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Summary

LIVER HISTOLOGY PREDICTS HEPATIC BUT NOT EXTRAHEPATIC OUTCOMES IN BIOPSY-PROVEN METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE: A MULTI-SITE UNITED KINGDOM COHORT STUDY

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Immunology | Pancreas | Mechanisms & Personalised Medicine | Histopathology | Hepatobiliary | Digestive Oncology

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In a 396-patient MASLD cohort followed for a median of 60 months, fibrosis stage independently predicted liver-related events but not cardiovascular events, extrahepatic malignancy, or mortality, while MASH, lobular inflammation, and ballooning added no independent prognostic information once fibrosis was known.

KEY POINTS

- Advanced fibrosis (F3–F4) independently predicted liver-related events (aHR 1.96, 95% CI 1.13–3.40, p=0.016) and the major composite outcome (aHR 2.84, 95% CI 1.22–6.64, p=0.016).
- Advanced fibrosis did not predict cardiovascular events (aHR 0.89, p=0.612), extrahepatic malignancy (aHR 0.96, p=0.836), or mortality after adjustment (aHR 1.63, p=0.134).
- MASH predicted liver-related events when adjusted for age and type 2 diabetes alone (aHR 3.08, p=0.017) but lost significance when fibrosis was co-entered (aHR 2.41, p=0.062), with fibrosis remaining dominant (aHR 6.60, p=0.012).
- Lobular inflammation and hepatocyte ballooning predicted no outcome.
- Cardiovascular events (14 patients, 3.5%) and extrahepatic malignancies (19 patients, 4.8%) together outnumbered liver-related events (21 patients, 5.3%).
- The presenter stated that fibrosis regression should be prioritized as the primary trial endpoint, as MASH resolution alone may be the wrong yardstick for trials.

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