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Summary

EVALUATING NON-INVASIVE ELIGIBILITY CRITERIA FOR RESMETIROM AND SEMAGLUTIDE IN METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE: REAL-WORLD DATA FROM AN ITALIAN MULTICENTER COHORT

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In a real-world Italian MASLD cohort, only 22.6% of patients met AASLD eligibility criteria for resmetirom or semaglutide and 12.9% met Noureddin et al. criteria, with substantial discordance between frameworks and both missing a large proportion of biopsy-confirmed F2-F3 fibrosis.

KEY POINTS

- Among 908 MASLD patients from four Italian tertiary centres, 22.6% met AASLD eligibility criteria (VCTE 8-15 kPa, no cirrhosis) and 12.9% met Noureddin et al. criteria (VCTE 10-19.9 kPa, platelets ≥140×10^9/L, no cirrhosis) for approved MASH therapies.
- The two frameworks showed 84.3% overall agreement but significant directional discordance (116 patients eligible only by AASLD, 27 only by Noureddin et al.), with the AASLD approach broader and Noureddin et al. more selective.
- In the biopsy-validated subgroup, both frameworks missed many histologically confirmed F2-F3 cases: 47.9% of F2 and 30% of F3 missed by AASLD criteria; 79.1% of F2 and 50% of F3 missed by Noureddin et al. criteria, mostly due to VCTE values below entry thresholds.
- Older age, higher BMI, and type 2 diabetes independently predicted eligibility under both frameworks, while FIB-4 was inversely associated with Noureddin et al. eligibility.
- The authors conclude that integrated, stepwise clinical and non-invasive test strategies may improve real-world allocation of MASH therapies.

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