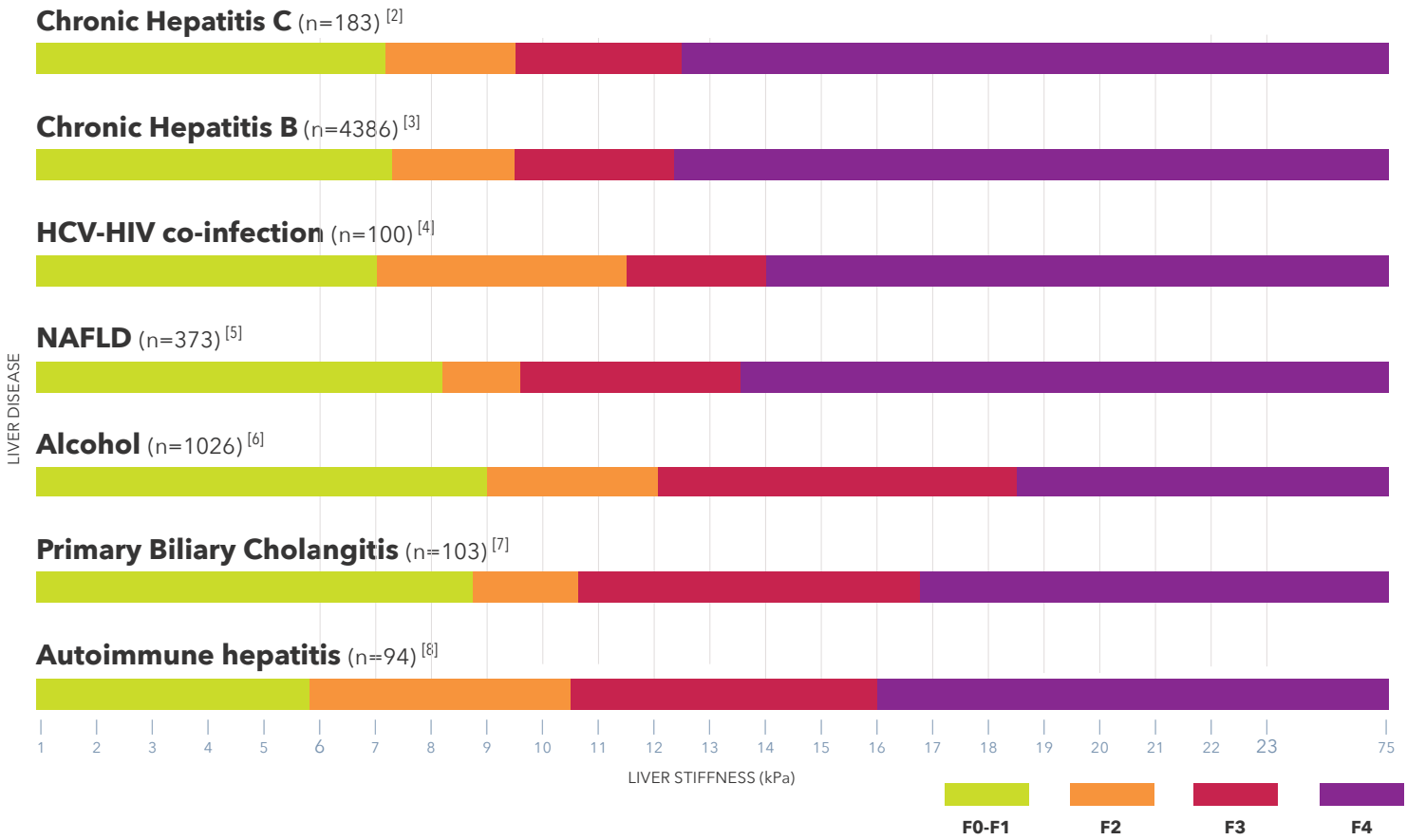
FibroScan® by echosens

LSM by VCTE™
Interpretation Guide

Quantifying fibrosis with FibroScan®

- FibroScan®: medical device which **measures liver stiffness (fibrosis) and CAP™ (steatosis)** simultaneously on the same volume of tissue (3 cm³).
- **Liver stiffness measurement** with FibroScan® is a fast, reproducible, non-invasive and point of care test allowing quantification of fibrosis in patients with chronic liver diseases.
- **High reproducibility** of exams results, **irrespective of operator** (Intra-class correlation coefficient: 0.84)[1].
- **More than 2,300 peer-reviewed publications*** on liver stiffness measurement (LSM).



Liver stiffness confounding factors [9]

- Fibrosis (portal, sinusoidal...)

But also:

- Acute inflammation, flares, elevated transaminases
- Congestion (right sided heart failure)
- Calorie intake
- Cholestasis
- Hepatic amyloidosis

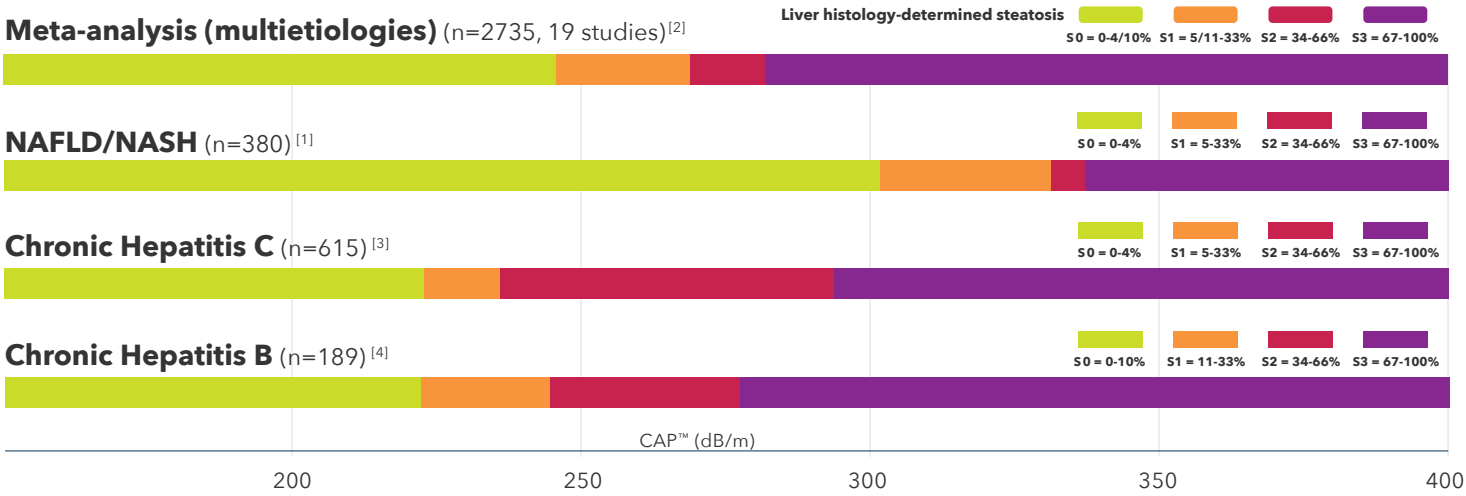
[1] Recio, E., et al. Interobserver concordance in controlled attenuation parameter measurement, a novel tool for the assessment of hepatic steatosis on the basis of transient elastography. European Journal of Gastroenterology & Hepatology 2013; 25 (8) : 905-11. [2] Castera, et al., Prospective comparison of transient elastography, Fibrotest, APRI, and liver biopsy for the assessment of fibrosis in chronic hepatitis C. Gastroenterology 2005 Feb;128(2):343-50. [3] Li, et al., Systematic review with meta-analysis: FibroScan for liver fibrosis in chronic hepatitis B. Aliment Pharmacol Ther 2016 Feb;43(4):458-69. doi: 10.1111/apt.13488. Epub 2015 Dec 15. [4] Sanchez-Conde, et al., Comparison of transient elastography and liver biopsy for the assessment of liver fibrosis in HIV/hepatitis C virus-coinfected patients and correlation with noninvasive serum markers. J Viral Hepat. 2010 Apr;17(4):280-6. doi: 10.1111/j.1365-2893.2009.01180.x. Epub 2009 Sep 2. [5] Eddowes, P, et al. Accuracy of FibroScan Controlled Attenuation Parameter and Liver Stiffness Measurement in Assessing Steatosis and Fibrosis in Patients With Nonalcoholic Fatty Liver Disease.. Gastroenterology 2019; 156: 6: 1717-1730 [PMID: 30689971 DOI: S0016-5085(19)30105-2; 10.1053/j.gastro.2019.01.042] [6] Nguyen-Khac E, Thiele M, Voican C, Nahon P, Moreno C, Boursier J, Mueller S, et al. Non-invasive diagnosis of liver fibrosis in patients with alcohol-related liver disease by transient elastography: an individual patient data meta-analysis. The lancet. Gastroenterology & hepatology 2018;3:614-625. [7] Corpechot, et al., Noninvasive elastography-based assessment of liver fibrosis progression and prognosis in primary biliary cirrhosis. Hepatology. 2012 Jul;56(1):198-208. doi: 10.1002/hep.25599. Epub 2012 Jun 5. [8] Hartl, et al.,Transient elastography in autoimmune hepatitis: Timing determines the impact of inflammation and fibrosis. J hepatol. 2016 Oct;65(4):769-775. doi: 10.1016/j.jhep.2016.05.023. Epub 2016 May 26. [9] Mueller, S. et L. Sandrin, Liver stiffness: a novel parameter for the diagnosis of liver disease. Hepatic Medicine: Evidence and Research, 2010: p. 49-67.* Publications published in peer-reviewed journals. You can find all the publications on liver stifness and CAP™ on the Echosens clinical library : http://www.echosensclinicallibrary.com/

FibroScan® by echosens

CAP™
Interpretation Guide

Quantifying steatosis with FibroScan®

- **CAP™ measurement** with FibroScan® is a fast, reproducible, non-invasive and point of care test allowing quantification of steatosis in patients with NAFLD and other fatty liver diseases.
- The existing literature demonstrates that CAP™ values correlate with the **amount of steatosis**[2].
- **Early detection** of minimal hepatic steatosis: from 5% onwards (Ultrasound allows to detect from 30% only).
- **Valuable insights** for patient monitoring during therapy, intervention or lifestyle change[5,6].
- CAP™ not influenced by fibrosis and inflammation [1].



myFibroScan

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[1] Eddowes, P. et al. Accuracy of FibroScan Controlled Attenuation Parameter and Liver Stiffness Measurement in Assessing Steatosis and Fibrosis in Patients With Nonalcoholic Fatty Liver Disease.. Gastroenterology 2019; 156: 6: 1717-1730 [PMID: 30689971 DOI: S0016-5085(19)30105-2; 10.1053/j.gastro.2019.01.042] [2] Karlas, T., et al. Individual Patient Data Meta-Analysis of Controlled Attenuation Parameter (CAP™) Technology for Assessing Steatosis. Journal of Hepatology 2016 ; In Press.[3] Sasso, et al., Novel controlled attenuation parameter for noninvasive assessment of steatosis using Fibroscan : validation in chronic hepatitis C. J Viral Hepat 2012 Apr;19(4):244-53. doi: 10.1111/j.1365-2893.2011.01534.x. Epub 2011 Oct 13. [4] Chen, et al., Controlled attenuation parameter for the detection of hepatic steatosis in patients with chronic hepatitis B. Infect dis. (Lond) 2016 Sep;48(9):670-5. doi: 10.3109/23744235.2016.1165860. Epub 2016 May 31. * Publications published in peer-reviewed journals. You can find all the publications on liver stiffness and CAP™ on the Echosens clinical library: http://www.echosensclinicallibrary.com/ [5] Paul J, et al. Measurement of Controlled Attenuation Parameter: a surrogate marker of hepatic steatosis in patients with non alcoholic fatty liver disease on lifestyle modification - a prospective follow-up study. Arq Gastroenterol None; 55: 1: 7-13 [PMID: 29561981 DOI: S0004-28032018000100007] [6] Park HE, et al. Clinical significance of hepatic steatosis according to coronary plaque morphology: assessment using controlled attenuation parameter.. J. Gastroenterol. 2019; 54: 3: 271-280 [PMID: 30284617 DOI: 10.1007/s00535-018-1516-5]. [6] Shimizu, et al. Evaluation of the effects of dapagliflozin, a sodium-glucose co-transporter-2 inhibitor, on hepatic steatosis and fibrosis using transient elastography in patients with type 2 diabetes and non-alcoholic fatty liver disease.. Diabetes Obes Metab 2019; 21: 2: 285-292 [PMID: 30178600]