

METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE¹ (MASLD) Workup:

Screening Patients with Possible Steatotic/Fatty Liver for Advanced Fibrosis

Step 1: Identify patients at risk

1 or more metabolic risk factors: Overweight or Obesity (BMI ≥ 25), High Triglycerides, Low HDL, HTN, Pre-DM or Insulin Resistance

Steatosis on any type of imaging or elevated ALT ≤ 60 . If ALT > 60 , refer to Elevated LFTs workup.

**Type 2 Diabetes:
Follow step 4**

Step 2: History and Laboratory Tests:

Complete Audit-C, obtain CBC, Liver Function Tests, Screen for Hepatitis B and C

Step 3: Calculate FIB-4

www.mdcalc.com/fibrosis-4-fib-4-index-liver-fibrosis

FIB-4 < 1.3 for $< 65y$
*FIB-4 < 2.0 for $65y+$

FIB-4 1.3 to 2.67 **OR** Shear Wave Elastography ≥ 5

FIB-4 > 2.67 **OR** Shear Wave Elastography ≥ 13

**Indeterminate Risk:
Step 4: Refer for
FibroScan²**

FibroScan Liver Stiffness Measurement (LSM)

LSM $< 8.4kPa$

LSM 8.4 to 13.5kPa

LSM $> 13.5kPa$

LOW RISK

Counsel patient about lifestyle modifications and repeat FIB-4 in 2-3 years unless clinical circumstances change

(If low FIB-4, consider FibroScan referral to Liver Clinic to assess fibrosis and steatosis)

INDETERMINATE RISK

Refer to Liver Clinic for consideration of liver biopsy or MRE

If patient declines,
Lifestyle modifications and monitor with re-evaluation of risk in 2-3 years

HIGH RISK

Refer to Liver Clinic

Footnotes:

¹Metabolic dysfunction-associated steatotic liver disease (MASLD) encompasses former nomenclature: metabolic associated fatty liver disease (MAFLD) and nonalcoholic fatty liver disease (NAFLD)

²Proprietary commercially available blood test such as FibroSure™ or FibroTest™ may be considered for patients with indeterminate or high risk based on FIB-4 where FibroScan unavailable

This algorithm was adapted from: Kanwal, et. Al. Clinical Care Pathway for the Risk Stratification and Management of Patients with Nonalcoholic Fatty Liver Disease. Gastroenterology. 2021; <https://doi.org/10.1053/j.gastro.2021.07.049> and MASLD multi-society consensus statement, adopted by AASLD 12/2023