

Dear Primary Care Practitioner,

- Non-alcoholic fatty liver disease (NAFLD) is common
- Cirrhosis can occur in “High Risk” NAFLD patients
- Shear wave elastography (SWE) is available in the community at EFW Radiology and will stratify patients as High or Low Risk
- Only confirmed “High Risk” patients need to be referred to Hepatology CAT after SWE performed

The Calgary and Area Primary Care Networks and Calgary Division of Gastroenterology and Hepatology have been working collaboratively on a **NEW INITIATIVE** to develop an evidence based approach to improve non-alcoholic fatty liver disease (NAFLD) patient care in the Calgary Zone.

NAFLD is the most common liver disease in Canada, **occurring in up to 25% of the population**. NAFLD is often associated with obesity, diabetes and/or hyperlipidemia (metabolic syndrome) and results from accumulation of fat (triglycerides) within liver cells, which in turn can lead to liver damage. The term NAFLD actually refers to a group of liver conditions that exist under the same umbrella, including simple fatty liver (ie. steatosis), non-alcoholic steatohepatitis (ie. NASH), fatty liver with liver fibrosis (ie. liver scarring), or fatty liver with advanced liver fibrosis/cirrhosis. NASH can lead to cirrhosis in up to 20% of people within 20 years. Importantly, increasing liver fibrosis severity in people with NAFLD is associated with an exponential increase in risk of liver-related mortality. **NAFLD is projected to become the leading indication for liver transplantation in North America by the year 2020**. Therefore, the identification of people with NAFLD who are at the highest risk for developing progressive liver fibrosis (ie. those with \geq F2 liver fibrosis) has become key for designing strategies to help us better manage these individuals.

Given how common NAFLD is, specialist referral for all NAFLD patients is not tenable. Therefore, we have co-developed a NAFLD clinical care pathway to help you better manage your NAFLD patients within the medical home, and facilitate identification of people with NAFLD who are most likely to have significant liver scarring and would potentially benefit from specialist referral. This pathway employs a non-invasive test to assess for the presence of significant liver fibrosis by liver stiffness assessment (**measured using shear wave elastography; SWE**). SWE has been made available to primary care physicians for NAFLD patient assessment in collaboration with EFW Radiology (note: there is no additional cost for SWE), in all four quadrants of the Calgary Zone. Standardized SWE reports will be generated by EFW Radiology that clearly identify patients as LOW or HIGH RISK for significant liver fibrosis. Individuals at **HIGH RISK** should be referred to Hepatology Central Access and Triage (CAT) for care within a multidisciplinary medical team led by a liver specialist. Those identified as **LOW RISK at this time** are best managed within their primary care medical home, supported by the attached NAFLD Pathway. This pathway includes management strategies and physician and patient focused resources. These LOW RISK patients can be placed by their primary care physician in a LOW RISK NAFLD Screening Program with repeat liver SWE testing performed every 3 years (ordered by primary care physicians using a dedicated EFW Radiology Liver Programs Requisition form) to assess for possible liver fibrosis progression. Progression to HIGH RISK would potentially warrant referral to Hepatology CAT.

We hope that you will find the attached NAFLD Primary Care Pathway useful in helping you to best manage your NAFLD patients.

Regards,

Calgary Division of Gastroenterology and Hepatology and Calgary and Area PCN Leadership