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LiverScreen: Screening for liver fibrosis - population-based study across European countries

Description

Liver cirrhosis is a very common and severe chronic disease, responsible for high morbidity, impaired quality of life, major healthcare costs, and poor survival, causing an estimated 170,000 deaths per year in Europe. Liver cirrhosis is preceded by a long period of slowly developing, asymptomatic, liver fibrosis; most commonly caused by non-alcoholic fatty liver disease (NAFLD, related to obesity and type 2 diabetes), alcohol, and hepatitis B or C virus infection. There is no treatment available to reverse advanced liver cirrhosis. However, if fibrosis could be detected early, all of the major causes are still amenable to prevention and treatment. Early diagnosis of liver fibrosis in the general population is therefore crucial for the estimated 10 million Europeans with undetected liver fibrosis. The LiverScreen project aims to develop a targeted screening methodology to identify persons with asymptomatic liver fibrosis and cirrhosisamong the general population. This methodology involves:

- 1) identification of groups from the general population at high risk of having chronic liver disease,
- 2) screening their liver stiffness with the innovative transient elastography (TE) technology (until now only validated in patients with known liver disease) for diagnosis, and
- 3) determining the right follow-up screening regime.

Within the LiverScreen project 8 European countries will collaborate and perform research in over 34,000 subjects to develop the screening methodology and demonstrate its accuracy, clinical value, costeffectiveness, acceptability, and potential to be implemented by healthcare systems throughout Europe. Using the LiverScreen program, diagnosis at an early stage can stop liver disease progression and have a subsequent long-term impact on liverdisease morbidity and mortality and the associated societal burdens in terms of economic costs and health inequity. The estimated cost reduction ranges from ¬850 to ¬4,000 per quality-adjusted life-year gained.

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