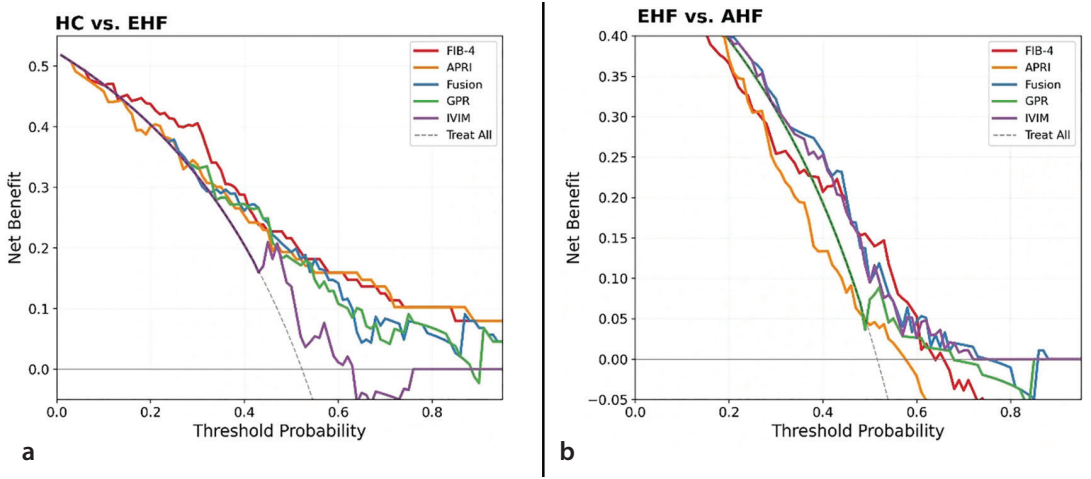


Supplementary Figure 1. Decision curve analysis (DCA) of evaluated models for hepatic fibrosis staging.

(a) HC vs. EHF: FIB-4 demonstrated the highest net benefit across most threshold probability ranges, consistent with its superior AUC (0.911). APRI also showed substantial net benefit. The IVIM+GPR Fusion model and GPR alone showed similar trajectories, offering modest net benefit. IVIM alone provided the least clinical utility.

(b) EHF vs. AHF: All models showed limited net benefit with substantial overlap, reflecting their comparable and modest AUC values. No model demonstrated clear superiority in differentiating early from advanced hepatic fibrosis.

DCA was performed as described by Vickers et al.[14] across threshold probabilities (0–0.95). The dashed and horizontal lines represent the treat-all and treat-none strategies, respectively.

FIB-4, Fibrosis-4 index; APRI, AST-to-Platelet Ratio Index; GPR, γ-glutamyl transpeptidase-to-platelet ratio; IVIM, intravoxel incoherent motion; HC, healthy control; EHF, early hepatic fibrosis; AHF, advanced hepatic fibrosis; AUC, area under the curve.