**RESULTS**

### Patient characteristics

<table>
<thead>
<tr>
<th></th>
<th>Training</th>
<th>Internal validation</th>
<th>External validation</th>
<th>Internal validation, multivariate analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years</td>
<td>55.8 (9·3)</td>
<td>55.9 (9·5)</td>
<td>53·8 (8·8)</td>
<td>54.5 (9·1)</td>
</tr>
<tr>
<td>Sex</td>
<td>57%</td>
<td>54·1%</td>
<td>55·1%</td>
<td>56·2%</td>
</tr>
<tr>
<td>BMI</td>
<td>27·5 (5·4)</td>
<td>27·3 (5·5)</td>
<td>27·9 (5·7)</td>
<td>27·7 (5·6)</td>
</tr>
<tr>
<td>ALT</td>
<td>41·6 (49·4)</td>
<td>41·5 (49·3)</td>
<td>41·5 (49·3)</td>
<td>41·5 (49·3)</td>
</tr>
<tr>
<td>AST</td>
<td>41·6 (49·4)</td>
<td>41·5 (49·3)</td>
<td>41·5 (49·3)</td>
<td>41·5 (49·3)</td>
</tr>
<tr>
<td>VCTE</td>
<td>41·6 (49·4)</td>
<td>41·5 (49·3)</td>
<td>41·5 (49·3)</td>
<td>41·5 (49·3)</td>
</tr>
</tbody>
</table>

### Performance in training set

- **ROC curve**
  - FIB-4: AUROC 0·87 (9·2; 13·6 [kPa])
  - LSM: AUROC 0·87 (9·2; 13·6 [kPa])
  - Agile 3+: AUROC 0·90 (0·88; 0·91)

- **Sensitivity/Specificity**
  - FIB-4: 95%; 85%
  - LSM: 95%; 85%
  - Agile 3+: 95% (95% CI: 93% to 96%)

### Performance in validation sets

- **AUROC**
  - Internal VS: FIB-4 0·84; LSM 0·87; Agile 3+ 0·87
  - AASLD CRN cohort: FIB-4 0·76; LSM 0·80; Agile 3+ 0·85
  - French NAFLD cohort: FIB-4 0·76; LSM 0·80; Agile 3+ 0·85

### CONCLUSIONS

A novel noninvasive score including LSM by VCTE and routine clinical parameters significantly improve the diagnostic accuracy, improve the sensitivity to rule-in, reduce the percentage of cases with indeterminate results.

Moreover, external validation on primary and secondary care centers could assess its potential as a new tool to refer patients to liver specialists.

This new Agile 3+ score is public and available on myFibroScan app.

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