

Hepatitis C Virus (HCV) FibroSURE™

Introduction

Liver biopsies have traditionally been used in the management of hepatitis C patients to provide important information about disease prognosis as well as about the likelihood of response to therapy.^{1,2} A baseline biopsy is often used by physicians in determining the urgency for treatment in a given patient. Chronically infected HCV patients with mild hepatitis and limited fibrosis progress slowly or not at all during a 10- to 20-year period, while those with moderate and severe inflammation and fibrosis progress more rapidly to cirrhosis during a similar period.^{1,2} Liver biopsy findings may have some usefulness in predicting efficacy of treatment in patients with chronic hepatitis C. Advanced fibrosis or cirrhosis on initial liver biopsy is associated with a decreased likelihood of sustained virologic response to treatment, although the predictive value is not sufficiently strong to withhold therapy for such patients.^{1,2} Beyond current assessment and prognosis, the liver biopsy can provide baseline histology for future assessments of response to therapy and/or HCV disease progression.

Liver biopsy is an invasive procedure that is frequently accompanied by transient pain and may occasionally be associated with serious complications including hemorrhage, pneumothorax, or punctured viscera. For some patients, the requirement for a liver biopsy, with its associated expense as well as risks, becomes a barrier to initiation of therapy. Investigators have recently questioned the need for a liver biopsy and have been searching for alternative noninvasive biochemical markers that could be used as surrogate markers for a liver biopsy.^{2,3} HCV FibroSURE™ (FibroTest/ActiTest), a newly developed six-biochemical marker index, correlates well with liver biopsy findings, as measured by Metavir fibrosis staging and necroinflammatory activity grading.^{4,5} It provides an alternative for assessing liver status without the associated risk of an invasive procedure.

Laboratory Method

HCV FibroSURE is a noninvasive blood test that combines the quantitative results of six serum biochemical markers, α_2 -macroglobulin, haptoglobin, apolipoprotein A₁, bilirubin, γ -glutamyl transpeptidase (GGT), and ALT, with a patient's age and gender in a patented artificial intelligence algorithm to generate a measure of fibrosis and necroinflammatory activity in the liver. HCV FibroSURE is a continuous linear biochemical assessment of

fibrosis stage and necroinflammatory activity grade. It provides a numerical quantitative estimate of liver fibrosis ranging from 0.00 to 1.00 corresponding to the well-established Metavir scoring system of stages F0 to F4. (F0 = no fibrosis, F1 = portal fibrosis, F2 = bridging fibrosis with few septa, F3 = bridging fibrosis with many septa, F4 = cirrhosis).⁶ In addition, the test provides a numerical quantitative estimate of necroinflammatory activity ranging from 0.00 to 1.00 corresponding to the Metavir scoring system of grades A0 to A3. (A0 = no activity, A1 = minimal activity, A2 = moderate activity, A3 = severe activity).⁶

Clinical Utility

Using a patented algorithm analyzing six serum biochemical markers, HCV FibroSURE has been shown to lead to a reliable quantitative assessment of fibrogenic and inflammatory activity in the liver of HCV patients.^{4,5,8} It provides an accurate measure of bridging fibrosis and/or moderate necroinflammatory activity with AUROC (Area Under Receiver-Operating Characteristic Curve) predictive values between 0.70 and 0.80 when compared with liver biopsy (0.5 being nonpredictive and 1.0 being 100% predictive).⁵

Discordance between liver biopsy and FibroTest/ActiTest results were primarily due to sampling errors associated with small biopsies <15 mm and/or the presence of hemolysis leading to decreased haptoglobin levels and falsely elevated fibrosis and activity scores.^{5,7,8} HCV FibroSURE AUROC values increased to 0.88 when analysis was limited to samples where biopsy size was >15 mm indicating greater concordance when biopsy sampling errors were reduced.⁵

In a recent publication by Poynard et al,⁹ discordance of two or more stages between FibroTest and liver biopsy (n=154 discordant samples) was caused by errors in sampling or interpretation of the liver biopsy associated with biopsy size and steatosis more than 60% of the time (97/154) and to errors in the biochemical test in less than 10% of cases (13/154). The reason for the discordance could not be determined in 44/154 samples.⁹ HCV FibroSURE can be used for

- Assessment of liver status following a diagnosis of HCV
- Baseline determination of liver status before initiating HCV therapy

- Posttreatment assessment of liver status six months after completion of therapy
- Noninvasive assessment of liver status in patients who are at increased risk of complications from a liver biopsy

HCV FibroSURE is not recommended for patients during combined interferon/ribavirin therapy, since ribavirin may induce hemolysis, low haptoglobin levels, and falsely elevated fibrosis and activity scores.⁵ HCV FibroSURE should **not** be used for patients with Gilbert disease, acute hemolysis, acute viral hepatitis, drug-induced hepatitis, genetic liver disease, autoimmune hepatitis, and/or extrahepatic cholestasis. Any of these clinical situations may lead to inaccurate quantitative predictions of fibrosis.

References

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Hepatitis C Virus (HCV) FibroSURE™

CPT 82172; 82247; 82977; 83010; 83883; 84460

Synonyms ActiTest; FibroSURE; FibroTest; HCV FibroSURE

Special Instructions Patient age and sex must be included on the request form.

Specimen Serum

Minimum Volume 3 mL

Container Red-top tube or gel-barrier tube

Collection Separate serum from cells within 1 hour of collection. Protect from light. To avoid delays in turnaround time, please submit separate frozen specimens for each test when requesting multiple tests on frozen specimens.

Storage Instructions Store at 2°C to 8°C for up to 72 hours. Freeze for longer storage.

Causes for Rejection Gross hemolysis; gross lipemia; improperly labeled specimen; sample not protected from light

Reference Interval

Alanine aminotransferase (ALT)	
male	0-55 IU/L
female	0-40 IU/L
A2-macroglobulin	
	110-276 mg/dL
Apolipoprotein A-1	
male	110-180 mg/dL
female	110-205 mg/dL
Bilirubin, total	
	0.1-1.2 mg/dL
Gamma glutamyl transpeptidase (GGT)	
male	0-65 IU/L
female	0-60 IU/L
Haptoglobin	
	34-200 mg/dL

Metavir scale

Fibrosis stage (Fibro test)

F0 - no fibrosis	0.00-0.21
F0-F1	0.21-0.27
F1 - portal fibrosis	0.27-0.31
F1-F2	0.31-0.48
F2 - bridging fibrosis with few septa	0.48-0.58
F3 - bridging fibrosis with many septa	0.58-0.72
F3-F4	0.72-0.74
F4 - cirrhosis	0.74-1.00

Activity grade (ActiTest)

A0 - no activity	0.00-0.17
A0-A1	0.17-0.29
A1 - minimal activity	0.29-0.36
A1-A2	0.36-0.52
A2 - moderate activity	0.52-0.60
A2-A3	0.60-0.63
A3 - severe activity	0.63-1.00

Use Assessment of liver status following a diagnosis of HCV. Baseline determination of liver status before initiating HCV therapy. Post-treatment assessment of liver status 6 months after completion of therapy. Noninvasive assessment of liver status in patients who are at increased risk of complications from a liver biopsy.

DIANON Systems

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