



UNIVERSITY OF
BIRMINGHAM

COLLEGE OF
MEDICAL AND
DENTAL SCIENCES

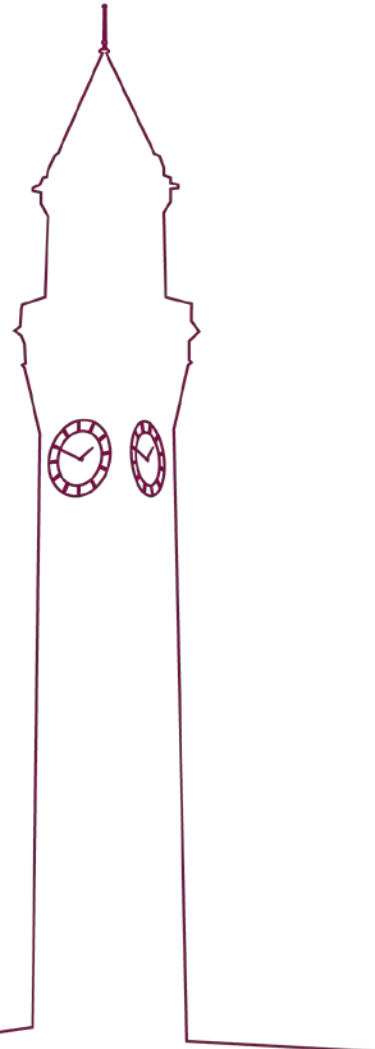
Performance of Non-Invasive Tests in the Staging of Fibrosis in Patients with NAFLD: Interim Results of a Prospective Multicentre Study

Dr Peter J Eddowes MRCP MBChB

1st International Workshop on NASH Biomarkers

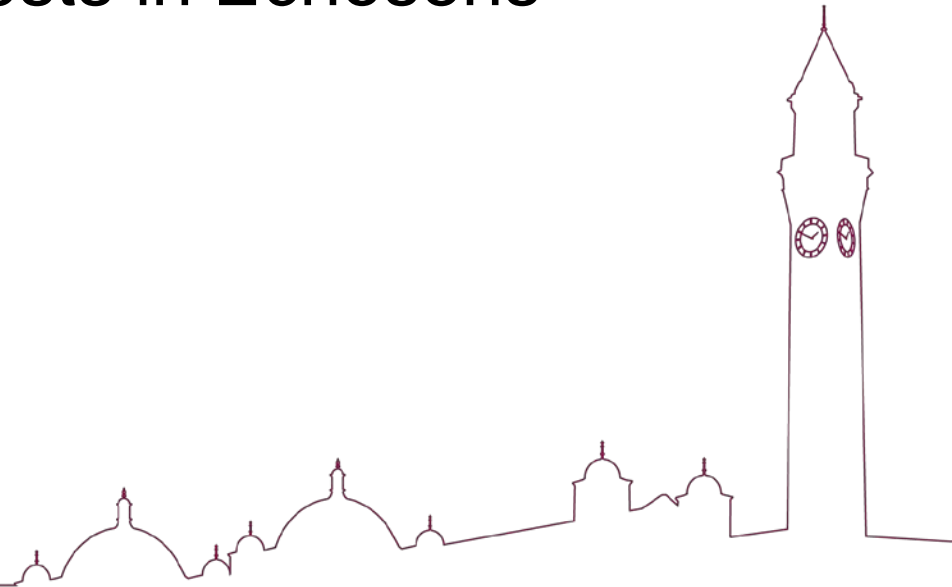
Washington DC, USA

Friday 29th April 2016



Disclosures

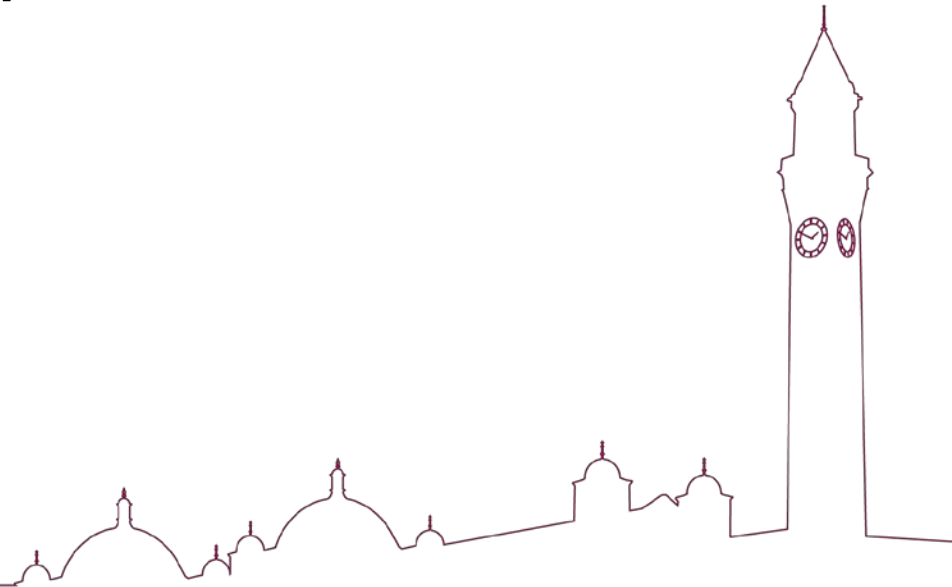
- This study is funded by Echosens
- I have no financial interests in Echosens



Aims

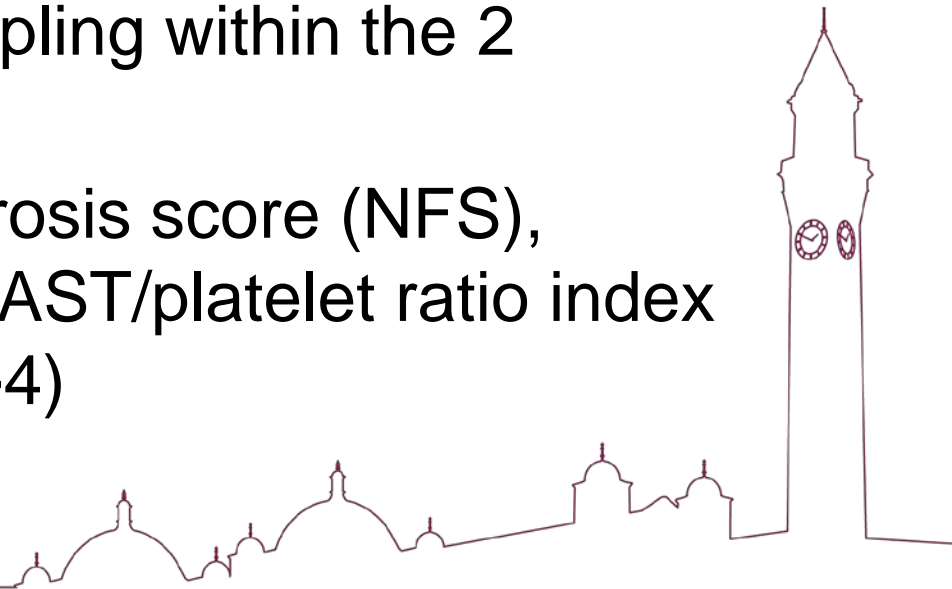
- Assess the diagnostic performance of non-invasive fibrosis tests in a population of patients with NAFLD

- Define cut-off values for:
 - FibroMeter V
 - FibroMeter NAFLD
 - FibroMeter VCTE



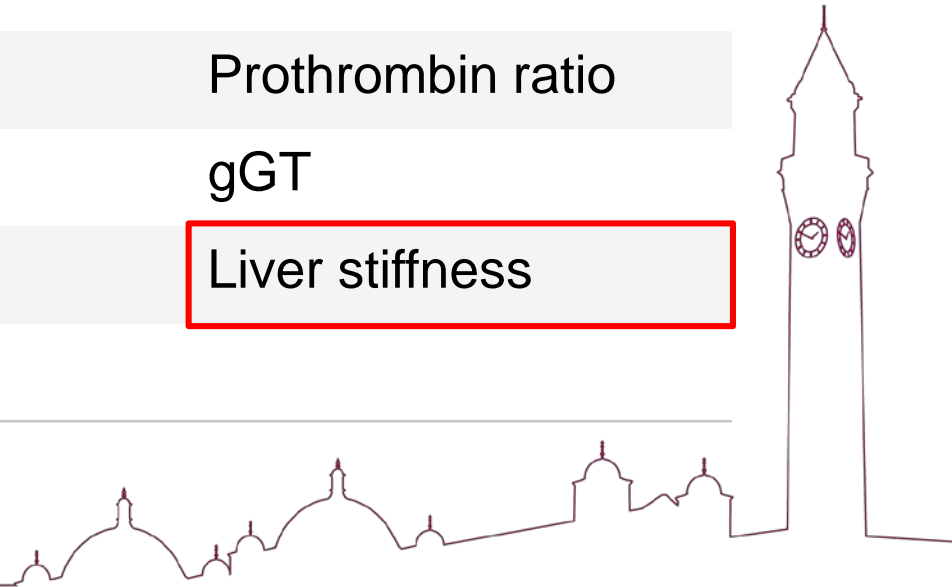
Methods

- Prospective recruitment from 4 UK sites between March 2014 and May 2015
- Standard of care liver biopsy for known or suspected NAFLD
- Histology assessed by 2 expert liver pathologists
- FibroScan and blood sampling within the 2 weeks prior to biopsy
 - FibroMeter, NAFLD fibrosis score (NFS), AST/ALT ratio, BARD, AST/platelet ratio index (APRI), Fibrosis-4 (Fib-4)



FibroMeter

FibroMeter V	FibroMeter NAFLD	FibroMeter VCTE
age, gender	age, weight	age, gender
Platelets	Platelets	Platelets
Alpha-2-macroglobulin	AST	Alpha-2-macroglobulin
ALT	ALT	AST
Urea	Ferritin	Prothrombin ratio
Prothrombin ratio	Glucose	gGT
gGT		Liver stiffness
AST		



123 Patients with
suspected
NAFLD recruited

6 Liver biopsies inadequate
for fibrosis assessment

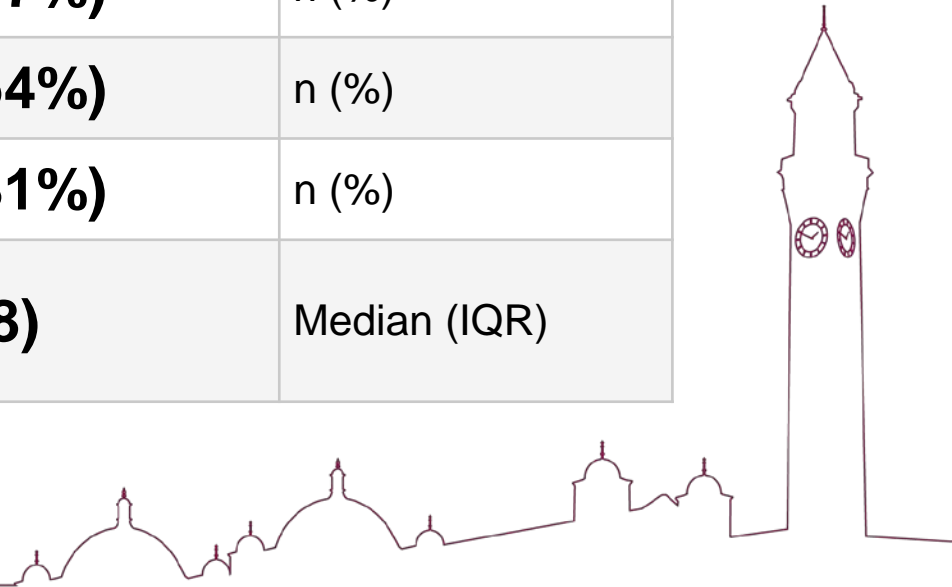
14 Patients with missing
blood results

103 Patients
included in final
analysis



Baseline Demographics

Male	58 (56%)	n (%)
Age (years)	56 (21)	Median (IQR)
BMI (Kg/m²)	31.2 (8.7)	Median (IQR)
Type 2 diabetes	51 (50%)	n (%)
Hypertension	48 (47%)	n (%)
Hypercholesterolaemia	56 (54%)	n (%)
Consume alcohol	32 (31%)	n (%)
Alcohol intake (UK units/week)	7 (8.8)	Median (IQR)

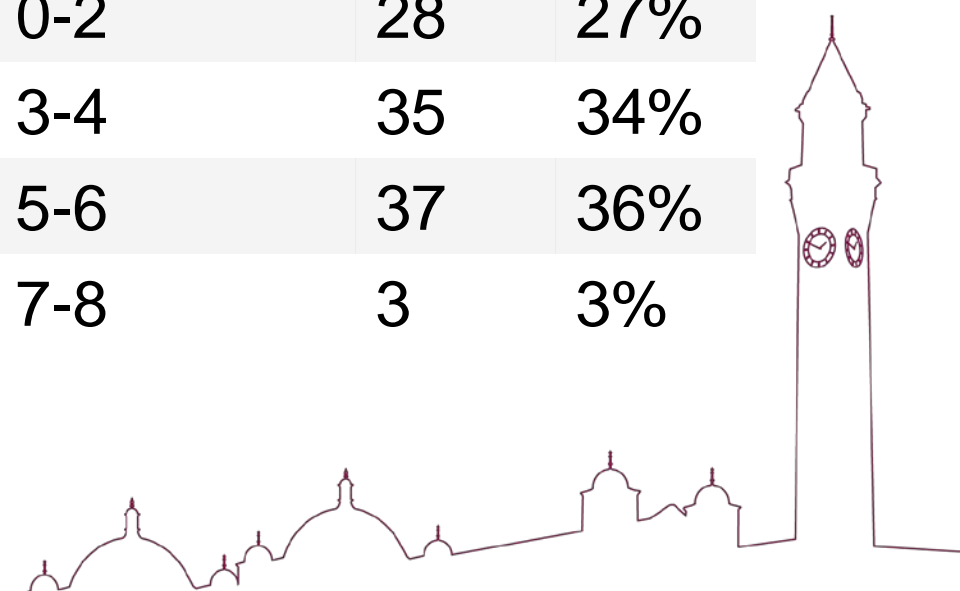


Characteristics of the Histology

Median (IQR) length of biopsies 22 (7) mm

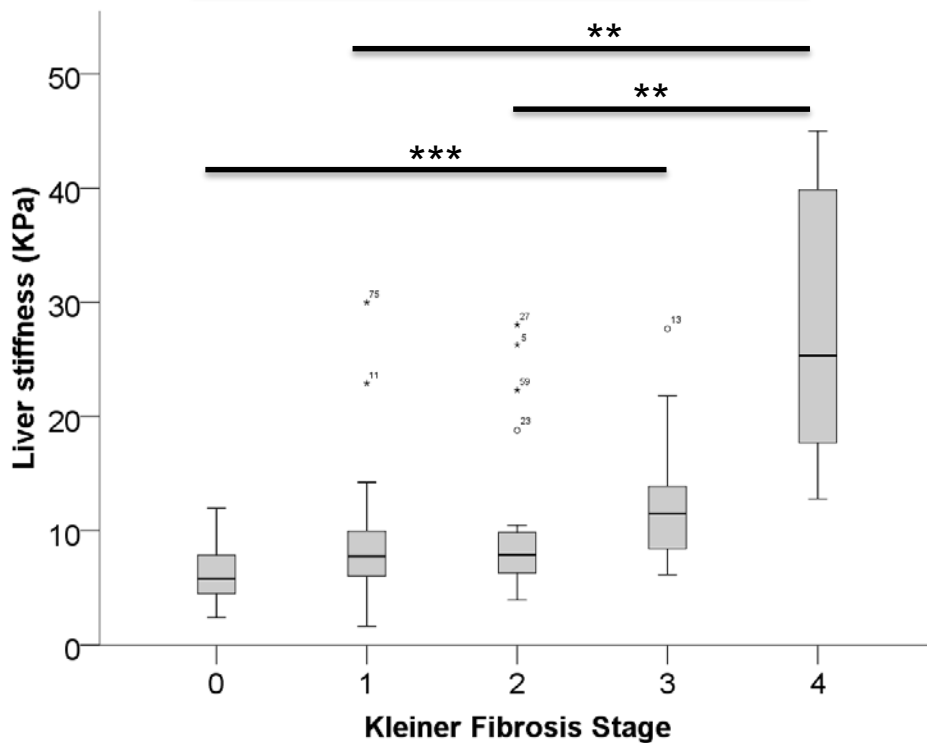
NASH (FLIP algorithm) 54 (52%)

Kleiner Fibrosis Stage	n	%	Total NAS Score	n	%
F0	22	21%	0-2	28	27%
F1	27	26%	3-4	35	34%
F2	21	20%	5-6	37	36%
F3	25	24%	7-8	3	3%
F4	8	8%			

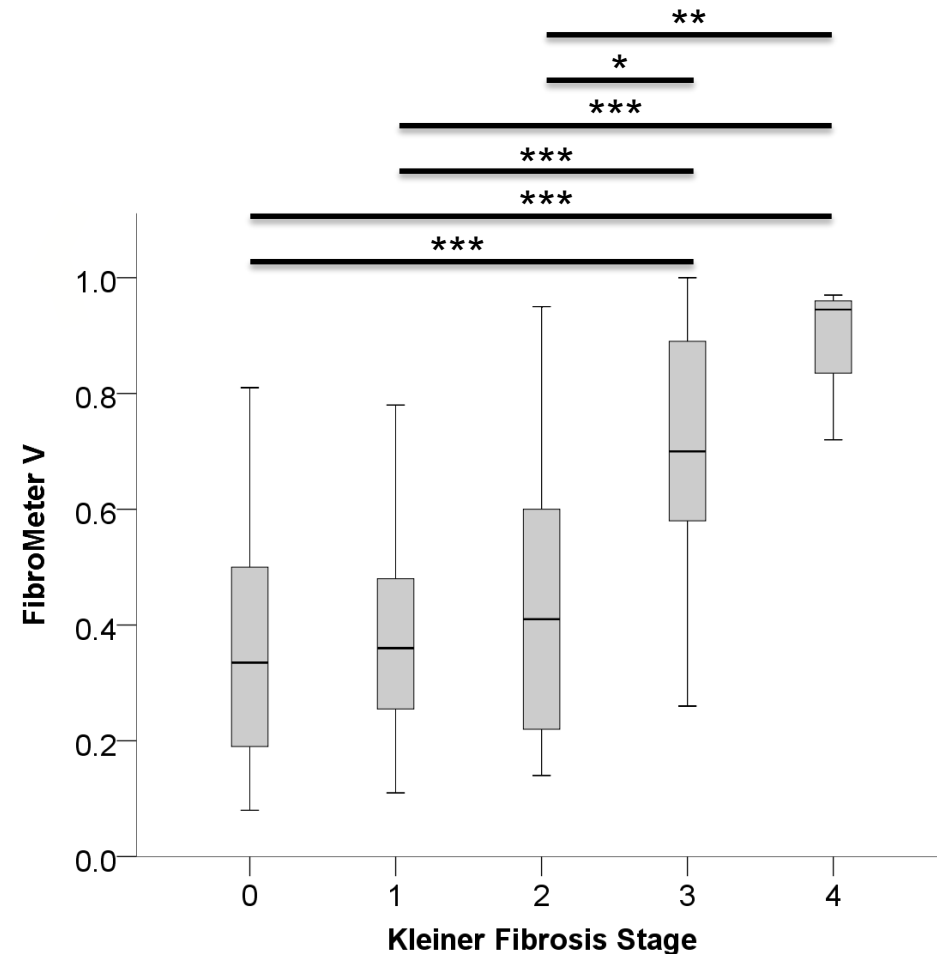


FibroScan and FibroMeter significantly associated with fibrosis

FibroScan



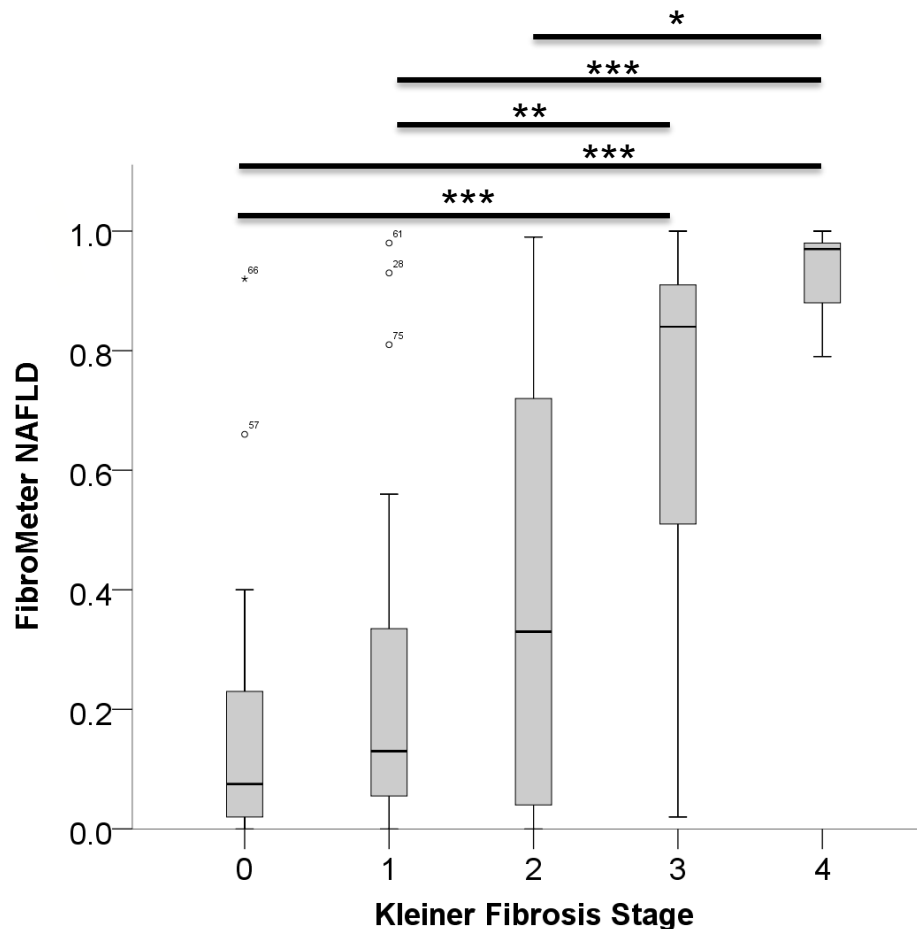
FibroMeter V



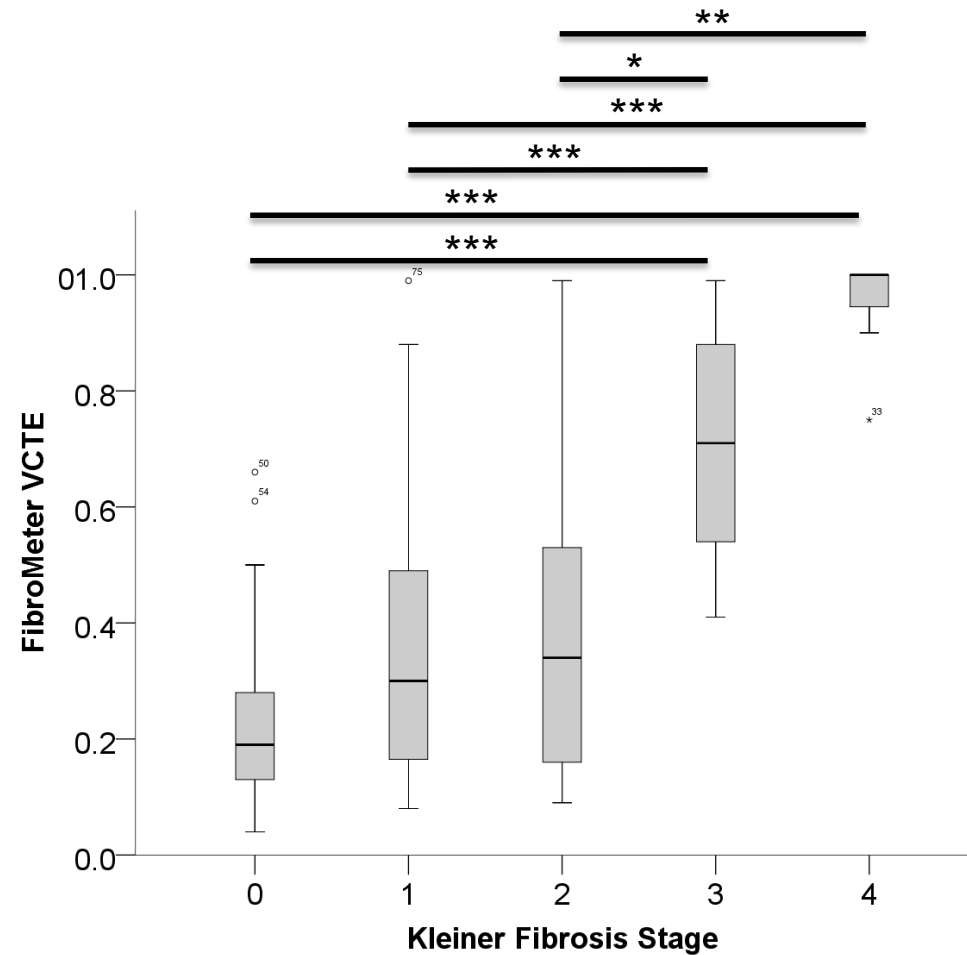
* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

FibroScan and FibroMeter significantly associated with fibrosis

FibroMeter NAFLD



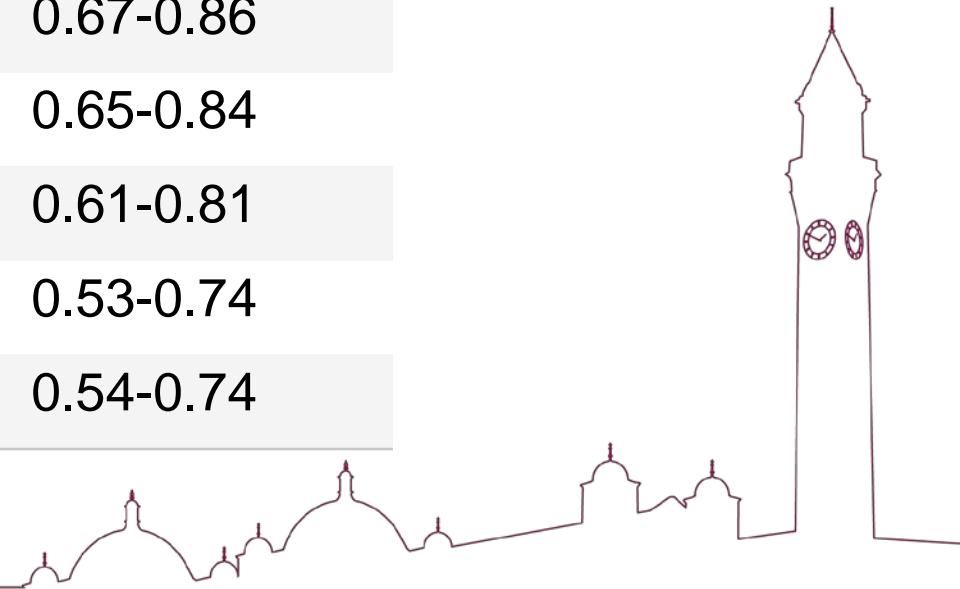
FibroMeter VCTE



* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

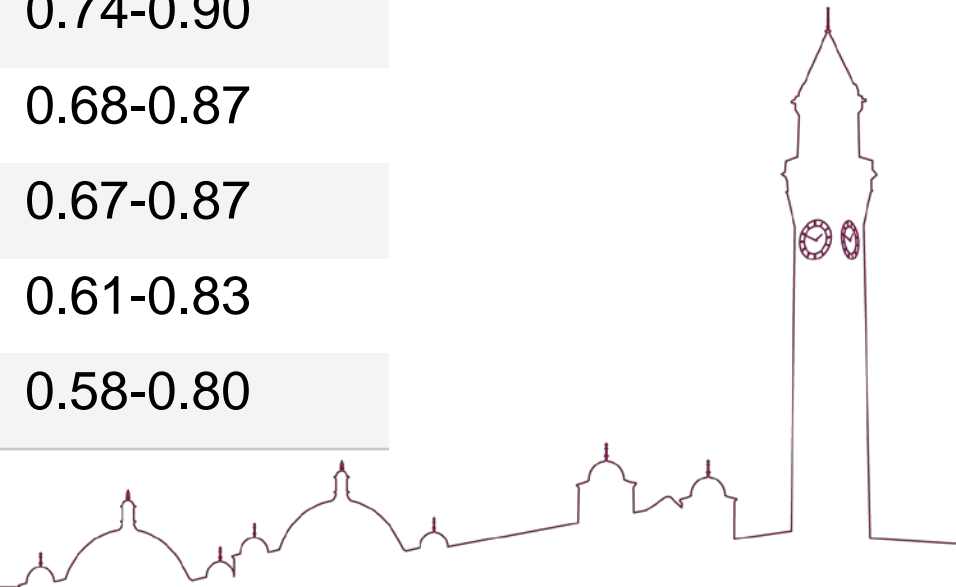
To diagnose \geq F2 fibrosis

Test	AUROC	95% CI
FM VCTE	0.81	0.72-0.89
FM NAFLD	0.79	0.70-0.88
FM V	0.78	0.69-0.87
FibroScan	0.77	0.68-0.86
Fib-4	0.77	0.67-0.86
APRI	0.74	0.65-0.84
NFS	0.71	0.61-0.81
AST/ALT ratio	0.64	0.53-0.74
BARD	0.64	0.54-0.74



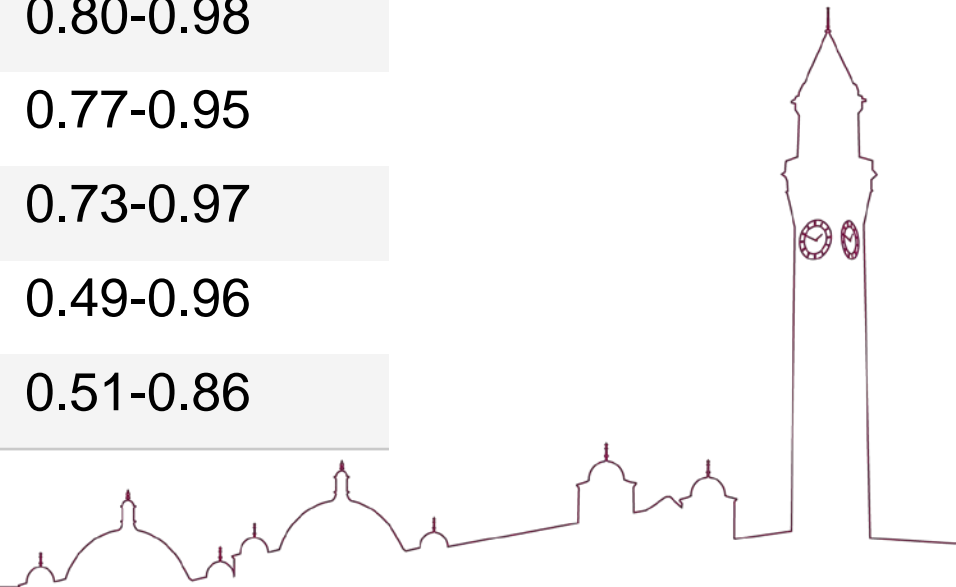
To diagnose \geq F3 fibrosis

Test	AUROC	95% CI
FM VCTE	0.90	0.84-0.96
FM V	0.87	0.80-0.94
FM NAFLD	0.85	0.77-0.93
Fib-4	0.85	0.78-0.93
FibroScan	0.82	0.74-0.90
NFS	0.78	0.68-0.87
APRI	0.77	0.67-0.87
AST/ALT ratio	0.72	0.61-0.83
BARD	0.69	0.58-0.80



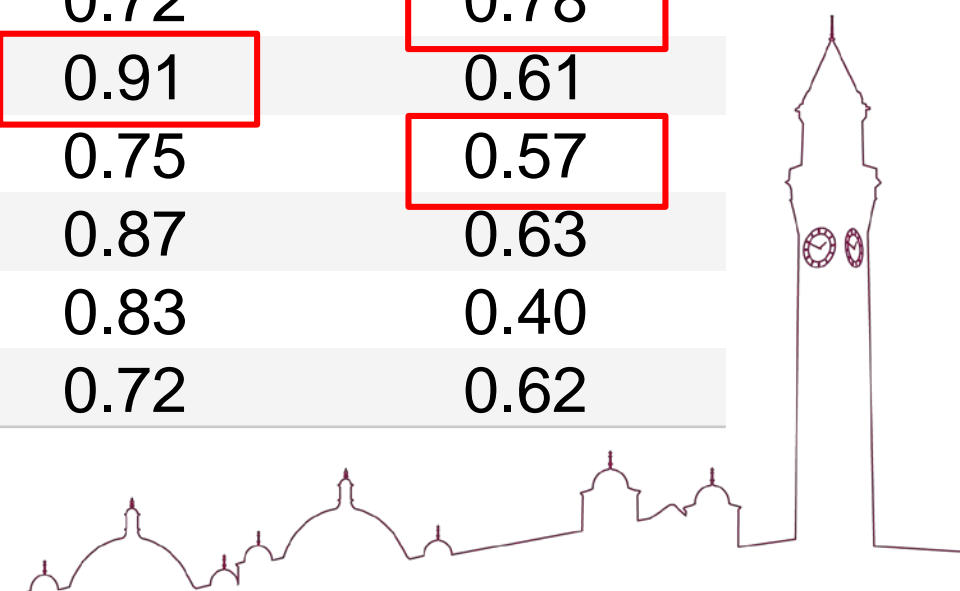
To diagnose F4 fibrosis

Test	AUROC	95% CI
FM VCTE	0.96	0.91-1
FibroScan	0.94	0.89-1
FM V	0.94	0.88-1
FM NAFLD	0.90	0.83-0.97
Fib-4	0.89	0.80-0.98
APRI	0.86	0.77-0.95
NFS	0.85	0.73-0.97
AST/ALT ratio	0.73	0.49-0.96
BARD	0.69	0.51-0.86



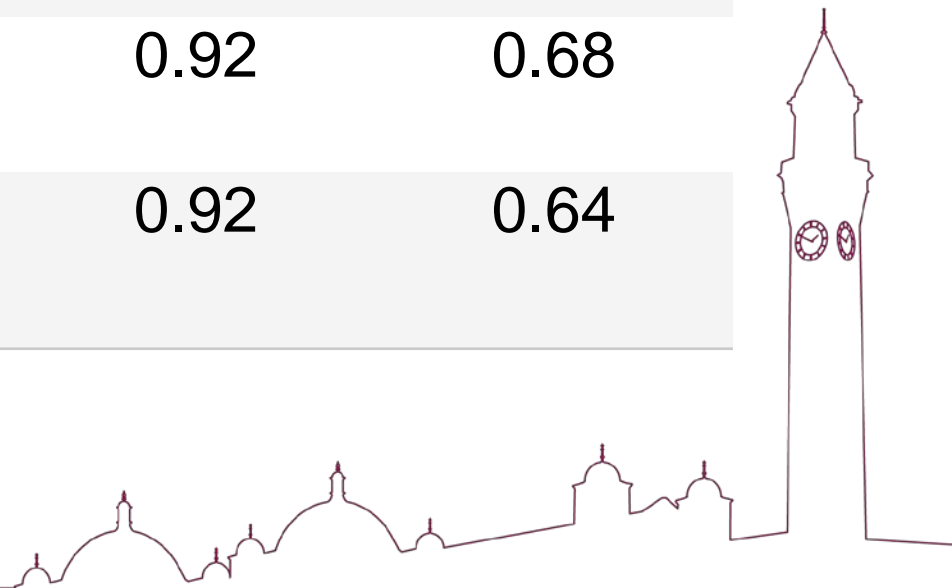
Published cut off values have high negative predictive value for the exclusion of advanced ($\geq F3$) fibrosis

	Cut off value	NPV	PPV
NFS	-1.445	0.93	0.51
	0.676	0.72	0.62
Fib-4	1.3	0.91	0.61
	3.25	0.72	0.78
AST/ALT ratio	0.8	0.91	0.61
	1	0.75	0.57
FibroScan	9.6	0.87	0.63
BARD	2	0.83	0.40
APRI	1	0.72	0.62



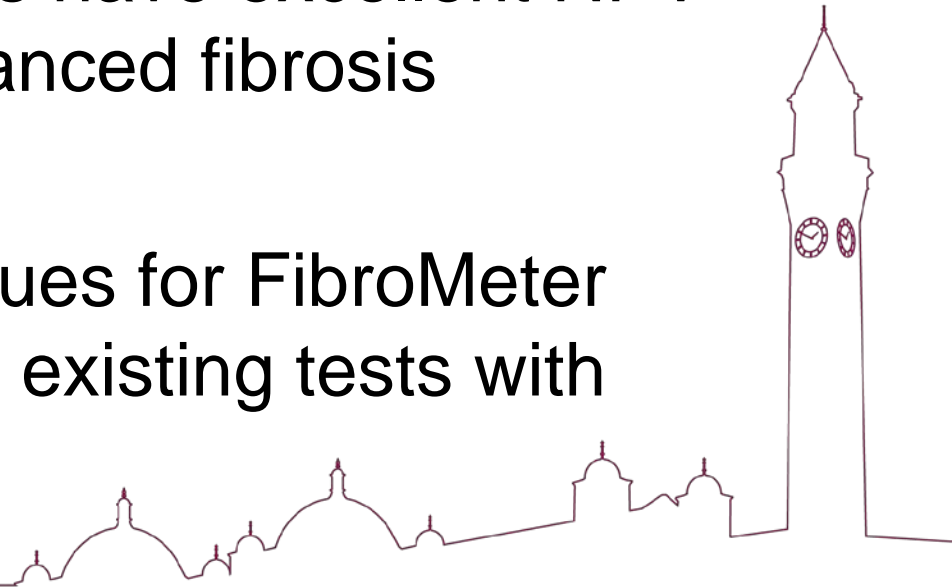
Cut off values for \geq F3 fibrosis defined for FibroMeter

Test	Cut off value	NPV	PPV
FibroMeter VCTE	0.54	0.94	0.73
FibroMeter V	0.58	0.92	0.68
FibroMeter NAFLD	0.42	0.92	0.64



Conclusion

- Of the assessed non-invasive tests, FibroMeter VTCE has the greatest diagnostic performance for all stages of fibrosis
- Simple blood biomarkers have excellent NPV for the exclusion of advanced fibrosis
- Newly defined cutoff values for FibroMeter show equivalent NPV to existing tests with improvement in PPV



Acknowledgements and Thanks

- Co-authors:
 - University of Birmingham – P.N. Newsome
 - Newcastle University – Q.M. Anstee
 - University of Nottingham – I.N. Guha
 - University College London – E. Tsochatzis
 - Beaujon Hospital Paris - V. Paradis, P. Bedossa
- Thanks to:
 - Magali Sasso
 - Céline Fournier
 - Saliha Haddag
 - Khalide Seddik

UNIVERSITY OF
BIRMINGHAM



Dr Peter Eddowes is supported by the National Institute for Health Research Birmingham Liver Biomedical Research Unit. The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

Supported by
NHS
National Institute for
Health Research

Questions?

