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Summary

Emerging pharmacological treatments in cirrhosis

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Mechanisms & Personalised Medicine | Surgery | Hepatobiliary

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The speaker reviewed emerging pharmacological treatments targeting portal hypertension and systemic inflammation in cirrhosis, with mixed trial results across albumin, rifaximin, anticoagulation, and novel therapies.

KEY POINTS

- The speaker stated the Answer trial showed albumin infusion in patients with uncomplicated ascites led to significantly higher survival over 18 months versus standard care, but the Attire trial in acutely decompensated cirrhosis showed no benefit on infection, kidney dysfunction, or mortality.
- The speaker reported the Liver Hope trial found rifaximin plus simvastatin versus placebo showed no difference in cumulative incidence of acute-on-chronic liver failure over one year in advanced disease.
- The speaker stated a rivaroxaban trial showed no significant benefit in the overall cohort but post-hoc analysis suggested lower risk of disease progression in Child B patients.
- The speaker reported preclinical data showing rifaximin ameliorates portal hypertension in rats through suppression of microbiome-derived deoxycholic acid and propranolol restores intestinal barrier integrity independent of hemodynamic effects.
- The speaker stated an FGF21 analogue trial in MAFLD-related cirrhosis did not achieve fibrosis reduction at week 36 but showed improvement at week 96 in exploratory analysis, suggesting extended treatment may be needed in advanced disease.
- In the Q&A, the speaker stated carvedilol appears more effective than propranolol for reducing portal hypertension based on available data and uses carvedilol as first-line therapy in their practice.

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