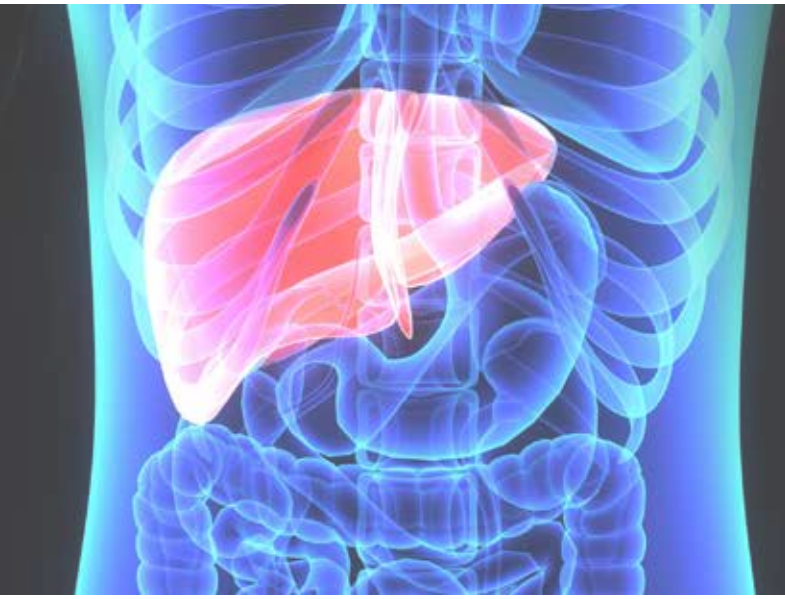
FibroMeter™



Noninvasive blood testing for the **evaluation** and **management** of liver fibrosis

ARUP® LABORATORIES

>150,000
Biopsies performed in the United States*

~$300,000,000
Healthcare costs in the United States*

$2,000
Average cost per liver biopsy

* Yearly estimates are based on Medicare and private payer claims data (Definitive Healthcare).

FibroMeter may help reduce costly and invasive liver biopsies.

FibroMeter VIRUS

FibroMeter Virus is specifically designed for patients with chronic viral hepatitis (B, C) with or without HIV coinfection.

Features and Benefits

- High diagnostic accuracy confirmed by a rules-based expert system to detect discordant results
- No interference in specimens collected from patients with Gilbert disease or hemolysis (e.g., induced by ribavirin)
- Enhanced graphical reporting available

Biomarkers Measured

- Platelets, alpha-2-macroglobulin, ALT, AST, GGT, prothrombin index, and urea

Results Provided

Calculated Scores	Score ranges from 0 to 1 (1 being the most severe stage): • Fibrosis score (FibroMeter) • Cirrhosis score (CirrhoMeter) • Activity score (InflaMeter)
Metavir Classifications	Corresponding classifications are reported together with the scores: • F0—F4 for fibrosis/cirrhosis • A0—A3 for activity grade

Specimen and Information Required

- 3 mL serum and 1 mL citrated plasma
- Platelet count performed on EDTA whole blood

FibroMeter NAFLD

FibroMeter NAFLD (nonalcoholic fatty liver disease) assesses the stage of liver fibrosis in patients with metabolic steatosis.

Biomarkers Measured

- Platelets, ALT, AST, glucose, and ferritin

Specimen and Information Required

- 3 mL serum and 1 mL citrated plasma
- Platelet count performed on EDTA whole blood

Accurate, Reproducible **Results**

FibroMeter outperforms other noninvasive assessments of liver fibrosis by utilizing an expert system to detect anomalous profiles and maximize diagnostic reliability. While liver biopsy remains the reference method for managing patients with chronic liver disease, noninvasive assessment with FibroMeter can help triage patients and reduce the number of biopsies.

	≥F2	F4
AUROC	0.85–0.89	0.91
Sensitivity %	80.5–89.0	94.1
Specificity %	84.1–89.9	87.6
PPV %	82.0–86.3	68.0
NPV %	77.6–82.5	94.7

Leroy V, et al. *Clin Biochem* 2008, and Cales P, et al. *Hepatol* 2005.

FibroMeter™

	FibroMeter	Liver Biopsy
Nature of Test	Noninvasive	Invasive
Advantages	Measures global fibrosis, suitable for serial observations	Direct, evaluates coexisting pathologies
Limitations	Indirectly measures functional liver changes	Sampling error, interobserver variability, possible hospitalization
Risks	Very little risk	Pain, bleeding, pneumothorax, hemothorax, infection
Cost	Less expensive than biopsy	Expensive
Contraindications	None known	Uncooperative patient, severe coagulopathy, extrahepatic biliary obstruction, ascites, morbid obesity

For more information, visit
aruplab.com/fibrometer

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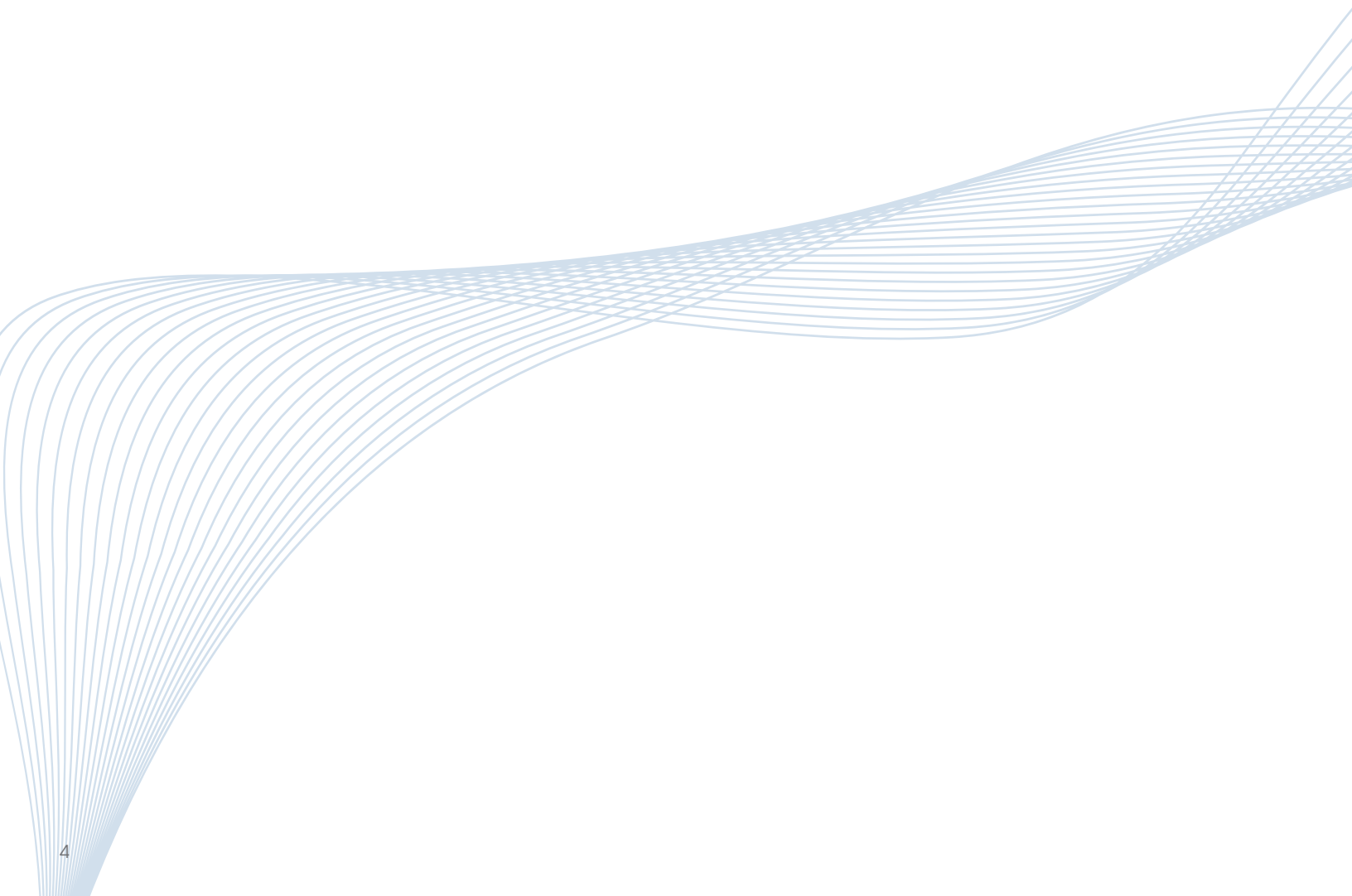
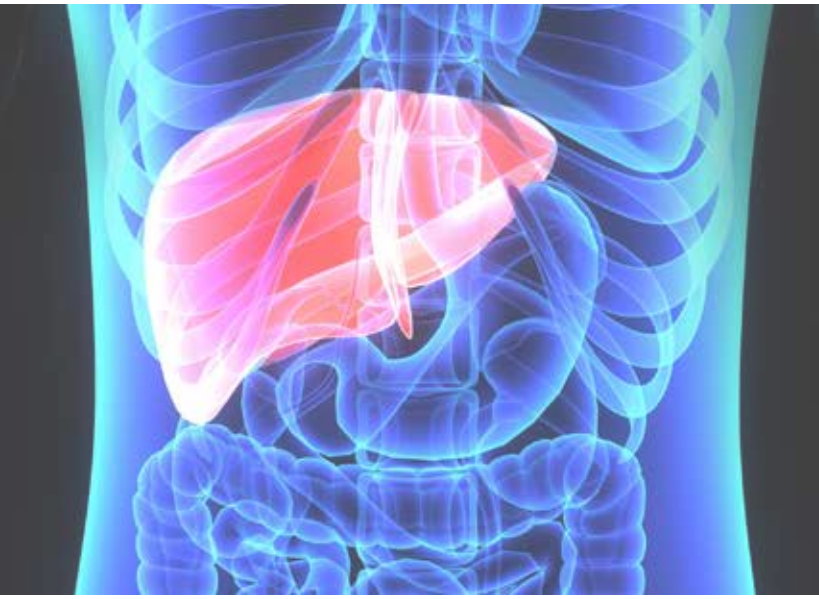
More than 100 Peer-reviewed publications





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ARUP is a nonprofit enterprise of the University of Utah and its Department of Pathology.

This test was developed and its performance characteristics determined by ARUP Laboratories. The U.S. Food and Drug Administration has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.