Galectin-3 ng/mL	NASH F3 fibrosis	NASH F4 cirrhosis with PH
N	31	162
mean	15.9	15.3[a]
SD	4.2	4.2
range	8.8 - 25.2	7.7 - 32.3
[a] difference not significant		

Disclosures: The following people have nothing to disclose: Pol Boudes, Ezra Lowe, Michael Inkmann, Steven Schoenfeld

2104-A | SKIN AUTOFLUORESCENCE IS ASSOCIATED WITH FIB-4, FORNS AND FATTY LIVER INDEX – THE MAASTRICHT STUDY

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Background: Non-Alcoholic Fatty Liver Disease (NAFLD) is the most frequent cause of chronic liver disease in the Western world. In people with type 2 diabetes mellitus (T2DM), NAFLD is reaching epidemic proportions. Among T2DM patients and in normoglycemic individual's with NAFLD, higher levels of advanced glycation endproducts (AGEs) were seen. AGEs can be measured via skin autofluorescence (SAF). As SAF can be easily and non-invasively measured with an AGE reader, it could be a new way to assess the risk for steatosis and fibrosis in T2DM patients. We aimed to examine the association between SAF and liver steatosis and fibrosis, using non-invasive tests in the well-characterized cohort, The Maastricht Study. **Methods:** Data from The Maastricht Study, a prospectively designed, population-based observational cohort study, were used. Participants were excluded when they had alcohol overconsumption and missing data. Multivariable linear regression analysis was used to investigate the association of SAF with the standardized fibrosis-4 index (FIB-4), the Forns index (FI), and the fatty liver index (FLI). Regression models were adjusted for the following key potential confounders; age, sex, and educational status. Other potential confounders additionally adjusted for were: blood pressure, total-HDL cholesterol ratio, smoking status, history of cardiovascular disease, waist circumference, treatment for hypertension, lipid disorders, and glucose lowering medication. For FIB4, age was left out of the model, for FI, this was age and total-HDL cholesterol ratio, and for the FLI this was waist circumference, as these variables are part of the non-invasive score calculations. An interaction analysis was performed to assess the influence of sex. AGEs were assessed with the AGE Reader (DiagnOptics Technologies BV, Groningen, the Netherlands), which uses the characteristic fluorescent properties of certain AGEs to quantify their accumulation in the skin as SAF. **Results:** Of the 3451 participants, 1955 (56.6%) were used for analysis, of whom 598 (30.6%) had T2DM, 264 (13.5%) prediabetes, and 1069 (54.7%) a normal glucose metabolism (NGM). Median age and BMI were 63 ($\pm$12) yr and 29.6 ($\pm$6.6) kg/m² for T2DM, 62 ($\pm$11) yr and 27.3 ($\pm$5.4) kg/m² for prediabetes and 58 ($\pm$13) yr and 25.3 ($\pm$4.4) kg/m² for NGM, respectively. After full adjustment, it was seen that SAF was associated with a higher FLI (Stβ 0.083 [0.036;0.129]), a higher FI (Stβ, 0.106[0.069;0.143]), and FIB-4 (Stβ, 0.087 [0.037;0.137]). Male gender significantly influenced the SAF and FIB4 association (Stβ, 0.125 [0.061;0.189]). **Conclusion:** This observational cohort study showed a positive link between the non-invasive scores FLI, FIB-4 and FI, and SAF. Suggesting that SAF could be a potential non-invasive biomarker to detect liver steatosis and fibrosis among people with T2DM in a non-invasive way. Further research is warranted to confirm these results.

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2105-A | SPATIAL DISTRIBUTION OF COLLAGEN IN NAFLD AFFECTS LEVELS OF N-TERMINAL PRO-PEPTIDE OF TYPE III COLLAGEN (PRO-C3)

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Symbols: ◆, Poster of Distinction; ★, Foundation Award Recipient