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Summary

USE OF NONINVASIVE TESTS (NITS) TO DIAGNOSE AND FOLLOW METABOLIC DYSFUNCTION ASSOCIATED STEATOHEPATITIS (MASH) WITH LIVER FIBROSIS PATIENTS TREATED WITH RESMETIROM

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Analysis of MAESTRO-NASH trial data shows that VCTE with a lower cutoff of 8.5 to <10 kPa improved identification of noncirrhotic NASH patients with F2-F3 fibrosis compared to standard cutoffs or FIB-4 alone.

KEY POINTS

- FIB-4 poorly predicted non-cirrhotic fibrosis stages, with 60% of F2 and 40% of F3 patients falling into low-risk categories
- A lower VCTE cutoff of 8.5 to <10 kPa captured additional F1B (34%), F2 (25%), and F3 (19%) patients who would otherwise be missed using higher cutoffs
- Adding MRE/MRI-PDFF to VCTE increased diagnostic accuracy to 68% for F2/F3 and 81% for F4
- The addition of ELF to VCTE suggested that a low ELF result paired with high VCTE may warrant VCTE repeat
- This analysis is relevant to clinicians using noninvasive tests to identify patients eligible for resmetirom treatment in noncirrhotic NASH with F2-F3 fibrosis

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