Liver Fibrosis, Fibrosis-4 (FIB-4) Index

Powering better outcomes
through noninvasive liver fibrosis assessment

High rates of obesity, insulin resistance, and metabolic syndrome have led to an increase in nonalcoholic fatty liver disease (NAFLD), affecting roughly 80 million people in the US.[1] Many of these patients progress to nonalcoholic steatohepatitis (NASH) and are at high risk of cardiovascular disease and end-stage liver disease. Because NASH can progress with nonspecific symptoms, patients may not know they have it. **Now you can identify patients with a high or low likelihood of late-stage NASH with advanced fibrosis and take action.**

1 in 4
US adults have NAFLD[1]

>75%
of adults with type 2 diabetes have NAFLD[1]

NASH
is the fastest-growing indication for liver transplantation[2]

A noninvasive approach to assess risk of advanced liver disease

Liver disease progression can lead to the development of fibrosis, cirrhosis, and other complications. That's why the American Association for the Study of Liver Diseases recommends the FIB-4 Index as a noninvasive approach to identify patients with a high likelihood of advanced fibrosis.[3]

The FIB-4 Index can help you determine which patients need:

- Additional assessment of liver disease
- Referral to a specialist

Assess NASH severity with the FIB-4 Index from Quest Diagnostics to better inform treatment decisions.

Change the course of NASH with risk identification and prompt intervention

The easy-to-order, noninvasive FIB-4 Index from Quest yields a single score by combining:

- Patient age
- Aspartate aminotransferase (AST)
- Alanine aminotransferase (ALT)
- Platelet count

Test Code	Test Name	Reported Components
30555	**Liver Fibrosis-4 (FIB-4) Index Panel** Includes AST (822), ALT (823), and Platelet Count (723)	FIB-4 Index and interpretation, AST, ALT, platelet count
30710	**Liver Fibrosis, Hepatic Function Panel with Fibrosis-4 (FIB-4) Index** Includes Hepatic Function Panel (10256) [components: Total Protein (754), Albumin (223), Globulin (calculated), Albumin/Globulin Ratio (calculated), Total Bilirubin (287), Direct Bilirubin (285), Indirect Bilirubin (calculated), Alkaline Phosphatase (234), AST (822), ALT (823)] and Platelet Count (723)	FIB-4 Index and interpretation, Hepatic Function Panel (AST, ALT, total protein, albumin/globulin ratio, bilirubin [total, direct, and indirect], and alkaline phosphatase), platelet count

Components of panels can be ordered separately. Healthcare providers should use their clinical discretion, based on patient exams and presenting symptomology, to guide appropriate diagnostic testing.

FIB-4 Index interpretation information for patients with NAFLD[4]

Compatible with the absence of advanced fibrosis*	Indeterminate result	Compatible with the presence of advanced fibrosis*
<1.30	**1.30–2.67**	**>2.67**

*Advanced fibrosis is defined as stage 3 or stage 4.

Which patients should be tested?

Patients at risk for NASH should be tested, including those with any of the following:[5]

- History of chronic elevation of AST or ALT
- Type 2 diabetes with 1 additional component of metabolic syndrome
- 3 components of metabolic syndrome
- History of fatty liver identified by any radiologic modality or liver biopsy

Powering better outcomes in liver disease.

We're committed to supporting you with the solutions you need to guide your patients' liver health. To learn more, contact your Quest Diagnostics sales representative or visit **QuestDiagnostics.com/NAFLD.**

References

1. Portillo-Sanchez P, Bril F, Maximos M, et al. High prevalence of nonalcoholic fatty liver disease in patients with type 2 diabetes mellitus and normal plasma aminotransferase levels. *J Clin Endocrinol Metab*. 2015;100:2231-2238
2. Burra P, Becchetti C, Germani G. NAFLD and liver transplantation: Disease burden, current management and future challenges. Accessed August 2, 2021. *JHEP Reports*. doi:10.1016/j.jhepr.2020.100192
3. The NASH Education Program. What is NASH? Accessed June 28, 2021. https://www.the-nash-education-program.com
4. Kumar R, Teo EK, How CH, et al. A practical clinical approach to liver fibrosis. *Singapore Med J*. 2018;59(12):628-633. doi:10.11622/smedj.2018145
5. Younossi ZM, Corey KE, Alkhouri N, et al. Clinical assessment for high-risk patients with non-alcoholic fatty liver disease in primary care and diabetology practices. *Aliment Pharmacol Ther*. 2020;52:513–526. doi:10.1111/apt.15830

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