The Enhanced Liver Fibrosis (ELF) Test

Assess the risk of disease progression in patients with advanced fibrosis due to nonalcoholic steatohepatitis (NASH) with a simple blood test

siemens-healthineers.us/elf
ELF can help determine risk of liver-related events in patients with NASH and compensated cirrhosis

The results indicated that ELF $\geq 11.3$ is associated with 5x greater risk of experiencing a liver related event* within a year.

* Liver related events can include:
  - Development or progression of gastroesophageal varices
  - New-onset ascites
  - Variceal hemorrhage
  - Hepatic encephalopathy

Data from placebo arm of this study are included in the pooled study analysis in the U.S. Instructions for Use.
How does the ELF test work?

The ELF™ Test measures three serum biomarkers:
1. Hyaluronic acid (HA)
2. Procollagen III N-terminal peptide (PIIINP)
3. Tissue inhibitors of metalloproteinase 1 (TIMP-1)

The three direct markers are combined into an ELF score.

This ELF score indicates the risk of a patient’s progression to cirrhosis, and their likelihood of having a liver-related event in the future.

The ELF test assesses active dynamic fibrosis rather than the damage it has caused.

These individual biomarkers reflect integral extracellular matrix (ECM) components of dynamic fibrogenesis and fibrolysis processes in real time.

In contrast, indirect-biomarker panels merely reflect a mixture of biochemical abnormalities found in chronic liver disease that are not specific to NASH or fibrosis.

Each ELF Test biomarker composing the ELF score is:
- Standardized to ensure reproducible analytical and clinical quality.
- Designed and validated for prognostic risk assessment.

*In the Mid group, the risk of disease progression is similar to the pre-test risk. Pre-test risk refers to the likelihood of disease progression in the overall intended use population without considering the ELF score.
ELF is Clinically Valuable in NASH Prognostic Care

ELF can be integrated into patient management pathways once at-risk patients are identified in primary care.

**INITIAL VISIT**

**EVIDENCE OF ≥1 OF THE FOLLOWING:**
- Fatty Liver on Imaging?
- BMI ≥ 30?
- Type 2 Diabetes?
- Elevated LFTs?

**CALCULATE FIB-4** *(standard blood work)*

<table>
<thead>
<tr>
<th>Category</th>
<th>Under 65</th>
<th>65 &amp; Older</th>
<th>Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOW RISK</strong></td>
<td>0-1.3</td>
<td>0-2.5</td>
<td></td>
</tr>
<tr>
<td><strong>MEDIUM TO HIGH RISK</strong></td>
<td>≥ 1.3</td>
<td>≥ 2.5</td>
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*FIB-4 is a simple calculation involving:
1. Platelet count
2. Age
3. Liver Enzymes (ALT & AST)*

**ELF Test**

- ≥ 9.8 – 11.3
  - Mid-risk for progression and liver-related events
  - Further assessment (may conduct additional tests)

- ≥ 11.3
  - Higher risk for progression and liver-related events
  - Confirmation of advanced fibrosis due to NASH

**Start** therapy
- Intensive Lifestyle Intervention
- Change Therapy *(if applicable)*
- Refer to Clinical Trial *(liver biopsy as appropriate)*

*Once therapies are available*
Individuals with metabolic diseases are at a higher risk of developing or having NAFLD.

BMI ≥30: 60-95% also have NAFLD

Type 2 Diabetes: 50-74% also have NAFLD

Cardiovascular Disease: 69% also have NAFLD

Hypertension: 50-74% also have NAFLD

2 or more features of metabolic syndrome: 90% also have NAFLD

Comorbidities

~12% have lean NAFLD

NAFLD is seen as the liver manifestation of metabolic syndrome.
The ELF Test

The Enhanced Liver Fibrosis (ELF™) Test is a noninvasive blood test that quantifies three analytes which directly contribute to liver fibrosis. ELF measurements have proven valuable for identifying patients with NASH with advanced fibrosis (F3 or F4) at risk of progressing to cirrhosis and/or LREs.

The widely studied ELF Test can assess active, dynamic fibrosis rather than the damage it has caused. This allows the ELF Test to be used as a prognostic marker.

- Access noninvasive testing with a simple blood test available to all patients, including those with type 2 diabetes mellitus and obesity.\textsuperscript{9,10}
- Improve patient care by stratifying advanced NASH patients most at risk of progressing to cirrhosis and LREs.\textsuperscript{11}
- Enhance patient management with a blood test that facilitates more frequent prognostic assessments to optimize patient management.

**Characteristics of an ideal non-invasive NASH test**

<table>
<thead>
<tr>
<th>Applicable in different patients</th>
<th>Economic Health Value</th>
<th>Access</th>
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<tbody>
<tr>
<td>Adults</td>
<td>Add Clinical Value</td>
<td>Improve ease and frequency of prognostic evaluation</td>
</tr>
<tr>
<td>Obesity</td>
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<tr>
<td>Diabetes</td>
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**Reimbursement**

<table>
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<th>MAAA CPT Code</th>
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First blood test granted De Novo marketing authorization by the FDA for prognosis in patients with advanced fibrosis due to NASH.
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References