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Summary

The Liver as the Metabolic Hub: Connecting Obesity, MASLD/MASH, and GI Practice (Boehringer Ingelheim) (Complete Session)

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UEG Week Barcelona 2026 | Presentation

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This symposium presented a screening and treatment framework for identifying patients with masld and mash in gastroenterology practice, emphasising the liver as a metabolic hub and the availability of new approved therapies for significant fibrosis.

KEY POINTS

- The speakers stated that up to 70% of patients with Nash and significant fibrosis remain undiagnosed, and the FIB four index should be calculated in every diabetic patient regardless of liver enzymes to identify at-risk individuals.
- A sequential non-invasive testing algorithm was presented: calculate FIB four in patients with type two diabetes or metabolic syndrome, and if above 1.3, perform VCT (cut-off 8 kilopascals) or ELF test (cut-off 9.2) to confirm F2 or F3 fibrosis.
- The speakers reported that resmetirom achieved fibrosis improvement by one stage in 26% of patients (12% delta from placebo) and Nash resolution in 30% in the Maestro Nash trial with 888 patients treated for 52 weeks.
- Semaglutide 2.4mg weekly achieved fibrosis improvement in 37% of patients (14% delta from placebo) in the essence trial with 800 patients treated for 72 weeks, as stated by the speaker.
- The speakers emphasised that management should be holistic, addressing both liver fibrosis and broader cardiometabolic risk factors including diabetes control, lipid management with statins, and cardiovascular disease prevention.
- The speaker recommended zero alcohol consumption in patients with significant fibrosis and described their practice of using combination therapy, adding resmetirom to GLP one if fibrosis does not improve after 72 weeks of treatment.

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