S1 Table. Structured questionnaire survey on HCC surveillance status

<table>
<thead>
<tr>
<th>ID number</th>
<th>Birth Year Month Day</th>
<th>Sex Male/Female</th>
<th>Residence</th>
<th>Providence City</th>
<th>Survey Date Year Month Day</th>
</tr>
</thead>
</table>

1. This is the question about history of chronic liver disease

1) Do you have family members with chronic liver disease?
   □ Yes □ No
   □ Chronic hepatitis B
   □ Chronic hepatitis C
   □ Alcoholic hepatitis
   □ Liver cirrhosis
   □ Liver cancer
   □ Others ( )

2) Do you get diagnosed with chronic liver disease earlier?
   □ Yes (Diagnosis Year : ) □ No
   □ Chronic hepatitis B
   - Check the medicine you took
     □ Zeffix (duration : )
     □ Hepsera (duration : )
     □ Baraclude (duration : )
     □ Viread (duration : )
     □ Peg-Interferon (duration : )
   □ Chronic hepatitis C
   - Check the medicine you took
     □ Interferon 3 times/week (duration : )
     □ Peg-Interferon 1 time/week (duration : )
     □ Interferon 3 times/week & Ribavirin (duration : )
     □ Peg-Interferon 1 time/week & Ribavirin (duration : )
     □ Fatty liver disease (alcoholic or non-alcoholic)
     □ Others ( )

3) Do you get diagnosed with liver cirrhosis earlier?
   □ Yes (Year : ) □ No
   - Check the symptom you experienced
     □ Hematemesis, hematochezia or Melena
     □ Hepatic encephalopathy
     □ Ascites
2. This is the question about regular surveillance test for liver cancer

1) Do you know that the patient with these disease has increased risk of liver cancer?
   1) Chronic hepatitis B
   □ Yes, I Know □ No, I don’t know
   2) Chronic hepatitis C
   □ Yes, I Know □ No, I don’t know
   3) Fatty liver
   □ Yes, I Know □ No, I don’t know
   4) Liver cirrhosis
   □ Yes, I Know □ No, I don’t know

2) Do you know that the patient with high risk for liver cancer should receive regular surveillance test?
   □ Yes (->Go to question 2-1, 2-2)
   □ No (->Go to question 3)

2-1) Which route did you find out
   □ Primary physician
   □ Family, friends, colleague
   □ TV/radio/newspaper
   □ Others ( )

2-2) Do you know which test he/she should receive?
   □ Serum liver enzyme (AST, ALT)
   □ Serum tumor marker (AFP)
   □ Liver ultrasonography
   □ Liver CT or MRI
   □ Others ( )

3) Do you know the fact that you must receive regular surveillance test for liver cancer?
   □ Yes
   □ No
   - If you know, which route did you know?
     □ Primary physician
     □ Family, friends, colleague
     □ TV/radio/newspaper
     □ Others ( )

4) Have you ever received surveillance test for liver cancer, at least one time?
   □ Yes (->Go to question 5)
   □ No (->Go to question 6)

5. Please answer only those who have received surveillance test for liver cancer

5-1) When did you start to receive the surveillance test?
   From ________ Year ________ Month ago

5-2) Which intervals did you receive the surveillance test?
   □ Every 3 months
   □ Every 6 months
   □ Every 1 year
   □ Every 2 years
   □ Irregularly
   □ Others ( )

5-3) Which kind of tests did you receive?
   □ Serum liver enzyme (AST/ALT) □ Serum tumor marker (AFP)
<table>
<thead>
<tr>
<th>you receive? (multiple choice)</th>
<th>□ Liver ultrasonography</th>
<th>□ Liver CT or MRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Others ( )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5-4) When did you receive the surveillance test for the past 2 years, and which kind of test did you receive?

<table>
<thead>
<tr>
<th>For the past 2 years, total _____ times</th>
<th>□ Serum tumor marker (AFP)</th>
<th>□ Liver CT or MRI</th>
</tr>
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<tbody>
<tr>
<td>□ Serum liver enzyme (AST/ALT)</td>
<td>□ Liver CT or MRI</td>
<td></td>
</tr>
<tr>
<td>□ Liver ultrasonography</td>
<td>□ Others ( )</td>
<td></td>
</tr>
<tr>
<td>□ Others ( )</td>
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<td></td>
</tr>
</tbody>
</table>

6) Why didn’t you receive regular surveillance test for liver cancer?

| □ I don’t know the fact that I should receive regular surveillance test for liver cancer |
| □ It is too busy to visit the hospital |
| □ It is too far to visit the hospital |
| □ It is too expensive to receive the surveillance test for liver cancer |
| □ Others ( )                            | □ Liver CT or MRI        |

HCC, hepatocellular carcinoma; ID, identification; Peg-Interferon, pegylated-interferon; AST, aspartate aminotransferase; ALT, alanine aminotransferase; AFP, α-fetoprotein; CT, computed tomography; MRI, magnetic resonance imaging.