## FibroTest-ActiTest in **HIV**



Estimating Fibrosis, Cirrhosis and Activity

Recommended by EASL-ALEH Guidelines<sup>1</sup> for HIV co-infected patients

# Liver diagnosis in HIV-HCV and HIV-HBV co-infected patients

FibroTest evaluates both fibrosis in the early stages (F0 to F3) and cirrhosis (F4).  $^{\rm I-6,\, I6,\, I7}$ 

FibroTest offers better diagnostic value than hyaluronic acid, APRI, FIB-4 and AST/ALT ratio.  $^{\!\!2.3}$ 

Accuracy is not affected by CD4 count, ALT transaminases, gender, age and ART-treatment including HBV active drugs.<sup>2,4,5</sup>

#### Follow-up

The HCV-SVR status was associated with fibrosis regression in HIV-HCV co-infected patients. $^{6,7}$ 

Progression rate to cirrhosis and hepatocelullar carcinoma occurence in SVR are higher in HIV-HCV co-infected than in HCV mono-infected.  $^7$ 

### Safety

High applicability in HIV populations : 97% <sup>8</sup>

FibroTest identifies cirrhosis in HIV patients, who have an increased risk of side effects due to antiretroviral overdosing (i.e. efavirenz, saquinavir) <sup>9,10,11</sup>

Atazanavir and nevirapine do not alter FibroTest performance 2,7,12

FibroTest	1.00	
FibroTest estimates liver fibrosis :	0.75-	
<ul> <li>F0: no fibrosis</li> <li>F1: minimal fibrosis</li> </ul>	0.50-	
<ul> <li>F2: moderate fibrosis</li> <li>F3: advanced fibrosis</li> <li>F4: severe fibrosis (cirrhosis)</li> </ul>	0.25-	
	0.00	
ActiTest	1.00	
ActiTest estimates necroinflammatory activity :	0.75-	
<ul> <li>A0: no activity</li> </ul>	0.50-	
<ul> <li>A1: minimal activity</li> </ul>		

#### FibroTest-ActiTest summary

- FibroTest and ActiTest estimate both fibrosis and necroinflammatory activity with a blood sample done at a local laboratory. The applicability of FibroTest is higher than transient elastography.<sup>8,13</sup>
- ActiTest is more accurate than ALT transaminases for the diagnosis of necroinflammatory activity.<sup>8</sup>
- Both FibroTest and ActiTest are easily repeatable for the assessment of disease progression.
- FibroTest-ActiTest is also validated in HIV vertically infected children.  $^{\rm 15}$

#### References :

- I. EASL-ALEH Guidelines J Hepatol 2015
- 2. Bottero J et al. J Hepatol 2009
- 3. Schmid P et al. PlosOne 2015
- 4. Shaheen A et al. HIV Clin Trials 2008
- 5. Miailhes P et al. J Viral Hepat 2011
- 6. Halfon P et al. Antivir Ther 2009
- 7. PoynardT et al. J Hepatol 2013
- 8. PoynardT et al. Clin Chem 2010

- 9. Meynard JL et al. J Antimicrob Chemother 2009
- 10. Dominguez S et al. J Antimicrob Chemother 2010
- 11. Vermehren J et al. BMC Gastroenterol 2012
- 12. Cales P et al. J Hepatol 2010
- 13. Castera L et al. HIV Medicine 2013
- 14. Poynard T et al. BMC Gastroenterol 2011
- 15. Rubio A et al. J Pediatr Gastroenterol Nutr 2009
- 16. Sebastiani G et al. Aliment Pharmacol Ther 2011
- 17. Myers RP et al. AIDS 2003

Assays (done at local lab.): Alpha-2 macroglobulin, Haptoglobin, Apolipoprotein A I, Total bilirubin, GGT, ALT, age, sex - according to BioPredictive precautions of use (biopredictive.com)

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