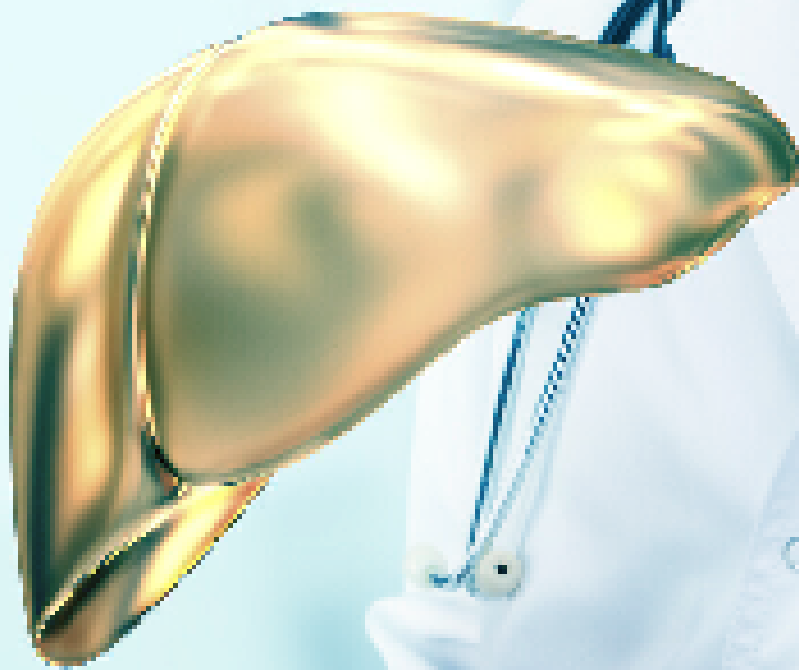


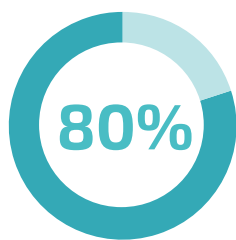
LIVERSTAT

A Screening Test for
Non-Alcoholic Fatty Liver Disease
(NAFLD) and Liver Fibrosis



unicus
med

LIVERSTAT as your first-line screening test for NAFLD and NASH in Metabolic Syndrome (MetS) patients



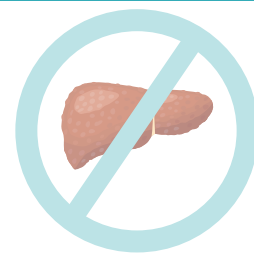
of patients with NAFLD present with normal liver enzymes and **are underdiagnosed**¹⁻²



develop NASH in cases of NAFLD especially in the presence of type 2 diabetes³



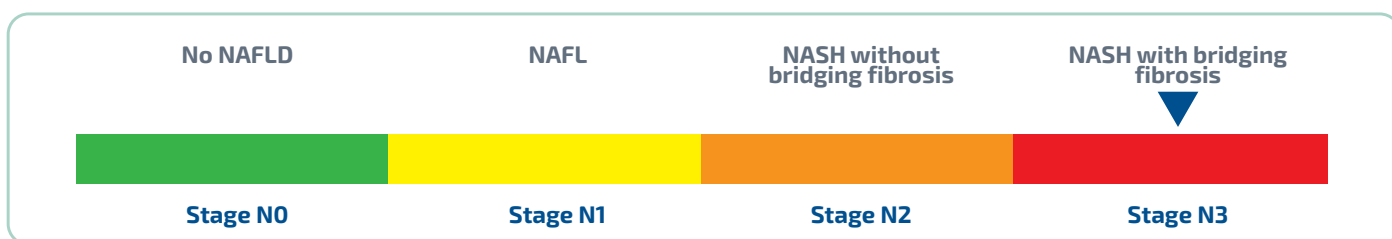
patients with diabetes present with normal ALT despite **advanced fibrosis**⁴



A liver ultrasound **cannot stage liver fibrosis**⁵

What is LIVERSTAT ?

LIVERSTAT is a blood-based test combining common biomarkers using AI technology for clinical screening in subjects having MetS risk of NAFLD-NASH



Managing NAFLD risk with LIVERSTAT



- **LIVERSTAT** for all MetS patients as first-line screening
- Receive **LIVERSTAT** report for:
 - **N3** - presumed Fibrosis F3F4 stage
 - **N2** - presumed fibrosis without F3F4 stage
 - **N1** - presumed steatosis without fibrosis (NAFL)
 - **N0** - Normal liver, no fibrosis, no steatosis
- Determine the best patient management plan:
 - Intensive lifestyle change
 - MetS correction
 - Referral to liver specialist
 - Monitor progression with LIVERFAST⁶

Simple and Convenient with Immediate Results



Physician prescribes **LIVERSTAT** for the patient



Lab analyses 7 biomarkers from **1 blood sample**



Biomarker results and **patient specific characteristics** input into Fibronostics' proprietary Artificial Intelligence (AI) platform



LIVERSTAT results are **available immediately**

High-risk conditions in population to screen for NAFLD



Obesity



Diabetes



Hypertension



Dyslipidemia



OSA*



Bariatric Surgery



PCOS*

* OSA Obstructive Sleep Apnea; PCOS Polycystic Ovarian Syndrome

7 Blood biomarker:

- Triglycerides
- Total Cholesterol
- Fasting glucose
- Total Bilirubin
- AST
- ALT
- GGT



4 Anthropometrics:

- Age (Date of Birth)
- Weight
- Height
- Gender

• High performance for severe fibrosis detection

AUROC (95% CI) for bridging fibrosis (F3F4)

	Training cohort N=270	Validation cohort N=310
LIVERFAST GP+	0.806 (0.737 - 0.841)	0.759 (0.701 - 0.808)
FIB-4	0.807 (0.630 - 0.756)	0.757 (0.698 - 0.805)
P value	NS	NS

Compared to FIB-4, LIVERSTAT has several advantages:

- Identifies NAFLD from fatty liver to bridging Fibrosis
- No grey zone
- Analytically calibrated
- No drawbacks related to age or diabetes
- Predicts outcomes for COVID-19 by identifying liver fibrosis⁷



Look for NAFLD in patients with Type 2 Diabetes Mellitus, irrespective of liver enzyme levels, due to high risk of disease progression.⁸

EASL-ILC, 2016

25%

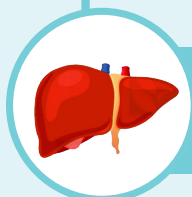
of people with Metabolic Syndrome risk factors* have non-alcoholic fatty liver disease (NAFLD).
Prevalence of NAFLD in patients with Type 2 Diabetes is two times higher than in the general population.

30%

of people with fat droplets in their liver cells develop non-alcoholic steatohepatitis (NASH), where the liver becomes inflamed and the hepatocytes suffer from ballooning.^{3,9}

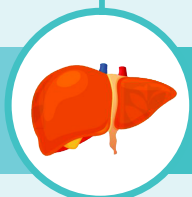
20%

of people with NASH will develop scarring (fibrosis) of the liver and the hepatocytes suffer from ballooning.^{3,10}



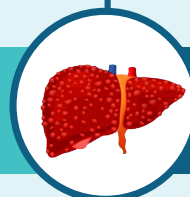
Healthy Liver

▶▶ NAFLD



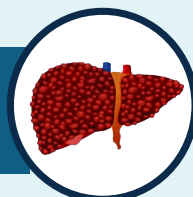
Simple Fatty Liver

▶▶ NASH



Fatty Liver with Inflammation /Scarring

▶▶



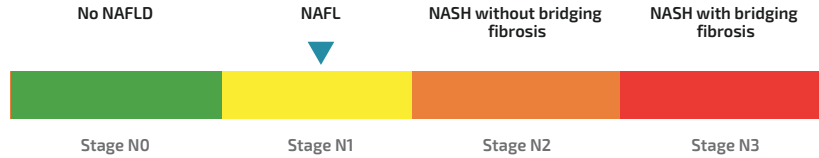
Liver Cirrhosis

Test id: 45326
Reference no: US20210311000754

PATIENT NAME: _____ PHYSICIAN NAME: **JOHN SMITH M.D., P.A.**

DATE OF BIRTH: **January 1, 1962** GENDER: **Male** HEIGHT: **1.7m** WEIGHT: **85kg** BMI: **29.4** DATE TEST TAKEN: **January 1, 2022**

TEST SCORE



INTERPRETATION

Presumed steatosis (non-alcoholic fatty liver, NAFL) without presumed liver fibrosis

BIOMARKER RESULTS

AGE: **60 years old** GENDER: **Male** BODY MASS INDEX: **29.4**

Sample Date: Jan 1, 2022

	Result	Unit		Result	Unit
Total Bilirubin	10.0	µmol/L	Fasting Glucose	5.80	mmol/L
GGT	20	IU/L	Total Cholesterol	6.30	mmol/L
ALT	24	IU/L	Triglycerides	2.45	mmol/L
AST	39	IU/L			

Warnings: None

This report is computer generated. No signature required.

Contact Us

For business enquiries: info@unicusmed.com
For medical and scientific enquiries: service@fibronostics.com

For more information, please visit www.fibronostics.com

References:

1. Daniel, Am J Gastroenterol. 1999
2. Sorrentino, J Hepatol. 2004
3. Younossi ZM, J Hepatol. 2019
4. De Ledinghen V, Dig Liver Dis 2012
5. Chalassani, Hepatology 2018
6. Decraecker, Aliment Pharmacol Ther 2022
7. Sandulescu, Hepatology (Suppl) 2022
8. European Association for the Study of the Liver (EASL). "EASL-EASD-EASO Clinical Practice Guidelines for the management of non-alcoholic fatty liver disease." Journal of Hepatology. 2016 June; 64(6):1388-402
9. Sarah, D. "Disease progression: Divergent paths." Nature. 2017 November; 551: S92-S93
10. European Association for the Study of the Liver (EASL). "EASL-EASD-EASO Clinical Practice Guidelines for the management of non-alcoholic fatty liver disease." Journal of Hepatology. 2016 June; 64(6):1388-402

Abbreviations

- AI Artificial intelligence
- ALT Alanine aminotransferase
- AST Aspartate aminotransferase
- GGT Gamma glutamyl transpeptidase
- MetS Metabolic syndrome
- OSA Obstructive sleep apnea
- PCOS Polycystic ovary syndrome
- NAFL Non-alcoholic Fatty liver
- NAFLD Non-alcoholic Fatty liver disease
- NASH Non-alcoholic Steatohepatitis