**Direct to Fibroscan Pathway- Reducing Hepatology service clinic appointments**

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**Introduction:** The rising rates of steatotic liver disease has resulted in an increasing number of patients requiring fibrosis assessment in secondary care. Locally the referral rate in 2023/2024 has increased by 93% since 2019/2020. With associated rising outpatient waiting lists the “Direct to Fibroscan® Pathway (DTFP)” was introduced to assess and screen patients who have been referred by their GP with suspected fatty liver disease and identify those requiring a Hepatology clinic review.

**Method:** Referral letters from Primary Care to the Hepatology department were triaged by a Hepatology consultant. Patients with suspected fatty liver disease were triaged onto the DTFP. Data was collected prospectively on all patients referred to the DTFP. This database and electronic records were reviewed for data collection.

**Results:** 215 patients were triaged to the DTFP between 19/06/2024 and 11/12/24. The mean age of patients referred was 54.5 years; 153(73%) of the patients referred were male. Although the majority of patients referred (74.4%) had a documented Fib-4 score on the referral, only61.9% had a score >1.3 requiring further assessment. 26 of the referrals with documented Fib-4 score were for patients aged >65yrs; 80% of these were compliant with age adjusted cut offs. 163 (76%) of the patients triaged attended a Fibroscan® appointment, 16 patients were DNAs and 36 patients were still awaiting an appointment at the time of analysis. Of the 163 patients who attended only 34 (20.1%) had a raised median liver stiffness on Fibroscan® (>8kPa) potentially suggesting significant fibrosis. The median Fibroscan® reading was 13.6kPa; with a range 8.3-39.6kPa). 22 patients with a raised Fib-4 score were subsequently found to have an elevated Fibroscan® result; with the highest Fib-4 score of 4.44 correlating with the highest Fibroscan® reading of 39.6kPa. 3 patients were found to have an elevated Fibroscan® result despite a low Fib-4 score (one of these patients was aged <35yrs old). 11 (6.7%) of patients had an invalid scan; 9 of these patients had been referred with a raised Fib-4 level. Patients with median liver stiffness >8kPa or with invalid scans were subsequently offered an outpatient appointment with the Hepatology department. The remaining 118 (72.4%) patients had evidence of low risk disease (median liver stiffness <8kPa) and were directly discharged with lifestyle advice for management in primary care as well as guidance on re-referral criteria for their GP (repeat Fib-4 in 2-3 years’ time and refer for Fibroscan® if elevated). This new pathway resulted in saving 121 new outpatient clinic appointments with a consultant Hepatologist. The Referral to Treatment Time (RTT) 18 week compliance increased from 68.9% to 88% 6 months after implementation of the DTFP (p<0.001).

**Conclusion:** Introduction of the DTFP pathway has dramatically reduced the number of patients requiring a review by the Hepatology team, whilst also still ensuring that patients are offered appropriate lifestyle advice to reduce their risk of disease progression. This has resulted in a better utilisation of Hepatology outpatient clinic appointments, a reduction in the Hepatology clinic waiting list, as well as significantly improving RTT 18 week pathway compliance.

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