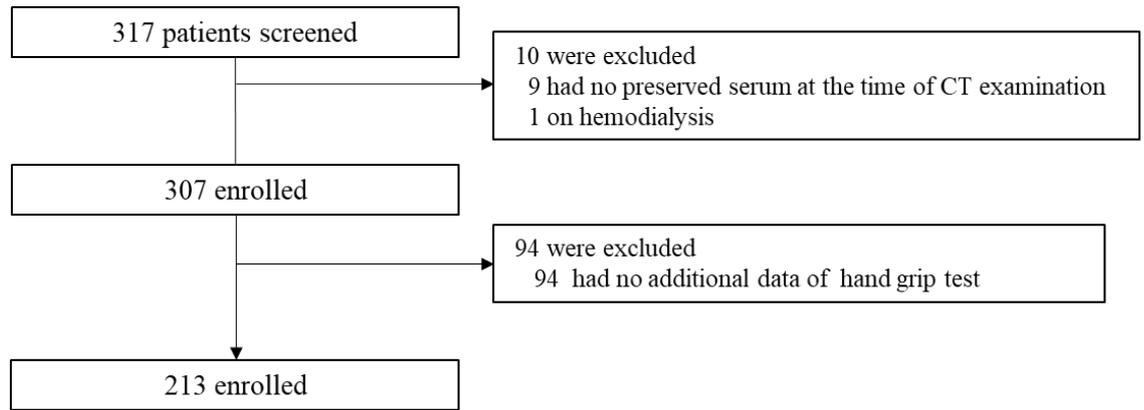


Figure S1. Study Flow.

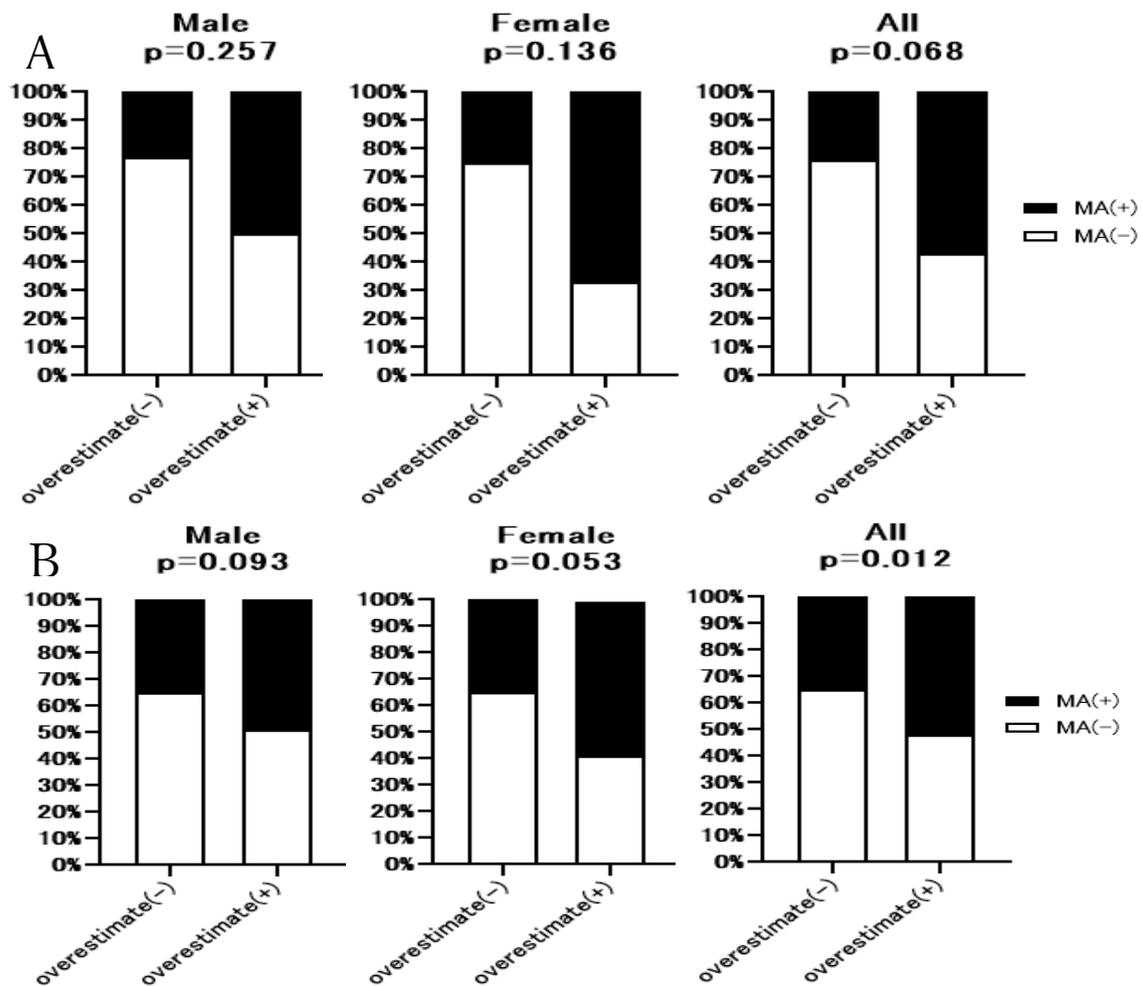


Figure S2. Comparison of the rate of muscle atrophy between patients with or without overestimated renal function, stratified according to advanced liver disease. A. Patients with advanced liver disease. B. Patients without advanced liver disease. Overestimate (-), patients without overestimated renal function; Overestimate (+), patients with overestimated renal function; MA, muscle atrophy. P-value indicates comparison of the Overestimate (+) group vs. Overestimate (-) group.

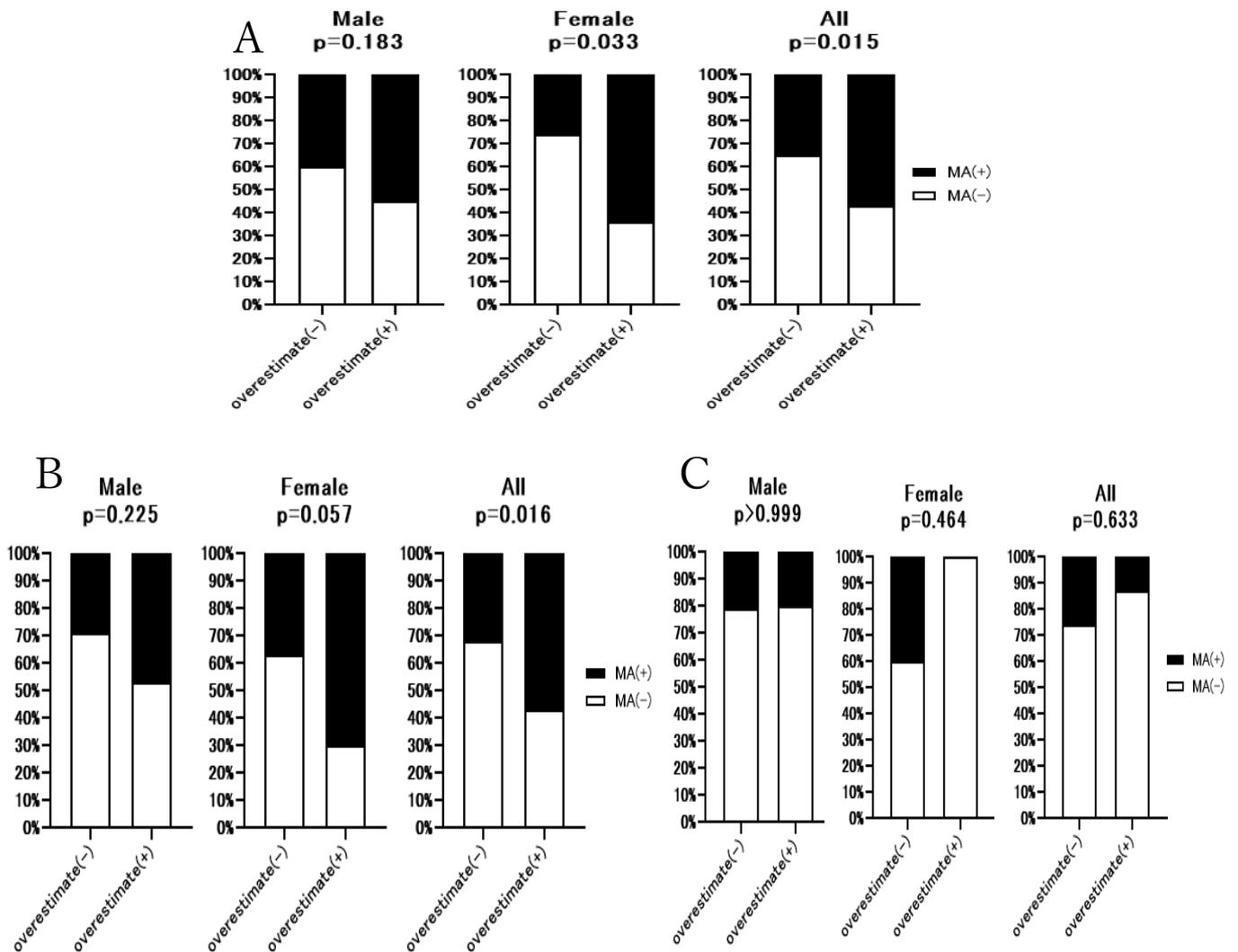


Figure S3. Comparison of the rate of muscle atrophy between patients with or without overestimated renal function, stratified according to age. A. Patients aged >70 years old. B. Patients aged 50-70 years old. C. Patients aged <50 years old. Overestimate (-), patients without overestimated renal function; Overestimate (+), patients with overestimated renal function; MA, muscle atrophy. P-value indicates comparison of the Overestimate (+) group vs. Overestimate (-) group.

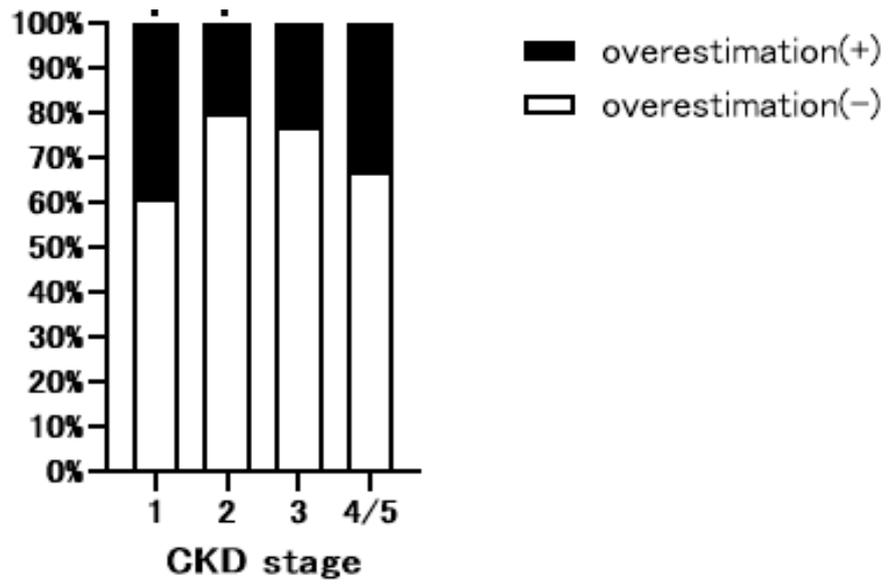


Figure S4. Frequency of overestimated renal function depending on CKD stage in patients with chronic liver disease. Overestimation (-), patients without overestimated renal function. Overestimation (+), patients with overestimated renal function. CKD, chronic kidney disease.