Echosens Revolutionizes the Assessment of Active Fibrotic-NASH with FAST™

It is estimated that 85 million Americans are affected by NAFLD, of which 7.2 million may have fibrotic NASH. Most are unaware of this silent disease.

FAST™ is a cost effective and efficient tool to identify these individuals at risk for progressive liver disease.¹ ²

**FAST**: A FibroScan® based probability score to help identify patients with active fibrotic-NASH†.

**Active fibrotic NASH = NASH+ NAS≥4 + F≥2**

- **Designed for patients with suspicion of having NAFLD:**
  - FAST combines two physical biomarkers, liver stiffness by VCTE™ and Controlled Attenuation Parameter (CAP™) measured by the FibroScan, together with a circulating biomarker, AST*, into a single score.
  - FAST components are readily accessible in point of care, efficiently reducing your reliance on invasive examinations and costly lab tests.
  - The FAST output is a probability of active fibrotic-NASH that can be easily interpreted by the healthcare provider.

**FAST** supports your clinical decision making in patients with suspected NAFLD who are at risk for active fibrotic-NASH.

In a multi-center prospective study of 350 patients undergoing a biopsy for suspicion of NAFLD, FAST demonstrated an AUROC of .80 while in a pooled external validation cohort of 1026 patients the AUROC was 0.85.²

**FAST** =
\[
\frac{e^{-1.65+1.07 \times \ln(LSM)} + 2.66 \times 10^{-8} \times \text{CAP}^3-63.3 \times \text{AST}^4}{1+e^{-1.65+1.07 \times \ln(LSM)} + 2.66 \times 10^{-8} \times \text{CAP}^3-63.3 \times \text{AST}^4}
\]

This graph illustrates how FAST might be used in the context of identifying patients for therapeutic intervention or drug trials for NASH. The healthcare provider will determine what score will warrant intervention based on their overall patient assessment. As the FAST cutoff increases, the screen failure rates and number of biopsies are reduced. At the same time, this higher cutoff is associated with an increase in missed cases.

*Aspartate aminotransferase. Examination with FibroScan and the blood collection for AST should be within 4 months of each other.
Finally, a probability score that combines FibroScan results with an easily accessible blood biomarker to help identify patients with active fibrotic-NASH²

FAST is now available on the MyFibroScan App.

Learn more from your personal product representative at (781) 790-0845 or visit us www.echosens.us

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† The FAST™ score calculator is a tool for clinicians to calculate the probability a patient with suspicion of NAFLD as having active fibrotic-NASH (NASH+NAS ≥4+ F≥2). The calculator takes into account LSM by VCTE™, CAP™ and AST, and was developed based on a prospective multicenter study and published in peer-reviewed literature. The FAST™ score and calculator are presented as an educational service intended for licensed healthcare professionals. While this score is about specific medical and healthcare issues, it is not a substitute for or replacement of personalized medical advice and is not intended to be used as the sole basis for making individualized medical or health-related decisions.

FibroScan®: Intended Use / Indications for Use:
The FibroScan® Family of Products (Models: 502 Touch, 530 Compact, and 430 Mini+) is intended to provide 50Hz shear wave speed measurements and estimates of tissue stiffness as well as 3.5 MHz ultrasound coefficient of attenuation (CAP: Controlled Attenuation Parameter) in internal structures of the body.

FibroScan® Family of Products (Models: 502 Touch, 530 Compact, and 430 Mini+) is indicated for noninvasive measurement in the liver of 50 Hz shear wave speed and estimates of stiffness as well as 3.5 MHz ultrasound coefficient of attenuation (CAP: Controlled Attenuation Parameter). The shear wave speed and stiffness, and CAP may be used as an aid to diagnosis and monitoring of adult patients with liver disease, as part of an overall assessment of the liver. Shear wave speed and stiffness may be used as an aid to clinical management of pediatric patients with liver disease.