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**Transient elastography vs. blood tests for the diagnosis of cirrhosis: An empiric victory**

*To the Editor:*

We understand the enthusiasm of Calès et al. [1] for the test they have developed. However, we decided to compare transient elastography (TE) with better validated scores, i.e., APRI and Fibrotest [2,3], as well as cheaper and routinely used laboratory tests (prothrombin index, platelet count and AST/ALT ratio). Although the performance of the Fibrometer appears to be very good in the hands of its inventors, this score as been poorly evaluated externally and is not yet widely used. As far as the diagnostic target is concerned, the cut-offs used were those recommended for cirrhosis by the manufacturer (Fibrotest) or the authors (APRI and Lok index). We also would like to remind readers that the 90% of patients in whom liver biopsy could have been avoided is the number of correctly classified patients (267 out of 298 [4]) using TE (cut-off 12.5 kPa) in intention-to-diagnose analysis. Calès’s discussion of our data is challenging, but their statements are purely speculative and refer to a different patient population. Finally, we fully agree that combining two unrelated methods such as TE and a blood test consistently improves diagnostic accuracy, as we suggested for the first time in 2005 [5]. However, given the high performance of TE for the diagnosis of cirrhosis, our strategy seems more cost-effective in clinical practice [6].

**References**


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