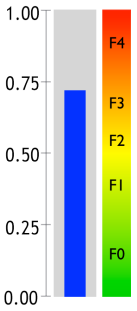
FibroTest-ActiTest in **HBV**

Estimating Fibrosis and Activity - Detecting Inactive Carriers Recognized by EASL-ALEH[1], APASL[2] and WHO[13] Guidelines

FibroTest

FibroTest estimates liver fibrosis:

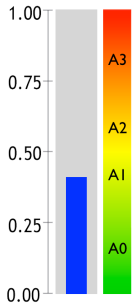
- F0: no fibrosis
- F1: minimal fibrosis
- F2: moderate fibrosis
- F3: advanced fibrosis
- F4: severe fibrosis (cirrhosis)



ActiTest

ActiTest estimates necroinflammatory activity:

- A0: no activity
- A1: minimal activity
- A2: moderate activity
- A3: severe activity



Identifying HBV Inactive Carriers

FibroTest F0

AND

ActiTest A0

AND

Viral Load low/undetectable

Fig 1: Identifying low-risk patients (HBV inactive carriers)

References:

1. EASL-ALEH Guidelines. J Hepatol 2015
2. Shiha G et al. Hepatol Int 2009
3. Houot M et al. Aliment Pharmacol Ther 2015 in press
4. Poynard T et al. J Hepatol 2014
5. Park MS et al. Liv Int 2015
6. Poynard T et al. Antivir Ther 2010
7. Haseltinej EL et al. Viral Hepat 2015
8. Poynard T et al. Gastroenterol Clin Biol 2010
9. Ngo Y et al. PLoS One 2008
10. Poynard T et al. Clin Chem 2010
11. Castera et al. Hepatology 2010
12. Poynard T et al. Clin Res Hepatol Gastroenterol 2014
13. Guidelines for the screening, care and treatment of persons with chronic hepatitis B infection, WHO, 2015

Diagnosis

FibroTest offers the same highly accurate evaluation of both advanced fibrosis and cirrhosis regardless of ethnicity, HBeAg status, viral load, gender or ALT transaminases level.[3]

FibroTest evaluates both fibrosis in the early stages (F0 to F3) as well as cirrhosis (F4)[3]. Cirrhosis can be fine-tuned to 3 levels:[5,6]

- **F4.1** (cut-off 0.74): cirrhosis without complications
- **F4.2** (cut-off 0.85): cirrhosis with oesophageal varices only
- **F4.3** (cut-off 0.95): cirrhosis with severe complications (primary liver cancer, bleeding or decompensation)

Follow-up

FibroTest and ActiTest may easily be repeated for the assessment of disease progression.[6,7]

FibroTest is validated both for the initial diagnosis of fibrosis and for the monitoring of patients, whether treated or untreated.[6,7]

ActiTest is more accurate than ALT transaminases for the diagnosis of necroinflammatory activity.[8]

Inactive carriers of HBV

- Using FibroTest and ActiTest in combination offers a more simple definition of HBV inactive carriers (Figure 1) [4,9]
- FibroTest has a superior prognostic value compared to both HBV viral load and ALT transaminases[4,9]

FibroTest: the best option?

vs. Transient Elastography (TE): FibroTest identifies significant fibrosis with superior accuracy to TE, while identifying cirrhosis with similar accuracy[3] and much superior applicability without failure (98% vs 82%). Repeated FibroTests, unlike TE, do not have activity-related nor operator-related variability[10,11].

vs. APRI and FIB-4: FibroTest does not include AST nor ALT transaminases, avoiding the risk of confounding features of fibrosis and activity[12]. For both cirrhosis and fibrosis, FibroTest is superior.[3]

Assays (done at local lab.) : *Alpha-2 macroglobulin, Haptoglobin, Apolipoprotein A1, Total bilirubin, GGT, ALT, age, sex - according to BioPredictive precautions of use (biopredictive.com)*

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