

## Comparative 10-Years Prognosis of Fibrotest (FT) and Liver Stiffness Measurement (LSM) by Transient Elastography (TE, Fibroscan) in 9364 Chronic Liver Diseases (CLD) Patients (Pts)

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FT and LSM were validated for fibrosis and cirrhosis staging: F4.1-no complications, F4.2-varices, F4.3-decompensated. (JHepatol2014) Aim.To assess comparatively FT and LSM 10-years survivals, overall (OS) and without liver-related deaths (SLD), according to the severity of fibrosis/cirrhosis in a prospective CLD cohort. **Methods.** Cut-offs for F4.1/F4.2/F4.3 were: for FT 0.74/0.85/0.95 and LSM(kPa) 12.5/20/50. Death(D) and liver transplantation(LT) rates were collected from the national and hospital registries. Statistics used the time to event Cox proportional-hazard. **Results.** N=9364pts with FT were included between 2003-2010: 60%males, age48.9yrs; F0F168%,F2F317% and F415%;etiolo-gies: alcohol 6%, virus B 24%, C 45%, non-alcoholic fatty liver 10%,other15%; mean(max) follow-up 51 (121 )months. N=2724pts had applicable LSM. The OS %(95%CI)/%D as per FT decreased significantly with fibrosis stage increase (all p<0.05 vs adjacent): F093.3(92-94)/3.3; F1 86.1(83-89)/7.2; F2 84.1 (81-88)/9.8; F3 75(70-79)/13.3; F4.1 65.3(59-71)/19.7, F4.2 48(42-

55)/31.1 ;F4.3 32.4(25-39)/46.3. OS as per LSM were similar for early stages (F0 94.7%;F1 95.8%;F2 96.2%,all p=NS), and decreased after F3 (F3 91.9%;F4.1 86.0%;F4.2 69.3%,F4.3 67.4%,all p<0.05). SLD, %(95%CI)/%LD/%LT, as per FT decreased with fibrosis increase (all p<0.05vs adjacent, excepted F1vsF2): F0 96.7(95-98)/0.20/1.15; F1 95.7(93-98)/0.94/2.05; F2 96.0(94-98)/1.29/2.73; F3 91.6(88-94)/2.86/4.67; F4.1 66.6(47-87)/6.9/10.0, F4.2 65.7(59-73)/14.3/21.6 and F4.3 42.9(35-51)/30.9/40.1. SLD as per LSM (N=2724) differed only for F4.2vsF4.3 (p<0.001) and was similar for others: F0 95.6(92-98)/0.16/1.32; F1 98.8(97-100)/0.0/0.88; F2 95.4(92-98)/0.22/2.88; F3 62.6(12-100)/0.49/4.39; F4.1 87.9(80-96)/1.36/7.48; F4.2 69.9(54-86)/5.99/13.7; F4.3 59.3(34-84)/16.3/27.9; all p=NS. Compared directly to LSM, FT had different prognosis between all F4 stages including F4.1vsF4.2 (all p<0.001). **Conclusion.** FT and LSM had a significant 1 0-years prognosis for the OS in all F4 stages. Compared to LSM, FT demonstrated superiority in prognostication in earlier stages for OS and in cirrhosis for SLD.

Figure 1. Overall survival plot according to Fibrotest classification of fibrosis in 7 stages. \*

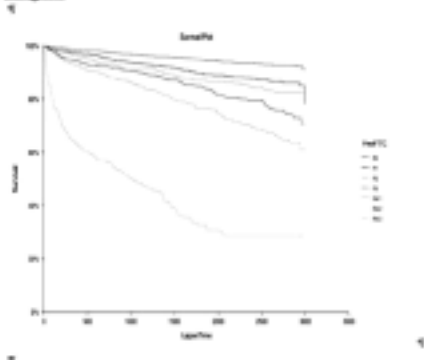
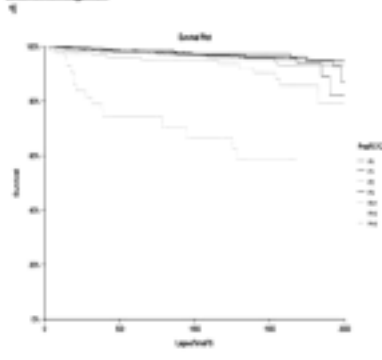


Figure 2. Overall survival plot according to LSM by Fibroscan classification of fibrosis in 7 stages. \*



Disclosures:

Mona Munteanu - Employment: Biopredictive

Yen Ngo - Employment: BioPredictive

Pascal Lebray - Grant/Research Support: Merck, astellas, Biotest, BMS; Speaking and Teaching: Janssen, MSD, Gilead

Olivier Deckmyn - Management Position: BioPredictive; Stock Shareholder: Bio-Predictive

Vlad Ratziu - Advisory Committees or Review Panels: GalMed, Abbott, Genfit, Enterome, Gilead; Consulting: Tobira, Intercept, Exalenz, Sanofi-Synthelabo, Boehringer-Ingelheim

Thierry Poynard - Grant/Research Support: Gilead; Stock Shareholder: BioPredictive

The following authors have nothing to disclose: Hugo Perazzo, Helmi Mkada, Denis Monneret, Françoise Imbert-Bismut, Dominique Bonnefont-Rousselot, Vincent Thibault, Chantal Housset