



# Determinants of liver stiffness measurements in patients with NAFLD – an individual patient data meta-analysis

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**Fibrosis stage explains most variance in LSM-VCTE. LSM-VCTE was more dependent on fibrosis stage in older patients.**

## 1 Introduction

- Liver stiffness measurements performed with vibration-controlled transient elastography (LSM-VCTE) are used in the clinical assessment of patients with non-alcoholic fatty liver disease (NAFLD)<sup>1</sup>
- Fibrosis is the main determinant of LSM, but the contribution from other determinants and how they vary in patient subgroups is less well studied

## 2 Aim

- To describe the dependence of LSM on histological, demographic and laboratory parameters

## 3 Method

- Conducted an individual patient data meta-analysis (IPDMA) based on studies reporting paired LSM-VCTE and biopsy carried out within 6 months
- Parameters with correlation  $r > 0.15$  with LSM-VCTE were selected as possible determinants of LSM-VCTE in the entire patient group
- Linear regression models were built by adding one predictor at a time to a base model including the log-transformed LSM and fibrosis stages as indicator variables. Partial  $R^2$  values were compared to evaluate the contribution of each variable in explaining the variability of log-transformed LSM-VCTE
- Separate analysis evaluated the interaction between age and fibrosis stage.
- Analyses were carried out in R (R Foundation for Statistical Computing, Vienna, Austria)

## 5 Conclusions

- Fibrosis stage is the main determinant of LSM-VCTE, followed by AST, GGT and BMI explaining most of the remaining variance
- LSM-VCTE was less dependent on fibrosis stage in younger patients

## 6 Acknowledgements

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## 7 References

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## 4 Results

	Parameter (n=2768)	Value
Demographics	Females (%)	44
	BMI > 30 kg/m <sup>2</sup> (%)	38
	Diabetes (%)	41
	Age (years)*	51
Liver function tests	BMI (kg/m <sup>2</sup> )*	30
	ALT (IU/L)*	55
	AST (IU/L)*	39
	Platelets (×10 <sup>9</sup> /l) +	231
	Albumin (g/l) +	43
	GGT (IU/L)*	107

**Table 1** Demographic and serum test characteristics of patients included in the IPDMA. \*Median with IQR; +Mean with SD

Parameter	Correlation with LSM-VCTE
Fibrosis stage (0-4)	0.597
Age (years)	0.224
BMI (kg/m <sup>2</sup> )	0.157
Platelet count (×10 <sup>9</sup> )	-0.234
AST (IU/L)	0.200
GGT (IU/L)	0.209
Presence of type 2 diabetes (Y/N)	0.273
Ballooning grade (0-2)	0.296
Lobular inflammation grade (0-3)	0.258

**Table 2** Correlation coefficients of demographic and serum tests with LSM-VCTE greater than 0.15

Model predictors	Partial R <sup>2</sup>
Age (years)	0.0018
BMI (kg/m <sup>2</sup> )	0.0514
Platelet count (×10 <sup>9</sup> )	0.0068
AST (IU/L)	0.0221
GGT (IU/L)	0.0232
Presence of type 2 diabetes (Y/N)	0.0183
Ballooning grade (0-2)	0.0119
Lobular inflammation grade (0-3)	0.0132

**Table 3** Partial coefficients of determination ( $R^2$ ) of predictors of LSM-VCTE. Fibrosis stage explained 41% of the variance of LSM-VCTE. An interaction term between fibrosis stage and age explained log-transformed LSM better than the main effect of fibrosis stage alone (F-statistic = 3.171,  $p = 0.007$ )