

LIVERFASt GP+(LIVERSTAT), a non-invasive blood testing for NAFLD staging improves risk stratification of patients with indeterminate FIB-4 results

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INTRODUCTION

- LIVERFASt GP+ (LIVERSTAT)
 (Fibronostics, Florida, US), an Albased proprietaryblood test, was validated against liver biopsy (LB) to identify the presumed NAFLD clinical stages. (Poster 431-SAT)
- GP+ variables are common blood biomarkers (lipid panel, liver enzymes, glucose and total bilirubin bilirubin) with patient's anthropometrics.

AIMS

The primary aim was to assess retrospectively the GP+ (LIVERSTAT) performance and concordance rate (CR) with liver biopsy and Fibroscan as second step after FIB-4 for the assessment of advanced fibrosis (F3F4) in NAFLD patients.

METHODS

N=176 NAFLD Patients with prospectively collected **GP+ (LIVERSTAT)** have been included from a tertiary hepatology center with biopsy-proven NAFLD and concomitant FIB-4 and liver stiffness measurement (LSM). AUC(SE) and C-statistics were used to assess the accuracy of each noninvasive test (NIT) against liver biopsy

FIB-4 cut-offs to rule-in and rule-out advanced fibrosis F3F4

<1.3 FIB-4 ≥2.68

GRAY ZONE

GP+ (LIVERSTAT) has been trained and validated against histopathological classification to identify the presumed AFLD clinical classes:

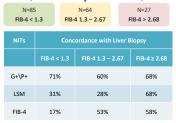
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Class 0	N	No presumed fibrosis/steatosis			
Class 1	Pr	Presumed steatosis only			
Class 3	Pr	Presumed fibrosis, not advanced			
Class 4	Pr	Presumed advanced fibrosis			
		GP+(LIV	/ERSTAT)		
	Class 0	Class 1	Class 2	Class 3	

RESULTS

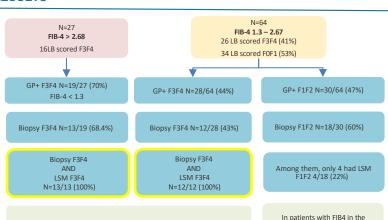
CHARACTERISTICS OF INCLUDED PATIENTS

Epidemiological Characteristics	Prevalences , median (SE or range)
Male Gender	57.2%
Age	57.2 (0.8)yrs
Type 2Diabetes	47.4%
ALT	52 (3) U/L
BMI	37.7 (0.6) Kg/m2

NITs	AUCs for F3F4 stages (Prevalence 45%)	
GP+	0.69(0.04),	
FIB-4	0.76(0.04)	
LSM by Fibroscan	0.76(0.04)	
P values	NS	



N=176



In patients with FIB4 >1.3, Biopsy confirmed 100% of patients having concordat results for LSM and GP+ for F3F4 fibrosis staging

CONCLUSIONS

GP+ (LIVERSTAT), is readily available and can be used to identify F3-F4 as a second step in patients with indeterminate FIB-4.

REFERENCES

- 1. https://www.. fibronosticscom/
- Sandulescu O. et al. Presumed NASH fibrosis as per non-invasive screening blood marker LIVERFASK-GP+ is predictive for Covid-19 short-term severe outcome. EASL NASH Summit. J Hepatol 2022
- 3. Quiambao R, et al. ., et alLIVERFASt GP+ (LiverSTAT), first-line screening tool in atrisk MAFLD paCents outperformed standard of-care (SOC) FIB-4
- Ronald Quiambao (1), Imtiaz Alam (2), Paul Hermabessière (3), Adèle Delamarre(3), Juan-Manuel Munoz Perez (4),

CONTACT INFORMATION

gray zone GP+ has a stronger

correlation with LB for identifying F3F4 LSM false

positive rate was 28/34 (82%)

DISCLOSURES

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MM - Fibronostics



