



Framing of Key Challenges in MASLD and MASH

Professor Jeffrey V Lazarus [Jeffrey.Lazarus@ISGlobal.org]

Professor of Global Health, CUNY Graduate School of Public Health & Health Policy, New York, NY, USA

Head, Public Health Liver Group, ISGlobal, Hospital Clínic, Barcelona, Spain

Affiliated Professor, WHO Collaborating Centre for Research and Training in the Patient Perspective on Medicines Use, Univ of Copenhagen, Denmark

Director, Global Think-tank on Steatotic Liver Disease and MASH Cities



AACE Strategic Roundtable on Multidisciplinary Approaches for the Management of MASLD and MASH

Key Questions

Key Question 1

How do we align multidisciplinary education around MASLD/MASH?

- How do we harmonize risk messaging across primary care, endocrinology, hepatology, and cardiology, particularly around detection, risk stratification, and monitoring?
- How should non-invasive tests be integrated into clinical education and referral pathways without increasing confusion or fragmentation?
- What practical education models (for HCPs and patients) improve adoption, interpretation of discordant tests, and longitudinal care engagement?

Key Question 2

What reforms can improve detection and risk stratification in the next 1–3 years?

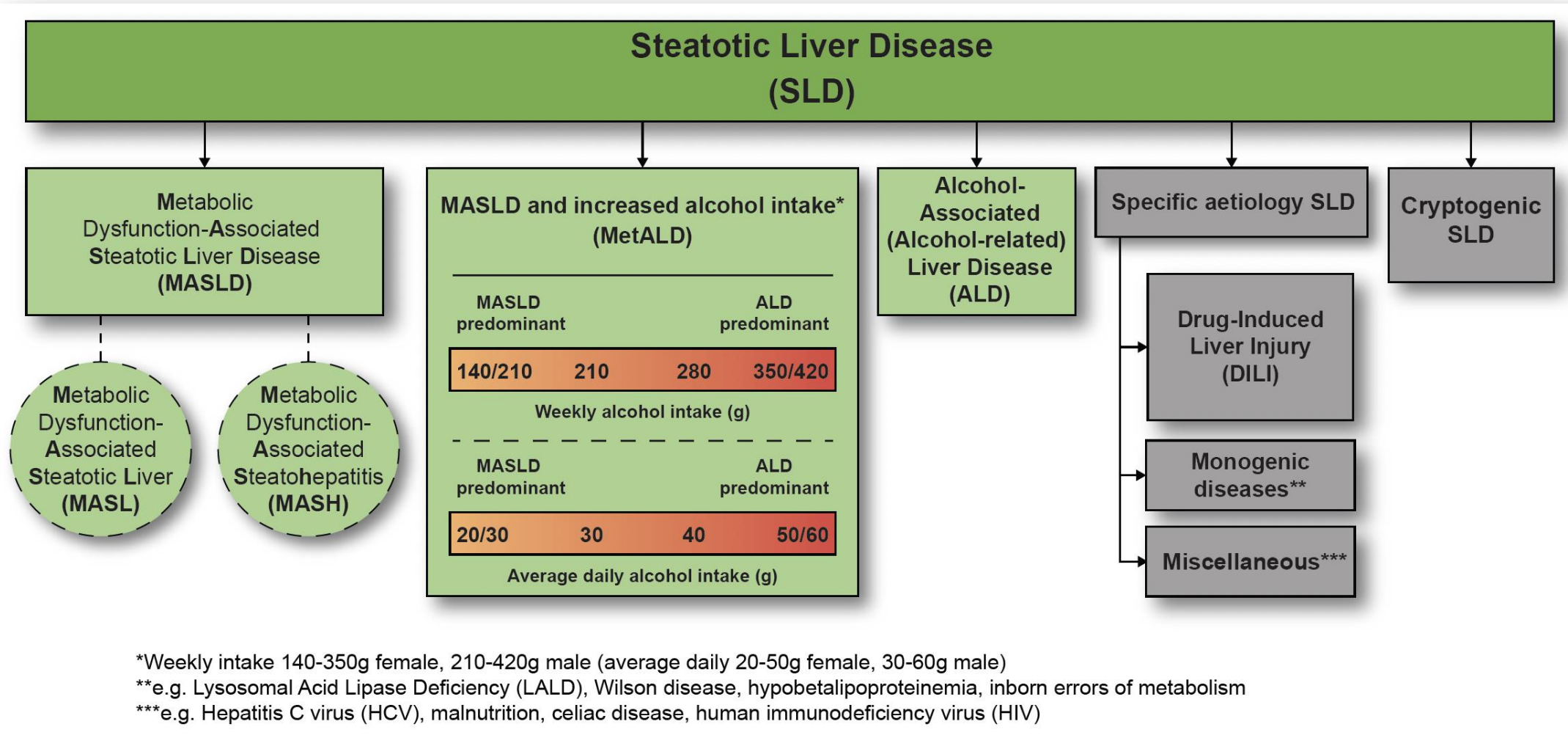
- How can health systems improve early identification of active disease (not only advanced liver fibrosis) within existing workflows in Primary Care and Endocrinology?
- How should non-invasive tests be used to guide treatment allocation and longitudinal monitoring?
- What scalable, cost-conscious patient pathway adjustments can be implemented in the near term?

Key Question 3

How can societies and advocacy groups shape equitable MASLD care?

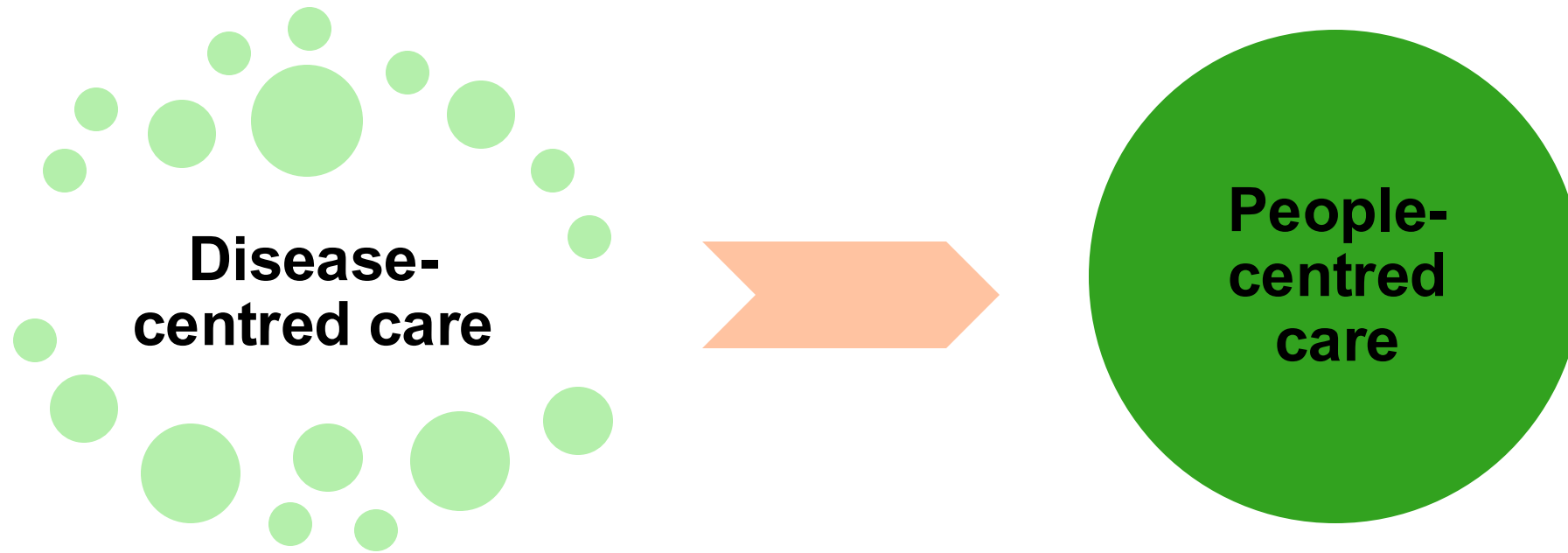
- How do we position MASLD as a treatable metabolic condition while reducing stigma and improving public awareness?
- How can multidisciplinary collaboration (including cardiology, endocrinology, and hepatology) align care models and research priorities?
- What measurable goals can societies adopt in the next 12 months to improve equity in detection, referral quality, and access to diagnostics?

Consensus Nomenclature Change ...from NAFLD/NASH to MASLD/MASH (2023)



Source: Adapted from: Simultaneously published in the AASLD, ALEH, and EASL journals. Rinella, Lazarus, Ratziu...Newsome on behalf of the NAFLD Nomenclature consensus group. A multi-society Delphi consensus statement on new fatty liver disease nomenclature Hepatology 2023; Rinella et al. Journal of Hepatology 2023; Rinella et al. Annals of Hepatology 2023.
 Kanwal, Tetri, Loomba, Rinella. Metabolic dysfunction-associated steatotic liver disease (MASLD) in context: Implications for the AASLD clinical practice guidance on nonalcoholic fatty liver disease. Hepatology 2023.

Paradigm Shift to People-Centred Care via “metabolic dysfunction”



***Note:** HRQoL, Health-related quality of live.

Sources: Lazarus JV *et al.* Consensus statement on the role of health systems in advancing the long-term well-being of people living with HIV. *Nat Commun* 2021;12(1):4450; Lazarus JV *et al.* Advancing the global public health agenda for NAFLD: a consensus statement. *Nature Reviews GastroHep.* <https://www.nature.com/articles/s41575-021-00523-4>.

Building consensus within the field – MASLD and MASH public health threats



b

Leadership for the NAFLD public health agenda

- Form a global coalition to develop a roadmap
- Collaborate across disciplines
- Develop guidelines, policy briefs and action plans

Human and economic burden

- Invest in research
- Develop global, regional and local investment cases
- Consider alternate research methods



Awareness

- Reconsider the terminology of fatty liver diseases
- Develop simple knowledge products and educational courses
- Engage health communication experts



Treatment and care

- Improve access to effective treatments
- Standardize trial end points
- Identify interventions with sustained impact



Policy strategies and a whole-of-society approach

- Address NCDs holistically
- Incorporate NAFLD into technical materials on NCDs
- Dedicate a World Health Day (7 April) to liver health



What will it take to advance the NAFLD public health agenda?



Patient and community perspectives

- Support patient groups
- Involve affected populations



Defining and implementing models of care

- Design and implement local care pathways
- Make multidisciplinary care models the norm
- Equip providers with the necessary tools
- Expand the use of implementation research



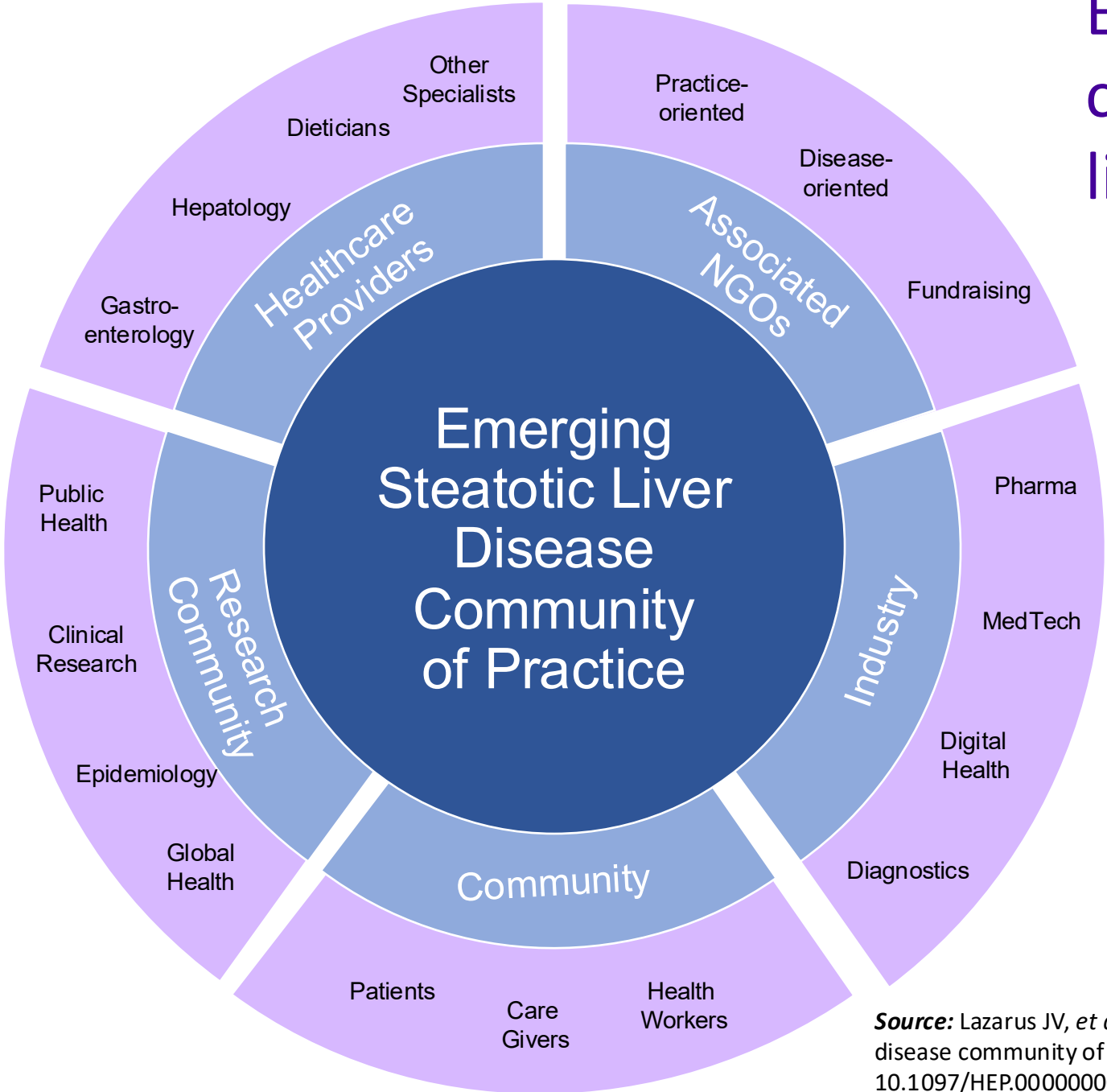
A research & action agenda to turn the tide on steatotic liver disease



- Using a Delphi methodology, over two rounds steatotic liver disease research and action priorities were reviewed and ranked
- Across rounds, consensus increased in all domains for both the research and action domains
- The final agenda includes:
 -  28 research priorities to tackle steatotic liver disease (*Journal of Hepatology* 2023)
 -  29 action priorities to turn the tide on steatotic liver disease (*Hepatology* 2023)



Expand the SLD community of practice beyond liver specialists



- +Endocrinologists
- +Obesity management specialists
- +Labs

Source: Lazarus JV, et al. It is time to expand the fatty liver disease community of practice. *Hepatology*. 2023 Jun 23. doi: 10.1097/HEP.0000000000000411.

People-first Language: Putting Individuals at the Forefront of Care

Language matters “What can you do?”

- Put people first, not their condition
- Avoid labelling or defining people by their condition
- Use neutral language
- Avoid overstating the severity of a condition
- Highlight abilities over limitations
- Emphasise people’s capacity to manage their health and right to support
- Recognize people as contributors to society, not burdens
- Use comprehensible, consistent and precise language

Language for better care “What can people-first language achieve?”

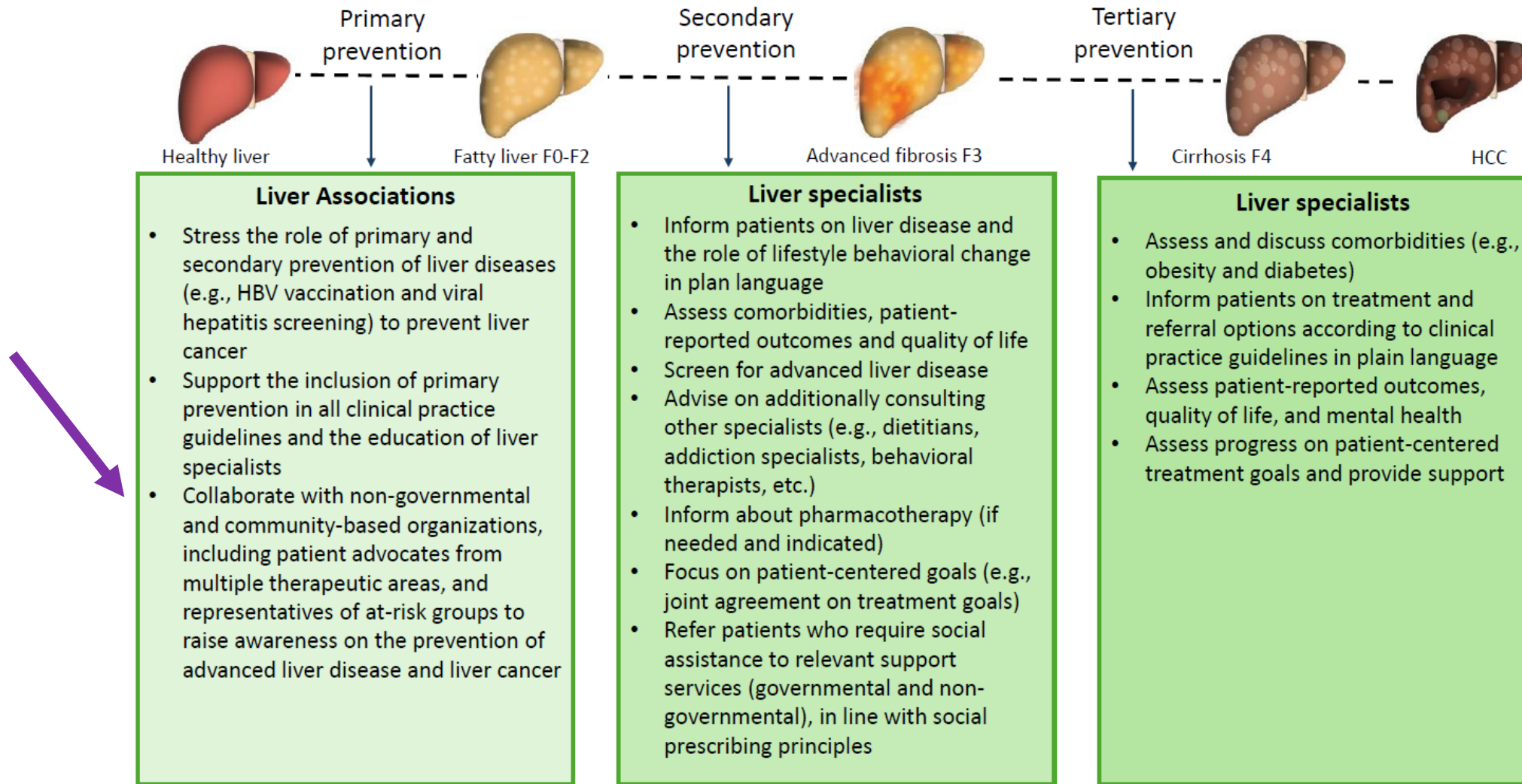
- Reduction of stigma and discrimination
- Aversion of blame and fear
- Empowerment of people
- Fostering of a supportive environment
- Increments in health service utilisation
- Enhancements in the quality of care
- Improvements in the care experience
- Boosts in treatment uptake and ongoing engagement
- Improvements in health outcomes

Further research “What else is needed?”

- Delivering proof of impact
- Assessing people’s language needs and preferences across age and socioeconomic strata, genders, ethnicities and geographies
- Collaborating across health fields to promote consistent use of people-first language

“Reducing the stigma and discrimination that people living with liver conditions experience requires rethinking how diagnoses, diseases, etiologies and circumstances are perceived — a shift that begins with the language used to name and describe them.”

The unique role of liver associations



Source: Ivancovsky-Wajcman D, Nicolas A, et al. Prioritising viral hepatitis elimination to prevent hepatocellular carcinoma: A public health approach for effective preventive hepatology. *JHEP Reports* 2025

Acknowledgements



Contact: Jeffrey.Lazarus@ISGlobal.org

Collaborations and initiatives of the ISGlobal Public Health Liver Group
<https://www.isglobal.org/en/public-health-liver-group>



ISGlobal Barcelona Institute for Global Health

Global Think-tank on Steatotic Liver Disease

VIRAL HEPATITIS COMSAVAC

Multi-Country Community Screening, Vaccination, and Care

AIM LIVER

HBV COMSAVA

CARE Pathway

MASH CITIES

Hepatitis C Free Balears

NOhep Hepatitis C micro-elimination

The META Trial

HEP-HOP Health Equity Program: Hepatitis Outreach for Migrant Populations

GLOBAL METABOLIC HEALTH Roundtable Series

