

Establishing the Cut-offs and Confounding factors of Magnetic Resonance Elastography for staging NAFLD-fibrosis: an IPD meta-analysis

1 Introduction

Even though MRE has shown the highest diagnostic accuracy for staging liver fibrosis, a discrepancy between fibrosis based on histology and MRE-related liver stiffness measurement (LSM) sometimes occurs. In addition, there is not a generally accepted cut-off value for diagnosing the different stages of fibrosis.

2 Aim

We conducted an individual patient data (IPD) meta-analysis to summarise diagnostic accuracy of Magnetic Resonance Elastography (MRE) in staging liver fibrosis and to assess potential confounding factors.

3 Method

A systematic review of the literature identified studies reporting MRE data in biopsy proven NAFLD patients, and data were obtained from the corresponding authors. Pooled diagnostic cutoff value for the various fibrosis stages were determined in a two-stage meta-analysis as the primary outcome. Multilevel modelling methods were used to analyse potential confounding factors influencing diagnostic accuracy of MRE in staging liver fibrosis.

5 Conclusions

MRE has excellent diagnostic performance for the diagnosis of significant, advanced fibrosis and cirrhosis in patients with NAFLD. Severe activity and raised GGT level may affect diagnostic accuracy of MRE in staging early liver fibrosis, but anthropometric measures such as BMI, steatosis degree do not.

6 Acknowledgements

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7 References

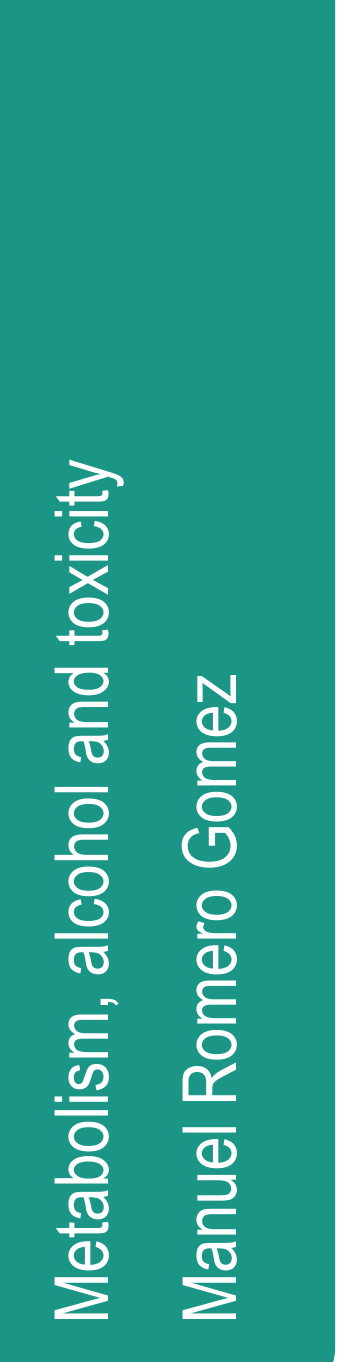
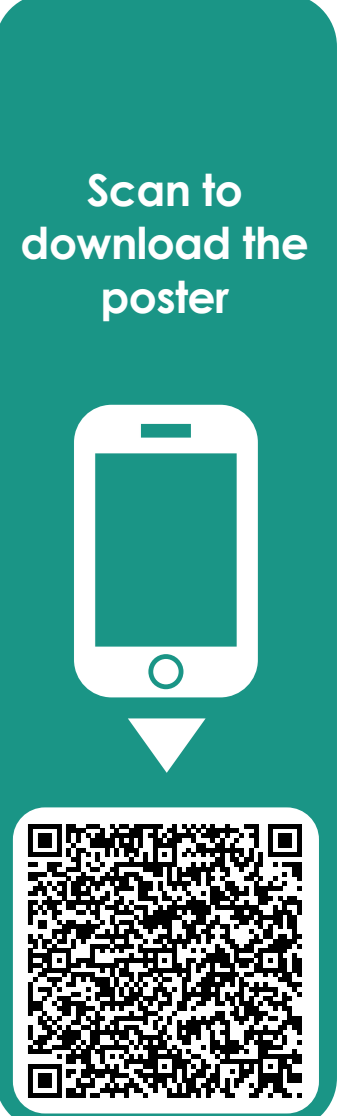
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4 Results

Eight independent cohorts comprising 821 patients were included in the meta-analysis. Cut-offs were defined to explore concordance between MRE and histopathology: $\geq F2$: 3.14 kPa (AUROC: 0.93; 95%CI: 0.90–0.95); $\geq F3$: 3.53kPa (AUROC: 0.93; 95%CI: 0.91–0.95); $F4$: 4.45 kPa (AUROC: 0.94; 95%CI: 0.92–0.97)(Figure 1). In GLMM analysis, histological steatohepatitis with higher inflammatory activity [OR (95% CI) = 3.229 (1.433-7.278), P=0.005] and gamma-glutamyl transferase (GGT) concentration [OR (95% CI) = 1.004(1.001-1.007), P=0.012] were significant confounders in generating overestimated staging between MRE and histology, these two variables can inflate liver stiffness measurement by MRE in early liver fibrosis stage (F0-1). Steatosis, as measured by MRI-PDFF, and body mass index (BMI) were not confounders(Table 1).

Figure 1. a b c d. Pooled cut-offs for the diagnosis of each fibrosis stage in patients with NAFLD

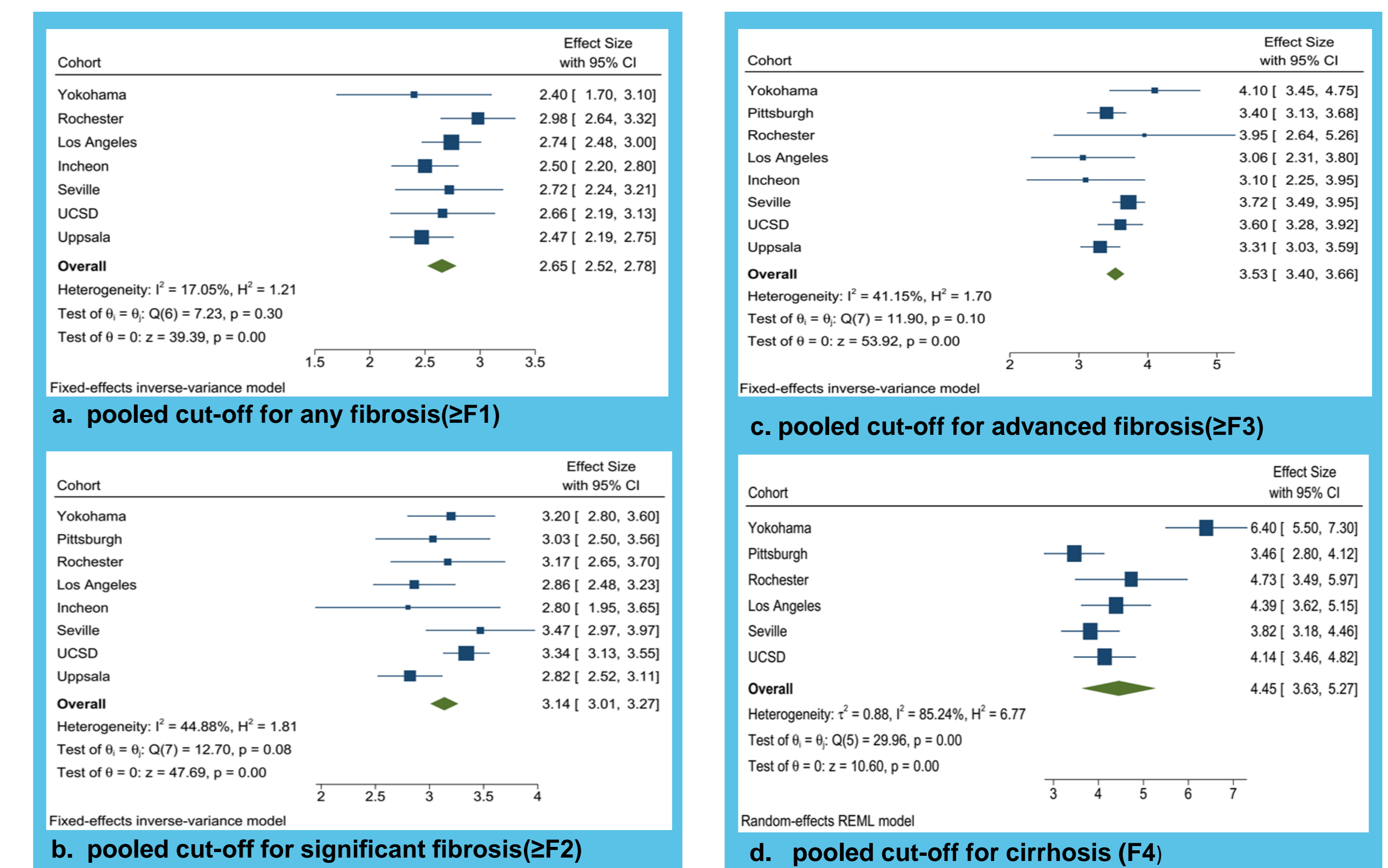


Table 1. GLMM (generalized linear mixed model) explore variables associated with prediction failure (overestimation and underestimation)

Variables	Concordance vs Overestimation				Concordance vs Underestimation			
	Odds Ratio	95%CI	Z-value	P-value	Odds Ratio	95%CI	Z-value	P-value
BMI	1.055	0.992-1.122	1.71	0.087	0.999	0.945-1.057	-0.03	0.979
Age	1.016	0.989-1.044	1.15	0.251	0.901	0.967-1.016	-0.71	0.479
T2DM (yes/no)	1.511	0.803-2.840	1.28	0.200	0.857	0.444-1.655	-0.46	0.646
ALT	0.994	0.984-1.004	-1.14	0.253	1.001	0.992-1.009	0.14	0.891
AST	1.008	0.997-1.019	1.37	0.172	0.998	0.985-1.011	-0.32	0.752
GGT	1.004	1.001-1.007	2.51	0.012	1.001	0.997-1.005	0.25	0.800
platelet	0.999	0.995-1.004	-0.33	0.745	0.999	0.994-1.003	-0.59	0.556
Steatosis stage								
S1 vs S0	0.926	0.094-9.114	-0.07	0.948				
S2 vs S0	0.480	0.043-5.383	-0.60	0.551	S2vs S1:0.644	0.261-1.586	-0.96	0.338
S3 vs S0	0.497	0.039-6.398	-0.54	0.592	S3vs S1:0.596	0.176-2.022	-0.83	0.407
NASH(no/MMA/SA)								
MMA-NASH vs no	1.618	0.573-4.565	0.91	0.363	2.530	0.977-6.555	1.91	0.056
SA-NASH vs no	3.229	1.433-7.278	2.83	0.005	2.329	0.958-5.659	1.87	0.062
MRI-PDFF	1.029	0.985-1.076	1.28	0.200	0.996	0.948-1.047	-0.14	0.888

MMA= Mild-moderate activity; SA=Severe activity;