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Summary

ACCURACY AND OPTIMAL THRESHOLDS OF CONTROLLED ATTENUATION PARAMETER (CAP) FOR MASLD DIAGNOSIS USING MAGNETIC RESONANCE IMAGING PROTON DENSITY FAT FRACTION (MRI-PDFF) AS THE REFERENCE STANDARD. A DIAGNOSTIC ACCURACY STUDY

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Controlled Attenuation Parameter demonstrates acceptable diagnostic accuracy for identifying MASLD as defined by MRI-PDFF in adults with type 2 diabetes and elevated BMI.

KEY POINTS

- In 113 participants with type 2 diabetes and BMI ≥25 kg/m^2, CAP achieved an AUROC of 0.82 (0.74 to 0.89) for diagnosing MASLD defined as MRI-PDFF ≥5%.
- A CAP threshold of 249 dB/m ruled out MASLD with 90.2% sensitivity and 57.9% negative predictive value, while 328 dB/m ruled in MASLD with 90.3% specificity and 92.9% positive predictive value.
- For hepatic fat content ≥10%, CAP achieved an AUROC of 0.81 (0.73 to 0.88) with rule-out and rule-in thresholds of 271 dB/m and 345 dB/m respectively.
- MRI-PDFF values ranged from 1.9% to 37.8% covering the full steatosis spectrum, and MASLD prevalence was 72.6% in this cohort.
- This cross-sectional diagnostic accuracy study may be most relevant to clinicians evaluating noninvasive steatosis assessment tools in patients with type 2 diabetes and obesity.

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