**Supplemental Table 1 Macro-/micro-nutrients and liver cancer risk**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| References | Region | Design | No. ofcases | Outcome | Exposure: Main Results | Matched oradjusted variables |
| **Carbohydrates** |
| Lagiou P*et al.* (2009)(44) | Athen,Greece | case–control study | 333 | HCC | * GL among participants with chronic infection with HBV and/or HCV: Q5 vs. Q1: OR =1.95 (95%CI: 1.09, 3.48)
* GL among all participants or within HBV and HCV negative participants: no association
 | Age, education, alcohol,smoking, energy intake, others |
| Rossi M*et al.* (2009) (45) | Italy | case–control study | 185 | HCC | * GL among all participants: Q5 vs. Q1: OR =3.02 (95%CI: 1.49, 6.12)
* GL within HBV and HCV negative participants: Q5 vs. Q1: OR =2.45 (95%CI: 0.69, 8.64)
 | Age, education, alcohol, smoking, others |
| Kuper H*et al.* (2000)(47) | Athens,Greece | case–control study | 97 | HCC | * No association for sugar intake
 | Age, alcohol, smoking, energy intake, HBV, HCV, others |
| Hu J*Et al.*(2013)(43) | Canada | cohort study | 309 | Liver cancer | * GI: Q5 vs. Q1: HR=1.09 (95%CI: 0.84, 1.42)
* GL: Q5 vs. Q1: HR=1.17 (95%CI: 0.75, 1.84)
 | Age, education, alcohol, smoking, energy intake, BMI, others |
| Fedirko V *et al*.(2013)(41) | [Europe](https://cn.bing.com/dict/clientsearch?mkt=zh-CN&setLang=zh&form=BDVEHC&ClientVer=BDDTV3.5.1.4320&q=%E6%AC%A7%E6%B4%B2) | cohort study | 191 | HCC | * GI, GL, or TCH: no association
* total sugar: per 50 g/day increase: HR=1.43 (95% CI:1.17, 1.74)
* total starch: per 50 g/day increase: HR=0.70 (95% CI:0.55, 0.90)
 | Education, alcohol, smoking, BMI, PA, diabetes, others |
| George SM *et al*.(2009)(42) | US | cohort study | 310 | Liver cancer | women:* GI: no association
* GL: Q5 vs. Q1: HR=0.18 (95% CI: 0.04, 0.79)

men: * GI: Q5 vs. Q1:HR=1.62 (95% CI: 1.05, 2.48)
* GL: no association
 | Age, race, education, alcohol, smoking, energy intake, PA, others |
| Vogtmann E *et al*.(2013)(46) | China | cohort study | 347 | Liver cancer | * GI, GL, or TCH: no association
 | Age, education, alcohol, smoking, energy intake, BMI, PA, diabetes, chronic liver diseases, others |
| TasevskaN e*tal*.(2012)(48) | US | cohort study | 288 | Liver cancer | * Added fructose intake among women: T3 vs. T1: HR=0.43 (95%CI: 0.22, 0.86)
* Sugar and sucrose intake: no association
 | Age, race, education, alcohol, smoking, energy intake, BMI, PA, others |
| **Dietary fats/fatty acids** |
| Kuper H et al.(2000)(47) | Greece | case–control study | 97 | HCC | * Milk and dairy products: a one, quintile increment in the consumption of the indicated food group: OR=0.70 (95% CI: 0.49, 1.01)
* Total fat: no association(p > 0.01)
 | Age, education, alcohol, smoking, energy intake, HBV, HCV, others |
| Polesel J *et al*.(2007)(54) | Italy | case–control study | 185 | HCC | * Linoleic acid: T3 vs. T1: OR=0.35 (95% CI: 0.18, 0.69)
 | Age, education, alcohol, energy intake, PA and others |
| Hadziyannis S *et al*.(1995)(55) | Greece | case–control study | 65 | HCC | * Total dietary oils and fats: a quintile increase in average monthly consumption: OR=1.4 (95% CI: 1.0, 1.8)
 | Age, HBV, HCV, others |
| Koh WP *et al*.(2016)(56) | Singap-ore | case–control study | 488 | HCC | * Total fat: Q4 vs. Q1: HR=1.26 (95% CI: 0.91, 1.74)
* SFA: Q4 vs. Q1: HR=1.40 (95% CI: 0.95, 2.06)
* MUFA: Q4 vs. Q1: HR=0.90 (95%CI: 0.59, 1.37)
* N, 3 PUFA: Q4 vs. Q1: HR=0.99 (95% CI: 0.70, 1.39)
* N, 6 PUFA: Q4 vs. Q1: HR=1.49 (95% CI: 1.08, 2.07)
* N, 6 ton, 3 PUFA ratio: Q4 vs. Q1: HR=1.22 (95% CI: 0.92, 1.61)
 | Age, education, alcohol, smoking, coffee, energy intake, BMI, others |
| DuarteSalles T *et al.*(2015)(52) | Europe | cohort study | 191 | HCC | * Total fat: per 10 g/day: HR=0.80(95% CI: 0.65, 0.99)
* SFA: per 5 g/day: HR=1.08 (95% CI: 0.88, 1.34)
* MUFA: per 5 g/day: HR=0.71 ( 95% CI: 0.55, 0.92)
* PUFA: per 5 g/day: HR=0.92 (95% CI: 0.68, 1.25)
* The ratio of PUFA/MUFA to SFA: per 0.2 point: HR=0.86 (95% CI: 0.73, 1.01)
 | Alcohol, smoking, coffee, energy intake, BMI, PA, diabetes,others |
| Freedman ND *et al*.(2010)(53) | U.S | cohort study | 338 | HCC | * White meat: Q5 vs. Q1: HR=0.52 (95% CI: 0.36, 0.77)
* Red meat: Q5 vs. Q1: HR=1.74 (95% CI: 1.16, 2.61)
* SFA: Q5 vs. Q1:HR=1.87 (95% CI:1.23, 2.85)
 | Age, race, education, alcohol, smoking, energy intake, BMI, PA, others |
| Sawada N*et al*.(2012)(66) | Japan | cohort study | 398 | HCC | * N, 3 PUFA, rich fish: Q5 vs. Q1: HR=0.64 (95% CI: 0.42, 0.96)
* EPA: Q5 vs. Q1: HR=0.56 (95% CI: 0.36, 0.85)
* DPA: Q5 vs. Q1: HR=0.64 (95% CI: 0.41, 0.98)
* DHA: Q5 vs. Q1: HR=0.56 (95% CI: 0.35, 0.87)
 | Age, alcohol, smoking, coffee, BMI, others |
| **Dietary trace elements and vitamins** |
| Kuper H *et al.*(2000)(47) | Greece | case–control study | 97 | HCC | * Sodium: no association (p=0.33)
* Potassium: no association (p=0.86)
* Calcium: no association (p=0.15)
* Phosphorus: no association (p=0.35)
* Iron: no association (p=0.93)
* Magnesium: no association (p=0.14)
* Zinc: no association (p=0.74)
 | Age, education, alcohol, smoking, energy intake, HBV, HCV, others |
| Polesel J *et al*.(2007)(54) | Italy | case–control study | 185 | HCC | * β, carotene : T3 vs. T1: OR=0.48 (95% CI: 0.24, 0.93)
* Iron intake: T3 vs. T1: OR=3.00 (95% CI: 1.25, 7.23)
 | Age, education, alcohol, energy intake, PA, HBV, HCV, others |
| Ma X *et al*.(2017)(79) | China | nested case–control study | 536 | Liver cancer | * Manganese: Q5 vs. Q1: OR=0.38 (95% CI: 0.21, 0.69)
* Selenium: Q5 vs. Q1: OR=0.97 (95% CI: 0.45, 2.07)
* Iron: Q5 vs. Q1: OR=0.33 (95% CI: 0.15, 0.71)
* Zinc: Q5 vs. Q1: OR=1.55 (95% CI: 0.77, 3.12)
* Copper: Q5 vs. Q1: OR=0.79 (95% CI: 0.40, 1.57)
 | Age, Education, smoking, energy intake, BMI, PA, diabetes,HBV, HCV, chronic liver diseases, others |
| Lan QY *et al*.(2016)(83) | China | case–control study | 644 | Liver cancer | * Vitamin A: Q4 vs. Q1: OR=0.34 (95% CI: 0.24, 0.48)
* Carotenes: Q4 vs. Q1: OR=0.35 (95% CI: 0.25, 0.49)
* Retinol intake: Q4 vs. Q1: OR=0.37 (95% CI: 0.27, 0.52)
 | Age, education, alcohol, smoking, BMI, PA, others |
| Yuan JM *et al*.(2006)(84) | China | case–control study | 213 | HCC | * Retinol: Q4 vs. Q1: OR=0.13 (95% CI: 0.06, 0.26)
* β , Carotene: Q4 vs. Q1: OR=0.59 (95% CI: 0.34, 1.02)
 | Age, alcohol, smoking, HBV, HCV, others |
| Ma X *et al*.(2017)(79) | China | cohort study | 536 | Liver cancer | * Manganese: Q5 vs. Q1: HR=0.51 (95% CI: 0.35, 0.73)
* Selenium: Q5 vs. Q1: HR=0.86 (95% CI: 0.52, 1.43)
* Iron: Q5 vs. Q1: HR=0.62 (95% CI: 0.39, 1.00)
* Zinc: Q5 vs. Q1: HR=0.90 (95% CI: 0.58, 1.38)
* Copper: Q5 vs. Q1: HR=0.89 (95% CI: 0.58, 1.36)
 | Age, education, alcohol, smoking, BMI, PA, HBV, HCV, chronic liver diseases, others |
| Zhang W *et al*.(2012)(82) | China | cohort study | 267 | Liver cancer | * Vitamin E: Q4 vs. Q1: HR=0.60 (95% CI: 0.40, 0.89)
* Vitamin E supplement: Q4 vs. Q1: HR=0.52 (95% CI: 0.30, 0.90)
* Vitamin C: Q4 vs. Q1: HR=0.71 (95% CI: 0.48, 1.04)
* Multivitamin: Q4 vs. Q1: HR=1.45 (95% CI: 0.96, 2.19)
 | Age, education, BMI, PA, HBV, HCV, chronic liver diseases, others |
| Lai GY *et al*.(2014)(85) | Finland | cohort study | 208 | Liver cancer | * β, carotene: Q4 vs. Q1:HR=0.36 (95% CI: 0.22, 0.58)
* Retinol: Q4 vs. Q1: HR=0.58 (95% CI: 0.39, 0.85)
* α, tocopherol: Q4 vs. Q1: HR=1.06 (95% CI: 0.64, 1.74)
 | Age, education, alcohol, smoking, coffee, energy intake, BMI, others |

BMI: Body Mass Index; CI, confidence interval; DHA, docosahexaenoic acid; DPA, docosapentaenoic acid; EPA, eicosapentaenoic acid; GI, glycemic Index; GL, glycemic load; HBV: Hepatitis B Virus; HCC, hepatocellular carcinoma; HCV: Hepatitis C Virus; HR, hazard ratios; MUFA, monounsaturated fats; OR, odds ratios; PA, physical activity; PUFA, polyunsaturated fats; SFA, saturated fats ; TCH, total carbohydrate.

**Supplemental Table 2 Foods or Food groups and liver cancer risk**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| References | Region | Design | No. ofcases | Outcome | Exposure: Main Results | Matched oradjusted variables |
| **Dairy product** |
| TalaminiR, et al. (2006)(97) | Italy | case–control study | 185 | HCC | * Milk and yoghurt: Q4 vs. Q1: OR= 0.28 (95% CI: 0.13, 0.61)
* White meats: Q4 vs. Q1: OR=0.44 (95% CI: 0.20, 0.95)
* Eggs: Q4 vs. Q1: OR=0.31 (95% CI: 0.14, 0.69)
* Fruits: Q4 vs. Q1: OR=0.48 (95%CI: 0.22, 1.05)
 | Age, education, alcohol, energy intake, others |
| Duarte-Salles T,*et al*. (2014)(94) | Europe | cohort study | 191 | HCC | * Total dairy products: T3 vs. T1: HR=1.66 (95%CI: 1.13, 2.43)
* Total milk: T3 vs. T1: HR=1.51 (95% CI: 1.02, 2.24)
* Cheese: T3 vs. T1: HR=1.56 (95% CI: 1.02, 2.38)
* Yogurt: T3 vs. T1: HR=0.94 (95% CI: 0.65, 1.35)
 | Alcohol, smoking, coffee, energy intake, BMI, PA, diabetes,others |
| Yang WS*,et al*. (2019)(95) | US | cohort study | 164 | HCC | * Total dairy product: Q3 vs. Q1: HR =1.85 (95%CI: 1.19, 2.88)
* High, fat dairy: Q3 vs. Q1: HR= 1.81 (95%CI: 1.19, 2.76)
* Butter: Q3 vs. Q1: HR= 1.58 (95%CI: 1.06, 2.36)
* Yogurt: Q3 vs. Q1: HR= 0.72 (95%CI: 0.49, 1.05)
 | Age, race, education, alcohol, smoking, coffee, energy intake, BMI, PA, others |
| **Whole grain, fruit, vegetable, and nut** |
| Zhang W,*et al*. (2013)(101) | China | cohort study | 267 | Liver cancer | * A vegetable, based diet: Q4 vs. Q1:HR=0.58 (95% CI: 0.40, 0.84)
* A fruit, based diet: Q4 vs. Q1:HR=1.13 (95% CI: 0.78, 1.64)
* A meat, based diet: Q4 vs. Q1:HR=1.18 (95% CI: 0.83, 1.69)
 | Age, education, energy intake, BMI, HBV, HCV, chronic liver diseases, others |
| Yang W *et al.* (2019)(102) | US | cohort study | 144 | HCC | * Whole grain: T3 vs. T1: HR= 0.63 (95%CI: 0.41, 0.96)
* total bran: T3 vs. T1: HR=0.70 (95%CI: 0.46, 1.07)
* Germ: T3 vs. T1: HR= 0.89 (95% CI: 0.58, 1.36)
* Cereal fiber: T3 vs. T1: HR= 0.68 (95%CI: 0.45, 1.03)
* Fruit fiber: T3 vs. T1:HR=1.39 (95%CI: 0.88, 2.21)
* Vegetable fiber: T3 vs. T1: HR=0.81 (95%CI: 0.54, 1.21)
 | Age, race, alcohol, smoking, BMI, PA, others |
| **Meat** |
| Freedman ND *et al.* (2010)(53) | US | cohort study | 338 | HCC | * White meat: Q5 vs. Q1: HR=0.52 (95%CI: 0.36, 0.77)
* Red meat: Q5 vs. Q1: HR=1.74 (95%CI: 1.16, 2.61)
* Saturated fat: Q5 vs. Q1: HR=1.87 (95% CI: 1.23, 2.85)
* Monounsaturated fat: Q5 vs. Q1:HR=1.34 (95%CI: 0.88, 2.05)
* Polyunsaturated fat: Q5 vs. Q1: HR=1.06 (95%CI: 0.74, 1.51)
 | Age, Race, education, alcohol, smoking, energy intake, BMI,PA, others |
| Fedirko V *et al.* (2013)(119) | Europe | cohort study | 122 | HCC | * Total fish:

before calibration: per 20 g/day: HR=0.83 (95%CI: 0.74, 0.95)after calibration: per 20 g/day: HR=0.80 (95%CI: 0.69, 0.97)* Total meat: per 20 g/day: HR=0.93 (95% CI: 0.82, 1.12)
* Red/processed: per 10 g/day: HR=0.95 (95% CI: 0.8, 1.06)
* Poultry: per 10 g/day: HR = 0.99 (95% CI: 0.9, 1.09)
 | Alcohol, smoking, coffee, BMI, PA, diabetes,others |
| Kurozawa Y *et al.* (2004)(120) | Japan | cohort study | 401 | HCC | * Men: boiled rice, ham and sausage, chicken, fish, pickles, coffee; women: miso, soup, fish, carrots and squash, potatoes: inverse association with HCC mortality
* Men and women: potatoes and foods boiled down in soy sauce; men: eggs: positive association with HCC mortality
 | Without adjustment |
| **Soy** |
| Sharp GB *et al.* (2005)(123) | Japan | case–control study | 176 | HCC | * Miso soup (high vs. low intake): OR=0.5 (95% CI: 0.29, 0.95)
* Tofu (high vs. low intake): OR=0.5 (95% CI: 0.20, 0.99)
 | Age, HBV, HCV, others |
| Kurahashi N *et al.* (2009)(124) | Japan | cohort study | 101 | HCC | * Men: no association
* Women:

genistein: T1 vs. T3: HR=3.19 (95%CI: 1.13, 9.00)daidzein : T1 vs. T3: HR=3.90 (95%CI: 1.30, 11.69)soy food : T1 vs. T3: HR=1.74 (95%CI: 0.67, 4.25) | Age, alcohol, smoking, coffee, HBV, HCV, others |

BMI: Body Mass Index; CI, confidence interval; HBV: Hepatitis B Virus; HCC, hepatocellular carcinoma; HCV: Hepatitis C Virus; HR, hazard ratios; OR, odds ratios; HR, hazard ratios; PA, physical activity.

**Supplemental Table 3 Beverage and liver cancer risk**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| References | Region | Design | No. ofcases | Outcome | Exposure: Main Results | Matched oradjusted variables |
| **Tea** |
| Butler LM *et al.* (2015)(138) | China | nested case–control study | 211 | HCC | * Epicatechin: detectable vs. undetectable: OR=0.55 (95%CI: 0.27, 1.12)
* Epigallocatechin: detectable vs. undetectable: OR=2.62 (95%CI: 1.25, 5.51)
* 4, O, Methylepigallocatechin: detectable vs. undetectable: OR=1.39 (95%CI: 0.59, 3.27)
 | Age, education, alcohol, smoking, BMI, PA, HBV, HCV, chronic liver diseases, others |
| **Coffee and alcohol** |
| Jang ES*et al.*(2013)(147) | Korea | case–control study | 626 | HCC | Coffee * Control groups:

HCE group: >20 000 cups vs. ≤20 000 cups: OR=0.56 (95% CI: 0.33, 0.95)CLD group: >20 000 cups vs. ≤20 000 cups: OR=0.55 (95% CI: 0.36, 0.85).* Patients with HBV : >20 000 cups vs. ≤20 000 cups: OR= 0.64 (95% CI: 0.36, 1.14)
 | Age, alcohol, smoking, coffee, BMI, HBV, HCV, others |
| Aleksandr-ova K *etal.*(2015)(149) | Europe | nested case–control study | 125 | HCC | * Coffee: having ≥4 cups (600mL) vs. 2 cups (300 mL)/day: OR=0.25 (95% CI: 0.11, 0.62)
 | Age, education, alcohol, smoking, BMI, PA, diabetes, HBV, HCV, others |
| Loftfield E *et al.* (2019)(152) | Finland | nested case–control study | 221 | Liver cancer | * Tyrosine: 90th vs. 10th:

liver cancer: OR=3.93 (95%CI: 2.00, 7.74)liver disease mortality: OR=4.91 (95% CI: 2.59, 9.29)* Glycine, conjugated bile acids: 90th vs. 10th:

liver cancer: OR=3.99 (95% CI: 2.22,7.17)liver disease mortality: OR=6.77 (95%CI: 3.62, 12.65)* GCA: 90th vs. 10th:

liver cancer: OR=4.95 (95% CI: 2.64, 9.29)liver disease mortality: OR=4.00 (95% CI:2.42, 6.62) | Age, education, alcohol, smoking, coffee, energy intake, BMI, others |
| Bamia C *et al.*(2015)(135) | Europe | cohort study | 201 | HCC | * Coffee：Q1 vs. Q5: HR=0.28 (95%CI: 0.16, 0.50)
* Tea：Q1 vs. Q5: HR=0.41 (95% CI: 0.22, 0.78)
 | Education, alcohol, smoking, energy intake, BMI, PA, diabetes,others |
| Tamura T *et al.* (2018)(137) | Japan | cohort study | 172 | Liver cancer | * Coffee

<once/day vs. non, drinker: HR=0.65 (95% CI: 0.46, 0.93)Once/day vs. non, drinker: HR=0.63 (95% CI: 0.39, 1.02)≥Twice/day vs. non, drinker: HR=0.40 (95% CI: 0.20, 0.79)* Green tea, black tea and caffeine: No associations
 | Age, education, smoking, energy intake, BMI, PA, others |
| Lai GY *et al.*(2013)(148) | Finland | cohort study | 194 | Liver cancer | Coffee: per cup per day* Liver cancer: RR=0.82 (95% CI: 0.73, 0.93)
* Chronic liver disease: RR=0.55 (95% CI: 0.48, 0.63)
 | Age, education, alcohol, smoking, BMI, others |
| PetrickJL *et al.* (2015)(150) | US | cohort study | 860 | HCC | * Higher coffee consumption: >3 cups/day vs. non, drinker: HR=0.73 (95% CI: 0.53, 0.99)
* Caffeinated coffee: >3 cups/day vs. non, drinker: HR=0.71 (95% CI: 0.50, 1.01)
* Decaffeinated coffee: >3 cups/day vs. non, drinker: HR= 0.92 (95% CI: 0.55, 1.54)
 | Age, race, alcohol, smoking, BMI, others |
| Setiawan VW *et al.* (2015)(151) | US | cohort study | 451 | HCC | Coffee:* Drank <1 cups/day vs. non, drinker: RR=1.14 (95% CI: 0.88, 1.48)
* Drank 1 cups/day vs. non, drinker: RR=0.87 (95% CI: 0.67, 1.11)
* Drank 2, 3 cups/day vs. non, drinker: RR=0.62 (95%CI: 0.46, 0.84)
* Drank ≥4 cups/day vs. non, drinker: RR= 0.59 (95% CI: 0.35, 0.99)
 | Age, race, education, alcohol, smoking, BMI, others  |
| Loomba R *et al.* (2013)(153) | China | cohort study | 305 | HCC | The alcohol use and obesity of synergistic association: * unadjusted: HR=7.19 (95%CI: 3.69, 14.00)
* multivariable, adjusted: HR=3.82 (95%CI: 1.94, 7.52)
 | Age, smoking, HBV, HCV, others |
| Petrick JL *et al.* (2018)(154) | US | cohort study | 1423 | HCC | * Alcohol consumption

>0–<0.5 drinks/day vs. non, drinker: HR=0.77 (95%CI: 0.67, 0.89)>0.5–<1 drinks/day vs. non, drinker: HR=0.57 (95%CI: 0.44, 0.73)1–<3 drinks/day vs. non, drinker: HR=0.71 ( 95% CI: 0.58, 0.87)3–<5 drinks/day vs. non, drinker: HR=1.04 (95% CI: 0.79, 1.36)3–<5 drinks/day vs. non, drinker: HR=1.00 (95% CI: 0.68, 1.49)≥7 drinks/day vs. non, drinker: HR= 1.87 (95% CI: 1.41, 2.47) | Age, race, education, smoking, BMI, others |

BMI: Body Mass Index; CI, confidence interval; CLD, chronic liver disease; GCA, glycocholic acid; HBV: Hepatitis B Virus; HCC, hepatocellular carcinoma; HCE, health, check examinees; HCV: Hepatitis C Virus; HCV: Hepatitis C Virus; HR, hazard ratios; OR, odds ratios; PA, physical activity; RR, rate ratios.

**Supplemental Table 4 Dietary patterns and liver cancer risk**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| References | Region | Design | No. ofcases | Outcome | Exposure : Main Results | Matched oradjusted variables |
| Chen PY *etal.*(2018)(159) | China | case–control study | 720 | Liver cancer | * CHEI: per 5, points increment of the total scores: OR=0.43 (95% CI: 0.38, 0.50)
* HEI-2015: per 5, points increment of the total scores: OR=0.47 (95% CI: 0.40, 0.55)
 | Age, education, alcohol, smoking, energy intake, BMI, PA, HBV, HCV, others |
| Zhang W *et al.* (2013)(101) | China | cohort study | 267 | Liver cancer | * A vegetable, based diet: Q4 vs. Q1: HR=0.58 (95% CI: 0.40, 0.84)
* A fruit, based diet: Q4 vs. Q1: HR=1.13 (95% CI: 0.78, 1.64)
* A meat, based diet: Q4 vs. Q1: HR=1.18 (95% CI: 0.83, 1.69)
 | Age, education, energy intake, BMI, HBV, HCV, chronic liver diseases, others |
| Li WQ *et al.*(2014)(160) | U.S | cohort study | 509 | HCC | * HEI-2010: Q5 vs. Q1: HR=0.72 (95%CI: 0.53, 0.97)
* AMED: Q5 vs. Q1: HR=0.62 (95% CI: 0.47, 0.84)
 | Age, race, education, alcohol, smoking, energy intake, PA, others |
| Ma Y *et al.*(2018)(161) | U.S | cohort study | 160 | HCC | * AHEI-2010: T3 vs. T1: HR=0.61 (95% CI: 0.39, 0.95)
* AMED: T3 vs. T1: HR=0.75 (95% CI: 0.49, 1.15)
* DASH: T3 vs. T1: HR=0.90 (95% CI: 0.59, 1.36)
 | Age, race, alcohol, smoking, energy intake, BMI, PA, others |

AHEI‐2010,the Alternative Healthy Eating Index, 2010; AMED, Alternate Mediterranean Diet; BMI, Body Mass Index; CHEI, the Chinese Healthy Eating Index; CI, confidence interval; DASH, dietary approaches to stop hypertension; HBV, hepatitis B virus; HCC, hepatocellular carcinoma; HCV: Hepatitis C Virus; HEI-2010,the Healthy Eating Index, 2010; HEI-2015,the Healthy Eating Index 2015; HR, hazard ratios; OR, odds ratios; PA, physical activity.