

**Supplementary Table 2.** Details of patients who were downstaged to within Milan's criteria and planned for liver transplantation

Variable	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10	Case 11	Case 12
Age (years)	57	58	60	71	64	70	55	59	41	53	62	51
Sex	Female	Male	Male	Female	Male	Male	Male	Male	Male	Male	Male	Male
Etiology	MASH	HBV	Alcohol	MASH	HBV	MASH	HCV	MASH	MASH	HBV	HBV	MASH
Cirrhosis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UGIE	Grade II varices	Grade II varices with severe PHG	Congestive gastropathy	Esophageal prominent veins	Small high risk varices (eradicated prior to therapy)	Grade I esophageal varices	No varices	Grade II esophageal varices Severe PHG (8-3-23)	Grade I esophageal varices Mild PHG	Grade II varices s/p variceal ligation	Grade I varices	Grade III varices EVL done
BCLC	B	C	B	B	B	C	C	C	C	C	B	C
CTP	A	B	B	A	A	B	A	B	A	B	A	A
ECOG PS	0	0	0	0	0	0	1	0	0	0	0	1
Largest tumor size (cm)	10x9.5x13 (VI, VII, VIII)	4x3.5 (VII)	7.6x7.5x8.6	14x10.6x16 (V, VI, VII, VIII)	5.4x2.4x6.1 (I/VIII)	6.4x7.7 1.2x1.3 (II/III/IV)	8.5x7	10x8.2 (VIII/IV and V)	8.3x6.5	7.5x6.1 2.9x1.5	6.5x4.5x4	6.5x5.4
Number of lesions	1	4	3	1	4	3	8	3	3	2	4	3
PVT	No	VP2	No	No	No	VP4	VP4	VP3	VP4	VP4	No	VP3
EHM	None	None	None	None	None	Lymph nodes	None	Bone	None	None	None	None
AFP at baseline (ng/mL)	15.4	4.1	11.5	310	29.1	262.9	1,132	23,090	12.5	134.1	99.1	2,183
Prior LRT	TARE	MWA (V), RFA (VI)	None	None	None	TARE	None	None	None	SBRT	None	None
Dose of atezolizumab/bevacizumab	1,200/800	1,200/500	1,200/1,000	1,200/1,000	1,200/800	1,200/800	1,200/750	1,200/600	1,200/800	1,200/1,000	1,200/600	1,200/600
Number of cycles of atezo-bev	7 doses	5 doses	9 doses	12 doses	5 doses	3 doses	4 doses	8 doses	3 doses	5 doses	3 doses	6 doses
Radiographic response per mRECIST	CR	PR	CR	CR	CR	PR	PR (tumor thrombosis in the PV was remaining and was planned for SBRT. Size of the tumor had reduced to 3.5x2.1 cm)	CR	PR (non enhancement of PVT and reduction in enhancement of tumor)	PR (complete disappearance of second lesion. Decrease in size of first lesion to 3.2x4.1 cm. Non enhancement of PVT)	PR (complete disappearance of three lesions and partial decrease in the size of largest lesion to 2.1x3 cm)	CR (non enhancement of PVT and near total disappearance of all lesions)

Supplementary Table 2. Continued

Variable	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10	Case 11	Case 12
Adverse events on atezo-bev	None	Dizziness after 1st dose, ascites after 5th dose	None	Fever, body pains after 1st dose	Penile ulceration after first dose, proteinuria, hematuria, hoarseness and herpes labialis after 5th dose	Abdominal pain	Variceal bleeding after 4th dose	Mouth ulcers after 1st dose, recurrence of ulcers after 5th dose	Jaundice and ascites after 3rd dose	None	Fatigue	Fatigue and joint pains
AFP at LT/last follow up (ng/mL)	5.6	2.9	8.3	5.1	23.5	461.9	810	930	3.7	62.4	4.6	67.5
Donor	GRWR, 0.9 Brother 42 years LAI, +3/ right lobe/ blood group compatible (A- to A-)	GRWR, 0.9 Son 21 years LAI, +4/ right lobe/ blood group compatible (O+ to B+)	No donor Listed for DDLT	GRWR, 1 Son 36 years LAI, +8/ right lobe/ blood group compatible (B+ to B+)	GRWR, 1.1 Daughter 41 years LAI, -2/right lobe/ blood group compatible (B+ to B+) was advised weight loss	No donor Listed for DDLT	GRWR, 0.8 Son 39 years LAI, +8/right lobe/ blood group compatible (O+ to A+)	GRWR, 0.8 Daughter 27 years LAI, +6/ right lobe/ blood group compatible (B+ to AB+)	GRWR, -1 Sister 48 years LAI, +5/ right lobe/ blood group compatible (O+ to O+)	GRWR, -1.2 Son 21 years LAI, +6/ right lobe/ blood group compatible (B+ to B-)	No donor available Listed for DDLT after 3 doses	No donor available Listed for DDLT after 6 doses
Date of surgery/ LT/last follow-up after the last dose of atezo-bev	LDLT after 54 days	LDLT after 80 days	Awaiting DDLT (no suitable donor) 113 days On lenvatinib	No evidence of portal hypertension Patient underwent resection on day 36	Died on waitlist to pneumonia and progressive liver failure (while the daughter was advised weight loss) 133 days after last dose	Died due to SBP and AKI 128 days after last dose was on lenvatinib	Died due to pneumonia, hepatic encephalopathy and multiorgan failure 43 days after last dose	Awaiting LT 89 days after last dose (washout period)	LDLT after 79 days	LDLT after 114 days	DDLT after 38 days	Awaiting LT on lenvatinib now
Explant features	Cirrhosis+ Necrotic lesions (no active lesions)	Cirrhosis+ Necrotic lesions (no active lesions)	Margin free necrosed tumor	2.5 years (no recurrence)					Cirrhosis + Necrotic lesions (no active lesions)	Cirrhosis+ Necrosed lesions (no active lesions)	Cirrhosis+ Necrosed lesions (one active lesion)	
Post-surgery follow-up	11 months Currently on TAC, EVER, MIMF	10 months Currently on TAC, EVER, MIMF	2.5 years (no recurrence)						1.5 months Currently on TAC, EVER, MIMF	7 months Currently on TAC, EVER, MIMF	4 months	

**Supplementary Table 2. Continued**

Variable	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10	Case 11	Case 12
Complications following surgery	Delayed wound healing	AKI due to tacrolimus overdose. Wound gaping requiring re-stapling.	None	None	None	None	None	None	Burst abdomen, wound infection, early graft dysfunction on day 36	None	None	None
		Bacterial pneumonia in 9th month-resolved with antibiotics							Sepsis and death on day 48 Blood culture MDR <i>Klebsiella</i>			

MASH, metabolic dysfunction-associated steatohepatitis; HBV, hepatitis B virus; HCV, hepatitis C virus; UGIE, upper gastrointestinal endoscopy; PHG, portal hypertensive gastropathy; s/p, status post operation; EVL, endoscopic varices ligation; BCLC, Barcelona Clinic Liver Cancer; CTP, Child-Turcotte-Pugh; ECOG, Eastern Cooperative Oncology Group; PS, performance status; PVT, portal vein thrombosis; EHM, extrahepatic metastasis; AFP, alpha-fetoprotein; LRT, locoregional therapy; TARE, transarterial radioembolization; MWA, microwave ablation; RFA, radiofrequency ablation; SBRT, stereotactic body radiotherapy; atezo-bev, atezolizumab-bevacizumab; mRECIST, modified response evaluation criteria in solid tumors; CR, complete response; PR, partial response; PVT, portal vein thrombosis; LT, liver transplantation; GRWR, graft-recipient weight ratio; LAI, liver attenuation index; DDLT, deceased donor liver transplantation; LDLT, living donor liver transplantation; SBP, spontaneous bacterial peritonitis; AKI, acute kidney injury; TAC, tacrolimus; EVER, everolimus; MMF, mycophenolate mofetil; MDR, multidrug-resistant.