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Summary

Resmetirom and novel biomarkers

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This presentation reviews resmetirom, the first approved MASH-targeted pharmacotherapy in Europe, and the role of non-invasive biomarkers in selecting patients with metabolic dysfunction-associated steatohepatitis and advanced fibrosis who may benefit from treatment.

KEY POINTS

- The speaker stated that resmetirom, a thyroid hormone receptor beta agonist, met both primary endpoints in a phase 3 trial of about 1000 patients—MASH resolution and fibrosis improvement after one year—with mild side effects including diarrhea and nausea, and favorable effects on fibrosis markers and cholesterol.
- German and US recommendations support using resmetirom in patients with liver stiffness between 10 and 20 kilopascals by transient elastography, or biopsy-proven MASH with fibrosis stage F2 or F3, but not in suspected cirrhosis (stiffness above 20 kPa) or absent significant fibrosis (below 8 kPa).
- Non-invasive testing with FIB-4 and transient elastography can identify patients at risk for liver-related events, with a threshold of about 10 kilopascals marking higher risk and guiding decisions on when to initiate therapy.
- The speaker stated that resmetirom is available in Germany for two weeks at a very high price similar to US pricing, and approval is only in conjunction with optimized comorbidity therapy and lifestyle modification.
- In the Q&A, the speaker recommended selecting semaglutide for patients with systemic cardiometabolic phenotypes and obesity, and resmetirom for liver-centric phenotypes with strong inflammatory activity, noting that semaglutide is not yet approved for MASH in Germany and is not reimbursed for obesity treatment.

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