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Summary

MASH with Liver Fibrosis: From Growing Burden to Targeted Treatment (Madrigal Pharmaceutical) (Complete Session)

David Marti Aguado

UEG Week Barcelona 2026 | Presentation

October 18, 2026

This educational symposium reviewed strategies for identifying and treating patients with metabolic dysfunction-associated steatohepatitis (MASH) and significant liver fibrosis, highlighting non-invasive testing pathways and two approved therapies, resmetirom and semaglutide.

KEY POINTS

- The speaker stated that approximately 32% of the general population has MASLD, with severity of fibrosis increasing with greater metabolic risk burden, and presented data from a cohort of over 30,000 subjects showing a stepwise increase in elevated liver stiffness with accumulating metabolic criteria.
- The speaker recommended a two-step non-invasive testing approach using FIB-4 as first-line (with cut-offs below 1.3 for low risk, above 2.67 for high risk in those under 65) followed by liver stiffness measurement via fibroscan as second-line, with cut-offs of 8–12 kilopascals to rule out or rule in advanced fibrosis.
- The speaker reported that in the MAESTRO-NASH trial, resmetirom (a thyroid receptor beta agonist) showed a net treatment effect of 20% for NASH resolution and 12% for fibrosis improvement of at least one stage at week 52 compared to placebo, with adverse reactions including diarrhoea and nausea.
- The speaker reported that in the ESSENCE trial, semaglutide 2.4 mg weekly showed a net treatment effect of 29% for NASH resolution and 14% for fibrosis improvement at 72 weeks compared to placebo, with adverse reactions including nausea, vomiting, constipation, diarrhoea, abdominal pain, and headache.
- The speaker stated that both resmetirom and semaglutide are approved for adults with NASH F2–F3 fibrosis in combination with lifestyle modification, and that liver biopsy is not required for treatment indication under the approvals, which rely on non-invasive testing with liver stiffness in the range of 10–19.9 kilopascals.

– The speaker recommended monitoring liver fibrosis by non-invasive tests every 12 months during treatment, continuing therapy if fibrosis improves, stopping if cirrhosis develops, and reassessing lifestyle modification and alcohol consumption if treatment effects are not seen.

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