Nick Fish

From: David Mutimer [David.Mutimer@ GRO-C

Sent: 29 February 2008 15:43

To: Nick Fish
Cc: David Mutimer
Subject: RE: SF Fibroscan

Dear Nick

I wish that there was an easy answer to this question.

Fibroscan is being used in a few places around the UK, but there is no real way to assess the quality of the results that are being generated.

In general, I guess that the results are fairly reproducible and it seems valid that people are using it to assess the amount of fibrosis in the liver. However, the data from published studies are not in exact concordance, so it is hard to define an acceptable cut-off to identify which patient has cirrhosis. As the value increases, so does the likelihood of cirrhosis. For instance, in a recent study that I reviewed, a value of 14.8 had a likelihood ratio for cirrhosis of 11.27. That means that for values greater than 14.8 the ratio of patients with:without cirrhosis is about 11.27:1. Therefore, if you labelled a patient with a value above that threshold as having cirrhosis, you would be correct about 90% of the time. If we are to use fibroscan results, then the Skipton Fund would need to decide what likelihood ratio or positive predictive value would be sufficient to justify second payment.

Best wishes David Mutimer

----Original Message----

From: Nick Fish [mailto:nick@ GRO-C

Sent: 29 February 2008 12:13

To: David Mutimer **Subject:** SF Fibroscan

Dear David

How are you? Well I hope.

I have a query that I think you may be able to help with.

We are seeing an increasing number of 2nd stage applications where the test results on which the degree of liver damage is being based are from a Fibroscan. As I understand it this is a fairly new test and is not available at every hospital.

In your opinion what is the minimum Fibroscan result which indicates that cirrhosis is present? Do you have any other information about Fibroscans which you think may be useful?

I look forward to hearing from you.

Regards

Nick

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