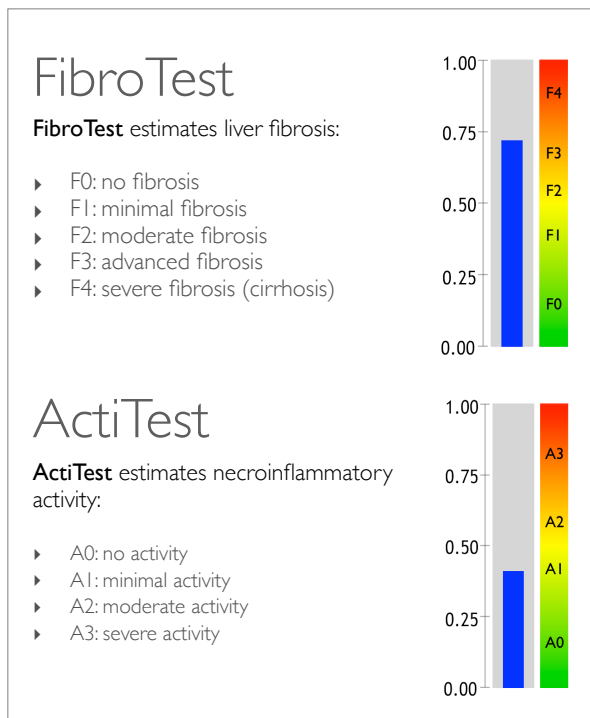


FibroTest-ActiTest in HBV

Estimating Fibrosis and Activity - Detecting Inactive Carriers
Recognized by EASL-ALEH¹, APASL² and WHO¹³ Guidelines



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

Identifying HBV Inactive Carriers

FibroTest F0
AND
ActiTest A0
AND
Viral Load low/undetectable

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

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 accuracy³ 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 activity¹². For both cirrhosis and fibrosis, FibroTest is superior.³

References:

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13. Guidelines for the screening, care and treatment of persons with chronic hepatitis B infection, WHO, 2015

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)

Find all the scientific publications of BioPredictive non-invasive tests on the website:

library.biopredictive.com

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