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Summary

# OPTIMIZING SCREENING STRATEGIES FOR REFERRAL OF ADVANCED STEATOTIC LIVER DISEASE FROM PRIMARY CARE

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**In primary care patients with indeterminate FIB-4 (1.3–2.67), a combined ELF+SAFE non-invasive testing strategy achieved 58% sensitivity and 89% specificity for detecting elevated liver stiffness (≥8 kPa), optimizing screening efficiency by reducing unnecessary referrals while maintaining case detection.**

## KEY POINTS

- Among 2,488 screened individuals, 21% had indeterminate FIB-4; of 411 who underwent VCTE, 18.7% had elevated LSM ≥8 kPa, meaning FIB-4 alone resulted in substantial over-referral.
- ELF (≥9.8) maximized case detection with highest AUC (0.74) but resulted in 47% positive rate and 71% false positives; LRS and CORE reduced referrals to 9–10% but missed 16–17% of cases.
- SAFE (≥100) provided the most balanced standalone performance with lowest number needed to screen (7–8) to detect one case.
- The combined ELF+SAFE strategy correctly classified 84% of individuals, achieved 91% negative predictive value, and yielded the lowest inefficiency gap between referral burden and case detection.
- Sequential non-invasive testing strategies reveal a clear trade-off between over-referral and missed cases, with combined ELF+SAFE supporting pragmatic second-line use in real-world primary care pathways.

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