

Supplementary Table 1. Survey results stratified according to year of experiences among hepatologists (n=72)

Question	Experience less than 10 years (n=30)	Experience more 10 years (n=42)	P-value
Do you agree that hepatocellular carcinoma surveillance in high risk patients can lower the risk of hepatocellular carcinoma-related death?			0.37
Very agree	80	67	
Agree	20	31	
Disagree	0	2	
Do you know about the current National Liver Cancer Screening Program in Korea?			0.78
Know very well	83	86	
Know well	17	14	
Do you think the National Liver Cancer Screening Program currently implemented in Korea contributes in lowering hepatocellular carcinoma-related deaths?			0.031
Very contributing	37	14	
Contribute to some extent	53	76	
Not contributing	0	10	
How many points can you give to the National Liver Cancer Screening Program? (median, quartile)	8 (7-8)	7 (6-8)	<0.001
Do you think current National Liver Cancer Screening Program target population is appropriate target?			0.16
Very appropriate	13	3	
Appropriate	60	64	
Inappropriate	23	33	
Very inappropriate	3	0	
Do you think 'cirrhosis over 40 years of age' is appropriate target? (yes)	70	76	0.55
Do you think 'chronic hepatitis B virus infection over 40 years of age' is appropriate target? (yes)	80	74	0.54
Do you think 'chronic hepatitis C virus infection over 40 years of age' is appropriate target? (yes)	67	67	1.00
Agreements on surveillance target			
Patients with liver cirrhosis should be surveillance targets regardless of age	97	86	0.12
Starting age for surveillance should be different for men and women	0	29	0.001
Chronic hepatitis patients (e.g., fatty liver, alcoholic liver disease) with advanced fibrosis should be surveillance targets regardless of age	73	76	0.78
Anti-HCV positive patients without advanced fibrosis should not be included as a surveillance target regardless of age	20	24	0.70
Chronic hepatitis C patients who achieved sustained virological response and without advanced fibrosis should not be included as surveillance targets regardless of age	37	29	0.46
Chronic hepatitis B patients without advanced fibrosis should not be included as surveillance targets regardless of age	10	7	0.66
Did you know the target population selection process of the National Liver Cancer Screening Program? (yes)	57	59	0.87

Supplementary Table 1. Continued

Question	Experience less than 10 years (n=30)	Experience more 10 years (n=42)	P-value
Do you think the target population selection process of the National Liver Cancer Screening Program should be improved?			0.54
Very necessary	17	29	
Necessary	73	62	
Not necessary	10	9	
Agreements on opinions about reasons why selection process need improvement			
The screening targets identified by disease classification codes may not match true surveillance targets	40	79	0.001
There can be a privacy violation problem	10	21	0.20
The current process identifies individuals who use medical services, and paradoxically, misses individuals who do not use medical services	77	83	0.48
Agreements on opinions about how selection process should be improved			
Disease classification codes used to select the target population should be simplified	37	41	0.74
Register target population as cancer or rare/incurable disease	43	41	0.80
Minimize national program and increase private sector program using more incentives	43	55	0.33
The foremost priority for improvement			
Surveillance target	17	14	0.35
Target identification process	13	17	
Surveillance methods	33	14	
Screening rate	7	19	
Quality control	7	10	
Duplication problem	23	21	
Others	0	5	
Agreements on area that need improvement			
Surveillance target	63	71	0.46
Target identification process	57	64	0.51
Surveillance methods	50	50	1.00
Screening rate	60	52	0.52
Quality control	47	60	0.28
Duplication problem	57	69	0.28

Values are presented as %.