

LIVERFAST™

Fibrosis • Activity • Steatosis

Non-invasive prognostic enrichment biomarker

Non-Alcoholic Fatty Liver Disease (NAFLD) is the most common cause of liver disorders worldwide.

LIVERFAST™ is an AI-based prognostic enrichment biomarker derived from a blood draw to identify and stage the main features of NAFLD: **liver fibrosis, steatosis and activity.**

Type 2 Diabetes is more than 2-fold higher in individuals with NAFLD and often evolves with normal liver enzymes.

LIVERFAST™ accurately identifies severe fibrosis and cirrhosis in both patients with or without type 2 diabetes and irrespective to liver enzymes levels.

NASH related cirrhosis is disproportionately high in those with type 2 diabetes and is now on a trajectory to become the most common indication for liver transplantation in the U.S.

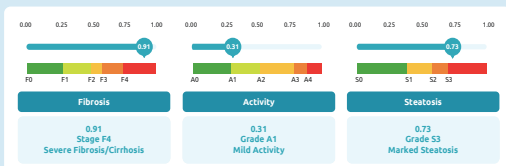
LIVERFAST™ accurately identifies **cirrhosis** in subjects with all biochemistry inside the **normal laboratory range.**

LIVERFAST™ is a complete and robust algorithm – easy to use and to interpret.

LIVERFAST™

LIVERFAST™ is a blood-based AI test validated to determine the liver fibrosis stage, activity, and steatosis grades in patients with NAFLD features intended to liver biopsy.

- **Liver specific proteins:** Apolipoprotein A1, Alpha-2-Macroglobulin, Haptoglobin
- **Liver enzymes:** ALT, AST, GGT
- **Metabolic panels:** Fasting Glucose, Total Bilirubin
- **Lipid profiles:** Total Cholesterol, Triglyceride
- **Anthropometrics:** Age, Gender, Weight, Height



Multiple clinical validations with consistent results in patients with NAFLD, including patients with type 2 diabetes and obesity shows:

- LIVERFAST™ significantly outperforms FIB-4 and ELF
- LIVERFAST™ is equivalent to transient elastography for fibrosis and cirrhosis detection
- Consistent high performance (AUROC) for staging and prognostication
 - ▶ 0.86 for predicting long-term liver-related mortality
 - ▶ 0.82 for screening either NASH with F1 fibrosis stage or NASH cirrhosis (F4 stage)
 - ▶ 0.87 for screening NAFL (steatosis S1 by 1H-MRS)

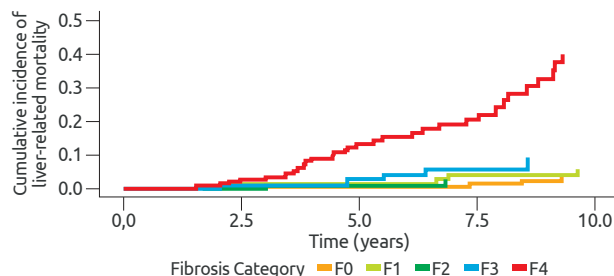
Why use LIVERFAST™ ?

- **Provides** a tool for NAFLD features and for cirrhosis identification
- **Outperforms** standards of care based on liver enzymes
- **More adapted** to overweight patients than ultrasound-based on staging methods
- **Easily repeatable** for monitoring of NASH patients

LIVERFAST™ predicts liver-related mortality with the highest risk per additional point compared to other SOC (FIB-4 and VCTE)

Number at risk	Time (years)		
	2.5	5.0	7.5
437	266	75	0
336	150	41	0
125	57	14	0
166	83	18	0
175	93	23	0

Decraecker M, et al. Aliment Pharmacol Ther. 2022;55:580-592.



LIVERFAST™ Fibrosis test accurately detects cirrhosis, in NAFLD patients, with or without type 2 diabetes mellitus (T2DM)

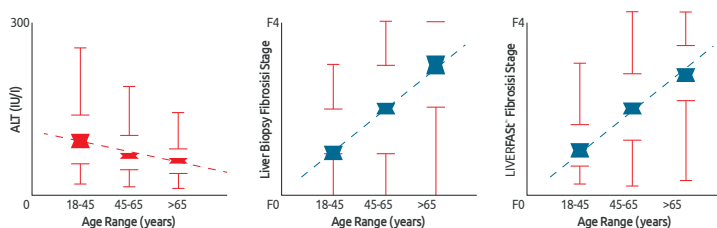
LIVERFAST™ AUROC (95% CI) for cirrhosis

Patients without T2DM 0.82 (.73 - .88), p=NS versus VCTE
 Patients with T2DM 0.77 (.72 - .83), p= NS versus VCTE

Patients with type 2 diabetes or prediabetes and elevated liver enzymes (ALT) or fatty liver on ultrasound, should be evaluated for presence of nonalcoholic steatohepatitis and liver fibrosis. [...] Noninvasive tests, such as fibrosis biomarkers, may be used to assess risk of fibrosis »

American Diabetes Association, 2021

LIVERFAST™ fibrosis-specific panel overcomes limitations of NASH screenings based on ALT



De Ledinghen V, et al. Hepatology 2020

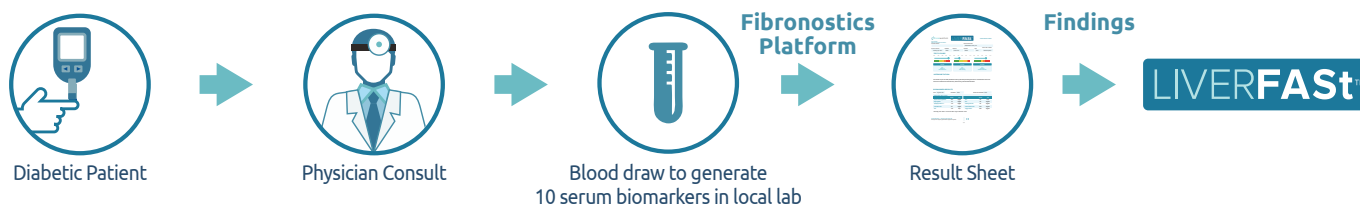
LIVERFAST™ improves the identification of NASH and demonstrates superior performance to FIB-4.

AUROC (95% CI) for all stages of NASH

LIVERFAST™ 0.88 (0.75 - 0.94)
 FIB-4 0.68 (0.54 - 0.77), p<0.001

- Provides reliable **fibrosis and cirrhosis** assessment even in subjects with normal liver enzymes
- **Outperforms FIB-4** for cirrhosis and bridging fibrosis staging in patients with type 2 diabetes
- More adapted to **overweight** patients than ultrasound-based technologies
- Intended for **early to late stage NAFLD** patients
- Easily **repeatable for monitoring** of disease progression or regression

How LIVERFAST™ Works



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