

Poynard
2013
Fibrosis
regression,
FibroTest

Slow regression of liver fibrosis after virological cure of hepatitis C

Poynard et al. Slow regression of liver fibrosis as presumed by repeated biomarkers after virological cure in patients with chronic hepatitis C. *J Hepatol.* 2013

The study was conducted on 933 patients with chronic hepatitis C followed-up for 10 years with repeated FibroTests. Viral responders showed greater fibrosis regression 10 years after viral cure than untreated patients. More than half of cirrhotic patients with virological cure showed significant regression of fibrosis after 10 years. Twelve percent of non-cirrhotic patients with virological cure developed cirrhosis during these 10 years, and 5% developed liver cancer. Compared to mono-infected patients, those with HIV co-infection from all groups (cured, non-responders and untreated) had faster progression to cirrhosis despite their young age and low number of metabolic factors. The authors emphasize that viral cure in chronic hepatitis C was associated with slow regression of fibrosis 10 years later. It is recommended that clinicians continue to assess fibrosis after viral cure, and FibroTest can be a tool for identification of those patients at risk.

Poynard
2012
Elasto-FibroTest

Elasto-FibroTest®

Performances of Elasto-FibroTest®, a combination between FibroTest® and liver stiffness measurements for assessing the stage of liver fibrosis in patients with chronic hepatitis C. *Clin Res Hepatol Gastroenterol.* 2012 (Sep 5).

The diagnostic performance of the FibroTest and liver stiffness measurement (LSM) combination was evaluated among 1289 patients with chronic hepatitis C with concomitant biopsy and 604 healthy volunteers. For the diagnosis of cirrhosis, Elasto-FibroTest® has superior performance to FibroTest or FibroScan alone, however, for the diagnosis of advanced fibrosis there was no improvement in performance compared to FibroTest alone.

Zarski
2012
FibroTest

Revalidation of FibroTest in the French ANRS cohort HCEP-23

Zarski et al. Comparison of nine blood tests and transient elastography for liver fibrosis in chronic hepatitis C: the ANRS HCEP-23 study. *J Hepatol.* 2012

An independent, prospective, multicenter study with biopsy conducted in 19 French hospitals compared the performances of several serum biomarkers and transient elastography (TE, Fibroscan™) using the Obuchowski method. In patients with chronic hepatitis C with applicable FibroTest and TE by FibroScan, the performances were similar for the diagnosis of significant fibrosis and cirrhosis. Unlike FibroTest, the performance of Fibroscan was reduced due to the high rate of non-applicable results.

Castera
2013
FibroTest
HCV

FibroTest and Elastography performances in HIV-HCV co-infected

Castera L et al. Comparison of transient elastography (FibroScan), FibroTest, APRI and two algorithms combining these non-invasive tests for liver fibrosis staging in HIV/HCV coinfected patients: ANRS CO13 HEPAVIH and FIBROSTIC collaboration. *HIV Med.* 2013

In patients with HIV-HCV co-infection, the authors compared the performances of transient elastography (TE), FibroTest, APRI, and two algorithms that combined TE with FibroTest (Castera), and APRI with FibroTest (SAFE). HIV-HCV co-infected patients were recruited from two multicenter French studies (HEPAVIH and FIBROSTIC cohorts). For advanced fibrosis, FibroTest and TE had better diagnostic performance than APRI. The percentage of patients correctly classified with advanced fibrosis was significantly higher with the Castera algorithm than with the SAFE algorithm, while the inverse was true for cirrhosis. In HIV-HCV co-infection, the use of the Castera and SAFE (including APRI) algorithms does not seem to improve the diagnostic performance of TE and FibroTest used separately.

de Lédighen
2013
FibroTest HBV
Prognosis

5-year prognosis in chronic hepatitis B with FibroTest

de Lédighen V et al. Non-invasive tests for fibrosis and liver stiffness predict 5-year survival of patients with chronic hepatitis B infection. *Aliment Pharmacol Ther.* 2013; 37:979-88.

A recent independent study evaluated the prognostic value of FibroTest and transient elastography (TE) by Fibroscan at 5 years in 600 patients with chronic hepatitis B. Survival was significantly reduced in patients with severe fibrosis, regardless of whether any of the noninvasive methods ($P < 0.0001$) or liver biopsy ($P = 0.02$) was used. In multivariate analysis, FibroTest and TE were the most predictive of survival, even after adjusting for age, treatment and necroinflammatory activity (histological or resumed ActiTest). No liver-related deaths were observed in inactive carriers, which confirmed the definition of low risk patients as "no fibrosis, no activity", a definition given in a previous study (PlosOne Ngo et al., 2008). The authors concluded that noninvasive tools can help physicians assess the prognosis earlier; and discuss specific treatments, such as liver transplantation.

FibroTest/FibroSure Scientific Publications

Key publications for 2013

Poynard
2013
FibroTest
Aixplorer SWE

Applicability and performance of 3D shear wave real-time elastography (Aixplorer) compared to other methods

Poynard T, et al. **Liver fibrosis evaluation using real-time shear wave elastography: applicability and diagnostic performance using methods without a gold standard.** *J Hepatol.* 2013;58:928-35

The present study evaluated 433 patients on the diagnostic performance and applicability of three methods: 3D shear wave real-time elastography by Aixplorer (SWE, Supersonic Imagine), transient elastography (probes M and XL) by Fibroscan (TE, Echosens,) and FibroTest serum markers (BioPredictive). The study used statistical methods without a gold standard (latent class model, LCM) to compensate for the absence of biopsy. The overall applicability of SWE (92%) was lower than that of FibroTest (98%), and was higher than the TE by Fibroscan only in patients with ascites. The diagnostic performances for cirrhosis were equivalent for all three methods but had better applicability for FibroTest.

Grattagliano
2013
FibroMax
screening

FibroMax screening in the general population

Grattagliano I, et al. **Utility of noninvasive methods for the characterization of nonalcoholic liver steatosis in family practice. The "VARES" Italian multicenter study.** *Ann Hepatol.* 2013;12:70-7. PubMed PMID: 23293196.

The "VARES" Italian multicenter study assessed the potential benefits of FibroMax and other non-invasive methods (FLI index) for NAFLD diagnosis on 259 subjects recruited from family medicine practices with steatosis detected at ultrasound. With 50% sensitivity and 95% specificity, FibroMax identified 13% of subjects with suspected advanced fibrosis. One-third of patients with moderate steatosis on ultrasound were likely to have severe steatosis. The authors concluded that asymptomatic at-risk subjects should be detected, and FibroMax was a promising non-invasive diagnostic tool for family medicine.

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<http://library.biopredictive.com/>

The screenshot shows the BioPredictive Library website interface. At the top, there are navigation tabs: "by Test", "by Comparison", "by Disease", and "by Liver Injuries". A search bar is located on the right. The main heading is "BioPredictive Publications" with the BioPredictive logo. Below the heading, a brief description states: "FibroTest-AcTiTest is the non-invasive liver test benchmark. Launched more than 10 years ago FibroTest success relies on the quality of its scientific background. Consecutively, SteatoTest, NashTest and AshTest were finalized with the same demanding quality. BioPredictive offers with this site the exhaustivity of its extensive scientific work - 244 studies have been published by 1009 authors in 76 journals - all publications are tagged for an easy browsing." The main content area displays two publication entries. The first entry is titled "2013 - Nature reviews. Gastroenterology & hepatology - Castéra, Laurent" and describes a "Noninvasive evaluation of NAFLD." by Castéra L, Vilgrain V, Angulo P. It includes a list of tags: FibroTest, AcTiTest, SteatoTest, NashTest, Independent Team, Elastography, Biomarkers, Metabolic Diseases, Fibrosis, Steatosis. The second entry is titled "2013 - HIV medicine - Castéra, Laurent" and describes a "Comparison of transient elastography (FibroScan), FibroTest, APRI and two algorithms combining these non-invasive tests for liver fibrosis staging in HIV/HCV coinfectd patients: ANRS CO13 HEPAVIH and FIBROSTIC collaboration." by Castéra L, Wincock M, Pambrun E, Paradis V, Perez P, Loko MA, et al. On the right side, there is a sidebar with "214 publications" and filters for "by Journal", "by Authors", "by Kind" (with "Article" selected), and "by Test" (with "FibroTest", "AcTiTest", "SteatoTest", "NashTest", "AshTest", and "LFT/Cholestasis Test" listed).

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