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Summary

Multidisciplinary clinics in MASLD: Integrating management of metabolic risk factors and liver disease

Maurice Michel

UEG Week Barcelona 2026 | Presentation

Hepatobiliary

October 20, 2026

MASLD requires integrated assessment of both liver fibrosis and cardiometabolic risk factors, as metabolic dysfunction drives both hepatic and extrahepatic disease progression including cardiovascular events and chronic kidney disease.

KEY POINTS

- The speaker stated that obesity, type 2 diabetes, hypertension, and dyslipidemia are shared risk factors that drive both liver disease progression and cardiovascular/renal complications in MASLD patients.
- The speaker reported that improving metabolic risk factors can improve liver stiffness measured by elastography, potentially allowing fibrosis regression and providing direct biofeedback to patients.
- Risk stratification tools include FIB-4 for primary care screening and elastography for hepatologists to assess liver fibrosis, combined with cardiovascular and renal risk assessment tools.
- The speaker described recently published EASL guidance on MASH treatment that distinguishes cardiometabolic phenotypes from liver-directed phenotypes to guide treatment selection, including potential combination therapies.
- The speaker recommended that hepatologists maintain core liver expertise while risk-stratifying patients for extrahepatic complications and consulting cardiology, nephrology, and endocrinology colleagues rather than managing all systems independently.

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