1. Liver fibrosis, regardless of the underlying aetiology, is a consequence of the accumulation of extracellular matrix protein, including collagen, in the liver.
2. Environmental and not genetic factors influence the natural history of liver fibrosis.
3. The stages of liver fibrosis in chronic liver disease (CLD) define the patient’s overall morbidity and mortality.
4. Noninvasive tests, especially serology-based composite score, cannot be used to determine whether patients with mild abnormalities in liver chemical values need referrals to liver specialists.
5. In patients with CLD, the assessment of liver fibrosis is not required for making therapeutic decisions and predicting outcomes.
6. The Fibrosis-4 (FIB-4) index is based on age and aspartate aminotransferase, alanine aminotransferase and platelet levels.
7. Imaging-based methods of measuring liver fibrosis are based on the theory that the stiffer the liver is, the higher the velocity of the shear wave.
8. Liver biopsy is not the gold standard test for liver fibrosis.
9. Patients with advanced fibrosis should be referred to specialist care.
10. The most common cause of liver fibrosis in Singapore is autoimmune liver disease.
11. Chronic hepatitis C is more prevalent among intravenous drug users.
12. Leptin, laminin, hyaluronic acid and procollagen III N-terminal peptide are examples of direct serum biomarkers for liver fibrosis.
13. A high index of suspicion is essential for diagnosis of CLD, as most patients are asymptomatic and diagnosed incidentally.
14. Liver fibrosis generally has an insidious onset, slowly progressing over many years, and typically takes over 20 years to develop into liver cirrhosis.
15. Liver fibrosis can be staged using composite scoring systems, liver imaging techniques, direct serum biomarkers or liver biopsy.
16. No online calculators and websites offer free calculation of FIB-4 index, APRI (aspartate aminotransferase to platelet ratio index) and NFS (non-alcoholic fatty liver disease fibrosis score).
17. Liver biopsy has complications such as bleeding, pain and even death.
18. Patients with clinical evidence of cirrhosis should be referred to liver specialists for further evaluation and management.
19. Patients with minimal or no fibrosis based on composite scores can be safely managed in primary care clinics.
20. Easy-to-use composite scoring systems for fibrosis assessment can identify patients who are at high risk for minimal or advanced fibrosis.

SUBMISSION INSTRUCTIONS:
Visit the SMJ website: http://www.smj.org.sg/current-issue and select the appropriate quiz. You will be redirected to the SMA login page.
For SMA member: (1) Log in with your username and password (if you do not know your password, please click on ‘Forgot your password?’). (2) Select your answers for each quiz and click ‘Submit’.
For non-SMA member: (1) Create an SMJ CME account, or login with your SMJ CME username and password (for returning users). (2) Make payment of SGD 21.40 (inclusive of 7% GST) via PayPal to access this month’s quizzes. (3) Select your answers for each quiz and click ‘Submit’.

RESULTS:
(1) Answers will be published online in the SMJ February 2019 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 1 February 2019. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMA editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates. (6) SMC credits CME points according to the month of publication of the CME article (i.e. points awarded for a quiz published in the December 2017 issue will be credited for the month of December 2017, even if the deadline is in January 2018).