

XXII JORNADAS DE AVANCES EN HEPATOLOGIA

Málaga, 18-19 de Mayo de 2023

“DETECCIÓN DE FIBROSIS HEPÁTICA EN LA POBLACIÓN GENERAL: HA LLEGADO EL MOMENTO?”

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Barcelona

No conflictos de interés

AGENDA

What is screening. General concepts

Screening for liver diseases. Rationale and tools

Where are we now?

Are we ready for screening?

AGENDA

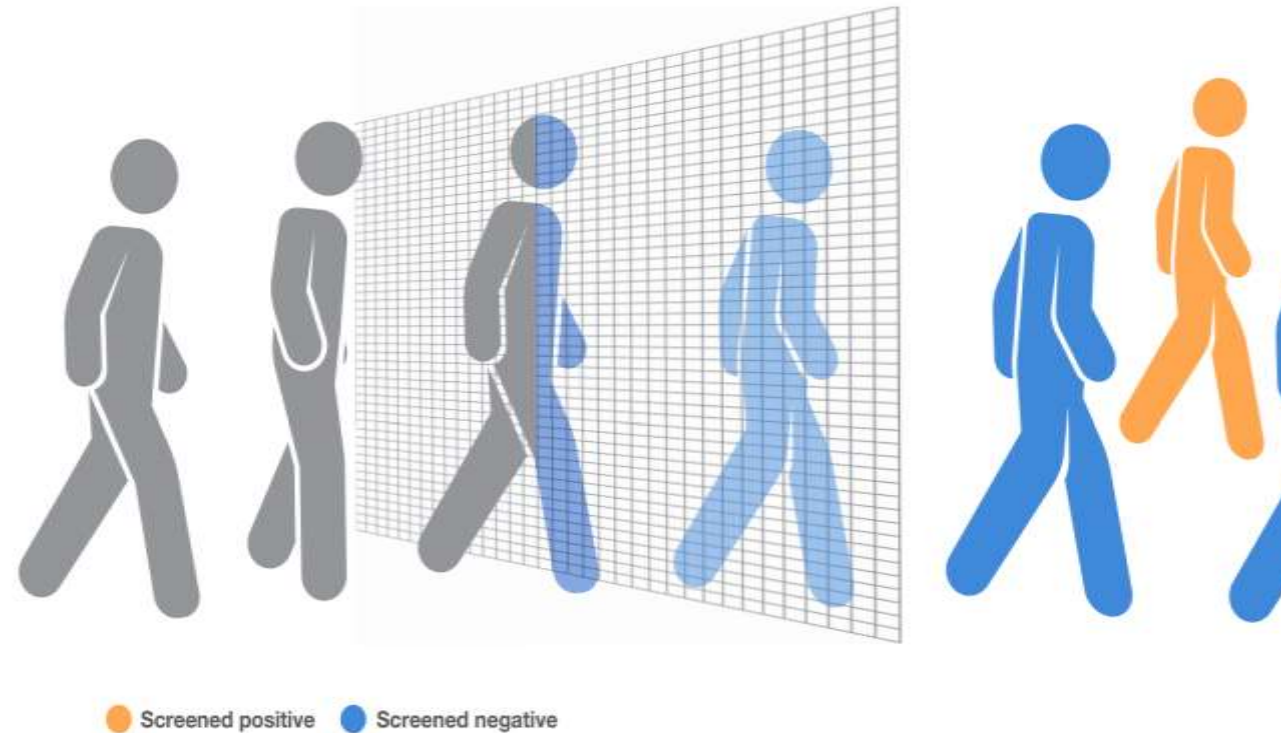
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WHAT IS SCREENING?



The purpose of screening is to identify people in an apparently healthy population who are at higher risk of a health problem, so that an early intervention or treatment can be offered. This may lead to better health outcomes for some of the screened individuals

WHO Regional Office for Europe

TYPES OF SCREENING

Organized Screening

Specified age categories, method and interval for screening

Defined target population

Specific teams for implementation, decisions and care

Quality assurance structure

Opportunistic screening / Case finding

Outside of an organized programme

During episodes of care for unrelated problems. Low efficiency!

EXAMPLES OF ORGANIZED SCREENING



Colorectal cancer screening

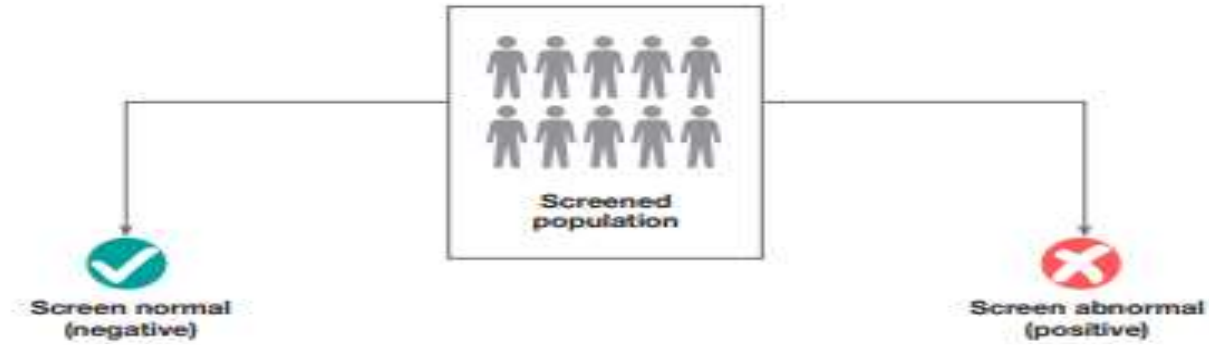
Lung cancer screening

Cervical cancer screening

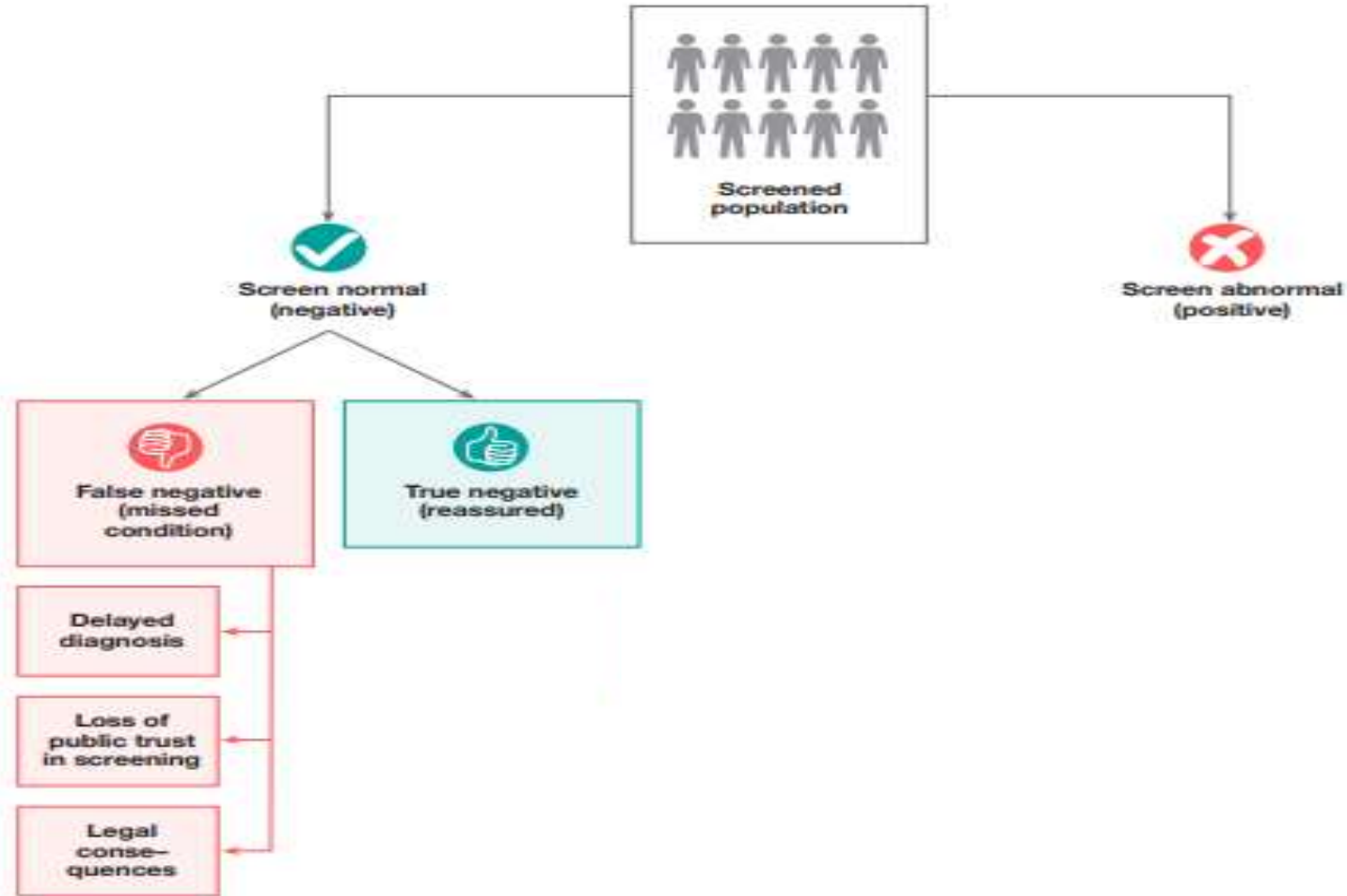
Newborn screening

Source, Johns Hopkins Medicine

POSSIBLE OUTCOMES OF A SCREENING PROGRAMME

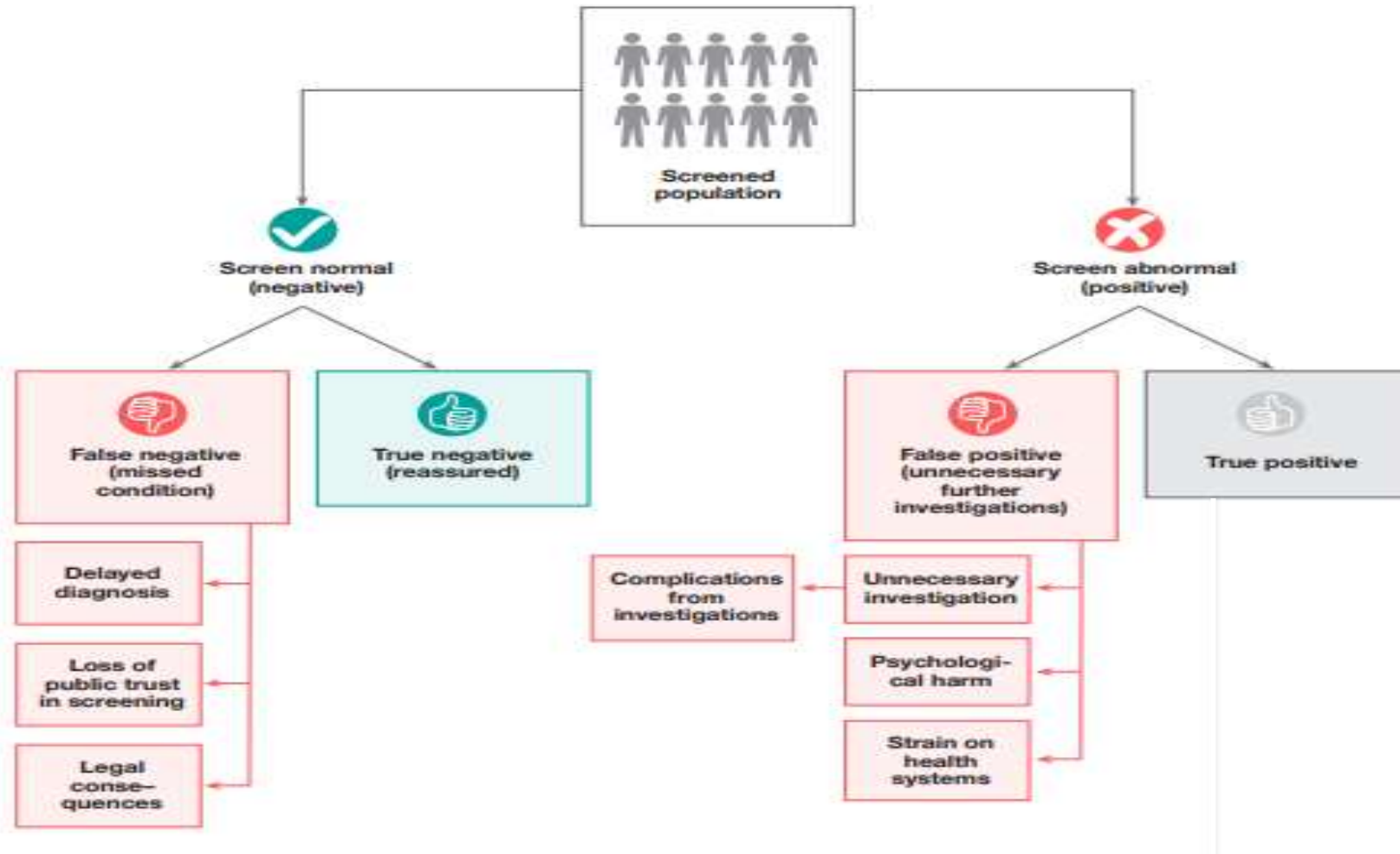


POSSIBLE OUTCOMES OF A SCREENING PROGRAMME



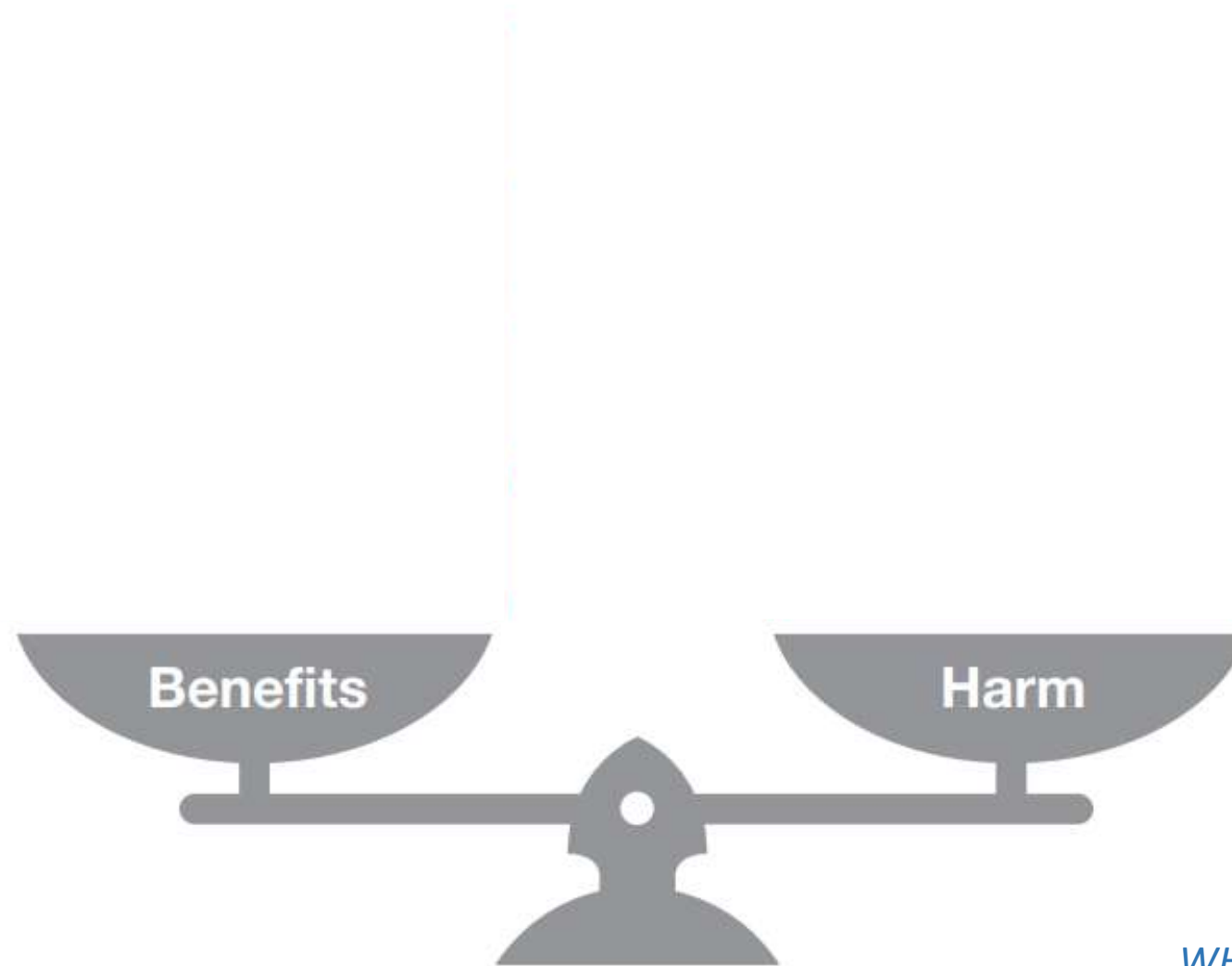
WHO Regional Office for Europe

POSSIBLE OUTCOMES OF A SCREENING PROGRAMME



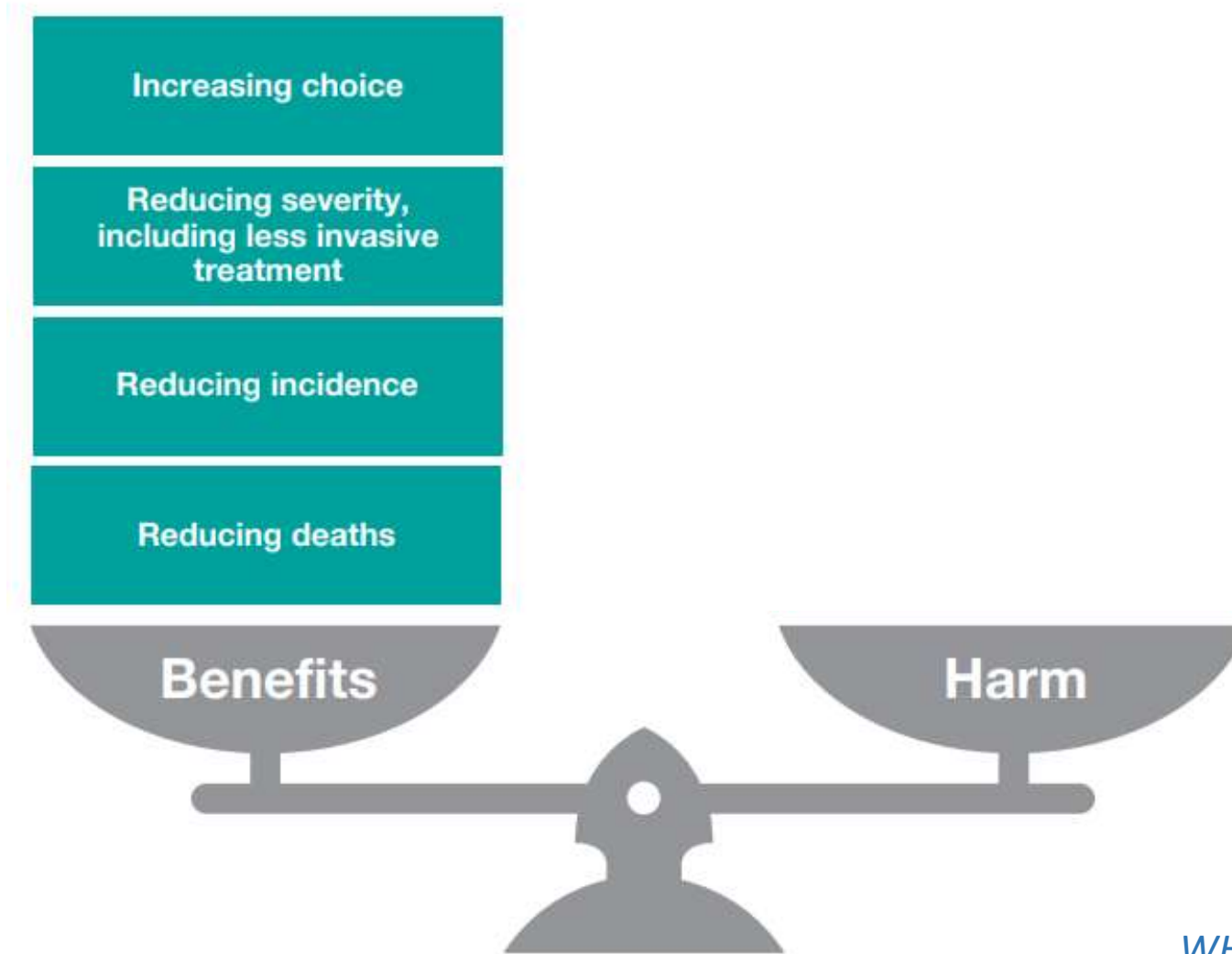
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SCREENING: BALANCING BENEFITS AND HARM



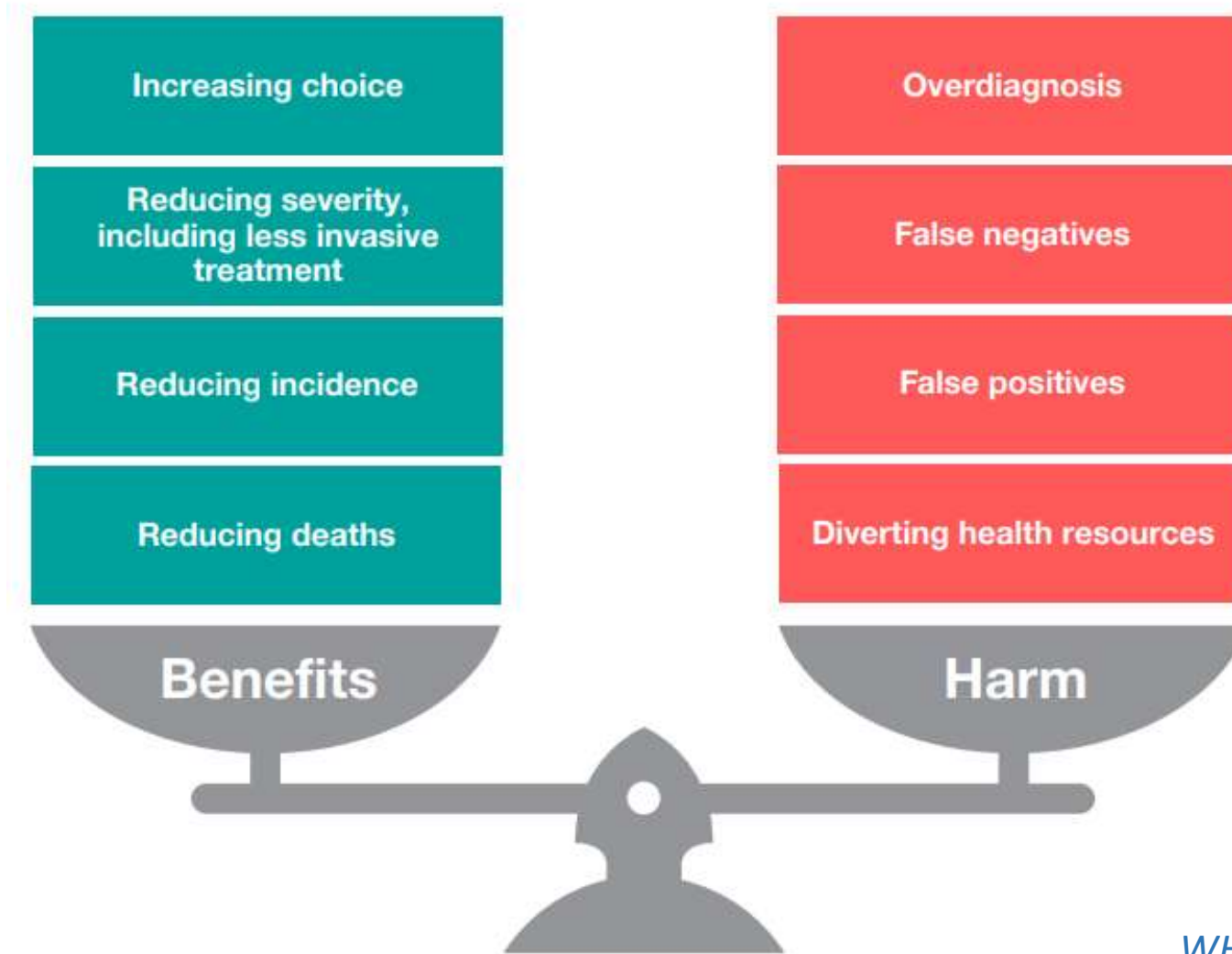
WHO Regional Office for Europe

SCREENING: BALANCING BENEFITS AND HARM



WHO Regional Office for Europe

SCREENING: BALANCING BENEFITS AND HARM



WHO Regional Office for Europe

STEPS IN A SIMPLIFIED SCREENING PATHWAY



Identify the population eligible for screening

Invitation and Information

Testing

Referral of screen positives and reporting of screen negatives results

Diagnosis

Intervention, treatment and follow-up

Reporting of outcomes

Source, Johns Hopkins Medicine

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RATIONALE FOR SCREENING OF LIVER FIBROSIS

High prevalence of chronic liver diseases

High mortality from liver cirrhosis and liver cancer worldwide

Mortality predicted to increase due to increased prevalence of obesity and alcohol consumption

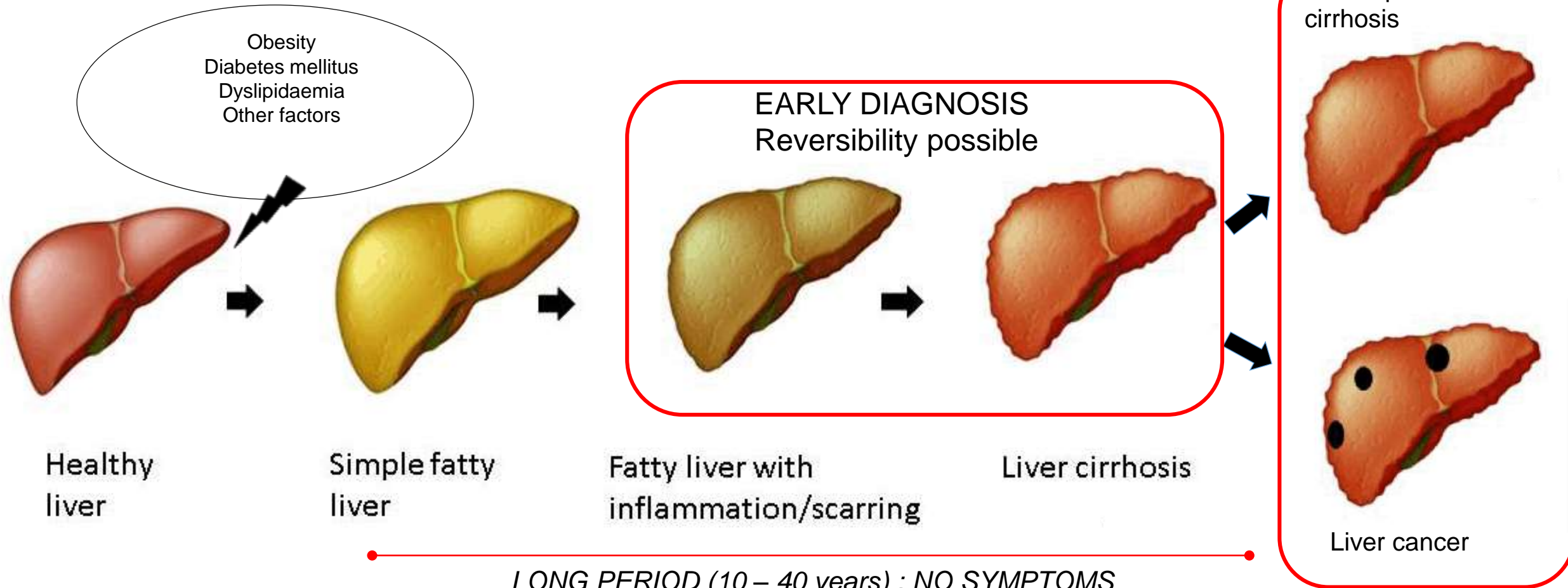
Cirrhosis is one of the main causes of years of life lost

Current diagnosis frequently made at late stages with advanced cirrhosis or cancer

NON-ALCOHOLIC FATTY LIVER DISEASE

Natural history

LIVER
SCREEN

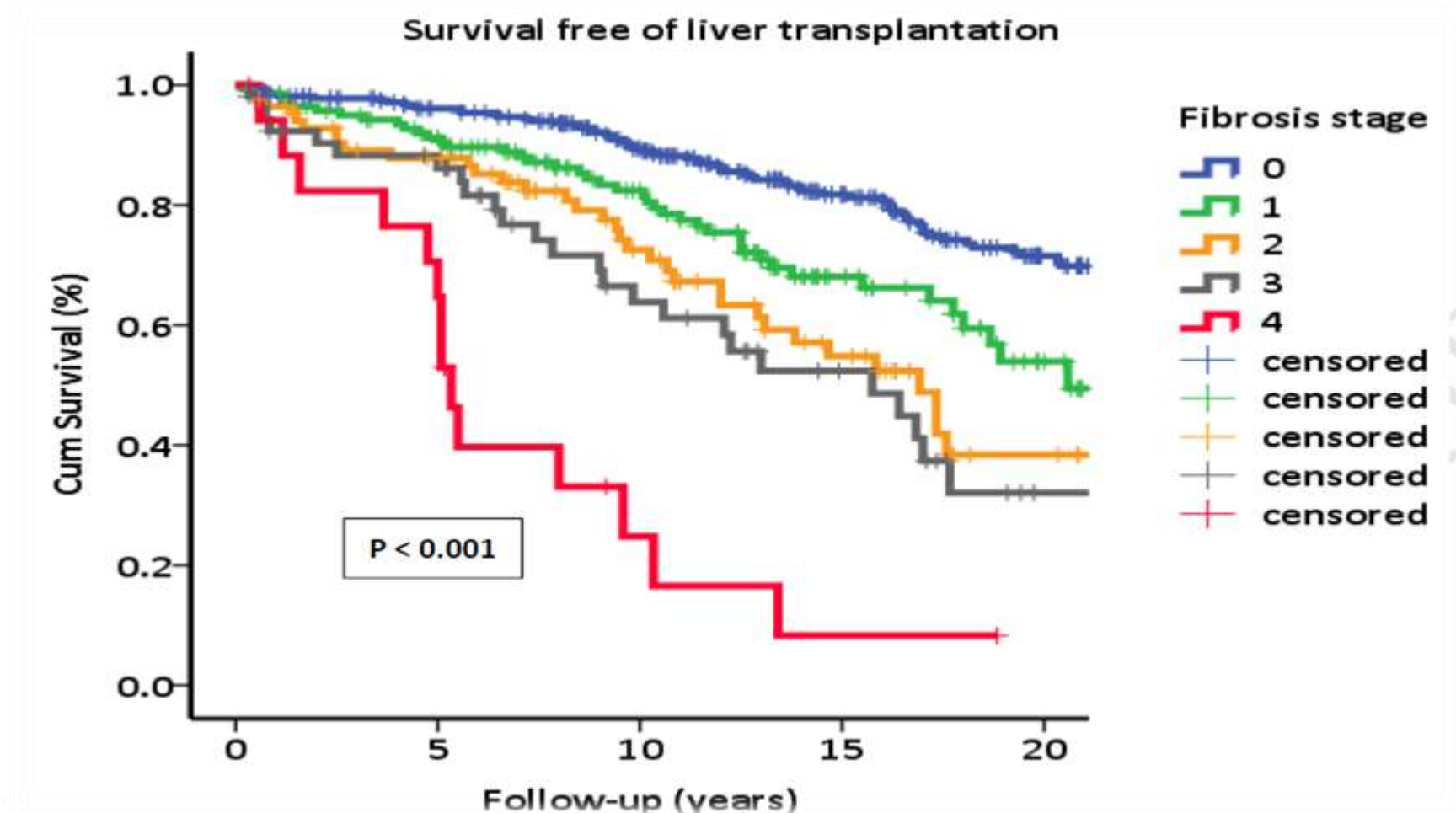


LONG PERIOD (10 – 40 years) ; NO SYMPTOMS
Liver biopsy or non-invasive tests of fibrosis for early diagnosis

Ginès P. unpublished

NON-ALCOHOLIC FATTY LIVER DISEASE

Relevance of liver fibrosis severity in long-term survival



Angulo P et al., Gastroenterology 2015

NON-INVASIVE FIBROSIS TESTS

	Components	Cutoff	Sensitivity	Specificity	NPV
NFS	Age, BMI, type 2 diabetes, AST, ALT, PLT, albumin	-1.455, 0.676	0.80	0.66	0.98
Fibrosis-4	AST, ALT, age, PLT	1.30, 2.67	0.84	0.74	0.98
ELF	Hyaluronic acid, PIIINP, TIMP-1	10.3	0.80	0.90	0.99
FibroTest	α -2-macroglobulin, haptoglobin, apo-A1, bilirubin, GGT, γ -globulin	0.3, 0.7	0.88	0.73	0.99
FibroScan	Imaging modality	8-9.8 KPa	0.82	0.82	0.99
ARFI	Imaging modality	1.2-1.3 m/s	0.81	0.78	0.99

Advanced fibrosis categorised as stages 3-4 in the non-alcoholic steatohepatitis Clinical Research Network classification. The negative predictive value (NPV) is based on a prevalence of advanced fibrosis of 5%. The diagnostic accuracy data are derived from Crossan and colleagues.³⁷ NFS=NAFLD Fibrosis Score. BMI=body-mass index. AST=aspartate aminotransferase. ALT=alanine aminotransferase. PLT=platelet count. ELF=Enhanced Liver Fibrosis test. PIIINP=aminoterminal propeptide of type III collagen. TIMP-1=metalloproteinase inhibitor 1. apo-A1=apolipoprotein A1. GGT=glutathione hydrolase 5 proenzyme. ARFI=acoustic radiation force impulse.

Table 1: Most widely available non-invasive fibrosis tests for advanced fibrosis in patients with non-alcoholic fatty liver disease (NAFLD)

Tsochatzis E. *Lancet Gastroenterol Hepatol*.2018

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SOME SCREENING STRATEGIES IN THE WORLD



The CIRRUS project in the UK

BMJ Open 2021

The SEAL project in Germany

J Hepatol 2022




The LIVERSCREEN project in Europe

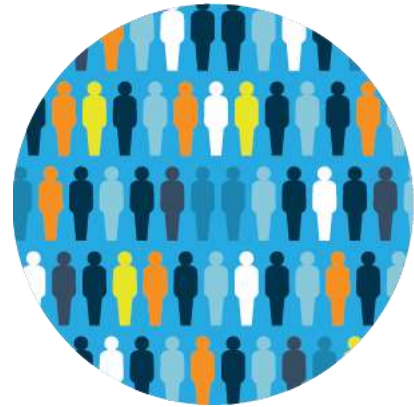
www.liverscreen.eu

LIVERSCREEN PROJECT: POPULATION-BASED STUDY ACROSS EUROPEAN COUNTRIES



THE LIVERSCREEN PROJECT

- 
Letter
- 
Phone call
- 
Walking in



Visit 1
→



Primary Care Center

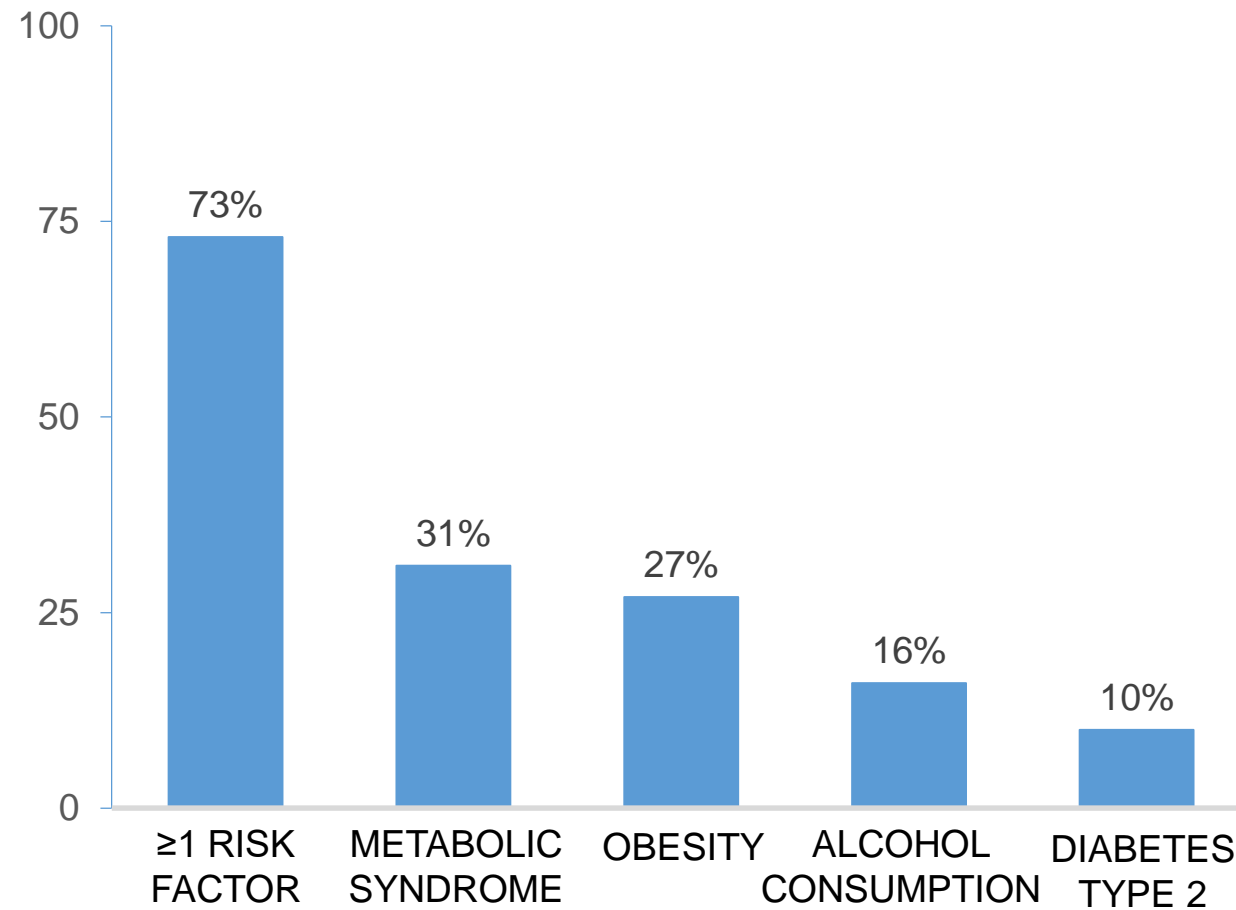
Visit 2
→



Hospital

CHRONIC LIVER DISEASES IN EUROPE

Dimension of the problem: Risk factors

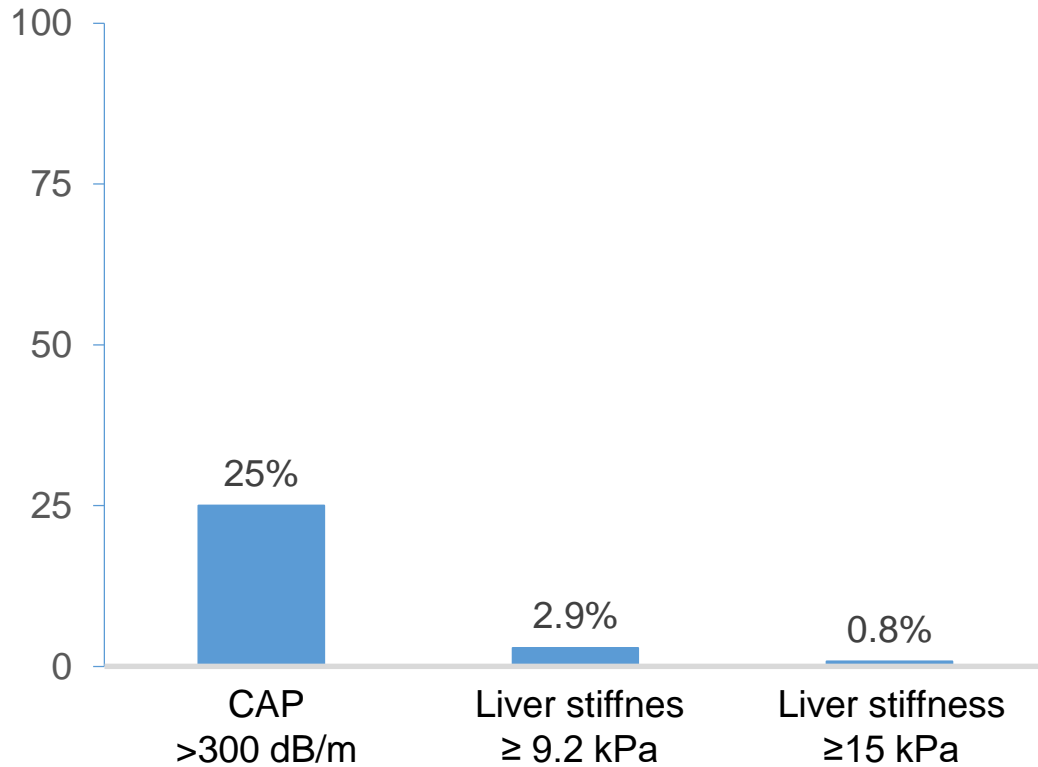


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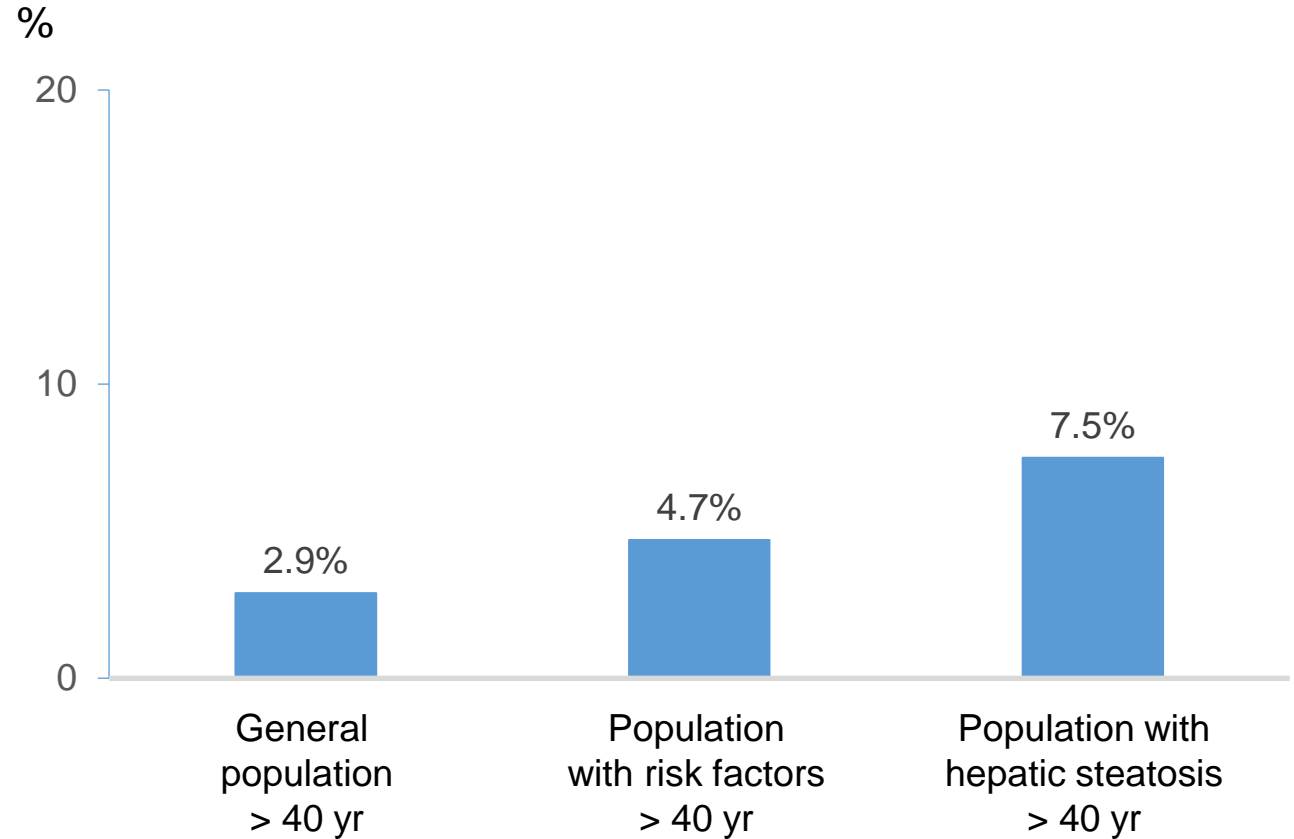
LIVER FIBROSIS IN EUROPE

Dimension of the problem: Chronic liver disease

TRANSIENT ELASTOGRAPHY VALUES

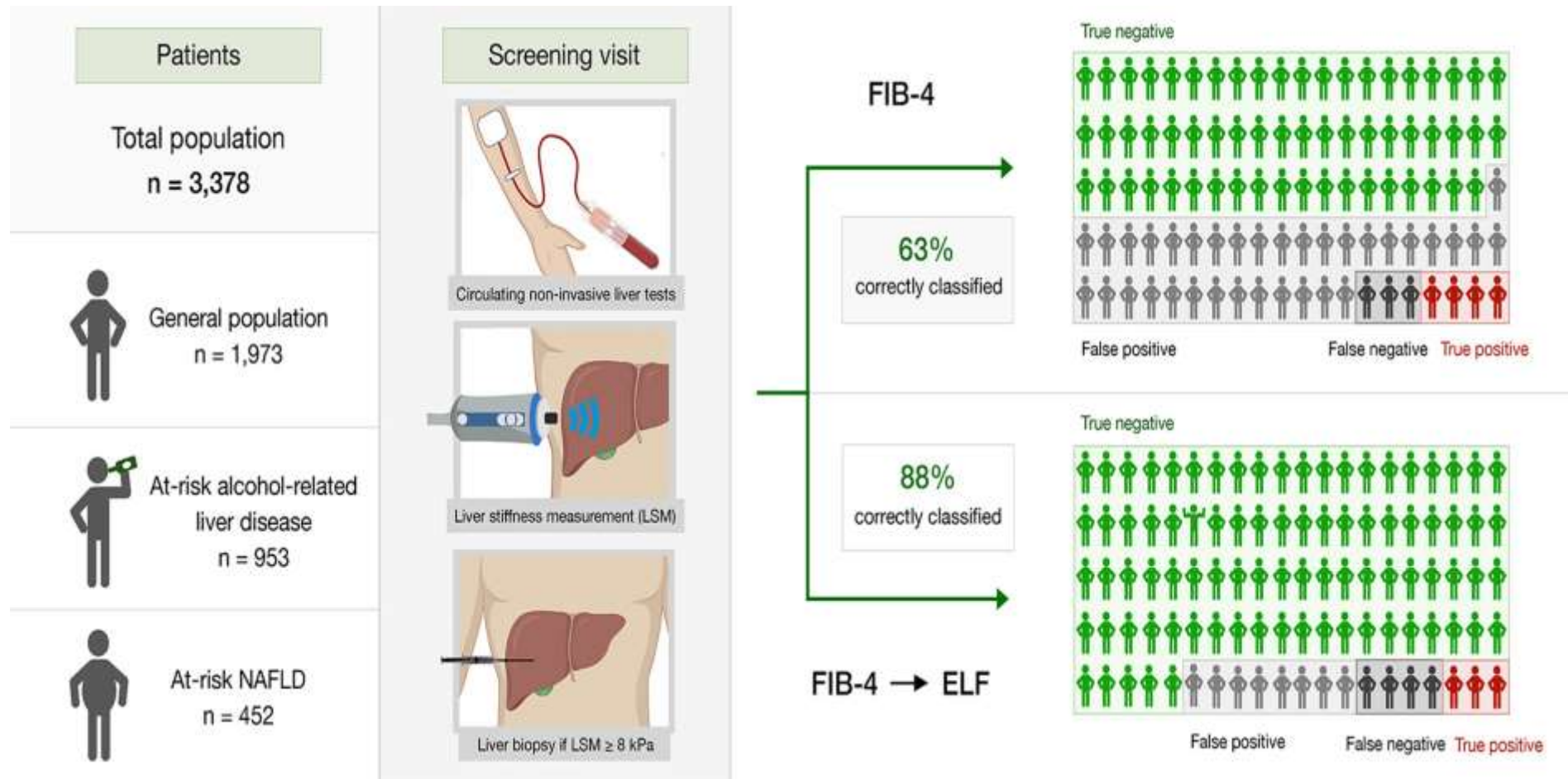


Liver stiffness ≥ 9.2 kPa



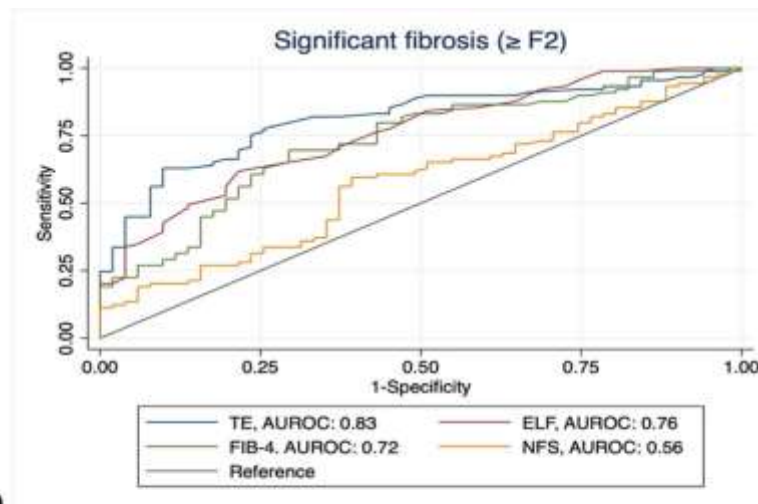
From Liverscreen, unpublished

SCREENING FOR LIVER FIBROSIS IN THE POPULATION

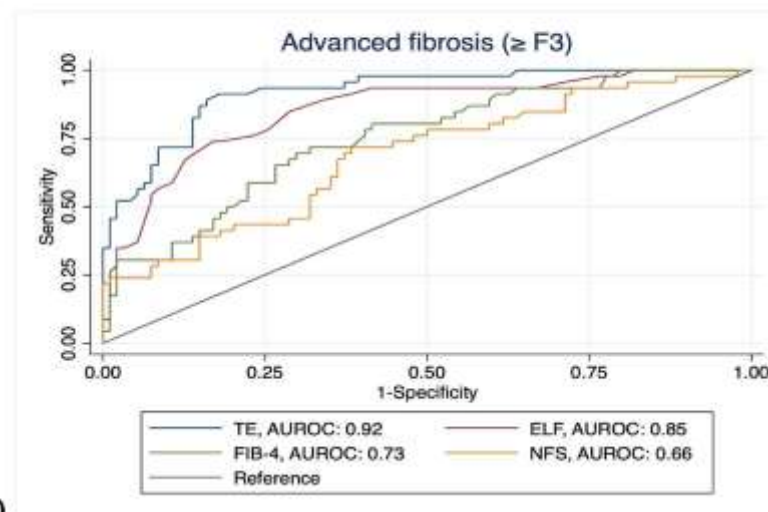


Kjaergaard et al. JHepatol. 2023

SCREENING FOR LIVER FIBROSIS IN THE POPULATION



(A)



(B)

Kjaergaard et al. JHepatol. 2023

LIVERSCREEN

Population cohorts

First cohort: 30,000 adult subjects randomly selected from 8 countries, with collection of demographic, clinical, and biochemical data, transient elastography, and biobank samples. Follow-up clinical data at 5 and 10 years. **Objectives: prevalence, risk factors, and markers**

Second cohort: 4,000 subjects from 3 different countries from previous cross-sectional studies with phenotype data as well as transient elastography that will be studied after +5 years of follow-up. **Objective: fibrosis progression**

Implementation cohort: 40,000 subjects from 4 different countries randomly selected to evaluate screening strategies. **Objective: strategies for screening**

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A PARADIGM SHIFT IN HEPATOLOGY

Screening for liver fibrosis

Development of cirrhosis takes many years but diagnosis is usually made at very advanced stages with high mortality

A paradigm shift is urgently needed to diagnose the disease early when treatment and reversibility is still possible.

This paradigm shift will likely occur as a result of population screening for liver fibrosis. Studies about implementation strategies of screening are needed to prove the cost-effectiveness of screening for liver fibrosis.

LIVERSCREEN PROJECT PARTNERS



An Horizon 2020 funded project - Grant Number 847989