

SCREENING AND ASSESSMENT OF MASH IN PRIMARY CARE



1

IDENTIFY
RISK
FACTORS

HIGH RISK GROUPS



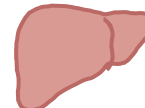
- Type 2 diabetes
- Prediabetes
- Cardiometabolic risk factors



- Significant alcohol use
- Family history of cirrhosis



- Obesity
- Overweight



- Steatosis
- Elevated ALT or AST

2

SCREEN
WITH FIB-4

PRIMARY RISK ASSESSMENT FOR ADVANCED FIBROSIS

FIB-4 <1.3*
Low risk

- Reassess every 1-2 years for patients with **type 2 diabetes, prediabetes, or ≥2 cardiometabolic risk factors**
- Reassess every 2-3 years for patients **without type 2 diabetes and <2 cardiometabolic risk factors**

* Use 2.0 as the cutoff for adults >65 years of age

FIB-4 1.3* to 2.67
Indeterminate risk

Secondary risk assessment with vibration-controlled transient elastography (VCTE) or enhanced liver fibrosis (ELF) testing

* Use 2.0 as the cutoff for adults >65 years of age

FIB-4 >2.67
High risk

Refer to gastroenterology/hepatology for complete evaluation

Age: ____

AST: ____

ALT: ____

Platelet count: ____

$$\text{FIB-4} = \frac{(\text{Age} \times \text{AST})}{(\text{Platelets} \times \sqrt{\text{ALT}})}$$

3

REASSESS
THOSE AT
INDETERMINATE
RISK

SECONDARY RISK ASSESSMENT

ELF <7.7
VCTE <8.0

Low risk

Reassess periodically

ELF 7.7 – 9.8
VCTE 8.0 – 12.0

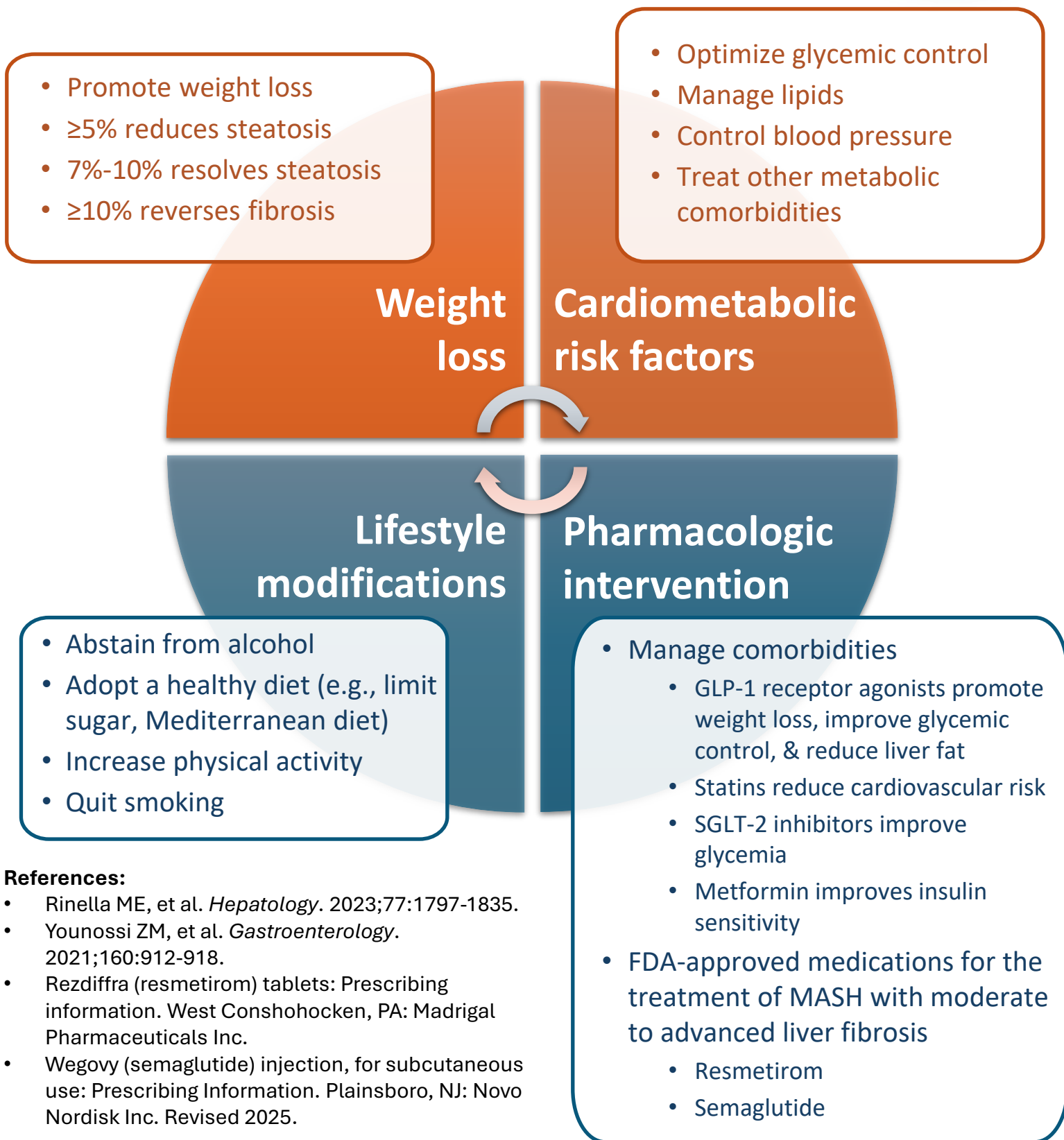
Intermediate risk

Refer to gastroenterology/hepatology for complete evaluation

ELF >9.8
VCTE >12.0

High risk

MANAGING MASH IN THE PRIMARY CARE SETTING



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