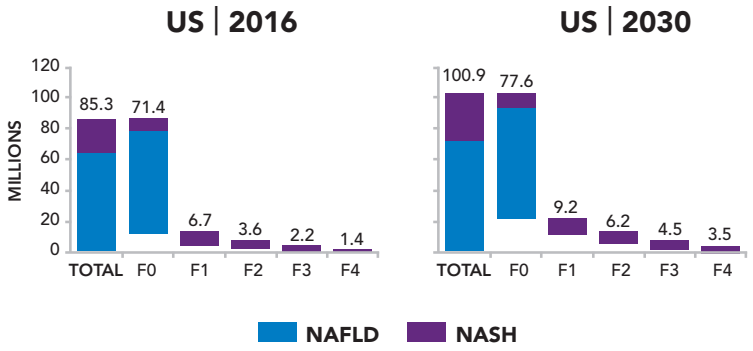
MAGNETIC RESONANCE **ELASTOGRAPHY**

RESOUNDANT®

Liver disease, current clinical guidance and reimbursement update

The tool to address a GLOBAL HEALTH CRISIS



Estes, C., et al. Modeling NAFLD disease burden in China, France, Germany, Italy, Japan, Spain, United Kingdom, and United States for the period 2016–2030. Journal of Hepatology. Volume 69, Issue 4, October 2018, Pages 896-904.

The prevalence of liver disease, particularly non-alcoholic fatty liver disease (NAFLD) and non-alcoholic steatohepatitis (NASH), is rising at an alarming rate. In the U.S. alone, there are an estimated 85 million people with NAFLD/NASH, with researchers projecting that figure to surpass 100 million by 2030.

NAFLD and NASH stand to be the number one driver of liver fibrosis, which unlike steatosis is directly linked to increased incidence of liver cancer and mortality. As such, there is an urgent need to begin routine fibrosis assessment and staging of patients at risk of NAFLD and NASH.

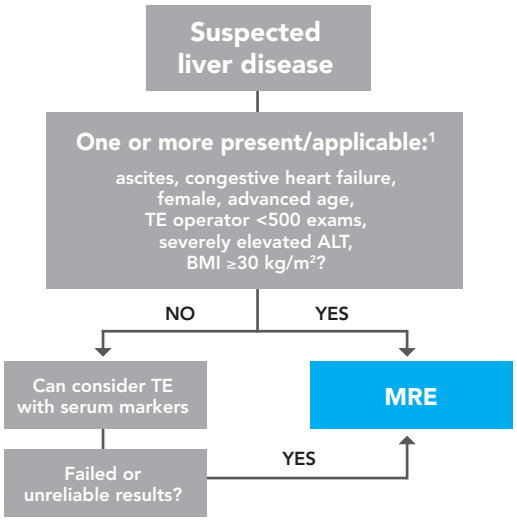
> The AGA guideline recommended MRE over VCTE for NAFLD in populations at high risk for cirrhosis.

Tana M.M., Muir A.J. Diagnosing Liver Fibrosis and Cirrhosis: Serum, Imaging, or Tissue? Clinical Gastroenterology and Hepatology, 16 (1) , pp. 16-18. 2018.

A BETTER SOLUTION for patients and clinicians

Offering MR Elastography can help your referrers overcome many confounding factors that can impact the performance in other ultrasound-based elastography techniques such as vibration-controlled transient elastography (VCTE). Notably for fatty liver disease, this most often includes BMI and increased waist circumference.

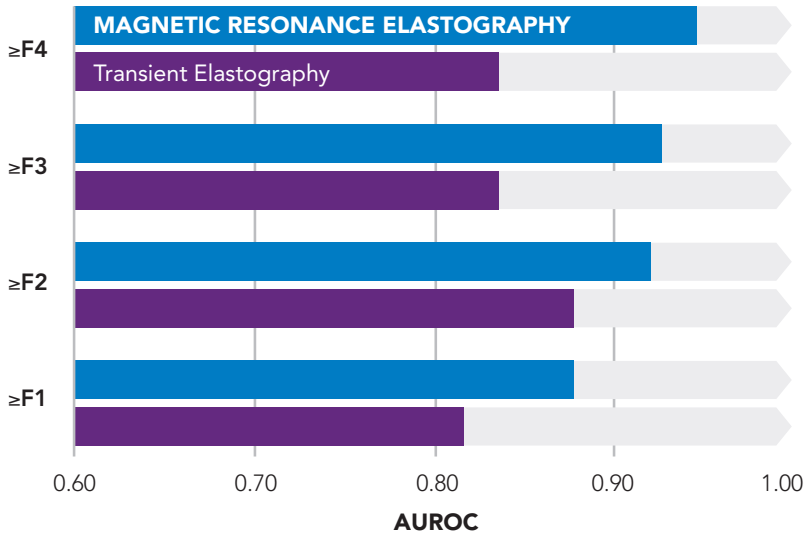
In these and other cases (right), clinical guidelines from leading GI societies2 recommend that MRE be incorporated into the clinical workflow to reliably estimate the degree of fibrosis present. Clinicians may also request fat fraction measurements (for steatosis), inflammation, and/or malignancy via traditional MR workup, resulting in a powerful and comprehensive liver assessment. MRE is the only MR-based technology that has been shown to assess and stage liver fibrosis.



[2] American Gastroenterological Association Institute Technical Review on the Role of Elastography in Chronic Liver Diseases

How does MRE COMPARE?

In a pooled analysis of data from individual participants with NAFLD in 3 independent studies, MRE demonstrated a significantly higher diagnostic accuracy than TE for the detection of individual stages of fibrosis using liver biopsy as a reference. This means referrers and patients are getting the most powerful and accurate fibrosis assessment available.



Hsu, C., et al. Magnetic Resonance Elastography versus Transient Elastography in detection of fibrosis in nonalcoholic fatty liver disease: A systematic review and meta-analysis of individual participant data. Poster presented at ILC 2018, April 13, 2018, Paris, France.

Recommended in CLINICAL GUIDELINES

Due to MRE's high performance and broad applicability for nearly all patients, a number of leading professional societies from multiple disciplines have issued consensus endorsements and clinical guidance that call for MRE.l

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"In adults with NAFLD and a higher risk of cirrhosis, MRE is suggested, rather than VCTE, for detection of cirrhosis"

American Gastroenterological Association Institute Guideline on the Role of Elastography in the Evaluation of Liver Fibrosis (2017)[16]

AASLD
AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

"MRE is excellent for identifying varying degrees of fibrosis in patients with NAFLD. VCTE or MRE are clinically useful tools for identifying advanced fibrosis in patients with NAFLD."

The Diagnosis and Management of Nonalcoholic Fatty Liver Disease: Practice Guidance From the American Association for the Study of Liver Diseases (2017)[17]

ACR® AMERICAN COLLEGE OF RADIOLOGY

"MR elastography is the most accurate method for diagnosing liver fibrosis non-invasively because it assesses the whole liver and can stage liver fibrosis."

American College of Radiology Appropriateness Criteria®: Chronic Liver Disease (2017)[18]

REIMBURSEMENT

In 2019, the Centers for Medicare and Medicaid Services (CMS) issued a new Current Procedural Terminology® Code for a standalone MRE exam, or in conjunction with a full abdominal MR exam. The new code (76391) has a total facility reimbursement of $240.

Allow your referrers to **engage with patients** like never before.

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