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GI learning, personalised

Summary

Role of medical therapy

Frank Tacke

UEG Week Barcelona 2026 | Presentation

Surgery | Hepatobiliary

October 19, 2026

The speaker presented guidance on identifying candidates for MASH-specific pharmacotherapy using liver stiffness thresholds and selecting between semaglutide and resmetirom based on patient phenotype and comorbidities.

KEY POINTS

- The speaker stated that liver stiffness of 10-20 kPa by VCTE or ELF score 9.8-11.3 without cirrhosis identifies patients at risk for liver-related outcomes who should be considered for MASH-targeted pharmacotherapy, while those below 10 kPa have low risk and likely do not need treatment.
- Semaglutide 2.4 mg showed fibrosis improvement after 1.5 years in phase 3 trials and the speaker reported it reduces cardiovascular events and alcohol consumption, with gastrointestinal side effects as the main tolerability issue.
- Resmetirom showed fibrosis improvement after one year in phase 3 trials with both doses, is liver-specific and available as a tablet with benefits on blood lipids, though the speaker noted cardiovascular outcome data are not yet available.
- The speaker recommended semaglutide for patients with insufficiently controlled type 2 diabetes, obesity, or high cardiovascular risk, and resmetirom for those already on or intolerant to GLP-1 receptor agonists or at high risk of sarcopenia.
- The speaker emphasized that before initiating therapy based on non-invasive tests, VCTE should be repeated on a separate day or confirmed with a second test, and that lifestyle management and treatment of comorbidities remain the foundation of care.
- The speaker stated that both drugs appear safe in compensated cirrhosis based on available safety data, though neither is approved for cirrhosis in the MASH indication.

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