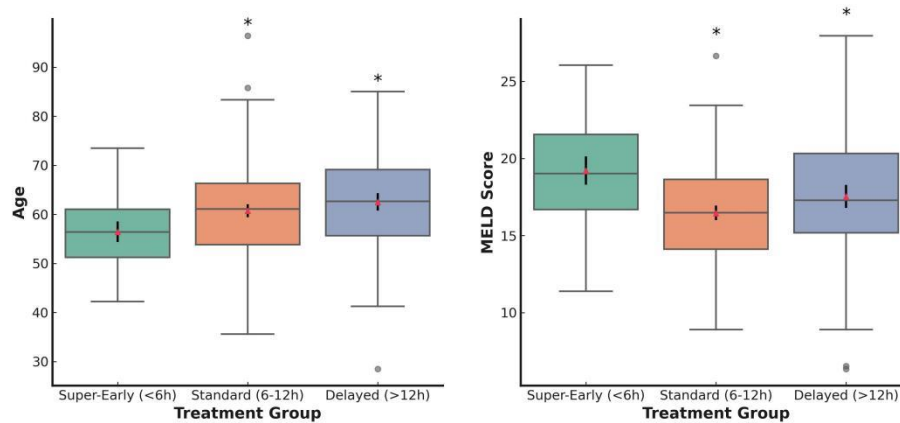


1 Supplementary Figures



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3 **Figure S1A Distribution of Age and MELD Score Across Treatment Groups.** This figure presents the boxplots
 4 of Age and MELD Score for patients stratified by endoscopic treatment time: Super-Early Group (<6 hours),
 5 Standard Group (6–12 hours), and Delayed Group (>12 hours). The Age and MELD Score distributions are shown
 6 for each group, and statistical significance between groups is indicated by an asterisk (*) above the boxplot, where
 7 $P < 0.05$. The red dots inside the boxes represent the mean values for each group. Confidence intervals are represented
 8 by error bars, indicating the 95% confidence intervals for the mean values.

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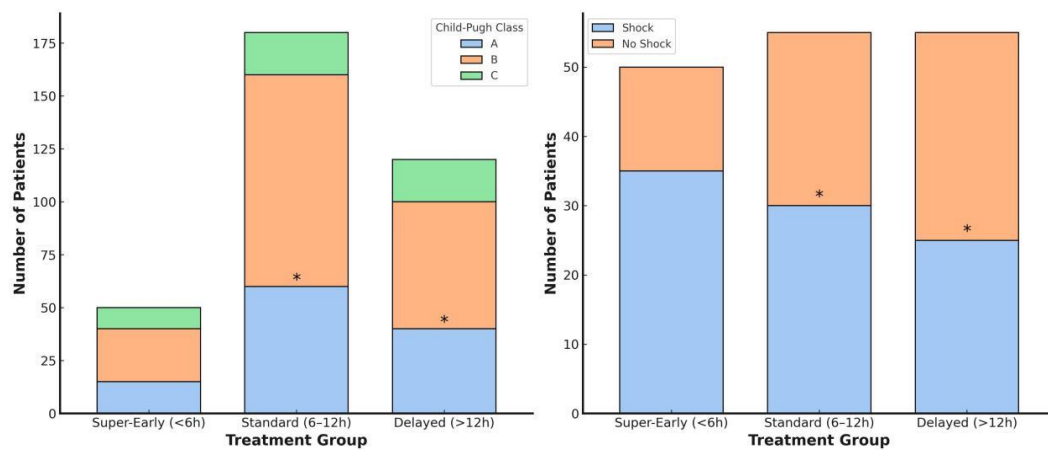


Figure S1B Distribution of Child-Pugh Class and Shock Status Across Treatment Groups. This figure displays the distribution of Child-Pugh Class and Shock Status for patients stratified by treatment time. Panel A shows the distribution of Child-Pugh Class (A, B, C) across the three groups: Super-Early (<6h), Standard (6-12h), and Delayed (>12h). Panel B shows the distribution of Shock and No Shock patients across the same three groups. The * symbol indicates statistical significance between groups ($P < 0.05$). Bar edges are marked in black for better visual contrast, and group labels are bolded for clarity.

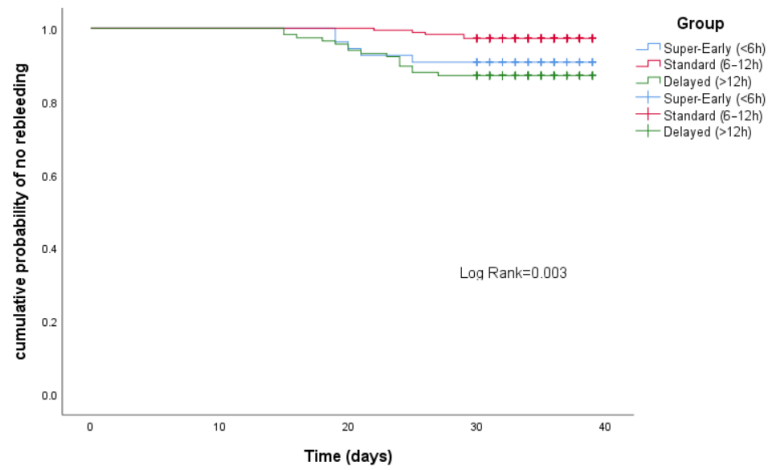


Figure S2. Kaplan-Meier Survival Curves for 30-day Rebleeding by Treatment Group. Kaplan–Meier survival analysis showing the cumulative probability of remaining free from rebleeding within 30 days across three treatment groups: Super-Early (<6 h), Standard (6–12 h), and Delayed (>12 h). Tick marks indicate censored observations. A significant difference in rebleeding risk was observed among groups (log-rank test, $P = 0.003$).

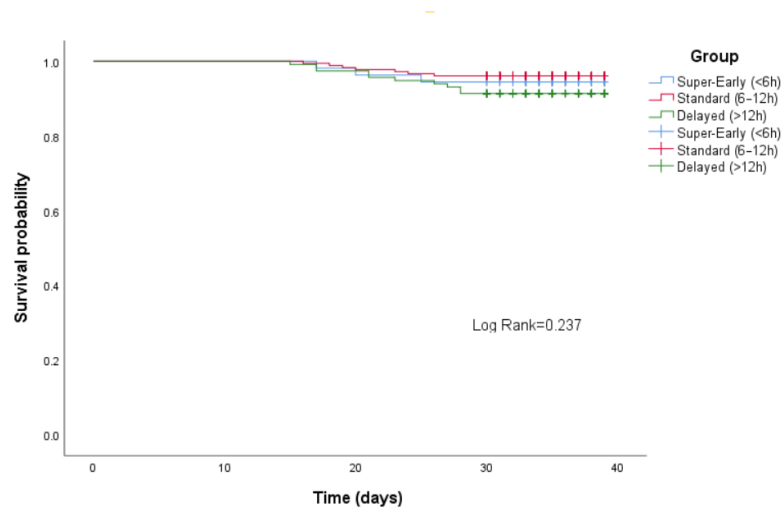


Figure S3. Kaplan-Meier Survival Curves for 30-Day Mortality by Treatment Group. Kaplan–Meier curves for 30-day survival stratified by timing of endoscopic intervention: Super-Early (<6 h), Standard (6–12 h), and Delayed (>12 h). Tick marks represent censored observations. No significant difference was observed between groups (log-rank test, $P = 0.237$).

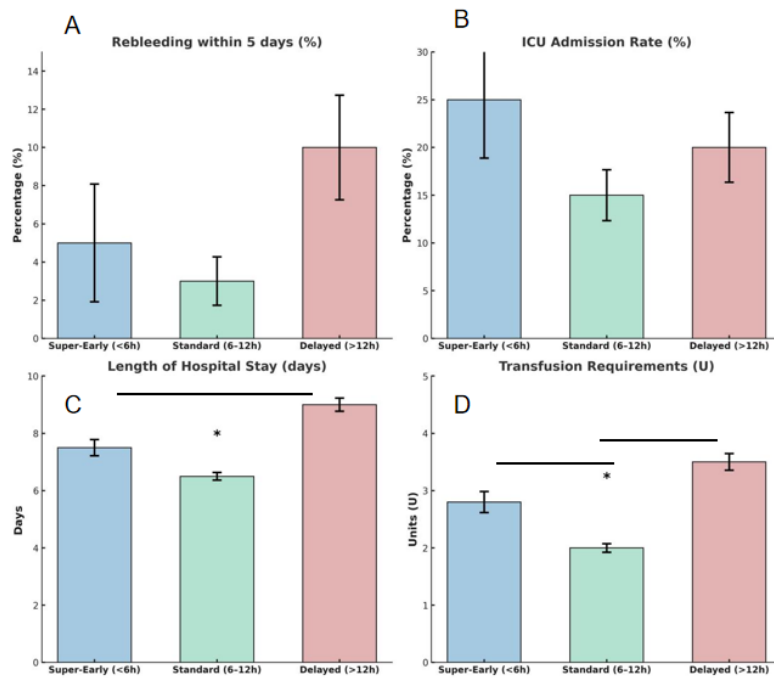


Figure S4. Clinical outcomes across endoscopic timing groups. Panel displays comparisons of four secondary outcomes among patients undergoing endoscopic therapy at different time intervals following esophageal variceal bleeding. (A) Rebleeding within 5 days; (B) ICU admission rate; (C) Length of hospital stay; (D) Red blood cell transfusion requirements. Bars represent mean values with two-sided 95% confidence intervals. Horizontal lines indicate statistically significant differences between the groups, with asterisks (*) placed below the lines to denote pairwise comparisons ($P < 0.05$) based on post hoc tests with Bonferroni correction.

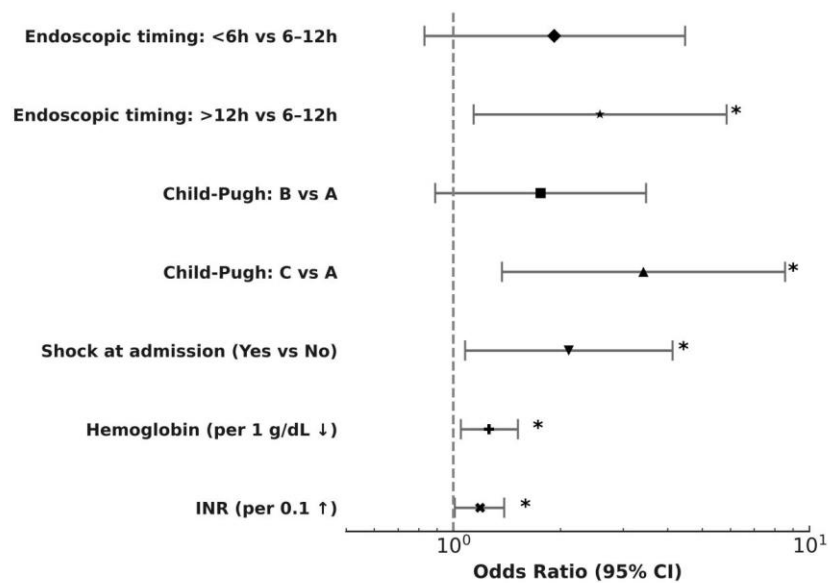


Figure S5. Forest plot of independent predictors for 30-day rebleeding in cirrhotic patients with esophageal variceal bleeding. Adjusted odds ratios (ORs) with 95% confidence intervals (CIs) are displayed for variables included in the multivariate logistic regression model. Endoscopic timing and Child-Pugh class are presented as categorical variables referenced to the 6–12h and class A groups, respectively. Asterisks (*) indicate statistical significance at $p < 0.05$. The vertical dashed line denotes the null value ($OR = 1$). Odds ratios are plotted on a logarithmic scale.

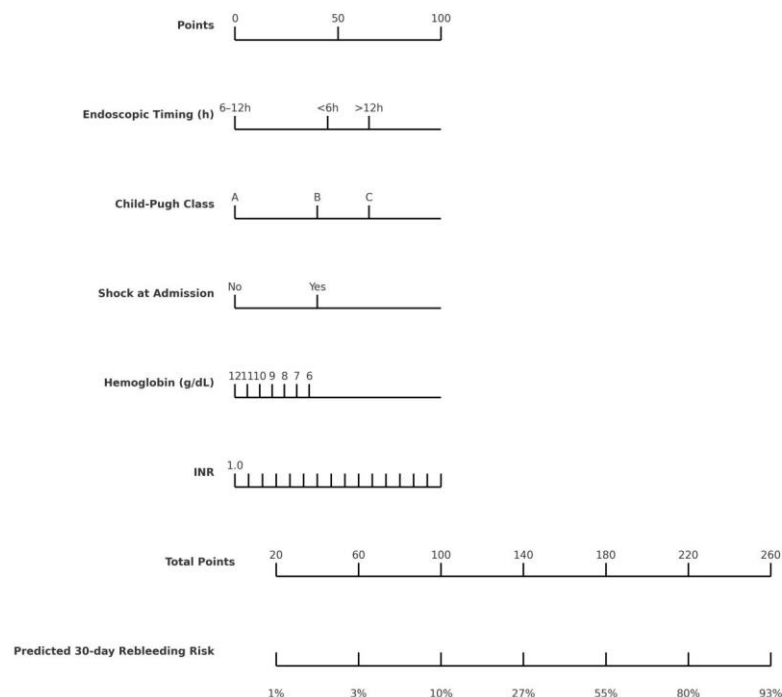


Figure S6. Nomogram for Predicting 30-Day Rebleeding in Cirrhotic Patients with Esophageal Variceal Bleeding. This nomogram was developed to predict the probability of 30-day rebleeding in cirrhotic patients with esophageal variceal bleeding based on the following clinical and laboratory variables: Endoscopic timing, Child-Pugh class, shock at admission, hemoglobin level, and INR. Endoscopic Timing: Categorized into three groups with corresponding scores: <6 hours (0 points), 6–12 hours (35 points), and >12 hours (70 points). Child-Pugh Class: Scored as follows: A (0 points), B (45 points), C (70 points). Shock at Admission: Scored as follows: No (0 points), Yes (45 points). Hemoglobin (g/dL): Each 1 g/dL decrease corresponds to an additional 6 points. INR: For each 0.1 increase in INR, the score increases by 6 points. The total points from each variable are summed to derive the final score, which is then used to estimate the predicted probability of 30-day rebleeding.

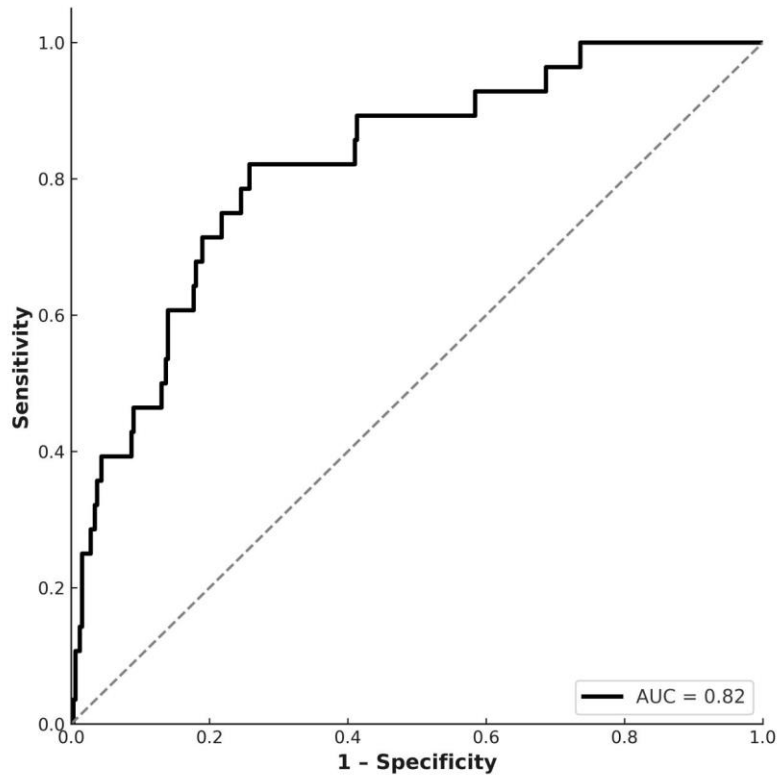


Figure S7. Receiver Operating Characteristic (ROC) Curve for the 30-Day Rebleeding Prediction Model. The ROC curve illustrates the discriminatory performance of the multivariable logistic regression model in predicting 30-day rebleeding events among cirrhotic patients with acute esophageal variceal hemorrhage. The model incorporated endoscopic timing, Child-Pugh class, presence of shock at admission, initial hemoglobin level, INR, total bilirubin, history of previous bleeding, and treatment modality. The area under the curve (AUC) was 0.82, indicating good predictive accuracy.

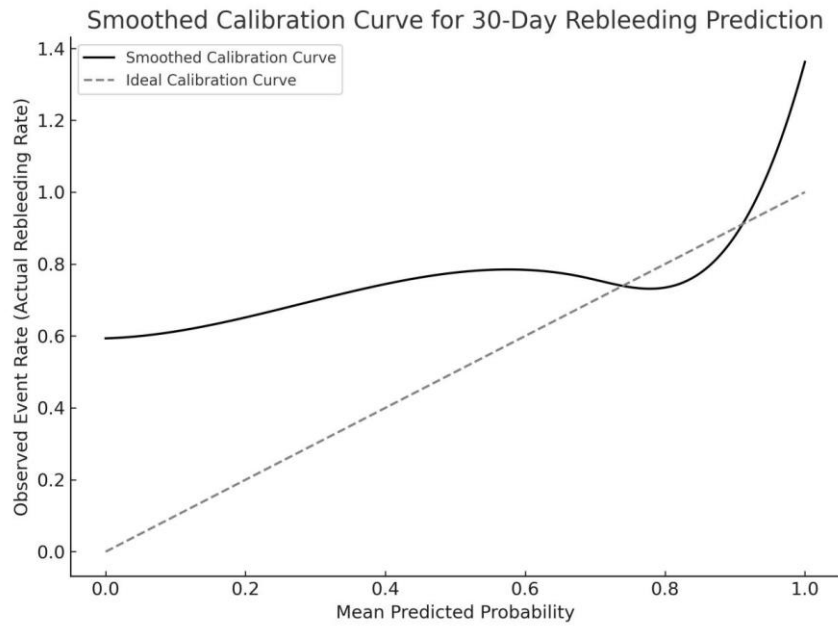


Figure S8. Calibration Curve. This curve represents the smoothed calibration curve for the 30-day rebleeding prediction model. It shows the relationship between the predicted probabilities (mean predicted probability) and the observed event rate (actual rebleeding rate) across all patients. Ideal Calibration Curve: The dashed gray line represents the ideal calibration curve, where the predicted probabilities exactly match the observed event rates. This serves as a benchmark for model calibration. Hosmer-Lemeshow Test: The Hosmer-Lemeshow test statistic of 0.84 with a p-value of 0.09 indicates that the model fits well, with no significant difference between the predicted and observed event rates. A p-value greater than 0.05 suggests a good fit of the model.