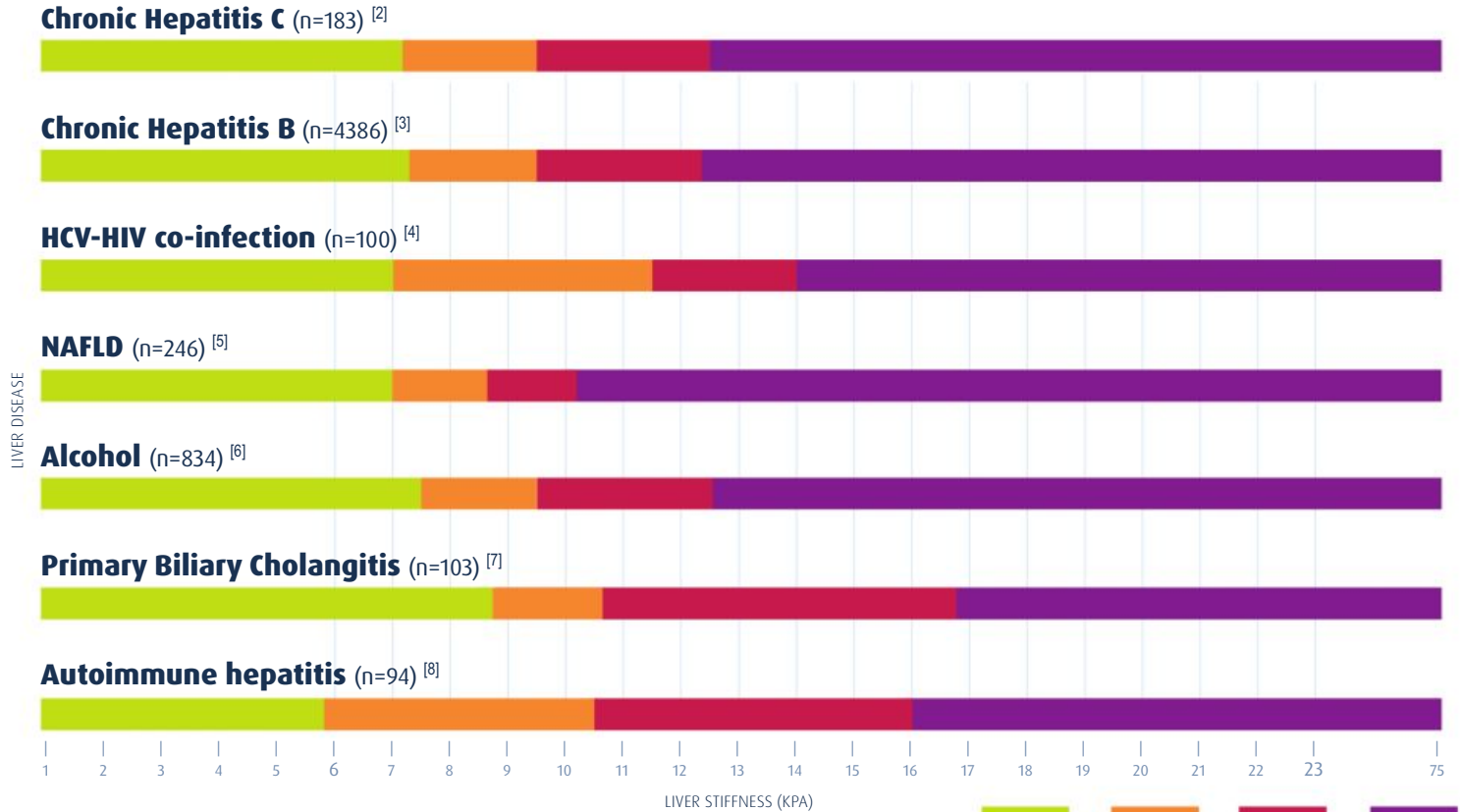
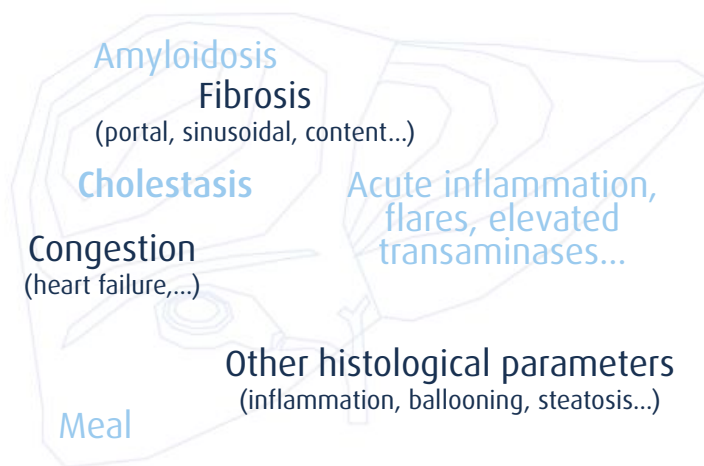


Quantifying fibrosis with FibroScan

- FibroScan®: medical device which **measures liver stiffness (fibrosis) and CAP (steatosis)** simultaneously on the same volume of tissue (3 cm³)
- Non-invasive, painless, reliable, reproducible and quantitative measurements**
- Immediate results**
- High reproducibility** of exams results, **irrespective of operator** (Intra-class correlation coefficient: 0.84) ^[1]
- More than 2,000 peer-reviewed publications*** on liver stiffness measurement (LSM)



Factors affecting liver stiffness ^[9]



[1] Recio, E., et al. Interobserver concordance in controlled attenuation parameter measurement, a novel tool for the assessment of hepatic steatosis on the basis of transient elastography. *European Journal of Gastroenterology & Hepatology* 2013; 25 (8) : 905-11. [2] Castera, et al., Prospective comparison of transient elastography, Fibrotest, APRI, and liver biopsy for the assessment of fibrosis in chronic hepatitis C. *Gastroenterology* 2005 Feb;128(2):343-50. [3] Li, et al., Systematic review with meta-analysis: FibroScan for liver fibrosis in chronic hepatitis B. *Aliment Pharmacol Ther* 2016 Feb;43(4):458-69. doi: 10.1111/apt.13488. Epub 2015 Dec 15. [4] Sanchez-Conde, et al., Comparison of transient elastography and liver biopsy for the assessment of liver fibrosis in HIV/hepatitis C virus-coinfected patients and correlation with noninvasive serum markers. *J Viral Hepat*. 2010 Apr;17(4):280-6. doi: 10.1111/j.1365-2893.2009.01180.x. Epub 2009 Sep 2. [5] Wong, et al., Diagnosis of Fibrosis and Cirrhosis Using Liver Stiffness Measurement in Nonalcoholic Fatty Liver Disease. *hepatology*. 2010 [6] D'après Brunt score : Pavlov, C.S., et al., Transient Elastography for diagnosis of stages of hepatic fibrosis and cirrhosis in people with alcoholic liver disease. *The Cochrane database of systematic reviews*, 2015. 1: p. CD010542. [7] Corpechot, et al., Noninvasive elastography-based assessment of liver fibrosis progression and prognosis in primary biliary cirrhosis. *Hepatology*. 2012 Jul;56(1):198-208. doi: 10.1002/hep.25599. Epub 2012 Jun 5. [8] Hartl, et al., Transient elastography in autoimmune hepatitis: Timing determines the impact of inflammation and fibrosis. *J Hepatol*. 2016 Oct;65(4):769-775. doi: 10.1016/j.jhep.2016.05.023. Epub 2016 May 26. [9] Mueller, S, et L. Sandrin, Liver stiffness: a novel parameter for the diagnosis of liver disease. *Hepatic Medicine: Evidence and Research*, 2010: p. 49-67.* Publications parues dans des revues à comité de lecture. Retrouvez toutes les publications relatives à l'élasticité et au CAP sur la Librairie Clinique Echosens : <http://www.echosensclinicalibrary.com/>

These guides are based on a selection of clinical studies from the existing literature reporting use of stiffness and CAP with FibroScan. These guides are not intended to be used as a conversion table from liver stiffness and CAP readings in kilopascals (kPa) and decibels per meter (dB/m) to fibrosis and steatosis grade. These guides can in no way replace the judgment of the physician who is ultimately responsible for the final diagnosis. Echoscens accepts no responsibility for the incorrect and/or inappropriate interpretation of liver stiffness or CAP values. FibroScan® is a class IIa medical device according to Directive EC/93/42 and is manufactured by Echoscens. CE mark is in progress. FibroScan® is indicated for the non-invasive measurement of liver stiffness (E) and controlled attenuation parameter (CAP) in humans. It is expressly recommended to carefully read the guidance and instruction of the users' guide and labeling of the device. Results obtained must be interpreted by a physician experienced in dealing with liver disease, taking into account the complete medical record of the patients. Our products are subject to regulatory requirements that vary from country to country and therefore may not be available for sale or distribution in all markets.

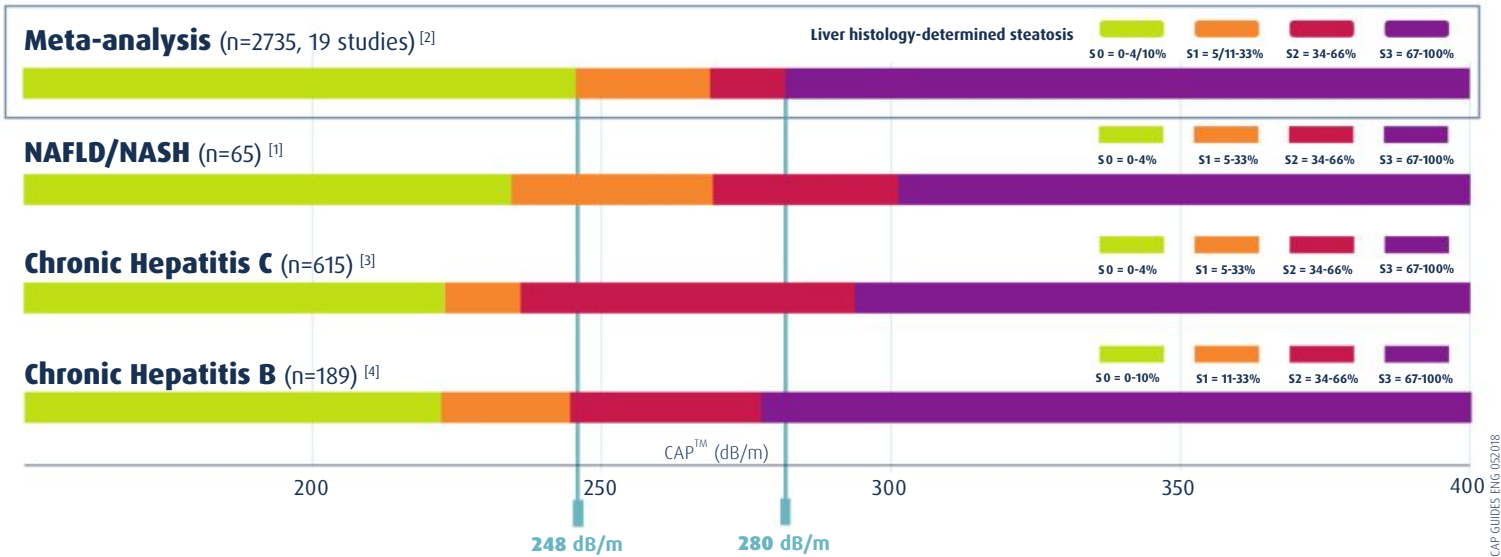
Quantifying steatosis with FibroScan

- Combined with Liver Stiffness, **CAP is the only non-invasive examination to genuinely quantify steatosis** in Non-Alcoholic Fatty Liver Disease (NAFLD) and other chronic liver diseases associated with steatosis and fibrosis
- The existing literature demonstrates that CAP values correlate with the **amount of steatosis, metabolic syndrom and alcohol use**
- Early detection** of minimal hepatic steatosis: from 5% onwards (Ultrasound allows to detect from 30% only)

CAP and 1H-MRS: similar **diagnostic performance** [1]

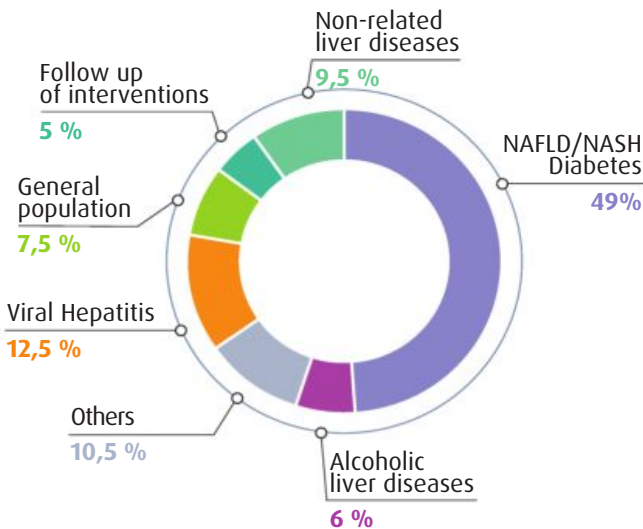
	CAP	1H-MRS
S ≥ 5%	AUC 0.93	0.87
S ≥ 34%	AUC 0.94	0.88
S ≥ 67%	AUC 0.82	0.85

- Valuable insights** for following up patients post treatment (demonstrated in more than 3 studies)
- CAP not influenced by fibrosis and inflammation (demonstrated in more than 7 publications)



Peer-reviewed publications per etiology

LSM and CAP interpretation Guides available on myFibroScan app



[1] Karlas, T. et al., Non-invasive assessment of hepatic steatosis in patients with NAFLD using Controlled Attenuation Parameter and 1H-MR Spectroscopy. Plos One, March 2014, Issue 3, Volume 9. [2] Karlas, T. et al. Individual Patient Data Meta-Analysis of Controlled Attenuation Parameter (CAP) Technology for Assessing Steatosis. Journal of Hepatology 2016 ; In Press.[3] Sasso, et al., Novel controlled attenuation parameter for noninvasive assessment of steatosis using Fibroscan : validation in chronic hepatitis C. J Viral Hepat 2012 Apr;19(4):244-53. doi: 10.1111/j.1365-2893.2011.01534.x. Epub 2011 Oct 13. [4] Chen, et al., Controlled attenuation parameter for the detection of hepatic steatosis in patients with chronic hepatitis B. Infect dis. (Lond) 2016 Sep;48(9):670-5. doi: 10.3109/23744235.2016.1165860. Epub 2016 May 31. * Publications parues dans des revues à comité de lecture. Retrouvez toutes les publications relatives à l'élasticité et au CAP sur la Librairie Clinique Echosens : <http://www.echosensclinicalibrary.com/>

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