

- Benefits of NITs such as VCTE and ELF™ in clinical practice¹⁻⁵:
- Reduce need for liver biopsies
 - Liver biopsy is associated with patient risk, high cost and resources
 - Monitor disease progression to prevent liver-related mortality



Primary care physicians and non-GI/hepatology practitioners can play a key role in assessing people at risk for MASH with advanced fibrosis using NITs.¹ Primary risk assessment with FIB-4, a simple NIT, is recommended to identify patients who are at risk for MASH with advanced fibrosis^{6,7}



FIB-4 <1.3*
Low risk of advanced fibrosis (Manage in primary care, repeat screening in 1-3 years)



FIB-4 1.3-2.67
Intermediate risk of advanced fibrosis (Further evaluation for secondary risk assessment with VCTE or ELF™ or referral to specialist)



FIB-4 >2.67
High risk of advanced fibrosis (referral to specialist)

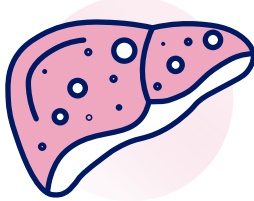
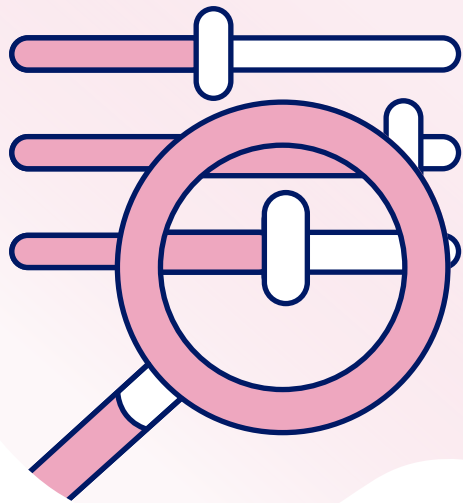


*In patients older than 65 years, a FIB-4 cutoff of <2.0 should be used¹

NITs such as VCTE or ELF™ can further identify risk of advanced fibrosis, disease prognosis and monitor response to treatment



Vibration-Controlled Transient Elastography (VCTE)⁷
Measures liver stiffness to assess fibrosis or cirrhosis⁷



Enhanced Liver Fibrosis (ELF™)⁸
Blood-derived panel consisting of 3 components to evaluate severity of liver fibrosis⁸:

- Type III procollagen peptide
- Hyaluronic acid
- Tissue inhibitor of metalloproteinase-1 (TIMP-1)

		Secondary risk assessment with NITs can increase the likelihood that those at risk of MASH with advanced fibrosis receive timely care or referral to specialist		
		Interpretation of secondary risk assessment with VCTE and ELF™ to identify risk of MASH with advanced fibrosis ^{1,7}		
		 Low risk level	 Intermediate risk level	 High risk level
VCTE		<8.0 kPa	8–12 kPa	>12 kPa
ELF™		<7.7	7.7–9.8	>9.8
Clinical interpretation		Manage by primary care (and interprofessional team) • Repeat screening with FIB-4 every 1–2 years if T2D, prediabetes or ≥2 metabolic risk factors • Optimize lifestyle and treatment of comorbidities	Consider referral to GI/hepatology care (and interprofessional team) • Additional imaging and biomarker risk stratification • Treatment and long-term follow-up	Referral to GI/hepatology care (and interprofessional team) • Additional imaging and biomarker risk stratification • Treatment and long-term follow-up

Individuals with an intermediate or high risk of advanced fibrosis, based on secondary assessment, should be referred to specialty care for further evaluation and potential intervention to prevent progression of fibrosis.

The following is a summary. HCPs should refer to published guidelines for complete set of recommendations.



Early identification of those at risk for advanced fibrosis may enable timely intervention and reduce overall cardiometabolic risk.

ELF™, Enhanced Liver Fibrosis; FIB-4, Fibrosis-4; GI, gastroenterology; MASH, metabolic dysfunction-associated steatohepatitis; NIT, non-invasive test; T2D, Type 2 diabetes; VCTE, vibration-controlled transient elastography. 1. Rinella ME et al. Hepatology. 2023;77:1797-1835; 2. Younossi ZM et al. JAMA Netw Open. 2021;4:e2123923; 3. Berzigotti A et al. J Hepatol. 2021;75:659–689; 4. Cusi et al. Endocr Pract. 2022;28:528–562; 5. Kanwal F et al. Gastroenterol. 2021;161:1657–1669; 6. Anstee QM et al. J Hepatol. 2022;76:1362–1378; 7. American Diabetes Association Professional Practice Committee. 2025;48:S59-S85. 8. Siddiqui MS et al. Clin Gastroenterol Hepatol. 2019;17:156-163.e2.