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). 

FibroTest offers better diagnostic value than hyaluronic acid, APRI, FIB-4 and AST/ALT ratio. 

Accuracy is not affected by CD4 count, ALT transaminases, gender, age and ART-treatment including HBV active drugs. 

Follow-up

The HCV-SVR status was associated with fibrosis regression in HIV-HCV co-infected patients. 

Progression rate to cirrhosis and hepatocellular carcinoma occurrence in SVR are higher in HIV-HCV co-infected than in HCV mono-infected. 

Safety

High applicability in HIV populations: 97%. 

FibroTest identifies cirrhosis in HIV patients, who have an increased risk of side effects due to antiretroviral overdosing (i.e. efavirenz, saquinavir). 

Atazanavir and nevirapine do not alter FibroTest performance. 

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. 

• ActiTest is more accurate than ALT transaminases for the diagnosis of necroinflammatory activity. 

• Both FibroTest and ActiTest are easily repeatable for the assessment of disease progression. 

• FibroTest-ActiTest is also validated in HIV vertically infected children. 

FibroTest-ActiTest in HIV

Estimating Fibrosis, Cirrhosis and Activity

Recommended by EASL-ALEH Guidelines for HIV co-infected patients

References:

1. EASL-ALEH Guidelines J Hepatol 2015
7. Poyrand T et al J Hepatol 2013
10. Dominguez S et al Antimicrob Chemother 2010
12. Cales P et al J Hepatol 2010
17. Myers RP et al AIDS 2003

Assays (done at local lab.) : Alpha-2 macroglobulin, Haptoglobin, Apolipoprotein A1, Total bilirubin, GGT, ALT, age, sex - according to BioPredictive precautions of use (biopredictive.com)