Supplementary table 1: Patients advised for liver transplantation

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| --- | --- | --- | --- | --- | --- | --- |
| Patientnumber | Age at evaluation (years)/Sex | Etiology | Baseline RAI | D21 RAI | Intercurrent infections during follow-up | Indications of liver transplantation  |
|  | 12/F | Wilson’s disease | Yes | Yes  | Recurrent SBP | Non-response to chelationHPS, MHE |
|  | 12/M | Wilson’s disease | No | No | - | Non-response to chelation, MHE |
|  | 13/F | Wilson’s disease | Yes | Yes | UTI | Non-response to chelation |
|  | 8/M | Wilson’s disease | Yes | - | SBP | Non-response to chelation |
|  | 7/M | Wilson’s disease | No | - | - | HPSNon-response to chelation |
|  | 6/M | BCS | No | No | - | Endovascular stent thrombosis, Refractory ascites |
|  | 13/F | BCS | Yes | Yes | - | HPS |
|  | 13/M | BCS | Yes | Yes | Sepsis | Endovascular stent thrombosis, Refractory ascites |
|  | 10/M | Cryptogenic cirrhosis | No | - | - | Refractory ascites, MHE |
|  | 10/F | Cryptogenic cirrhosis | Yes | - | - | Refractory ascites, MHE |
|  | 16/M | Cryptogenic cirrhosis | No | Yes | SBP | HPS |
|  | 17/M | Chronic hepatitis B | No | - | SBP | Refractory ascites, MHE |
|  | 14/M | Chronic hepatitis B | Yes | - | - | MHE, HPS |
|  | 14/F | AILD Type 1 | Yes | Yes | - | Refractory ascites, MHE |
|  | 16/M | AILD Type 1 | No | No | - | Failure of immunosuppression |
|  | 15/M | AILD Type 1 | Yes | Yes | SBP | Refractory ascites |
|  | 16/F | AILD Type 1 | Yes | Yes | Recurrent pneumonia | HPS, Symptomatic hypersplenism,Failure of immunosuppression |
|  | 10/M | AILD Type 1 | Yes | Yes | SBP, cellulitis | HPS, refractory ascites |
|  | 17/F | AILD Type 1 | No | - | SBP | HPS |
| M: male, F: female, RAI: relative adrenal insufficiency, SBP: spontaneous bacterial peritonitits, HPS: hepato-pulmonary syndrome, MHE: minimal hepatic encephalopathy, UTI: urinary tract infection, BCS: Budd-chiari syndrome with cirrhosis, AILD: autoimmune liver diseasePatients 14-18: Diagnosis of AILD was made after D21 evaluation. Patient 19: Diagnosis of AILD was made on D15. Hence not evaluated for D21 RAI |

Supplementary table 2: Causes of death at follow-up

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| Patient number | Age at evaluation(years)/Sex | Etiology | BaselineRAI | Liver related issues at death | Infection at death | Site of Infection |
| 1. | 17/M | Chronic hepatitis B | Yes | HE, hyponatremia | Yes | SBP, UTI |
| 2. | 7/M | Cryptogenic cirrhosis | Yes | GI bleed (non-variceal) due to coagulopathy, HE | Yes | UTI, sepsis |
| 3. | 3.5/M | BCS | Yes |  HE | Yes  | SBP |
| 4. | 13/M | Wilson’s disease | Yes |  Symptomatic hyponatremia, GI bleed (non-variceal) due to coagulopathy | Yes | Pneumonia, UTI |
| 5. | 8/F | Wilson’s disease | Yes |  HE, AKI | Yes | SBP, sepsis |
| 6. | 7/F | Cryptogenic cirrhosis | Yes | Refractory ascites, hepatic hydrothorax  | Yes | SBP, pneumonia |
| 7. | 10/F | AILD type 1 | Yes |  HE, AKI, pulmonary hemorrhage (coagulopathy)  | Yes | SBP, pneumonia, sepsis |
| 8. | 3/F | Cryptogenic cirrhosis | No | None | Yes | Endophthalmitis, pneumonia |
| 9. | 16/F | Wilson’s disease | No | Hyponatremia, HE | No | - |
| 10. | 12/F | AILD type 1 | No | Intracranial bleed (coagulopathy) | No | - |
| 11. | 6/M | Cholestatic liver disease | No | HE | No | - |
| 12. | 9/M | BCS | No | Uncorrectable symptomatic hyponatremia, HE | No | - |
| 13. | 4/M | Cholestatic liver disease | No | GI bleed (non-variceal) due to coagulopathy | No | - |
| 14. | 8/M | Wilson’s disease  | No | Refractory ascites, HE | No | - |
| M: male, F: female, RAI: relative adrenal insufficiency, PELD: pediatric end-stage liver disease, HE: hepatic encephalopathy, SBP: spontaneous bacterial peritonitis, UTI: urinary tract infection, GI: gastrointestinal, AKI: acute kidney injury, AILD: autoimmune liver disease, BCS: Budd-Chiari syndrome with cirrhosis |