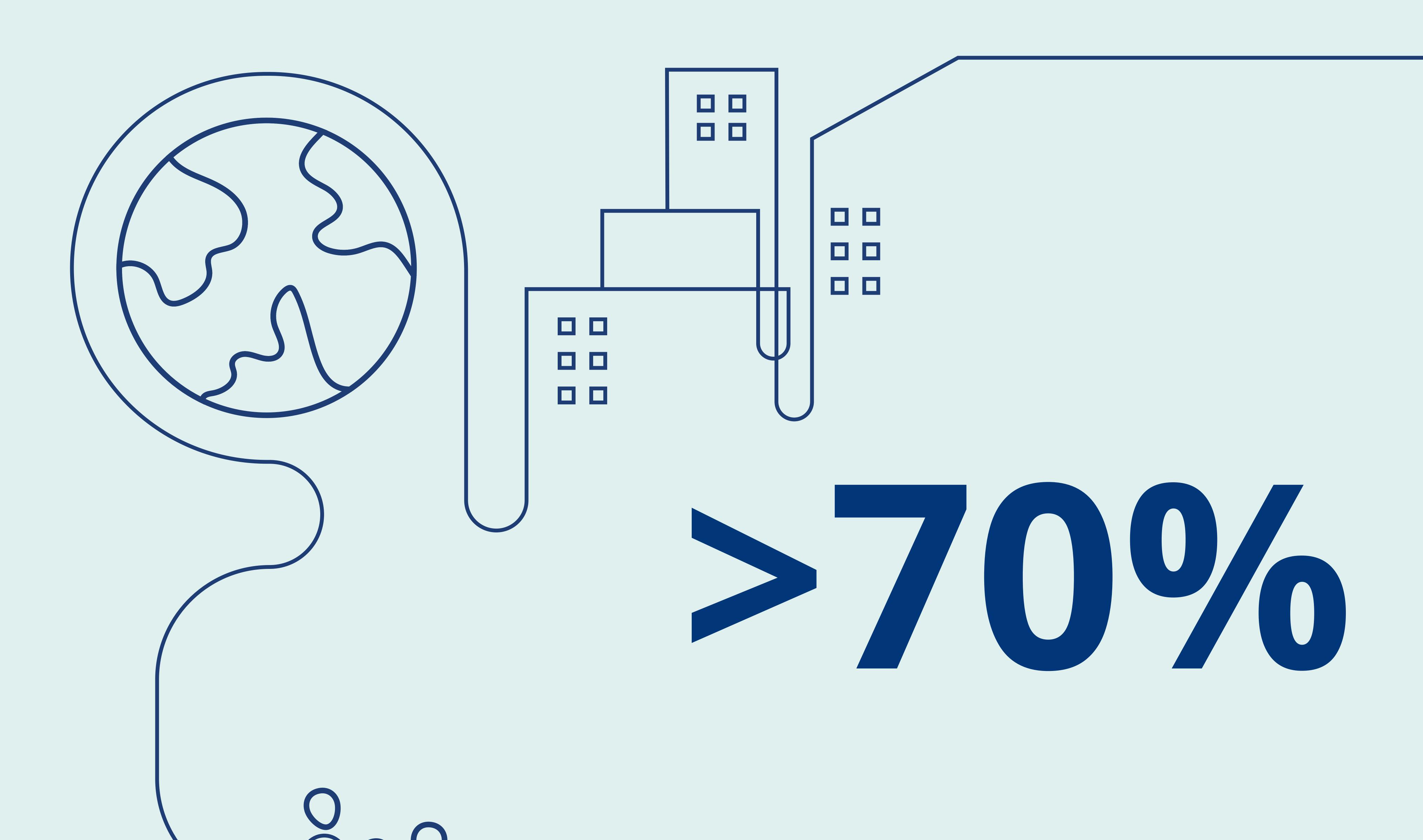


★ NAFLD/NASH is the fastest growing etiology of chronic liver disease¹ (

Patients living with type 2 diabetes or metabolic risk factors are at increased risk for NAFLD & NASH²



of patients with >70% type 2 diabetes in the United States the United States have NAFLD²

AGA Clinical Care Pathway 2021

Two or more metabolic risk factors^a

Type 2 diabetes

Identify patients at risk

Steatosis on any imaging modality or elevated aminotransferases

History & lab tests: Excessive alcohol intake, CBC, liver function tests Non-invasive testing (NIT) for fibrosis^{b,c,d} FIB-4<1.3 FIB-4 > 2.67 FIB-41.3-2.67 Indeterminate risk Liver stiffness measurement (LSM)^{e,f,g} LSM >12 kPa LSM 8-12 KPa High Risk Indeterminate Risk Low Risk Refer to hepatologist for liver biopsy or MRE or Repeat NIT in 2–3 years Refer to hepatologist monitoring with unless clinical re-evaluation of risk in circumstances change 2-3 years

Primary care, endocrinologists, gastroenterologists and obesity specialists should screen high-risk patients for NAFLD with advanced fibrosis

a. Metabolic risk factors: central obesity, high triglycerides, low HDL cholesterol, hypertension, prediabetes, or insulin resistance. b. For patients age >65, use FIB-4 <2.0 as the lower cutoff. Higher cutoff does not change. c. Other NITs derived from routine laboratories can be used instead of FIB-4. d. Many online FIB-4 calculators are available such as https://www.mdcalc.com/fibrosis-4-fib-4-index-liver-fibrosis. e. Ultrasound acceptable if vibration-controlled transient elastography (VCTE, FibroScan®) is unavailable. Consider referral to hepatologist for patients with hepatic steatosis on ultrasound who are indeterminate or high risk based on FIB-4. f. LSM values

are for VCTE (FibroScan®). Other techniques such as bidimensional shear wave elastography or point shear wave elastography can also be use used to measure LSM. Proprietary commercially available blood NITs may be considered for patients considered indeterminate or high risk based on FIB-4 or APRI, or where LSM unavailable. g. Eddowes et al. uses 8.2 and 12.1 kPa as cutoffs for LSM using VCTE. Valdiation of simple (rounded) cutoffs reported by Papatheodoridi et al.

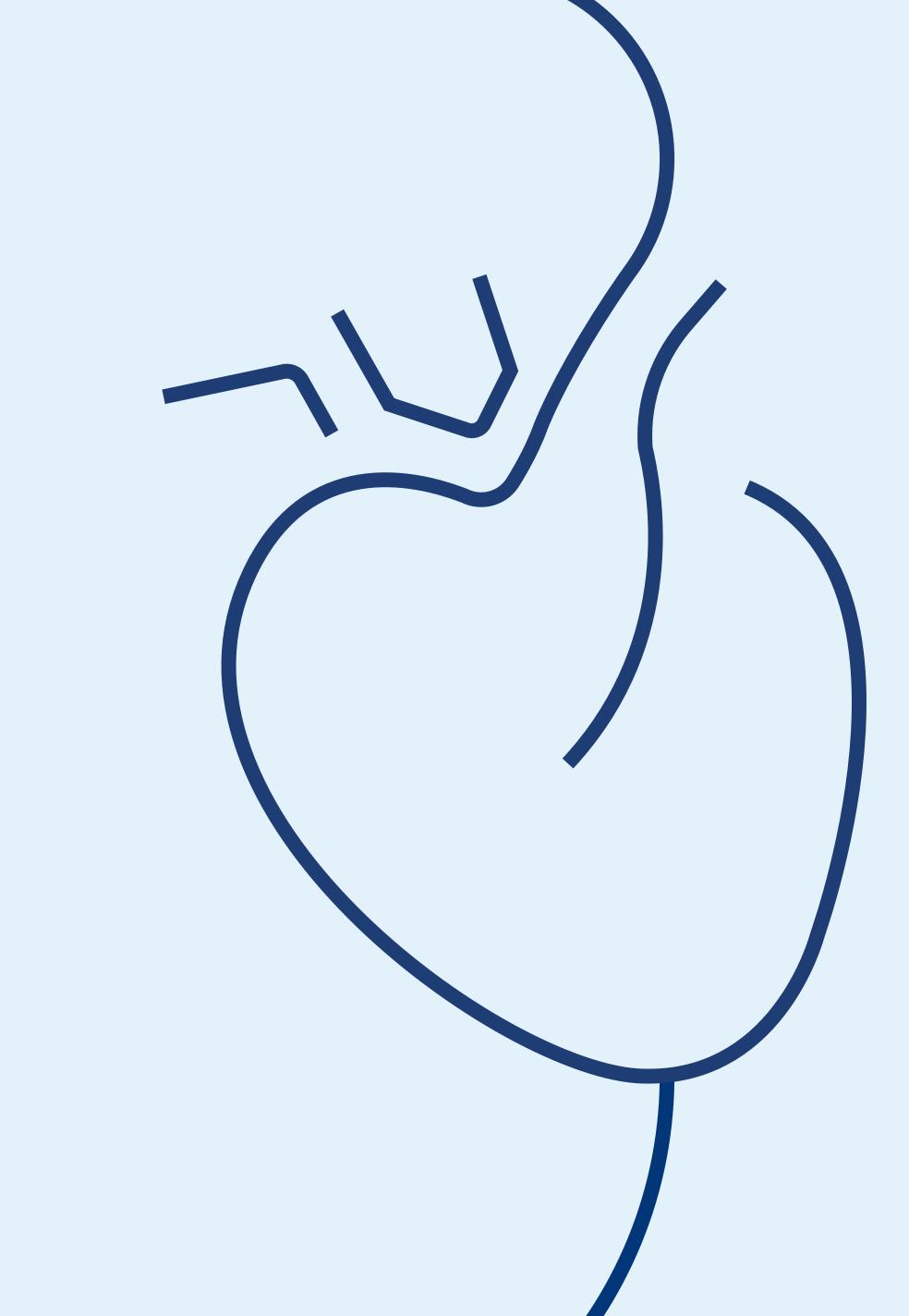
Adapted from: Kanwal F et al. Gastroenterol. 2021;161:1657–69.



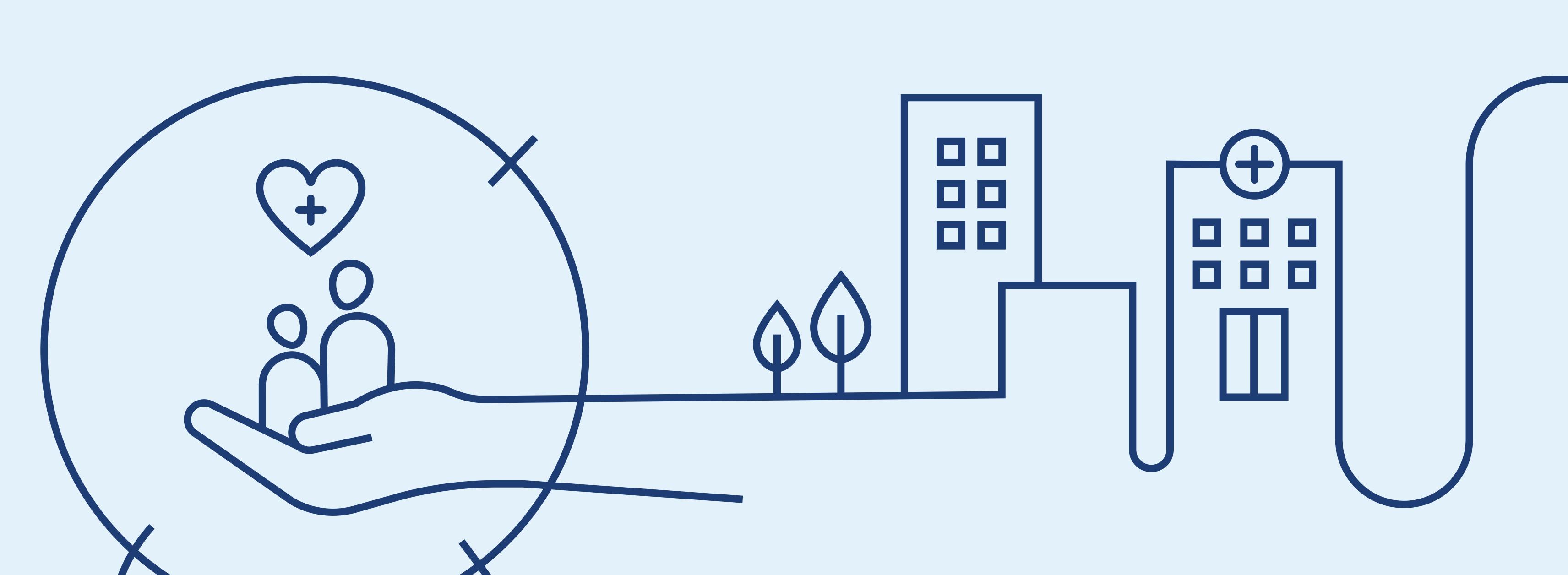


3896

of deaths in patients with NASH are cardiovascular related.¹



NASH progression to cirrhosis can lead to liver transplant or hepatocellular carcinoma²



There is a need for early intervention for patients living with NASH