

FibroMax for excessive Alcohol

Screening asymptomatic liver fibrosis and cirrhosis

\ll In high-risk drinkers, we have suggested that fibrosis screening be recommended starting at the age of 40 \gg

Naveau S et al. Hepatology 2009

Diagnose and motivate for alcohol withdrawal

 $\mathsf{FibroMax}^\mathsf{I}$ in subjects with excessive alcohol intake should help the clinician to:

- better manage patients with severe injuries such as advanced fibrosis and severe ASH, at risk of cirrhosis and liver cancer, ^{2,3,4}
- motivate subjects with steatosis only, without fibrosis, to undergo alcohol withdrawal, $^{\rm 5,6}$
- detect at-risk subjects with underestimated declared alcohol intake.⁷

FibroMax (FibroTest+SteatoTest+AshTest)

FibroMax is used in the diagnosis and the follow-up of liver fibrosis, steatosis and inflammation with a blood sample and is done at local laboratory:

- FibroTest: estimates the liver fibrosis and provides prognosis of complications ^{2,3}
- SteatoTest: estimates the liver steatosis ⁶
- AshTest: estimates the severity of alcoholic steatohepatitis ^{7,8}

Heavy drinkers: diagnosis and prognosis

FibroTest diagnostic and prognostic values are similar to liver biopsy. ${\scriptstyle 2,3,10,12}$

FibroTest classifies patients into risk groups for long-term complications: ^{8,9}

- F3 and F4 (cirrhosis) : screen patient for complications,
- Fl and F2 : motivate patient to undergo alcohol withdrawal treatment.

AshTest is a quantitative estimate of alcoholic hepatitis in heavy drinkers. It reduces the need for liver biopsy, and therefore enables earlier treatment of alcoholic hepatitis. 4,8

Better than GGT and AST/ALT ratio

The combination of FibroTest, SteatoTest and percentage of CDT has the accuracy for identifying patients with excessive undeclared alcohol consumption (\geq 30 g/day) betterthan GGT and AST/ALT ratio.³

Unlike FIB-4 or APRI, FibroTest does not include AST nor ALT transaminases, avoiding the risk of confounding features of fibrosis and activity.



FibroMax is a liver panel including 3 non-invasive tests: FibroTest, SteatoTest and AshTest

References :

- 1. Chrostek L World J Gastroenterol. 2014
- 2. Poynard T et al. Gastroenterol Hepatol 2011
- 3. Halfon P et al. Gastroenterol Clin Biol 2008
- 4. Thabut D et al. J Hepatol 2006
- Poynard T et al. BMC Gastroenterol 2010
 Poynard T et al. Comp Hepatol 2005
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 Imbert-Bismut F et al. Eur J Gastroenterol Hepatol 2009
- 8. Rudler M et al. PlosOne 2015
- 9. Naveau S et al. Hepatology 2009
- 10. Nguyen-Khac E et al. Aliment Pharmacol Ther 2008
- Lombardi R World J Gastroenterol 2015
 Naveau S et al. Eur J Gastroenterol Hepatol 2014

Assays (done at a local lab.): Alpha-2 macroglobulin, Haptoglobin, Apolipoprotein A I, Total Bilirubin, GGT, ALT, AST, Cholesterol, Triglycerides, Fasting Glucose, age, gender, weight, height

Find all the scientific publications of BioPredictive non-invasive tests on the website:

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