



NAFLD AND NASH

Testing options to help identify NAFLD and NASH

NAFLD AND NASH

There is a growing, unmet need in chronic liver disease.

Non-alcoholic fatty liver disease (NAFLD) is a collective term used to describe a group of conditions where there is an abnormal accumulation of fat in the liver in those who drink little to no alcohol. This may range from a non-serious condition called fatty liver to a potentially serious condition called non-alcoholic steatohepatitis or NASH.¹

NAFLD

NAFLD patients with obesity and features of the metabolic syndrome that include insulin resistance, type 2 diabetes mellitus, hypertension and dyslipidemia have a higher risk of progression to NASH. Not all patients have all manifestations of the metabolic syndrome, however. With the development of NASH, the cardio-metabolic profile worsens, leading to a higher risk of cardiovascular events and death.^{1,2}

NASH

NASH is a chronic liver disease characterized by liver cell injury (hepatocellular ballooning) and inflammation as a result of fatty accumulation (steatosis) seen in at least 5% of hepatocytes. This leads to liver scarring and the development of fibrosis (scored F0 to F4). As fibrosis worsens, liver-related morbidity (including cirrhosis and hepatocellular carcinoma) and mortality increase.²



80+
million

Number of people in the United States living with NAFLD⁷



NAFLD patients with obesity and features of the metabolic syndrome that include insulin resistance, type 2 diabetes mellitus, hypertension and dyslipidemia have a higher risk of progression to NASH.



Identification of patients at higher risk of NAFLD, NASH and advanced fibrosis is the first step in optimizing patient management and therapy.

Symptoms of NASH

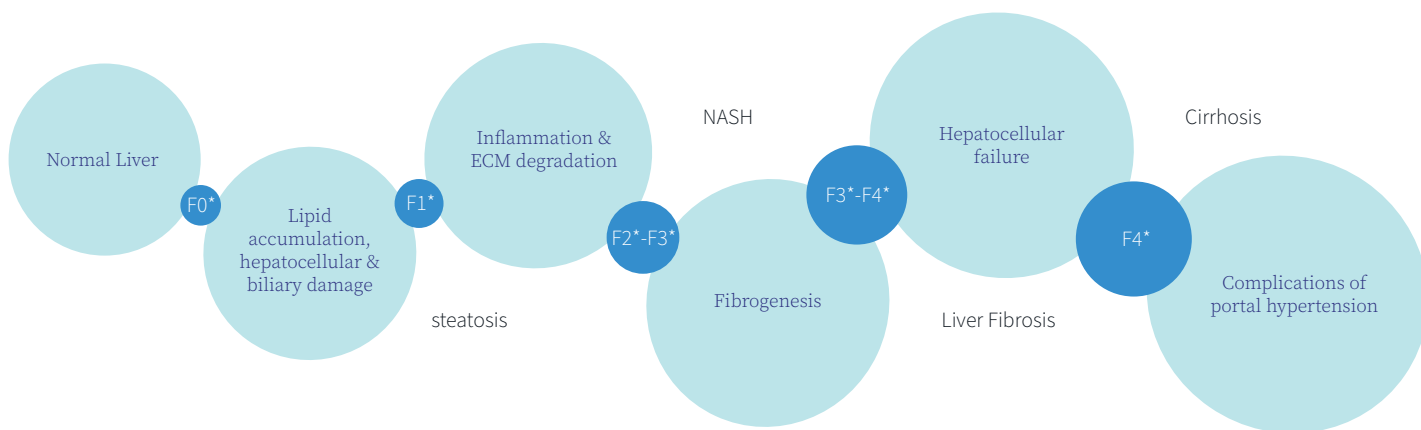
The symptoms of NASH may be very non-specific and can include fatigue, daytime tiredness, or abdominal pain early in the disease. It is usually discovered incidentally due to elevated liver enzymes, abnormal imaging studies or surgery. As cirrhosis advances, NASH-specific symptoms are more commonly manifested.²

Typically, most people who develop NASH are between 40 and 50 years old, and have one or more of the following health concerns: obesity; insulin resistance and type 2 diabetes; high cholesterol and triglycerides; metabolic syndrome. On the other hand, it is possible for individuals with none of these risk factors to develop NASH.³

Prevalence of NAFLD

The prevalence of NAFLD in the United States is reported to be between 10% and 30%⁵, and the pooled overall global prevalence of NAFLD diagnosed by imaging was estimated to be greater than 25%.⁶ However, the exact prevalence of NAFLD and NASH in an adult population remains difficult to assess due to the lack of a cost-effective and widely available, minimally-invasive diagnostic test, and to the absence of specific symptoms before end-stages. There are many medications in development for the treatment of NASH; diet, lifestyle modifications and exercise are current recommendations.⁷

NASH Progression



*NASH Clinical Research Network (CRN) Scoring System



It is estimated that more than 16 million people in the United States are living with NASH, and the prevalence of NASH will increase by 63% by the year 2030.¹

At Labcorp, we believe proper testing can help slow the trends by helping identify those at risk of developing NAFLD and NASH.

APRI (385375)

The AST to Platelet Ratio Index (APRI) assay is reported to be a simple, noninvasive, and readily available laboratory test index that can stratify patients with HCV and NAFLD who are at high or low risk for significant fibrosis and cirrhosis with high degree of accuracy. Results from the APRI test include AST, platelet count and the APRI score.

Enhanced Liver Fibrosis (550659)

The Enhanced Liver Fibrosis (ELF™) blood test is a simple, accurate, non-invasive test that provides a numeric score for use in patients known to have advanced liver fibrosis. It is indicated as a prognostic marker in conjunction with other laboratory findings and clinical assessments in patients with advanced fibrosis (F3 or F4) due to NASH in order to assess the likelihood of progression to cirrhosis and liver-related clinical events.⁸

FIB-4 (403604)

The FIB-4 index is reported to be a simple, accurate, noninvasive, and readily available laboratory test index that can help in evaluation of patients with HCV and NAFLD for the presence of liver fibrosis, and the indication for liver biopsy, and other liver-related complications. Results from the FIB-4 test include ALT, AST, platelet count and the FIB-4 score.

FIB-4 With Reflex to Enhanced Liver Fibrosis (ELF) (402175)

See individual tests descriptions.

FIB-4 With Reflex to NASH FibroSure® Plus (402146)

See individual tests descriptions.

Liver Fibrosis Risk Profile With Hepatic Function Panel, Complete Blood Count (CBC) With Differential, FIB-4, and APRI (402145)

This profile is intended for use in screening patients suspected to be at risk for liver fibrosis. AST to Platelet Ratio Index (APRI) is reported to be a simple, noninvasive, and readily available laboratory test index that can stratify patients with HCV and Non-Alcoholic Fatty Liver Disease (NAFLD) who are at high or low risk for significant fibrosis and cirrhosis with high degree of accuracy. FIB-4 index is reported to be a simple, accurate, noninvasive, and readily available laboratory test index that can help in evaluation of patients with HCV and Non-Alcoholic Fatty Liver Disease (NAFLD) for the presence of liver fibrosis indication for liver biopsy, and other liver-related complications.

NASHnext™ (504960)

Utilizing NIS4™ technology, NASHnext is a blood-based diagnostic test that quantitatively measures four independent biomarkers to produce a score that identifies, among patients with metabolic factors, those with at-risk NASH, who are at higher risk of disease progression.

NASH FibroSure® (550140)

This noninvasive assessment of liver status in patients with NAFLD provides quantitative results of 10 biochemicals in combination with age, gender, height, and weight. These factors are analyzed using a computational algorithm to provide a quantitative surrogate marker (0.0-1.0) of liver fibrosis (Metavir F0-F4), hepatic steatosis (0.0-1.0, S0-S3), and NASH (0.0-0.75, N0-N2). The absence of steatosis (S<0.38) precludes the diagnosis of NASH.

NASH FibroSure® Plus (550960)

NASH FibroSure® Plus offers a more streamlined testing process than NASH FibroSure: BMI is no longer included in the calculation, eliminating one step for providers.



NAFLD and NASH Related Tests

Test Name	Test No.
NASH	
AST and Platelets with APRI	385375
Enhanced Liver Fibrosis (ELF™)	550659
FIB-4	403604
FIB-4 With Reflex to Enhanced Liver Fibrosis (ELF)	402175
FIB-4 With Reflex to NASH FibroSure® Plus	402146
Liver Fibrosis Risk Profile with Hepatic Function Panel, Complete Blood Count (CBC) With Differential, FIB-4, and APRI	402145
NASHnext™	504960
NASH FibroSure®	550140
NASH FibroSure® Plus	550960
Non-Alcoholic Fatty Liver Disease Advanced Fibrosis Rule-Out Cascade	402205
Risk of Cardiovascular Disease and Type 2 Diabetes	
Glucose, Plasma	001818
Hemoglobin (Hb) A1c	001453
Insulin	004333
Lipid Panel Plus ApoB	123544
Lipid Panel Plus Diabetes Risk Index	123525
Lipid Panel Plus Inflammation	123510
Lipid Panel Plus Inflammation and Diabetes Risk Index	123559
Lipid Panel Plus Inflammation, Diabetes Risk Index and Apo B	123567
NMR LipoProfile® With Insulin Resistance Markers Without Lipids	123497
NMR LipoProfile® With Lipids and Insulin Resistance Markers	123638
Liver Related Markers	
α2-Macroglobulin, Quantitative	122135
Alanine Aminotransferase (ALT/SGPT)	001545
Albumin	001081
Alkaline Phosphatase	001107
Aspartate Aminotransferase (AST/SGOT)	001123
Bile Acids	010330
Lactic Acid Dehydrogenase (LD)	001115
Protein, Total	001073
ASH	
ASH FibroSure®	550180
Ethyl Glucuronide/Ethyl Sulfate (EtG/EtS), Screen and Confirmation, Urine	737610
Hepatitis	
Acute Viral Hepatitis (HAV, HBV, HCV)	144000
Hepatitis A Virus (HAV) Antibody, Total	006726
Hepatitis A Antibody, IgM	006734

Test Name	Test No.
Hepatitis B Virus (HBV) Screening and Diagnosis	144473
Hepatitis B Core Antibody, Total	006718
Hepatitis B Surface Antibody, Qualitative	006395
Hepatitis B Surface Antigen (HBsAg) Screen, Qualitative	006510
Hepatitis B Surface Antigen, Quantitative, Monitor	007130
Hepatitis B Virus (HBV) Genotype	551710
Hepatitis B Virus (HBV) Genotyping Plus Drug Resistance	551750
Hepatitis B Virus (HBV), Quantitative, DNA Real-time PCR, (Nongraphical)	551610
Hepatitis C Virus (HCV) Antibody With Reflex to Quantitative Real-time PCR	144050
Hepatitis C Virus (HCV) FibroSure®	550123
Hepatitis C Virus (HCV) GenoSure® NS3 / 4A	550540
Hepatitis C Virus (HCV) Genotype 3 NS5A Drug Resistance Assay	550603
Hepatitis C Virus (HCV) Genotyping, Nonreflex	550475
Hepatitis C Virus (HCV) NS5A Drug Resistance Assay	550325
Hepatitis C Virus (HCV) NS5B Drug Resistance Assay	550505
Hepatitis C Virus (HCV), Quantitative, Real-time PCR (Graphical)	550070
Hepatitis C Virus (HCV), Quantitative, Real-time PCR (Nongraphical)	550080
Hepatitis C Virus (HCV), Quantitative, RNA PCR (Graphical) With Reflex to Genotyping	550100
Hepatitis C Virus (HCV), Quantitative, RNA PCR (Nongraphical) With Reflex to Genotyping	550090
Other	
α-Fetoprotein (AFP), Tumor Marker	002253
α-Fetoprotein (AFP), Tumor Marker (Serial Monitor)	480012
α-Fetoprotein (AFP) With AFP-L3%, serum	141300
α1-Antitrypsin, Serum (preferred) or plasma	001982
α1-Antitrypsin Deficiency, DNA Analysis	511881
α1-Antitrypsin Phenotyping, Serum	095653
γ-Glutamyl Transferase (GGT)	001958
Actin (Smooth Muscle) Antibody (ASMA)	006643
Ammonia, Plasma	007054
Bilirubin, Total and Direct	001214
Ceruloplasmin	001560
Copper, Serum or Plasma	001586
Copper, Urine	003343
Hereditary Hemochromatosis, DNA Analysis	511345
Liver-Kidney Microsomal (LKM) Antibodies	163980
Mitochondrial (M2) Antibody	006650
Soluble Liver Antigen (SLA) IgG Antibody	007441
Thyroid Peroxidase (TPO) Antibodies	006668

Power of the Combined

Labcorp and Labcorp Drug Development working to bring NASH technologies to the forefront

Superior testing options with NASHnext™, NASH FibroSure®, NAFLD cascade, and more through Labcorp

- 15 NAFLD/NASH studies in 5 years, with 4 global phase 3 studies in progress at Labcorp Drug Development
- 4,000+ biopsy-confirmed patients recruited by Labcorp Drug Development, plus metrics on 700+ sites across 28 countries
- 31 NAFLD/NASH and NASH cirrhosis studies currently being conducted in our labs as of 2019

Drug development leadership & medical testing expertise makes Labcorp Drug Development & Labcorp your choice for NASH collaboration



References

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3. National Institute of Diabetes and Digestive and Kidney Diseases website. Symptoms & Causes for NAFLD & NASH. <https://www.niddk.nih.gov/health-information/liver-disease/nafld-nash/symptoms-causes>. Accessed March 15, 2021.
4. Vernon G, Baranova A, Younossi ZM. Systematic review: the epidemiology and natural history of non-alcoholic fatty liver disease and non-alcoholic steatohepatitis in adults. *Aliment Pharmacol Ther* 2011;34:274-285.
5. Younossi ZM, Koenig AB, Abdelatif D, et al. Global epidemiology of nonalcoholic fatty liver disease-Meta-analytic assessment of prevalence, incidence and outcomes. *Hepatology* 2016; 64(1):73-84
6. National Institute of Diabetes and Digestive and Kidney Diseases website. Treatment for NAFLD & NASH. <https://www.niddk.nih.gov/health-information/liver-disease/nafld-nash/treatment>. Accessed October 3, 2019.
7. Estes C, Razavi H, Loomba R, Younossi Z, Sanyal AJ. Modeling the epidemic of nonalcoholic fatty liver disease demonstrates an exponential increase in burden of disease. *Hepatology*. 2018 Jan;67(1):123-133.
8. ADVIA Centaur® Enhanced Liver Fibrosis (ELF) [package insert]. Tarrytown, NY. Siemens Healthcare Diagnostics Inc. Rev. 01, 2021-08.

For more information about NASH-NAFLD
and how it can benefit your patients,
visit [Labcorp.com/NASH](https://www.labcorp.com/NASH)

