MAFLD – the importance of early identification and intervention

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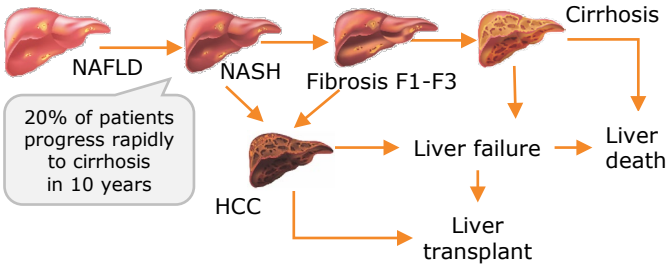
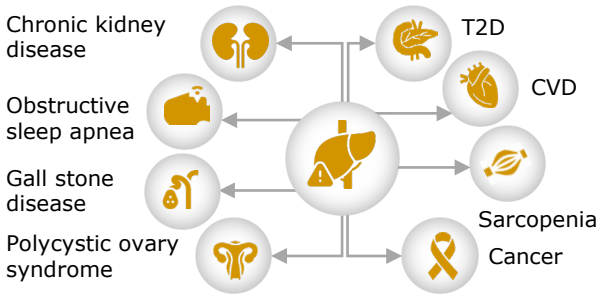
Pooled global prevalence of MAFLD: 30.05% (95% CI: 27.88–32.32%)[1]

MAFLD is a dynamic disease[2]



MAFLD is a multi-system disease[3]



Liver fibrosis is associated with negative outcomes in patients with MAFLD[4]

Early identification of high-risk advanced liver disease prevents future hepatic complications

MAFLD clinical care pathway

Screening for advanced fibrosis in MAFLD[5,6]

1. Patients with MAFLD at risk for fibrosis

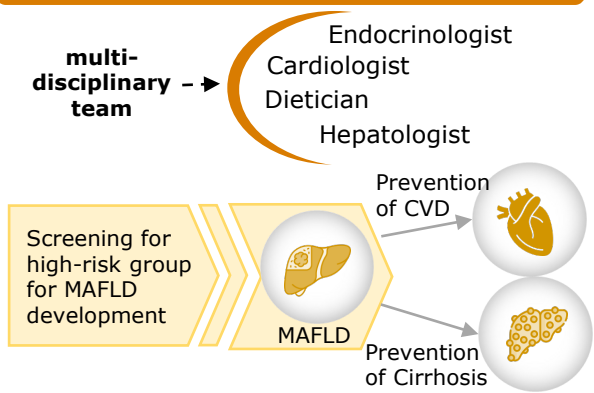
>2 metabolic risk factors | Type 2 diabetes | Steatosis or cytolysis

2. Medical history and lab tests (ex. alcohol intake, liver test)

3. Non-invasive testing for fibrosis (FIB-4)

FIB-4<1.3	FIB-4: 1.3–2.67	FIB-4>2.67
	Intermediate risk	
	4. Liver stiffness measurement (ELF)	
VCTE <8kPa MRE <2.6kPa ELF <7.7	VCTE: 8–12kPa MRE: 2.6–3.6kPa ELF: 7.7–9.8	VCTE >12kPa MRE >3.6kPa ELF >9.8
Low Risk Repeat NIT in 2–3 yrs	**Intermediate Risk** Refer to hepatologist	**High Risk** Refer to hepatologist

Management algorithm of MAFLD[7]



- Lifestyle intervention
- Structured weight loss programs
- CV risk reduction
- Diabetes care
- Atherogenic dyslipidemia
- Hypertension care

Treatment with EPLs is associated with clinical improvements in patients with MAFLD

Meta-analysis of RCTs[8]: Significant changes in ALT, TG and total cholesterol levels with EPL+AD vs AD alone for MAFLD associated with MetS

An observational, multicentre, prospective trial (MANPOWER): Significant improvement in lipid profile in patients (N=2843) with NAFLD and cardiometabolic comorbidities receiving EPL+ hypolipidemic treatment and EPL alone ($p<0.05$)

- MAFLD is a multi-system disease and hepatic component of metabolic syndrome
- Non-invasive tools can be used to stratify risk of disease progression and clinical outcomes
- Early identification of population at increased risk for advanced liver disease allows for interventions to prevent future hepatic complications

AD, anti-diabetic; CI, confidence interval; CV, cardiovascular; CVD, cardiovascular disease; ELF, enhanced liver fibrosis; EPL, essential phospholipid; HCC, hepatocellular carcinoma; MAFLD, metabolic-associated liver disease; MRE, magnetic resonance elastography; NAFLD, non-alcoholic fatty liver disease; NASH, non-alcoholic steatohepatitis; RCT, randomized controlled trial; T2D, Type 2 diabetes; VCTE, vibration-controlled transient elastography

1. Younossi ZM, et al. Hepatology 2023;77:1335–47; 2. Bertot LC and Adams LA. Int J Mol Sci 2016;17:774; 3. Younossi Z, et al. Hepatology 2019;69:2672; 4. Hagström H, et al. J Hepatol 2017;67(6):1265–1273; 5. Kanwal F, et al. Gastroenterology 2021;161:1657–1669; 6. Ajmera V, et al. Molec Metab 2021;50:101167; 7. Cusi K, et al. Endocr Pract. 2022;28:528; 8. Dajani A, et al. Poster presented at APASL 2020; PO-7-84; 9. Maev IV, et al. BMJ Open Gastroenterol 2020;7:e000341

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