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Summary

SEQUENTIAL USE OF THE CLIVD SCORE AND FIB-4 IMPROVES THE PREDICTION OF LIVER-RELATED OUTCOMES AT A POPULATION LEVEL

Panu Luukkonen

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Sequential use of the CLivD risk score followed by FIB-4 testing improves prediction of liver-related outcomes in a population-based cohort study of 362,330 UK Biobank participants.

KEY POINTS

- The CLivD score (based on age, sex, waist-hip ratio, alcohol use, smoking, diabetes, and gamma-glutamyltransferase) showed superior discrimination for 10-year liver-related outcomes with an AUC of 0.80 compared to FIB-4 alone at 0.75.
- FIB-4 predictive performance improved substantially when applied after CLivD stratification, with AUC values increasing from 0.61 in minimal-risk to 0.81 in high-risk CLivD subgroups.
- Absolute 10-year risk for liver-related outcomes varied 432-fold across the combined stratification, ranging from 0.05% in minimal-risk CLivD with low FIB-4 to 21.6% in high-risk CLivD with high FIB-4.
- During median 12.6-year follow-up, 1285 incident liver-related outcomes occurred among participants without baseline liver disease.
- This sequential screening approach may help identify population subgroups warranting liver fibrosis evaluation and inform resource allocation for non-invasive testing.

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