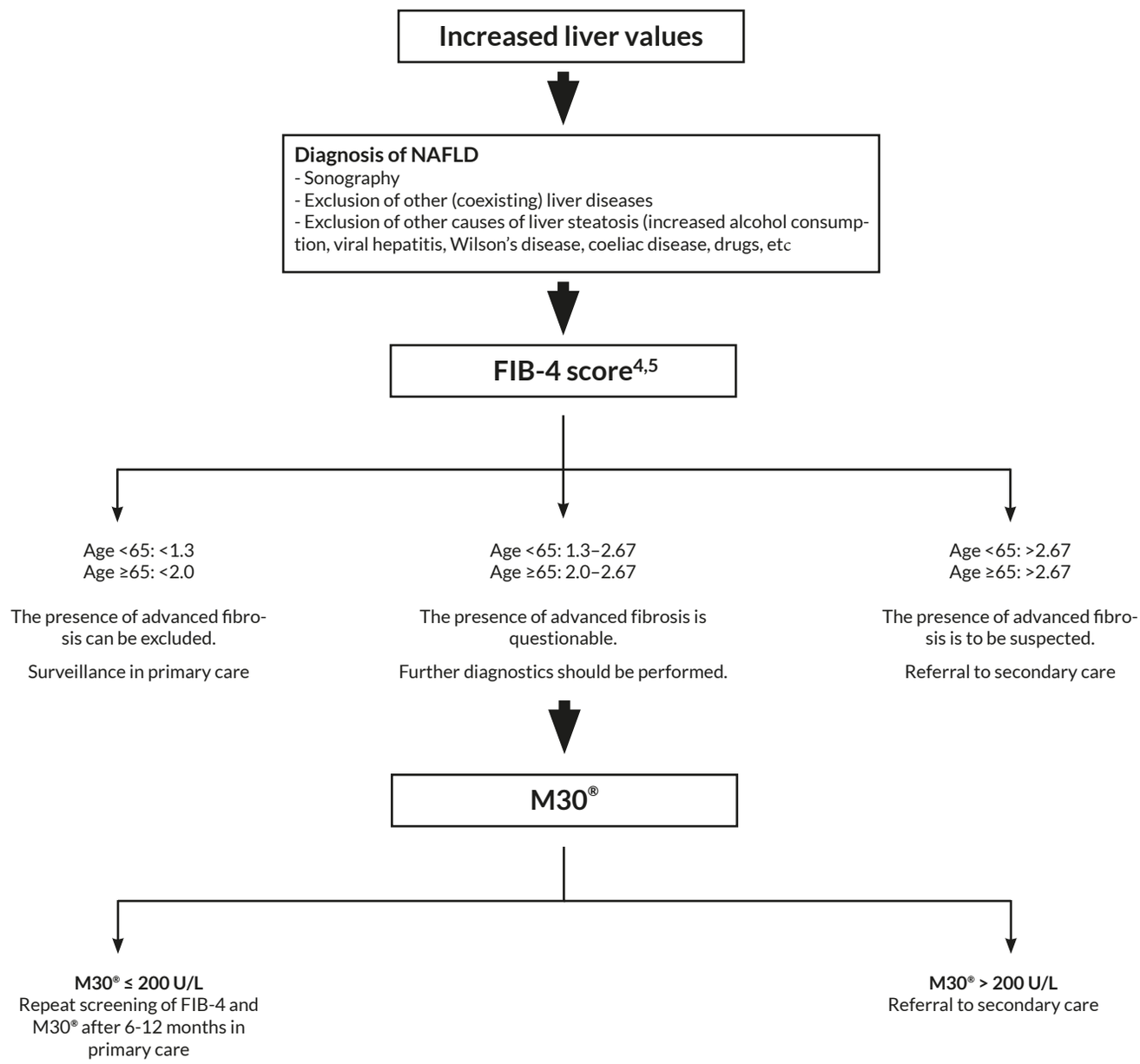
Combining M30 Apoptosense® with FIB-4

laboratory assessment of hepatic fibrosis in NAFLD

The European Association for the Study of the Liver (EASL) have published their updated clinical practice guidelines on non-invasive tests for diagnosis and evaluation of NAFLD. In their guidelines FIB-4, a score based on widely available and simple parameters* and has shown to be a valuable tool to exclude advanced fibrosis, is recommended for a patient population at risk of liver disease[1]. However, there is increasing evidence that also patients with NASH and early fibrosis are at significant risk of disease progression and complications[2]. There is also a significant amount of patients who are within the FIB-4 intermediary category. In order to address this patient category, M30®† has been suggested as an aid in identifying patients that are in need of further investigation to a specialist in secondary care[2]. The combination of M30® with FIB-4 could enable a more reliable identification of patients with increased risk of progressed NAFLD and might be helpful for deciding which patient should be referred to a specialist and considered for liver biopsy[2]. The incorporation of M30® in clinical practice guidelines for intermediary FIB-4 values is also recommended by the German Society of Gastroenterology, Digestive and Metabolic Diseases[3]. Hence, the following diagnostic tree is recommended for the use in NAFLD suspect patients at primary care.



* FIB-4: Age, AST, ALT & Platelet count.

† The M30 Apoptosense® ELISA measures caspase-cleaved Keratin 18, which reflects the amount of apoptosis in the liver.

1. European Association for the Study of the Liver. EASL Clinical Practice Guidelines on non-invasive tests for evaluation of liver disease severity and prognosis - 2021 update. J Hepatol. 2021 Sep;75(3):659-689. doi: 10.1016/j.jhep.2021.05.025. Epub 2021 Jun 21. PMID: 34166721.
2. Liebig S, Hohenester S, Manns MP. Non-invasive detection of NASH and significant fibrosis in NAFLD patients with low FIB-4. J Hepatol. 2020 Aug; Volume 73: S403
3. Tacke F. *et al.* Updated S2k Clinical Practice Guidelines on Non-alcoholic Fatty Liver Disease (NAFLD) issued by the German Society of Gastroenterology, Digestive and Metabolic Diseases (DGVS). AWMF. Feb 2022.
4. Shah AG, Lydecker A, Murray K et al. Comparison of noninvasive markers of fibrosis in patients with nonalcoholic fatty liver disease. Clin Gastroenterol Hepatol 2009; 7: 1104-1112.
5. McPherson S, Hardy T, Dufour JF et al. Age as a Confounding Factor for the Accurate Non-Invasive Diagnosis of Advanced NAFLD Fibrosis. Am J Gastroenterol 2017; 112: 740-751.

VLVbio AB Hästholmsvägen 32
131 30 Nacka Sweden
+46 8 122 053 00
info@vlvbio.com
www.vlvbio.com