Supplemental Table S1. Detailed Procedure of Dual-Energy X-Ray Absorptiometry and Computed Tomography Assessment

DXA assessment procedures	CT assessment procedures
DXA was performed at 14 separate participating centers using LUNAR iDXA (4 sites), LUNAR-Prodigy (2 sites), LUNAR-Prodigy Advance (3 sites), Hologic-Discovery Wi (3 sites), and Hologic-Horizon W (2 sites). In order to calibrate the different machines, a DXA spine phantom was circulated to all 14 DXA sites. Values were standardized and level pre-check was conducted prior to the start of the study.	The scans were performed at 100–120 kW, effective mAs. All the patients were scanned in the craniocaudal or caudocranial direction in the supine position with their arms above their head and legs elevated. Slices of 5-mm thickness at the level of the umbilicus were analyzed for a cross-sectional area of adipose tissue, which was expressed in centimeters squared. Areas were calculated by multiplying the number of pixels of a given tissue type by the pixel number (pixel density). A post-processing software (TeraRecon, TeraRecon Inc.) was used for VAT and SAT area measurement. The CT attenuation of fat was defined as ranging from –190 to –30 HU. The parameters studied included visceral fat area (cm^2), subcutaneous fat area (cm^2), VAT/SAT ratio, and belly outer circumference (cm). Visceral fat was distinguished from subcutaneous abdominal fat by tracing along the fascial plane defining the internal abdominal wall.

Adapted from Park et al. [17].
DXA, dual-energy X-ray absorptiometry; CT, computed tomography; VAT, visceral adipose tissue; SAT, subcutaneous adipose tissue; HU, hounsfield units.