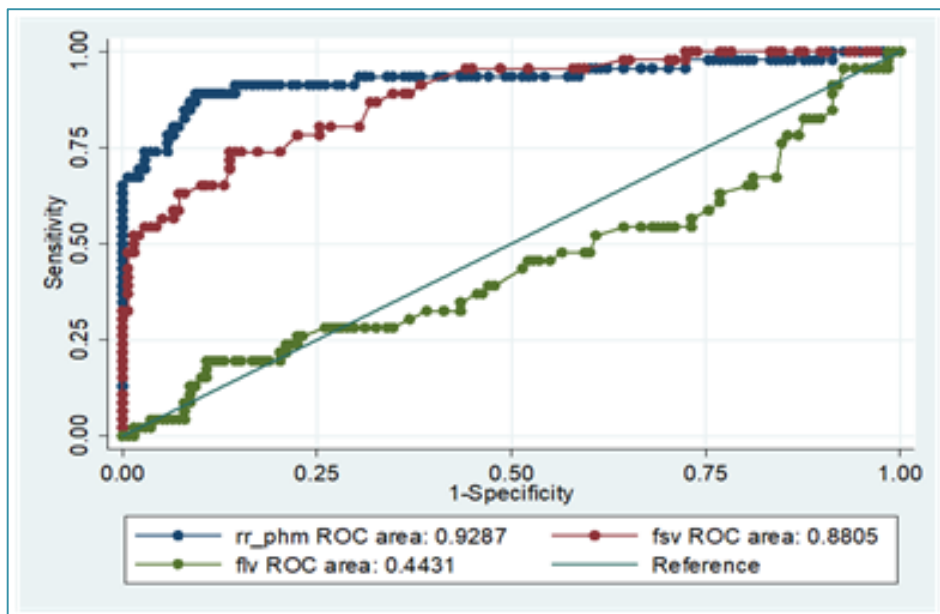# HEPATIQ Predicts Cirrhosis and Decompensation

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A database of 184 sequential patients with ultra-sound (US) and post-prandial Hepatiq (nearest to the US) were used to assess for cirrhosis (C) and decompensation (D). Blood tests and clinical data were obtained from clinical records. US parameters included surface nodularity (N), shear wave velocity (SWV) and estimated metavir fibrosis score (eMFS). HEPATIQ included PHM and fSV. Blood tests included platelet count (PC), INR and total bilirubin (TB).

Chronic liver disease cause: HCV 52, HBV 26, NASH 23, immune 17, cryptogenic cirrhosis 10, ALD 8, post liver transplant 6, normal 12 and miscellaneous 30. 45 cirrhotic patients: 18 had never had a decompensation, 14 had a prior decompensation and recovered, 13 ongoing problems requiring continuing treatment (3 on transplant list). All patients with decompensations had a PHM < 95. All patients with PHM < 95 had cirrhosis.

ROC curves for detection of cirrhosis for PHM, fSV and fLV

CONCLUSIONS

1. PHM and fSV predicted cirrhosis and clinical decompensation
2. PHM < 95 identified a group of cirrhotic patients with decompensation at baseline or within 4 years.
3. Cirrhotic patients with a PHM > 95 did not have decompensation at entry or over the next 4 years.