



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

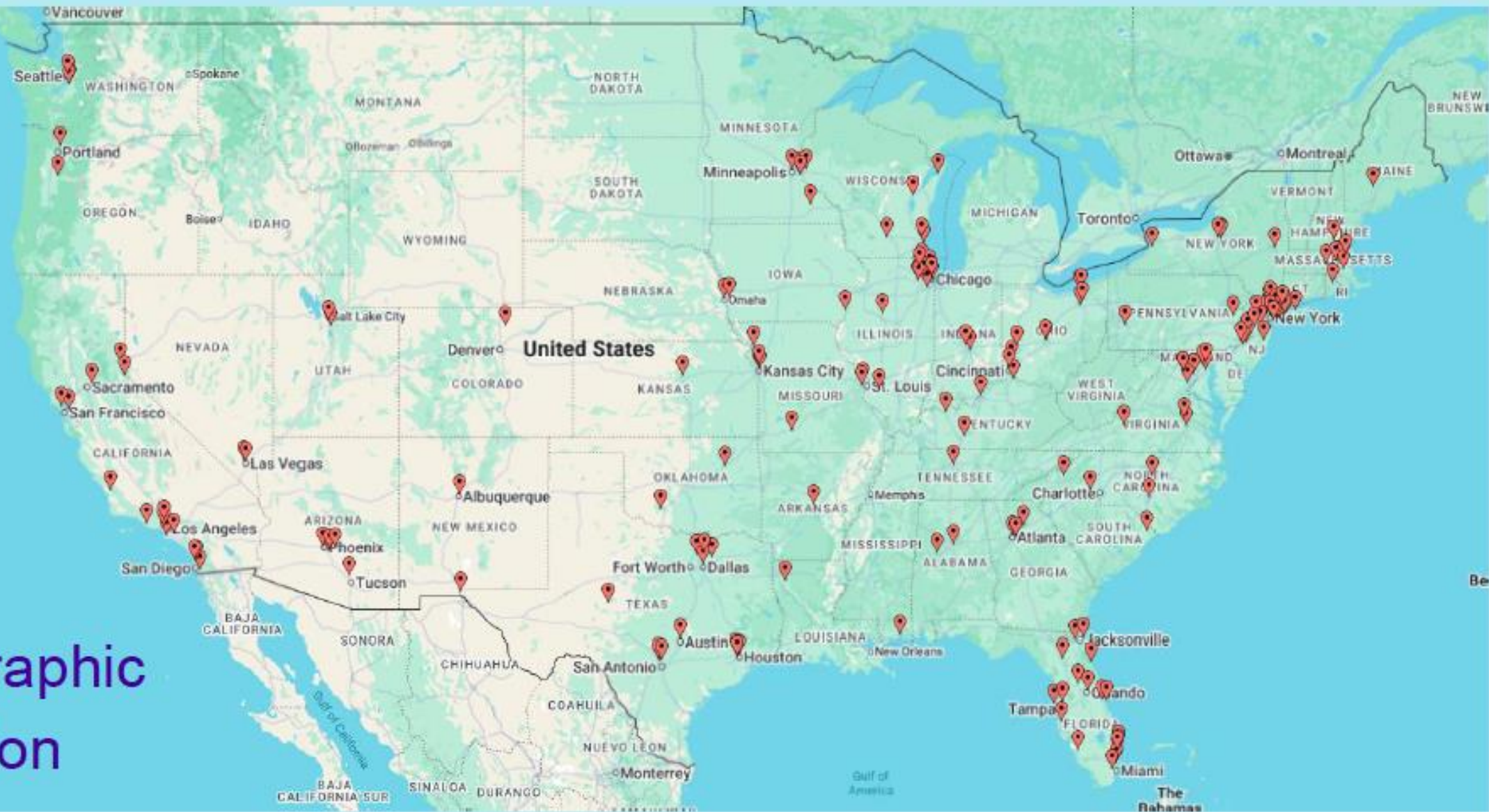
**Pre-Roundtable Survey Findings**  
***Detection and Diagnosis***

Cecilia C. Low Wang, MD, FACE, FACP

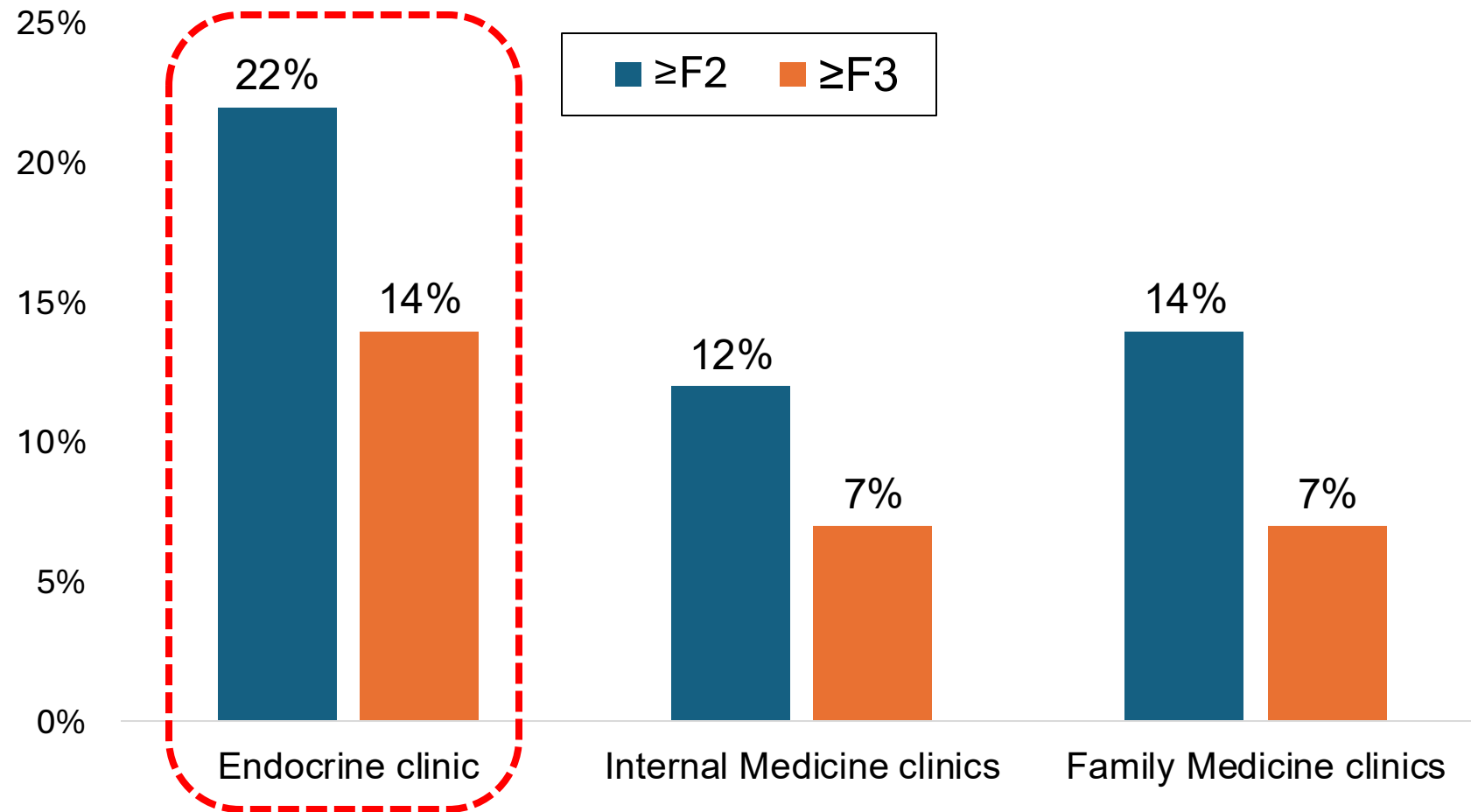
Professor of Medicine, University of Colorado Anschutz School of Medicine  
Division of Endocrinology, Metabolism and Diabetes

May 7, 2026

# 📍 Geographic Location

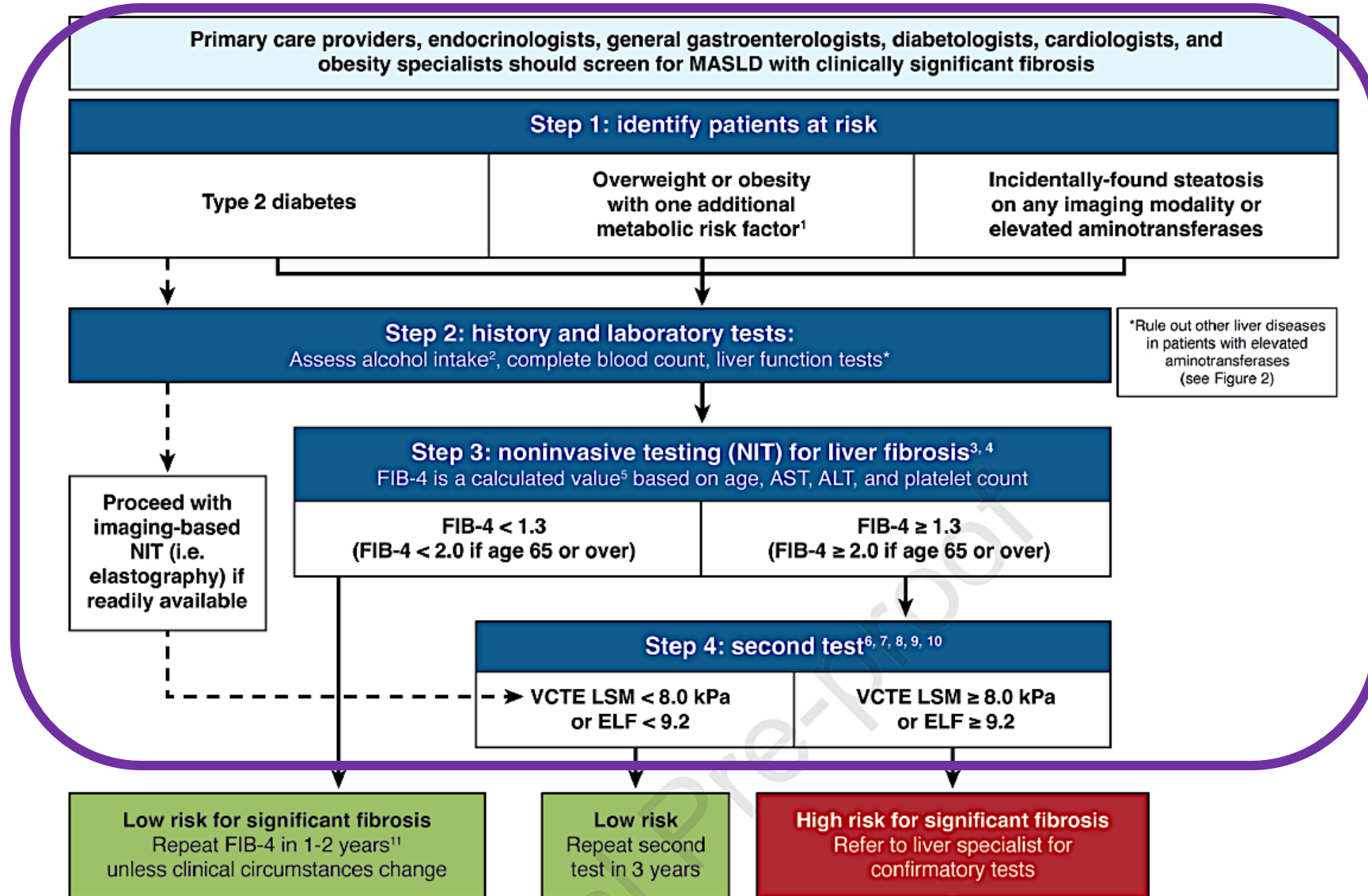


# Prevalence of Significant Liver Fibrosis in People with Obesity + Type 2 Diabetes and MASLD in the Outpatient Setting



Total number = 578 participants with obesity and type 2 diabetes mellitus (65% of all people with T2D). From Endocrine clinics (Endo) n = 198; Internal Medicine clinics (IM) n = 159; from Family Medicine clinics (FM) n = 221.

# AGA MASLD Clinical Care Pathway





## ORGANIZATIONAL OBJECTIVES

**Develop resources and education to ensure AAACE members have what they need when treating patients with MASLD/MASH.**

## RESEARCH OBJECTIVES

**Gain a baseline understanding of how MASLD/MASH is being treated and detected today. Part 1 of 3 focuses on:**

- **Assessing awareness of MASLD/MASH**
- **Determining what method(s) are used to detect and/or diagnose MASLD/MASH**

**This research is being used at this consensus roundtable meeting, hosted by AAACE, with the goal of developing shared agreement and guidance for the treatment of MASLD/MASH.**



# Research Method & Sample

- To achieve the research objectives of this project, an online quantitative survey was conducted with:

*n* =

**208** HCPs, including:



## Recruitment criteria for the survey included:

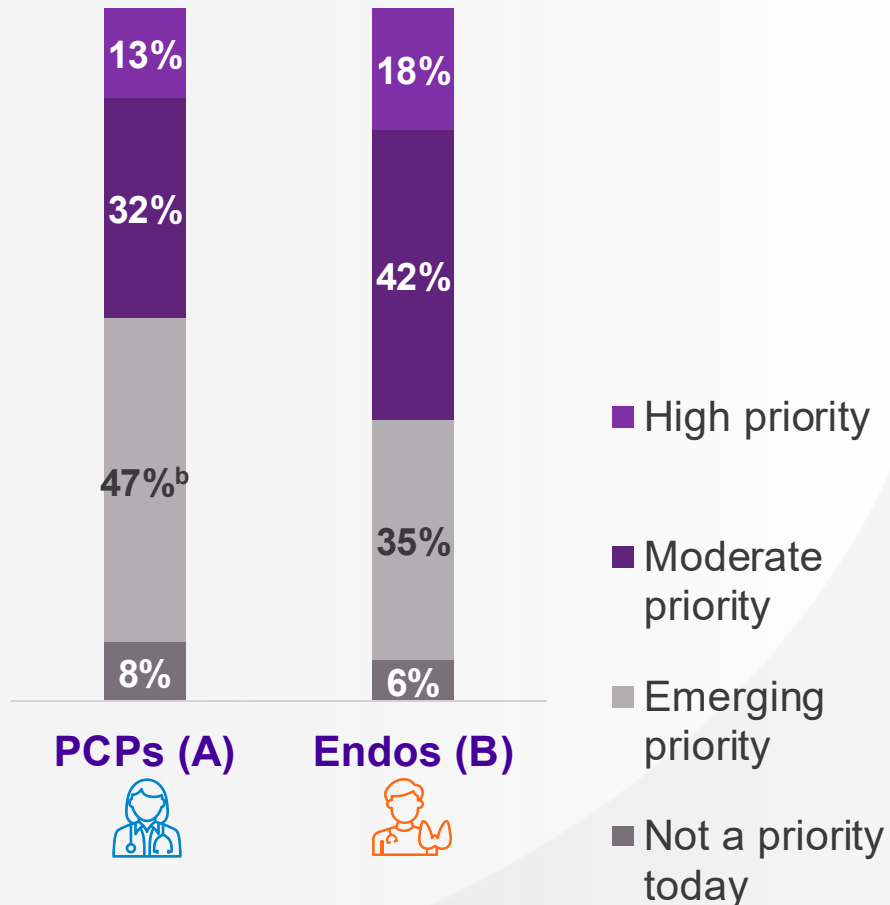
- ✓ Majority of patients are adults
- ✓ Does not work in an urgent care, ED, or inpatient hospital setting
- ✓ 50%+ of professional time is spent in an outpatient clinic / office
- ✓ 50%+ of professional time is spent in direct patient care
- ✓ Sees 25+ adult patients per week
- ✓ Treats and/or manages patients with Type 2 diabetes
- ✓ Is at least slightly familiar with MASLD/MASH and at least moderately familiar with NAFLD/NASH
- ✓ Has seen at least 6 patients with MASLD/MASH in the past year
- ✓ Is involved in the detection and/or management of patients with MASLD/MASH

This survey was in field from February 13 - March 5, 2026.

Statistical differences are noted with letters corresponding to segments (PCPs or Endos). Capital letters (A, B) note differences at the 95% confidence level.

Lowercase letters (a, b) note differences at the 90% confidence level.

## Level of priority in identifying/ managing MASLD/MASH



55% of PCPs and 41% of Endos say identifying and managing MASLD/MASH is an emerging priority at best.

Top reasons for placing a high or moderate priority on identifying/managing MASLD/MASH include...

60% Routine fibrosis risk scoring

50% High percentage of patients with MASLD/MASH

49% Access to FibroScan testing (particularly for Endos)

44% Established referral relationship with hepatology

Top reasons for placing an emerging or no priority on identifying/managing MASLD/MASH include...

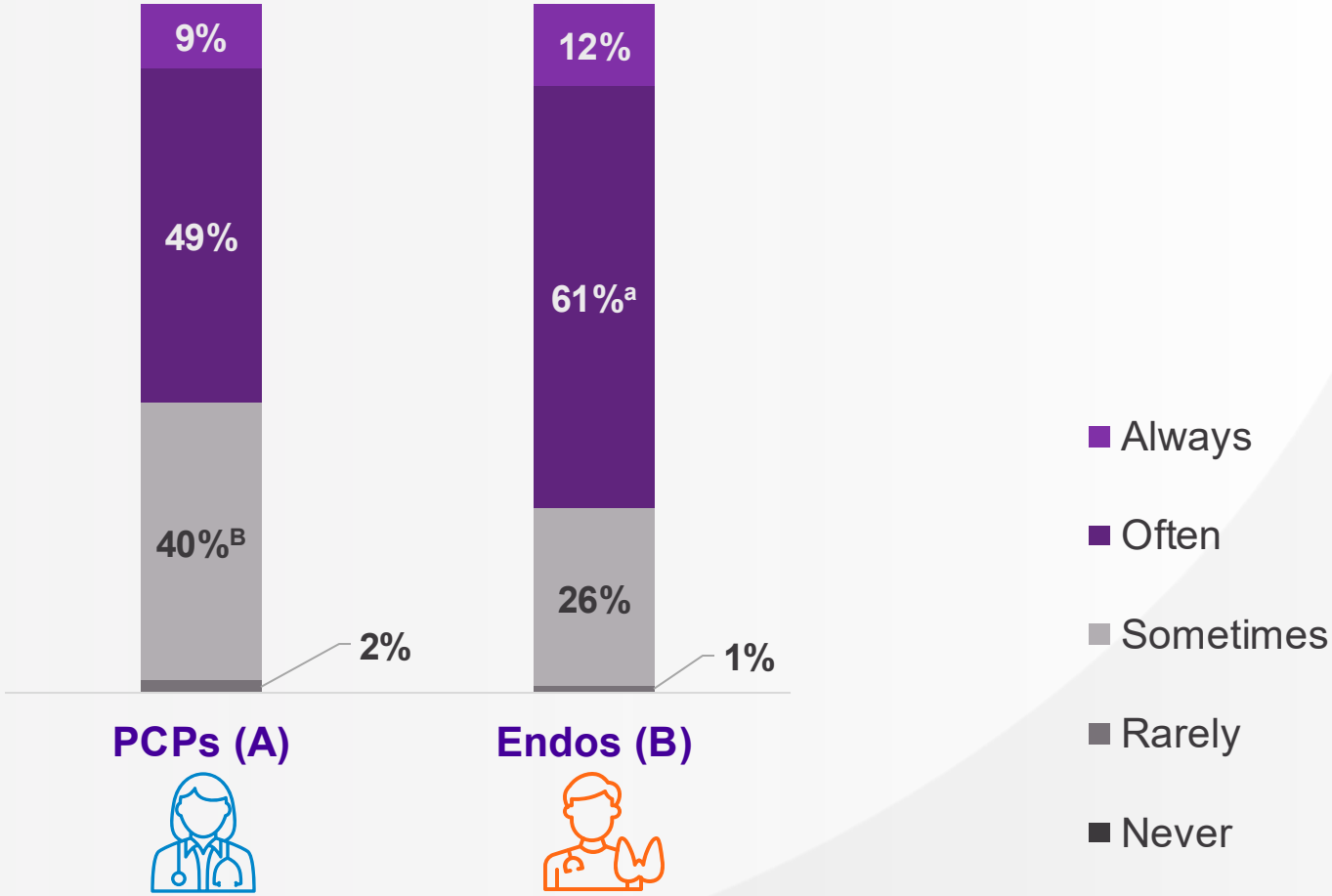
58% Time constraints

27% Lack of clarity on what to do after identification

21% Limited tools/testing access

**Q24** To what extent does your practice actively prioritize identification and/or management of MASLD/MASH in patients with type 2 diabetes? **Q25** Which of the following contributes to your practice prioritizing MASLD/MASH? Please select all that apply. **Q26** What best explains why MASLD/MASH is not actively prioritized in your endocrinology practice today? Please select up to two options below. PCPs (n=107), Endos (n=101)

# Frequency that MASLD or MASH factors into treatment decisions for patients with Type 2 diabetes



MASLD/MASH often factors into treatment decisions for patients with T2 diabetes, but some HCPs take this into consideration less frequently.

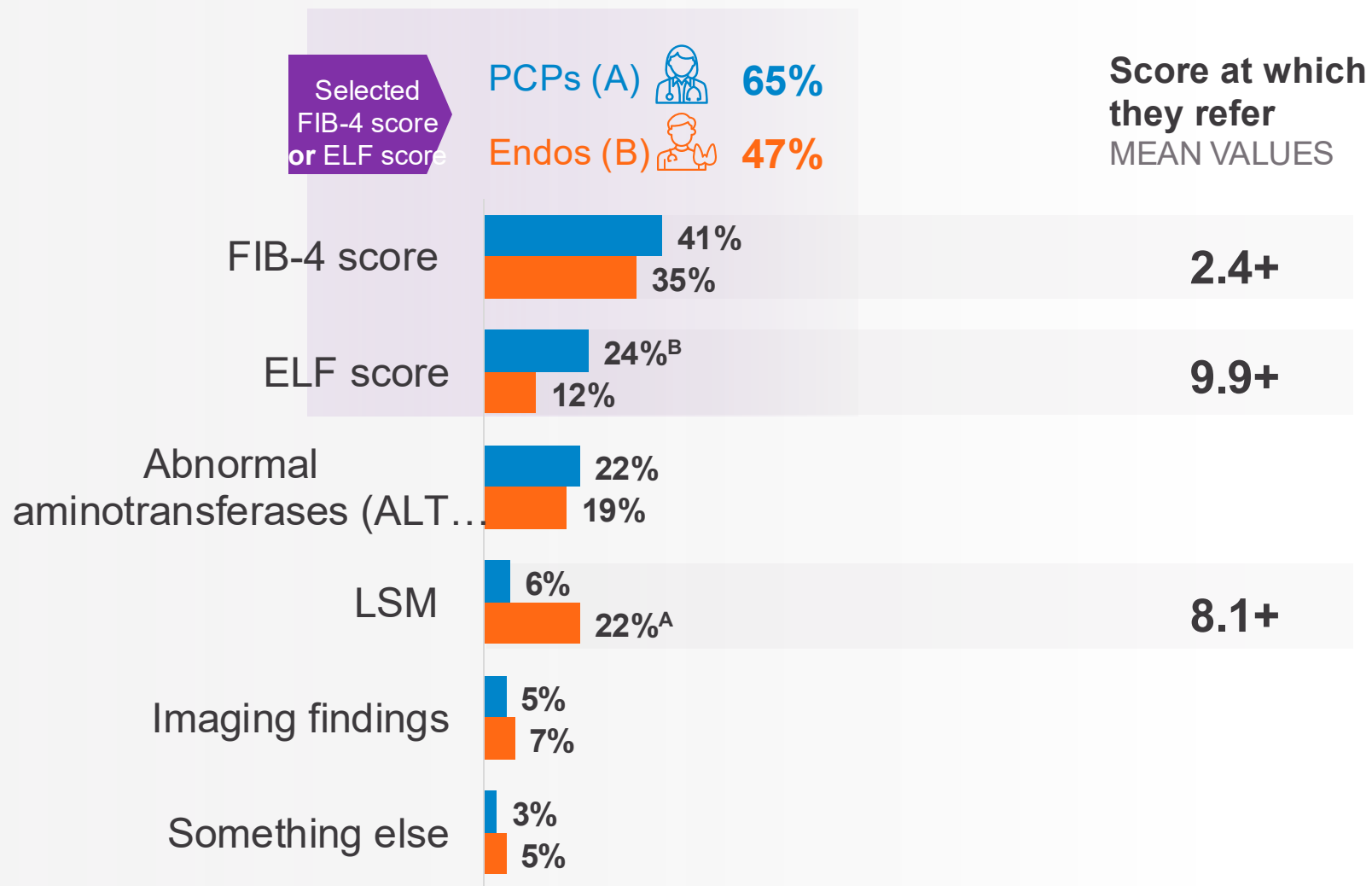


**Endos (73%)** are more likely to select **Always or Often** than **PCPs (58%)**

Q2 Thinking about your adult patients with type 2 diabetes, how frequently does MASLD and/or MASH factor into your treatment decisions?. PCPs (n=107), Endos (n=101)

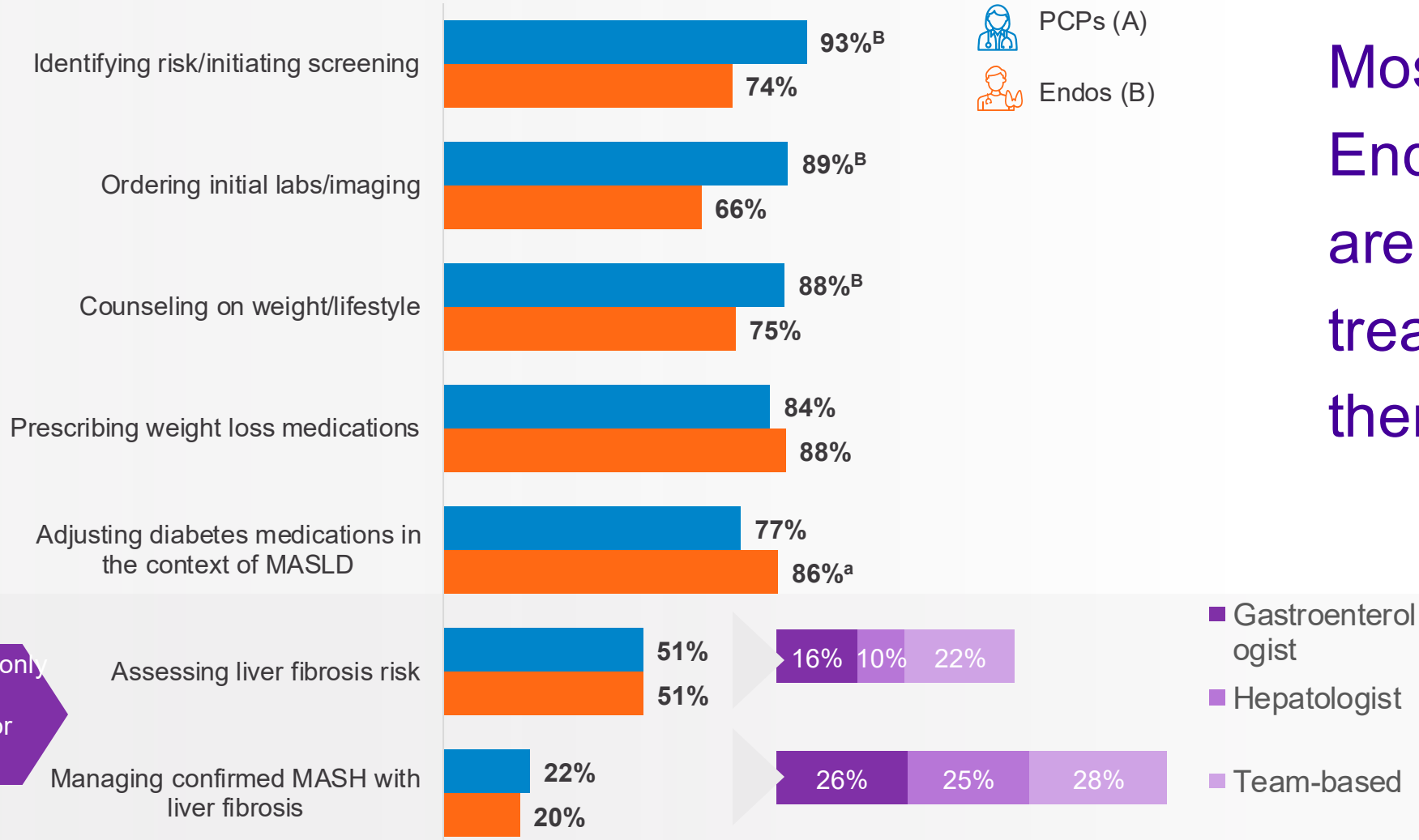
HCPs use a variety of metrics to identify patients for referral, but a FIB-4 score is the most common.

## Typical driver of referring to a specialist



Q3b Which of the following typically causes you to refer a patient to a specialist? Physicians that work with specialists: PCPs (n=79), Endos (n=83)

# Share that say they are typically responsible for each task



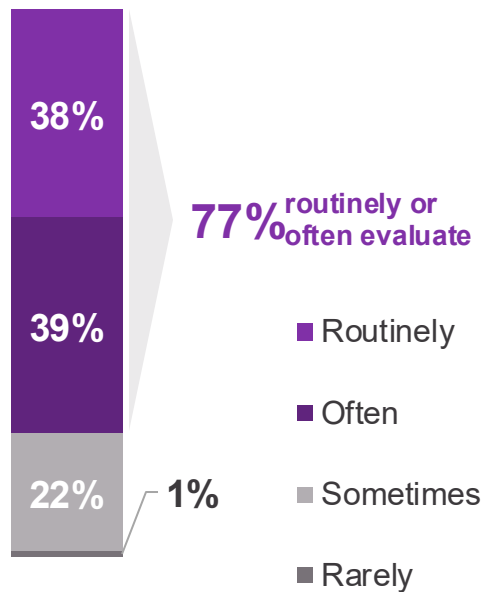
Most PCPs & Endos say they are screening & treating MASLD themselves.

However, assessing fibrosis risk and managing MASH is often shared or referred to a specialist.

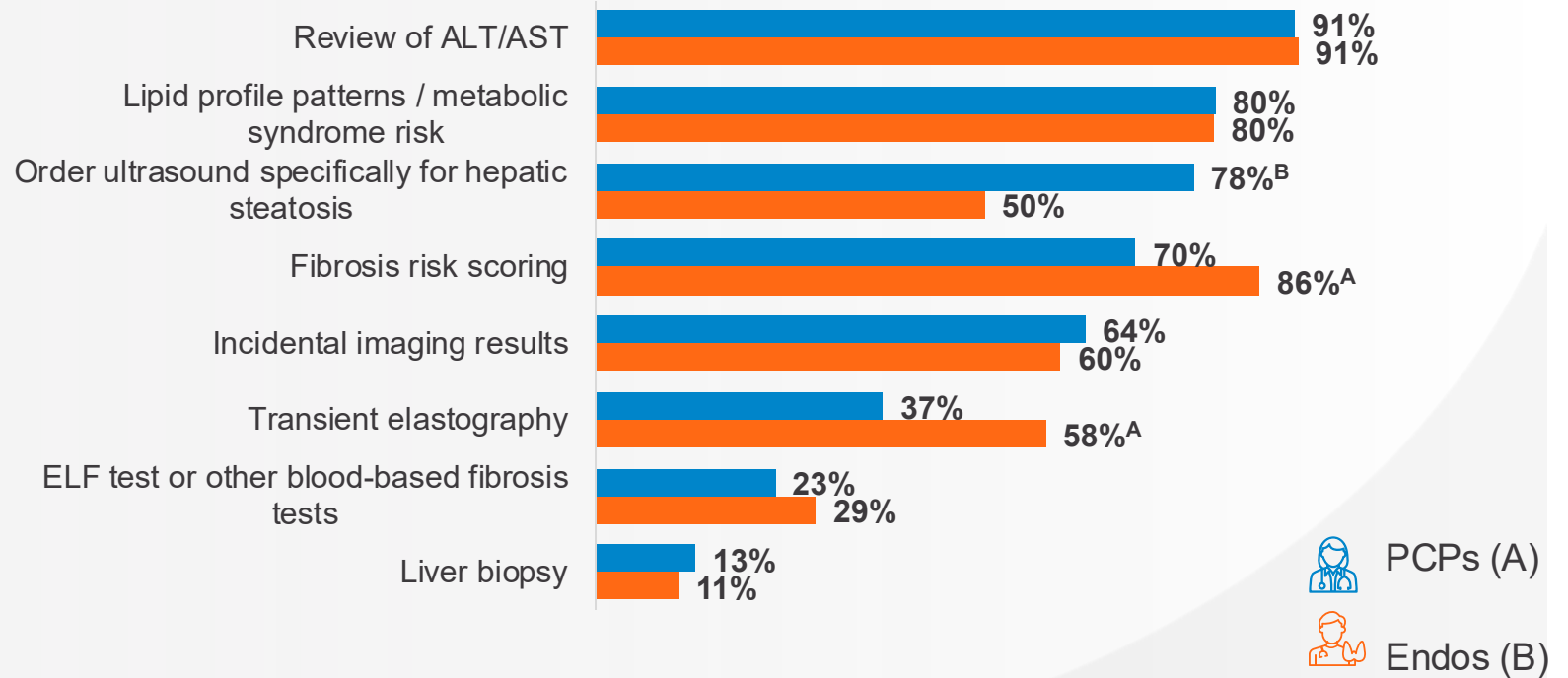
Q6 In your experience, who is typically responsible for each of the following for a patient with type 2 diabetes and suspected or confirmed MASLD? PCPs (n=107), Endos (n=101)

Three quarters of PCPs & Endos say they routinely or often evaluate for MASLD, most commonly reviewing ALT/AST tests, lipid profile patterns, and/or using fibrosis risk scoring.

Frequency of evaluating for MASLD among T2D patients\*

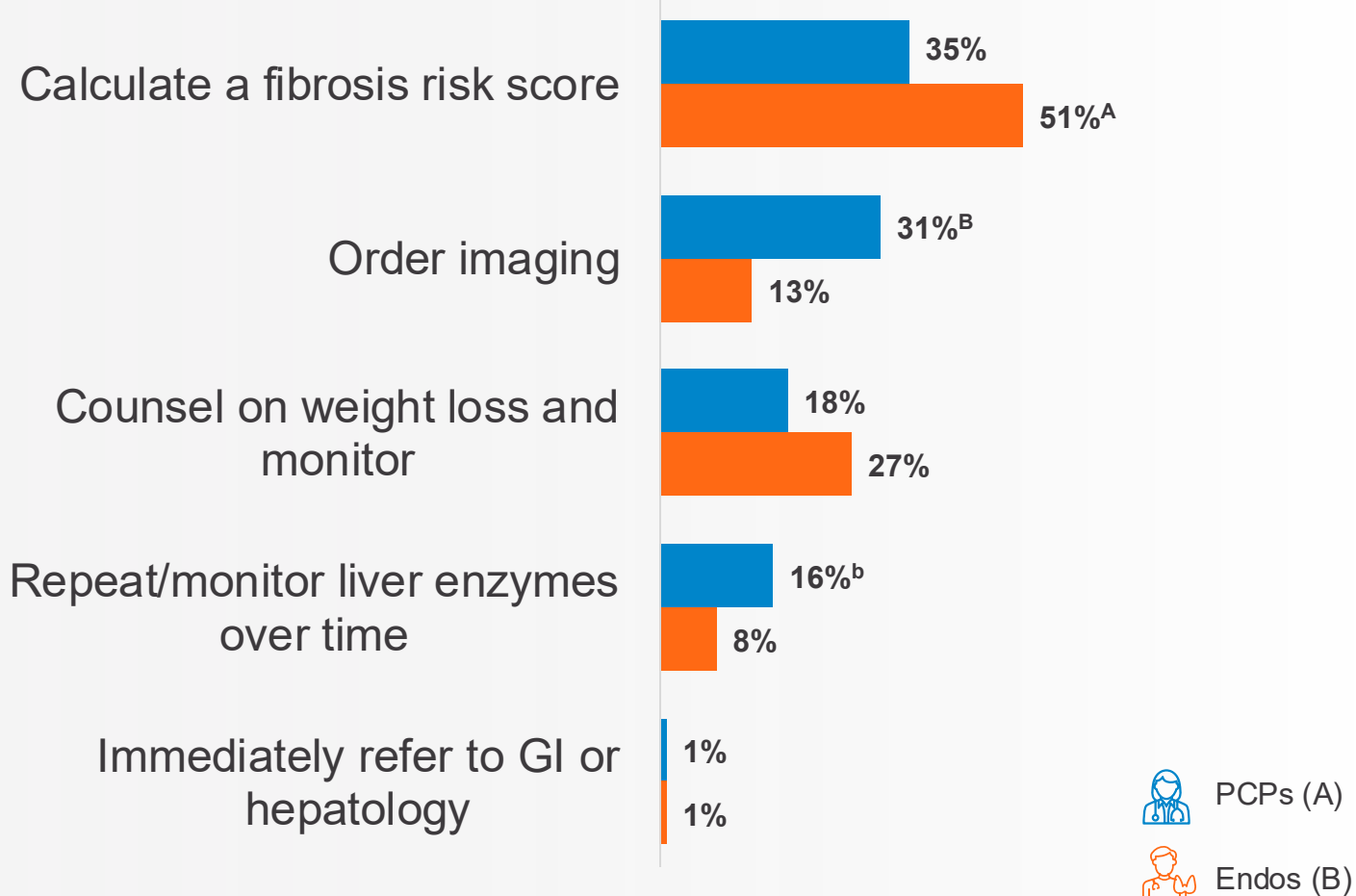


Methods used to identify MASLD



Q7 How often do you actively evaluate for MASLD in patients with type 2 diabetes? Q8 Which of the following do you use to identify MASLD in patients with type 2 diabetes? Please select all that apply. PCPs (n=107), Endos (n=101). \*No significant differences between PCPs and Endos.

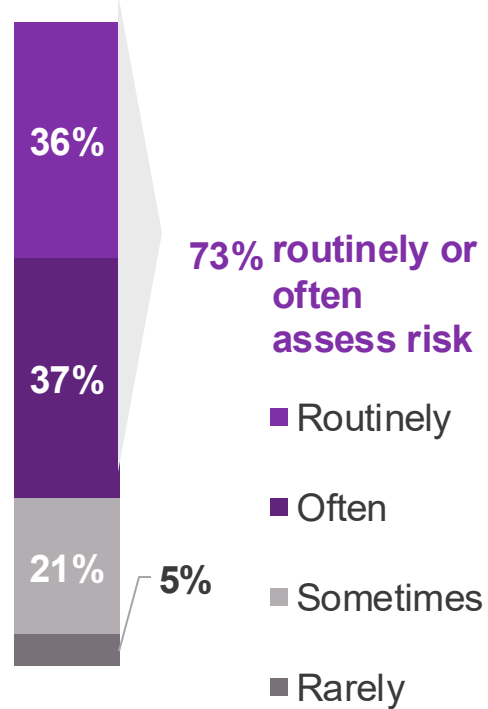
## Usual first step when MASLD is suspected



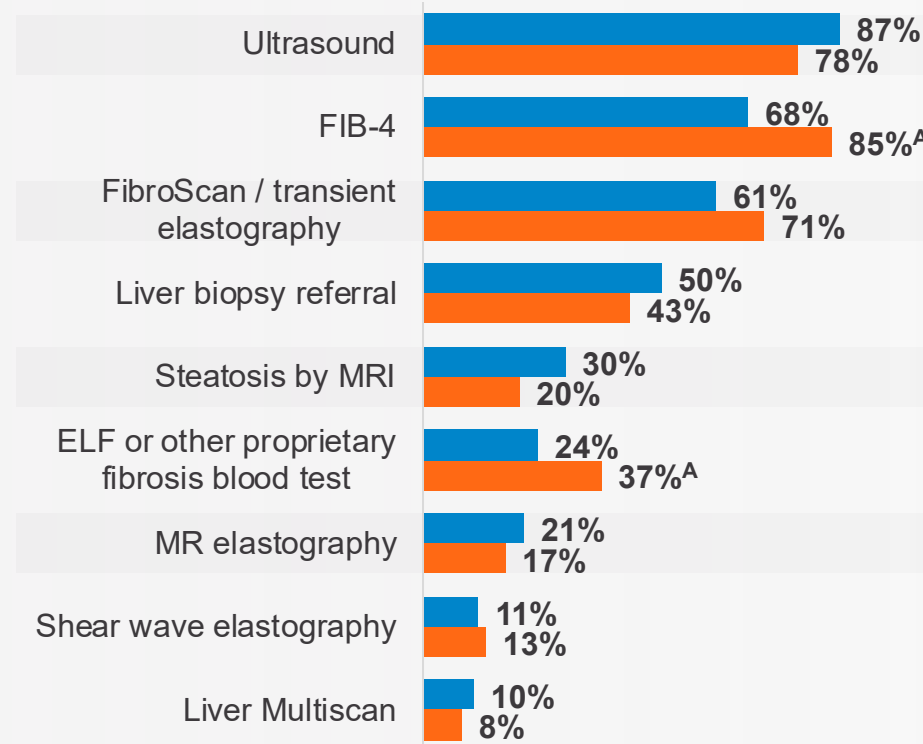
Endos most often calculate a fibrosis risk score when MASLD is suspected, while PCPs typically calculate a risk score or order imaging.

~75% of PCPs & Endos say they routinely or often assess liver fibrosis risk, most often via ultrasound, FIB-4, and/or FibroScan.

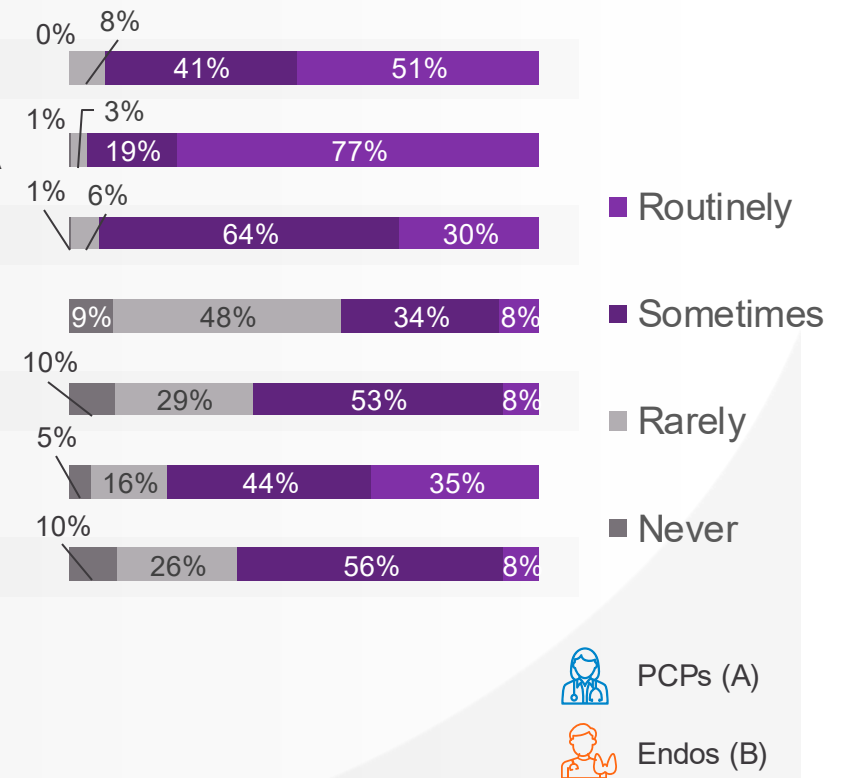
**Frequency of assessing liver fibrosis risk in patients with MASLD\***



**Methods available for assessing liver fibrosis risk**



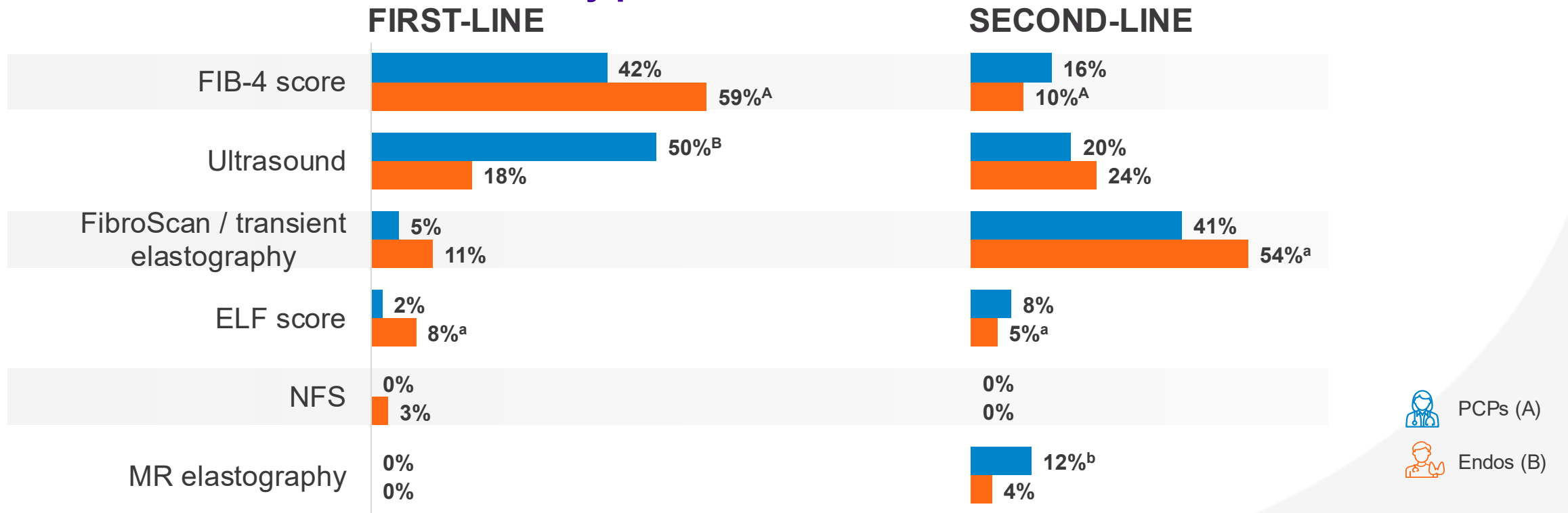
**Frequency of using each tool**



**Q10** How often do you assess liver fibrosis risk in patients with type 2 diabetes with suspected/confirmed MASLD? **Q11a** Which of the following are available to you in your practice system for assessing liver fibrosis risk in patients with type 2 diabetes with suspected/confirmed MASLD? Please select all that apply. **Q12** How often do you use each of the following for assessing liver fibrosis risk in patients with type 2 diabetes with suspected/confirmed MASLD? PCPs (n=107), Endos (n=101). \*No significant differences between PCPs and Endos.

For **PCPs**, ultrasound or a FIB-4 score is typically the first-line tool to identify increased risk of advanced MASLD/MASH, with FibroScan the most common second line tool. **Endos** most often use a FIB-4 score then FibroScan.

### Non-invasive tools used to identify patients at increased risk of advanced MASLD/MASH



**Q11b** Which of the following non-invasive tools do you typically use in routine practice as a first- and second-line option to identify patients at increased risk of advanced MASLD/MASH? PCPs (n=107), Endos (n=101).

The main limitations of non-invasive tools used to identify at-risk patients—most often the FIB-4 score, ultrasound, & FibroScan—are **lack of specificity and/or definitive results, and cost/access issues.**

**~50%**

of HCPs call out limitations related to accuracy, specificity, and/or patient-related factors (age, body habitus, etc.) that can impact the results.



**“**“Yes...patients who are obese: ultrasound is very difficult and not accurate on many occasions. Fibroscan also has limitations.”  
**Endo**

**“**“Ultrasound can show evidence of fatty infiltration but does not provide good scoring system for degree of fibrosis.”  
**PCP**

**~25%**

of HCPs mention that cost to the patient or difficulty accessing the test (particularly ultrasound and FibroScan) represent limitations.

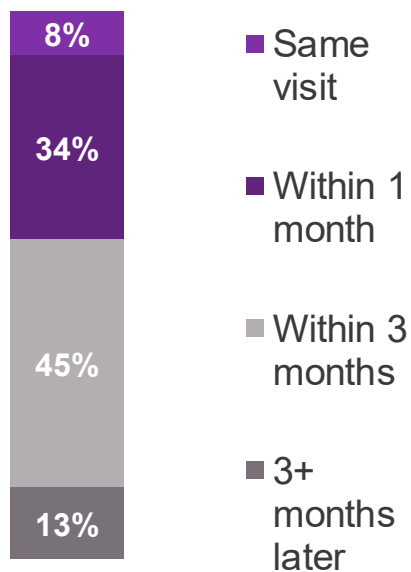


**“**“The Ultrasound is less costly, but less intuitive, and the Fibroscan is more costly and harder to schedule.”  
**PCP**

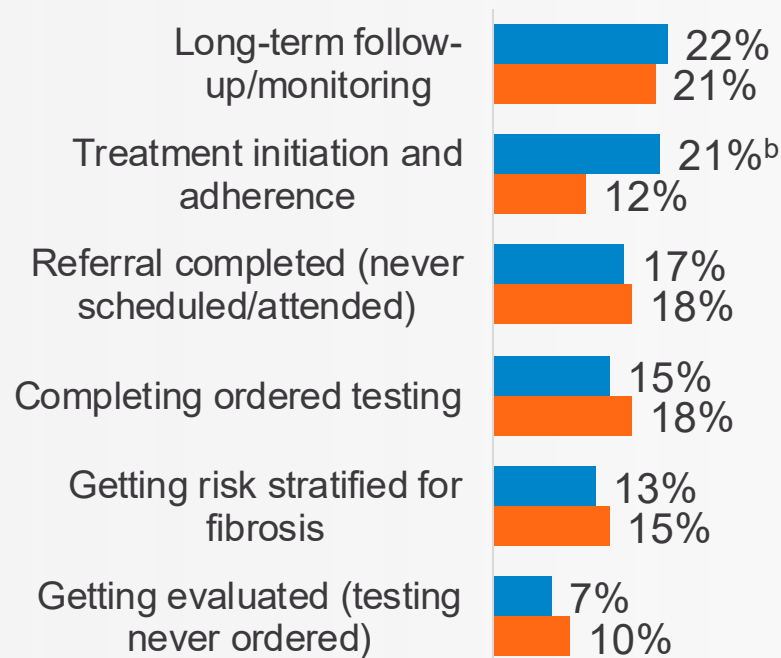
**“**“Fib-4 has low specificity, could underestimate the risk in obesity/diabetes. Elastography is difficult to access.”  
**PCP**

Next-step evaluation typically takes place within 3 months, but the steps along the treatment journey create many opportunities for patient drop off or delayed treatment.

### Time between suspicion of MASLD and next-step evaluation\*



### Point where patients most often drop off or get delayed in receiving treatment



"NOT SURE" (4%/7%) NOT SHOWN

PCPs (A)  
Endos (B)

Q27 After MASLD is suspected, roughly how long does it typically take for a patient to receive next-step evaluation (e.g., imaging, fibrosis assessment, or referral)? Q28 Based on your experiences, where do patients most often drop off or get delayed in receiving MASLD/MASH treatment and care? PCPs (n=107), Endos (n=101). \*No significant differences between PCPs and Endos.

# Key Takeaways Detection & Diagnosis



**MASLD/MASH is recognized—  
but not consistently prioritized.**

- While **~75%** of HCPs routinely evaluate for MASLD, **~40–55%** still view it as only an **emerging priority**
- Competing priorities, time constraints, and unclear next steps **limit consistent action**

**Screening is happening, but approaches are fragmented.**

- Heavy reliance on ALT/AST, metabolic risk factors, and FIB-4
- There is **variation between PCPs and Endos** in first-line vs. next-step approaches

**Care is highly collaborative—but creates complexity.**

- Majority **co-manage** with specialists; few manage independently
- Referral-driven model introduces **delays and drop-off** across the patient journey

**Non-invasive tools are widely used—but imperfect.**

- FIB-4, ultrasound, and FibroScan are used most frequently
- But some cite **limitations** related to accuracy/specificity, access, and cost



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**Pre-Roundtable Survey Findings**  
***Management and Treatment***

Kenneth Cusi, MD, FACP, FACE,  
Professor of Medicine

Division of Endocrinology, Diabetes and Metabolism  
University of Florida, Gainesville, FL

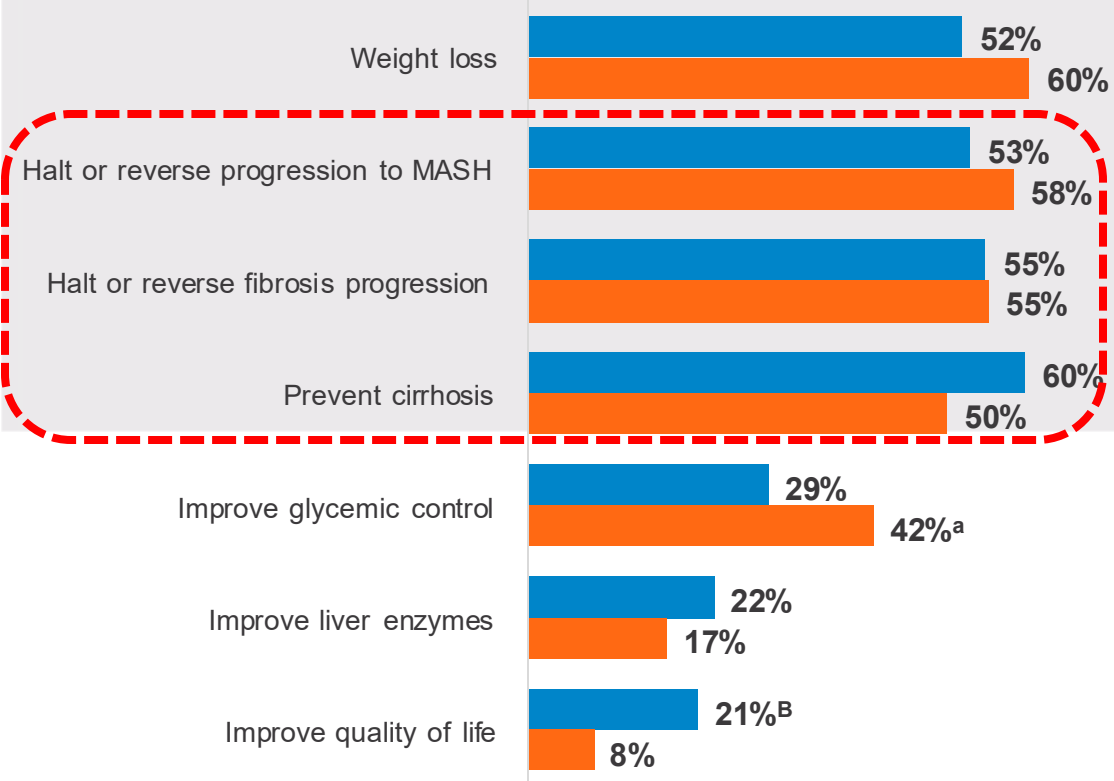
May 7, 2026



MASLD treatment goals typically involve weight loss & preventing the progression of the disease. A1c, ALT/AST, weight, and lipids are the focal point.

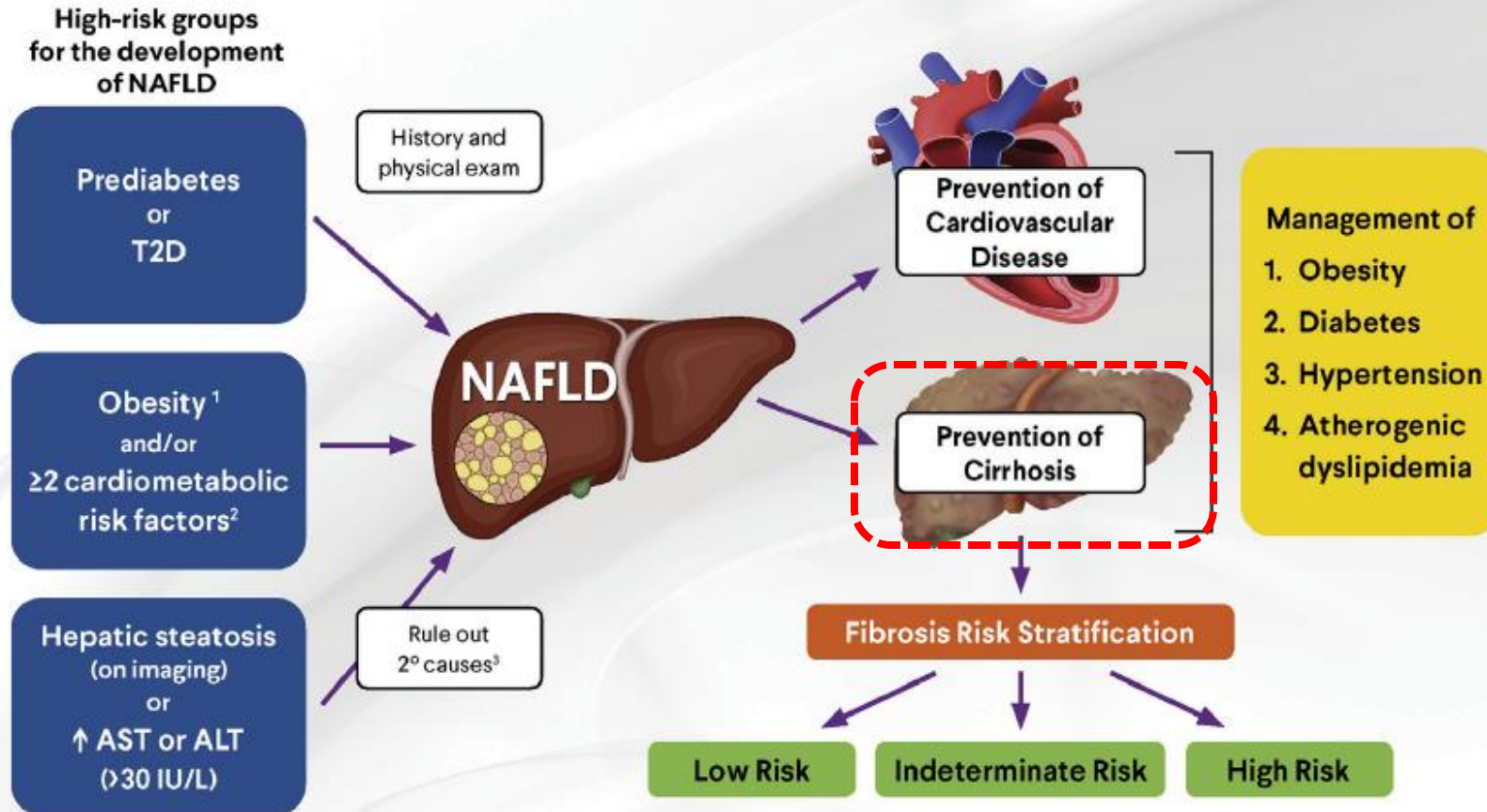
### Treatment goals for T2s with MASLD

% selecting each as a top 3 goal



Q13 What are your main goals when managing a patient with type 2 diabetes and suspected/confirmed MASLD? Please select up to three options below. Q14 Which outcomes do you typically monitor over time for patients with type 2 diabetes and MASLD? Please select all that apply. PCPs (n=107), Endos (n=101).

# Management Algorithm for NAFLD – Overview



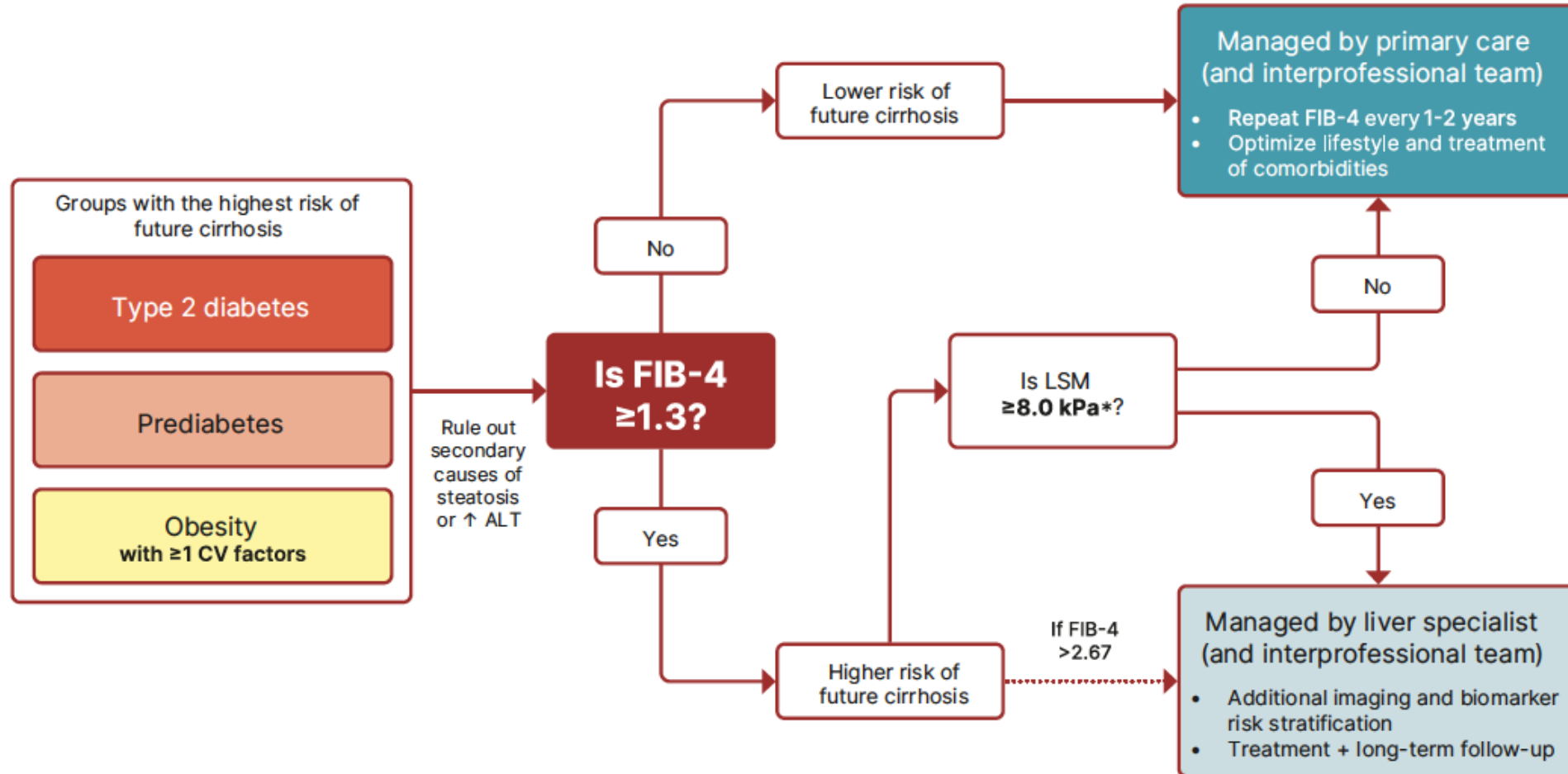
Abbreviations: ALT = Alanine aminotransferase, AST = Aspartate aminotransferase, T2D = Type 2 diabetes mellitus

- Adiposity-based chronic disease (ABCD) is a diagnostic term proposed by AACE to better describe the disease of obesity in a complication-centric manner of abnormal adipose tissue mass, distribution, function and resulting morbidity that can be ameliorated with weight loss.
- Cardiometabolic risk factors of the metabolic syndrome are waist circumference >40 inches men >35 inches women, triglycerides ≥150 mg/dL, HDL-C <40 mg/dL men, <50 mg/dL women, BP ≥130/≥85 mm Hg, fasting plasma glucose ≥100 mg/dL (NCEP ATP III)
- Secondary causes of liver steatosis or elevated transaminases (AST or ALT) are excessive alcohol consumption (≥14 drinks/week for women or ≥21 drinks/week for men), hepatitis B, hepatitis C (genotype 3), Wilson's disease, alpha 1 antitrypsin deficiency, lipodystrophy, starvation, parenteral nutrition, abetalipoproteinemia, hemochromatosis, mass lesions, medications and other causes.

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Algorithm Figure 1



# American Diabetes Association 2026 Diagnostic Algorithm for the Prevention of Cirrhosis in MASLD



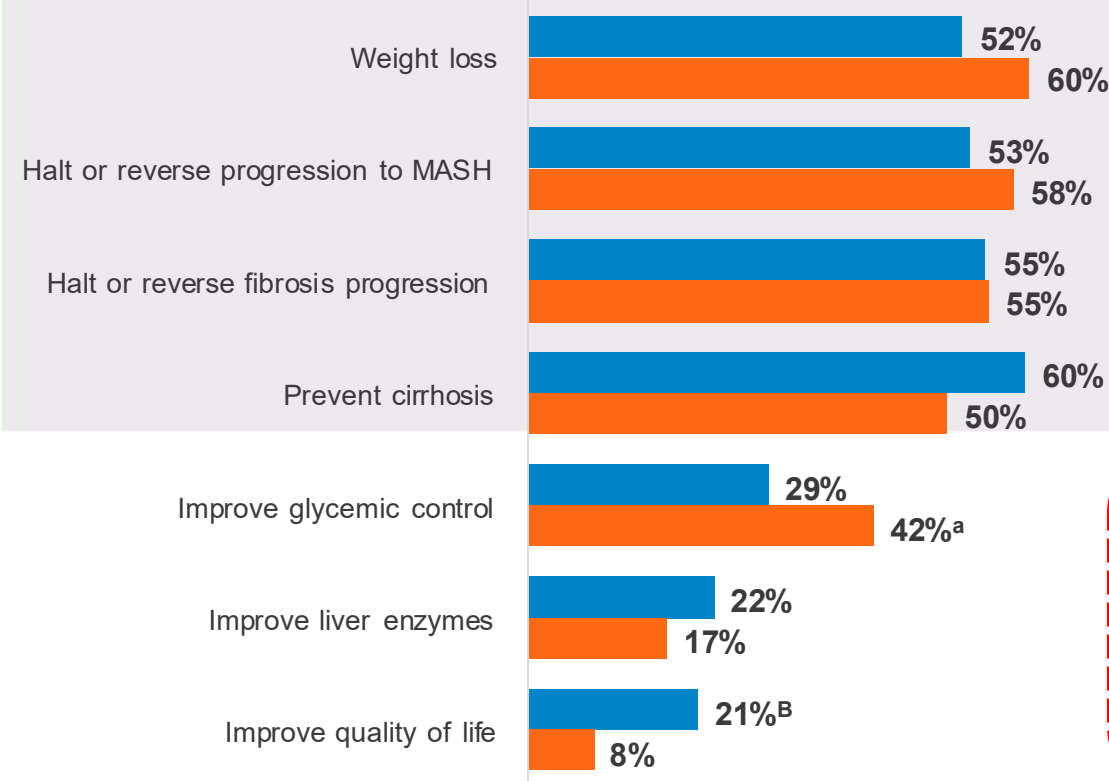
Cusi et al. MASLD Consensus Report. Diabetes Care 2025;48:1057–1082.

American Diabetes Association Professional Practice Committee. Diabetes Care 2026;49(Suppl. 1):S61–S88.

MASLD treatment goals typically involve weight loss & preventing the progression of the disease. A1c, ALT/AST, weight, and lipids are the focal point.

### Treatment goals for T2s with MASLD

% selecting each as a top 3 goal

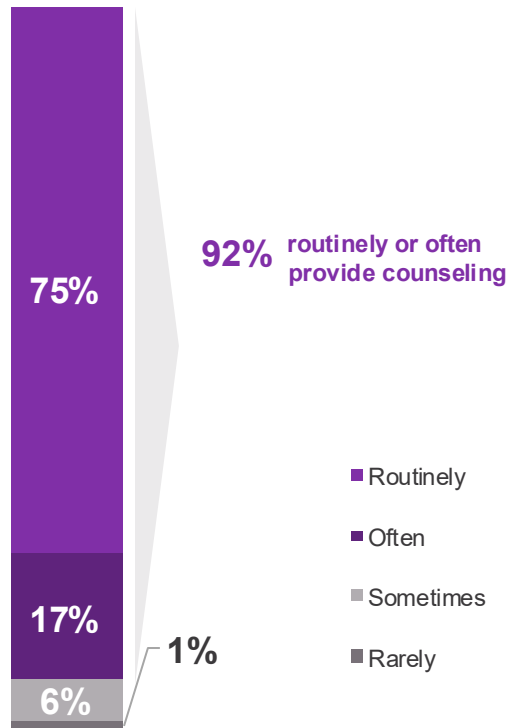


Q13 What are your main goals when managing a patient with type 2 diabetes and suspected/confirmed MASLD? Please select up to three options below. Q14 Which outcomes do you typically monitor over time for patients with type 2 diabetes and MASLD? Please select all that apply. PCPs (n=107), Endos (n=101).

Most HCPs provide liver-health related lifestyle counseling.

GLP-1s are the most frequently considered meds for liver-related benefit.

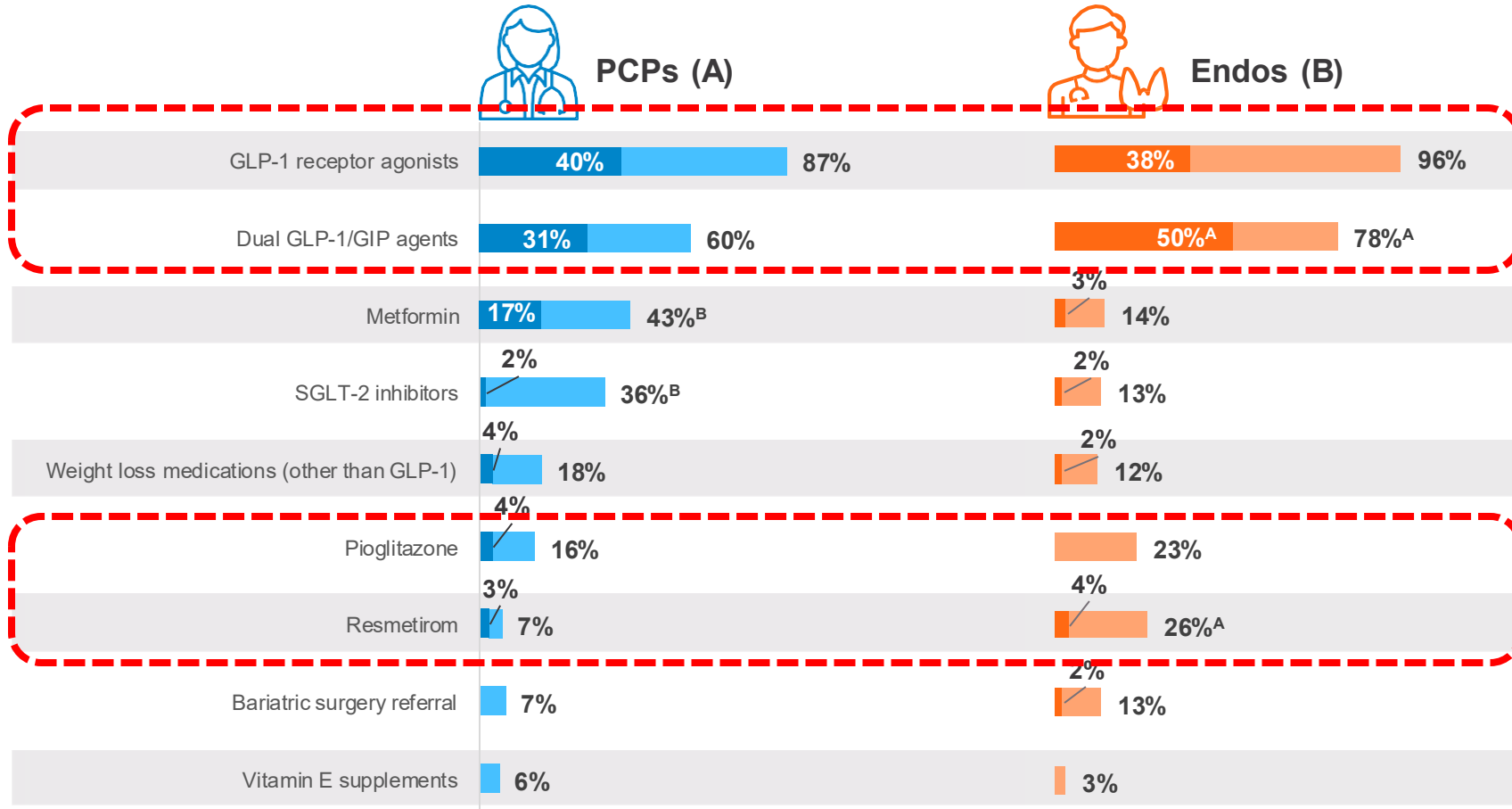
Frequency of providing liver health lifestyle counseling to T2 patients\*



Q15 How often do you provide lifestyle counseling specifically with liver health in mind for patients with type 2 diabetes (e.g., weight-loss thresholds, diet patterns, alcohol guidance)? Q16a When treating a patient with type 2 diabetes and suspected/confirmed MASLD/MASH, which medication classes do you prioritize or consider partly due to liver-related benefit? Please select all that apply. PCPs (n=107), Endos (n=101). \*No significant differences between PCPs and Endos.

About 40% of HCPs say GLP-1s are the most frequently prescribed med for liver-related benefit.  
**Endos** are more likely to prescribe dual GLP-1/GIP agents than **PCPs**.

### Rank of meds prescribed for liver-related benefit



■ Top 3 prescribed  
 ■ Most prescribed

**Q16b** Please rank the following medication classes you prescribe for its liver-related benefit, placing the class you prescribe most often at the top and the class you prescribe least often at the bottom..  
 PCPs (n=107), Endos (n=101).

Many HCPs, particularly Endos, have started or escalated therapies due to MASLD/MASH concerns, most often using GLP-1s or dual GLP-1/GIP agents.

70%



PCPs (A)

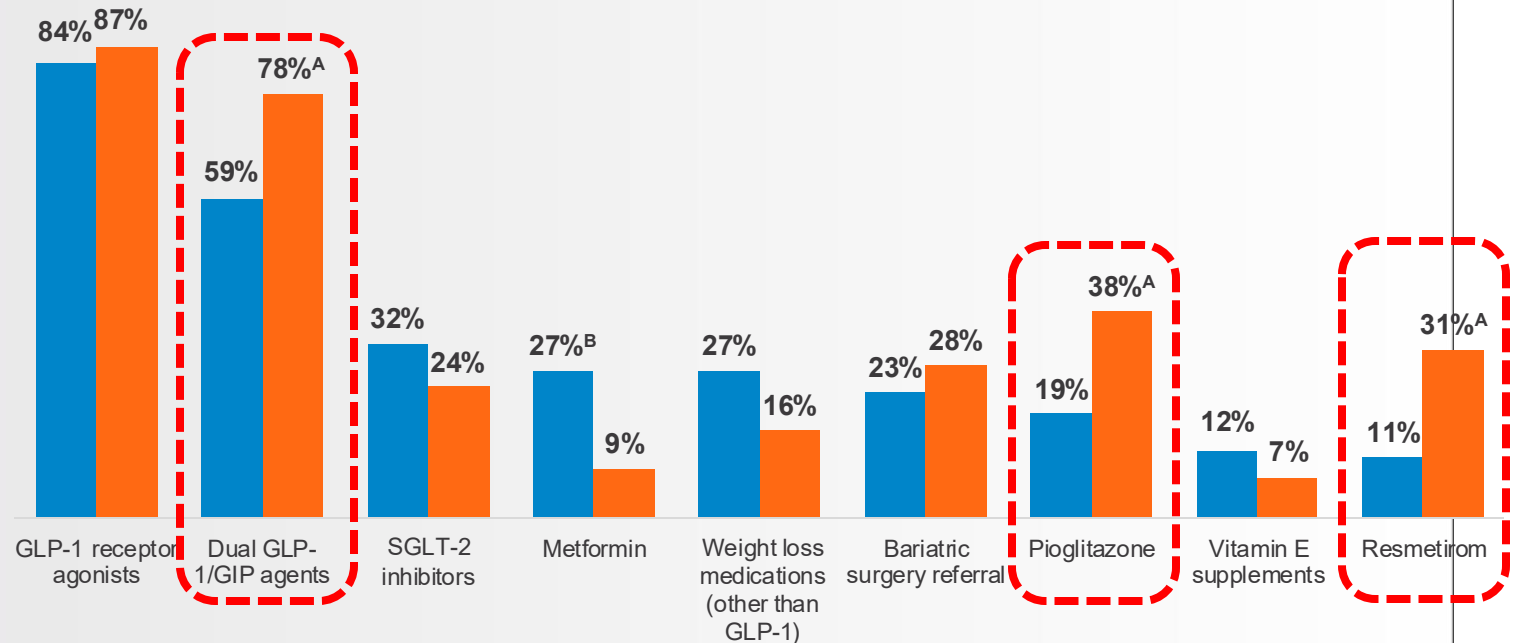
84%



Endos (B)

say they started or escalated a therapy primarily due to concern about MASLD/MASH progression (beyond glucose control) within the last year

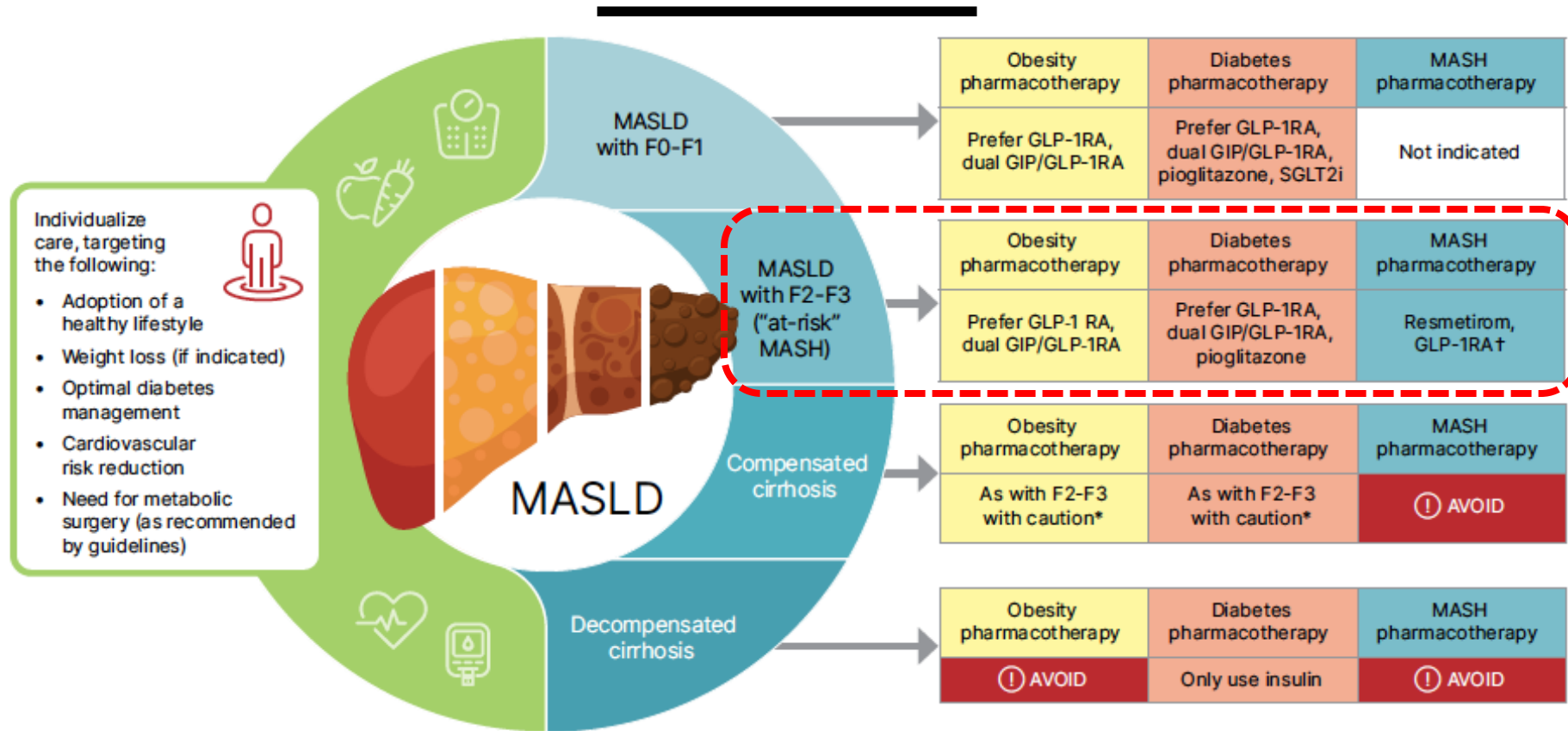
### Medications that were initiated/escalated



Q17 In the past year, have you started or escalated any therapies primarily due to concern about MASLD/MASH progression (beyond glucose control)? PCPs (n=107), Endos (n=101). Q18 What did you initiate/escalate? Please select all that apply... PCPs (n=75), Endos (n=85).

# American Diabetes Association 2025 MASLD Consensus Report

## Treatment Algorithm



**Figure 4—MASLD treatment algorithm for individuals with prediabetes or diabetes. Fibrosis stages: F0 and F1, mild or no liver fibrosis; F2, moderate fibrosis; F3, advanced fibrosis. CV, cardiovascular; SGLT2i, SGLT2 inhibitors. \*Individualized care and close monitoring is needed in compensated cirrhosis given limited safety data available. †Only semaglutide among GLP-1RA has been reported to be of benefit in a phase 3 RCT with histological outcomes in MASH. Adapted from “Standards of Care of Diabetes—2025” (59).**

## Key Takeaways Management & Treatment



**Treatment is anchored in metabolic health—but lacks standardization.**

- Focus is on **weight loss**, **preventing progression**, and **cardiometabolic control**
  
- Monitoring centers on **A1c**, **liver enzymes**, **weight/BMI**, and **lipids**



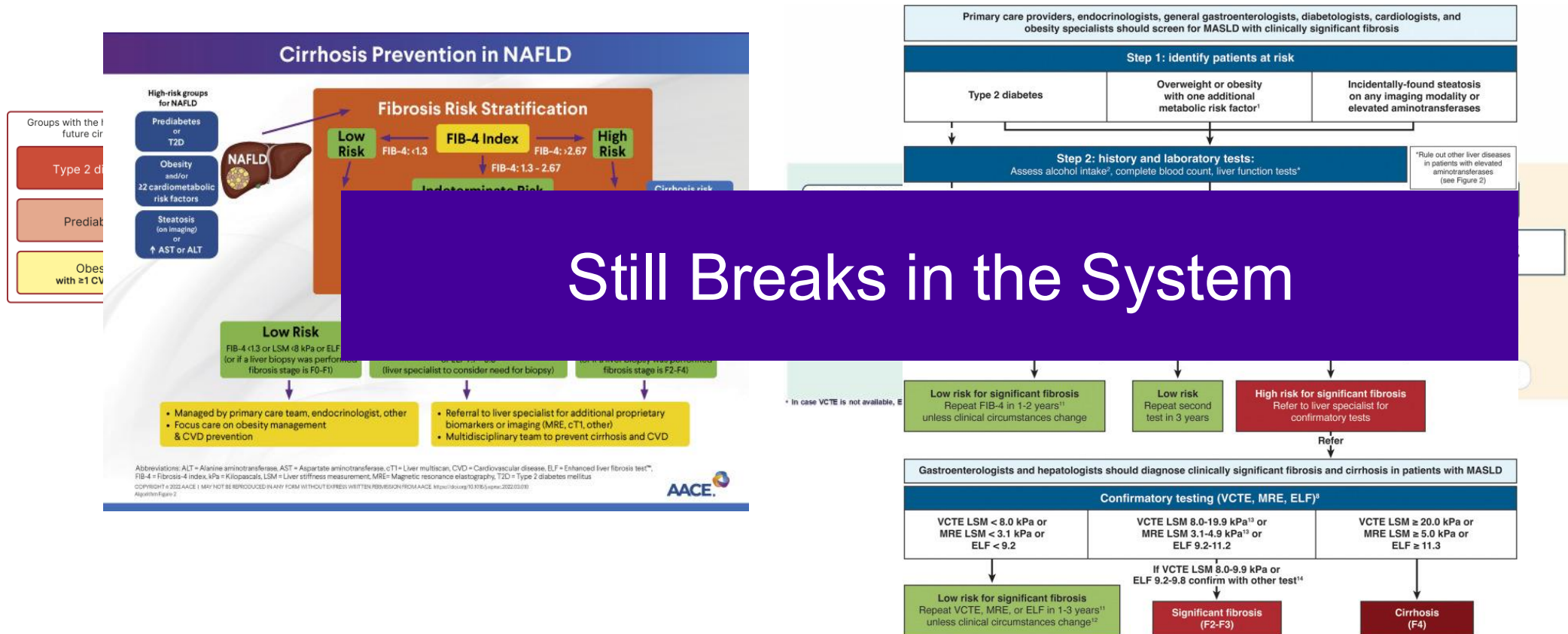
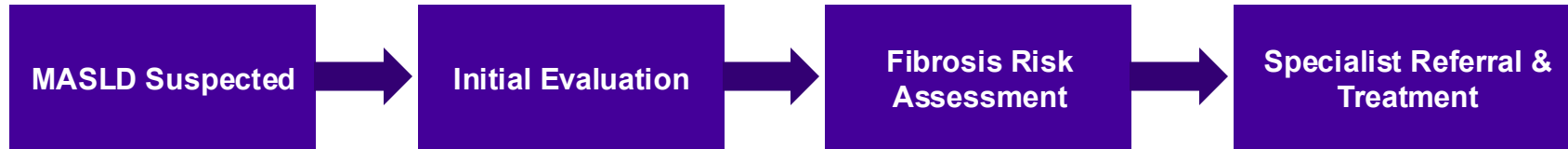
*Strategic Roundtable on Multidisciplinary Approaches for the  
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**Pre-Roundtable Survey Findings  
Knowledge Gaps & Opportunities**

Sonal Kumar, MD, MPH  
Weill Cornell Medicine  
Division of Gastroenterology and Hepatology  
New York, NY  
May 7, 2026



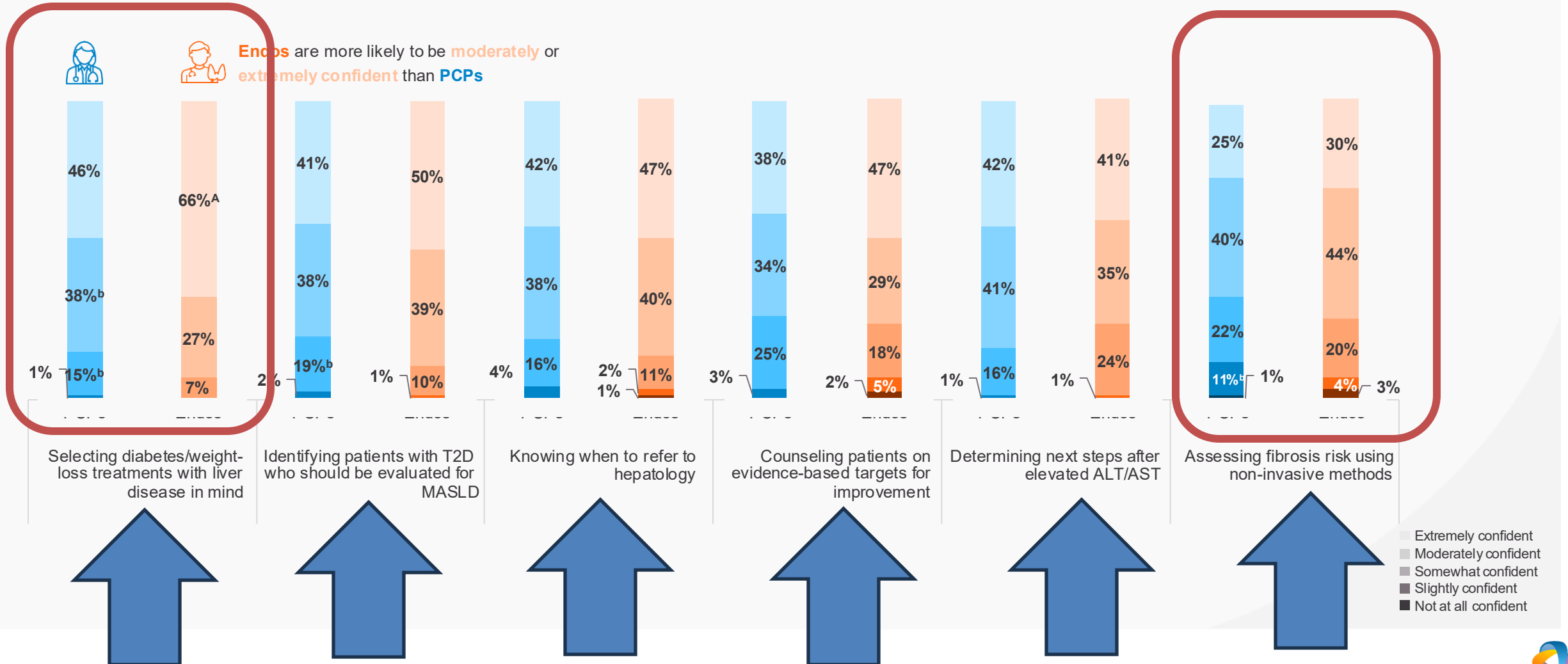
# Patient Care Journey – Guidelines in Place



# Most HCPs say they are at least moderately confident in various MASLD-related tasks.

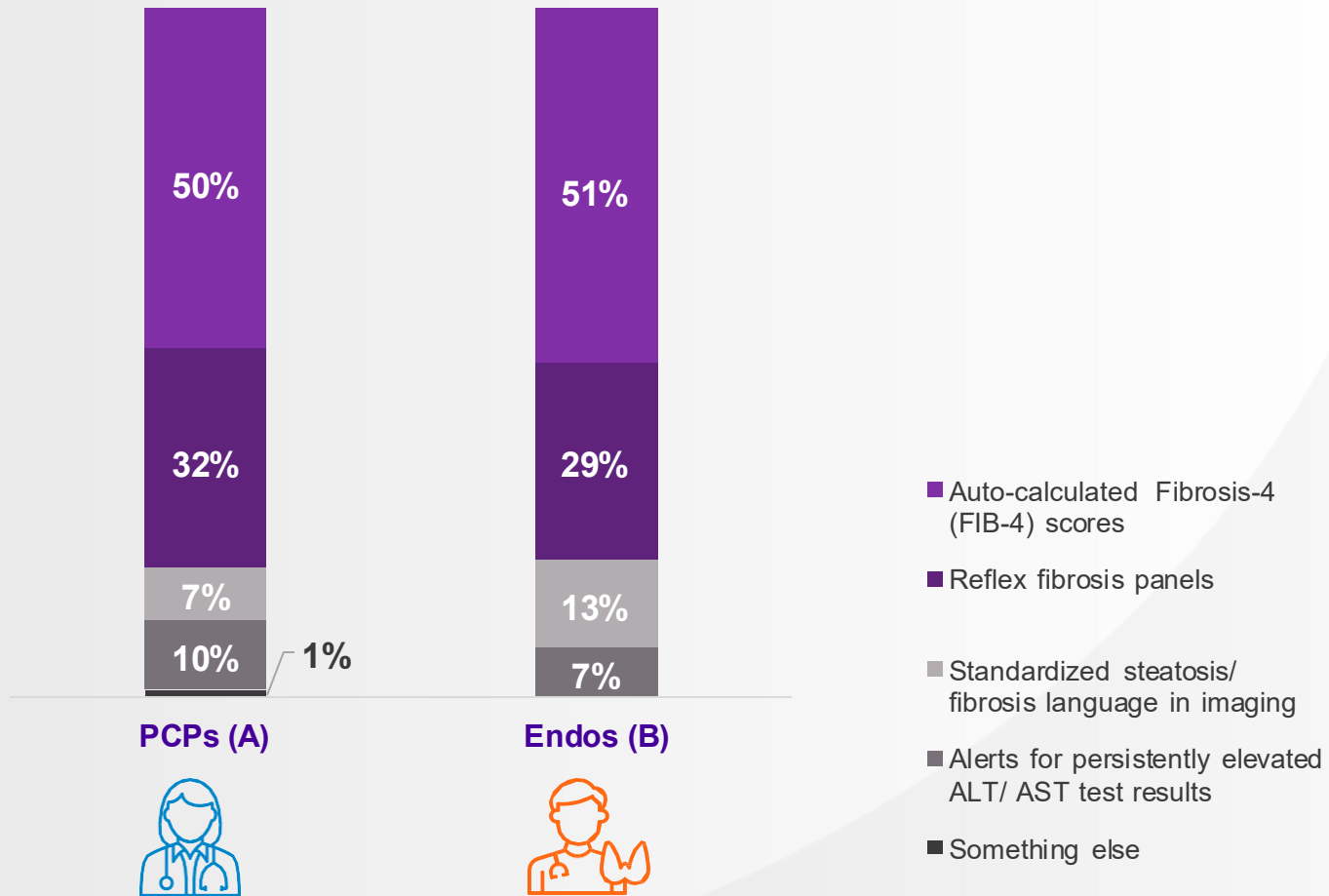
## Medication Selection

## Least Confidence



Q19 Thinking about your experiences in clinic, how confident are you in each of the following? PCPs (n=107), Endos (n=101).

## Most helpful potential EMR and lab-reporting functionalities\*



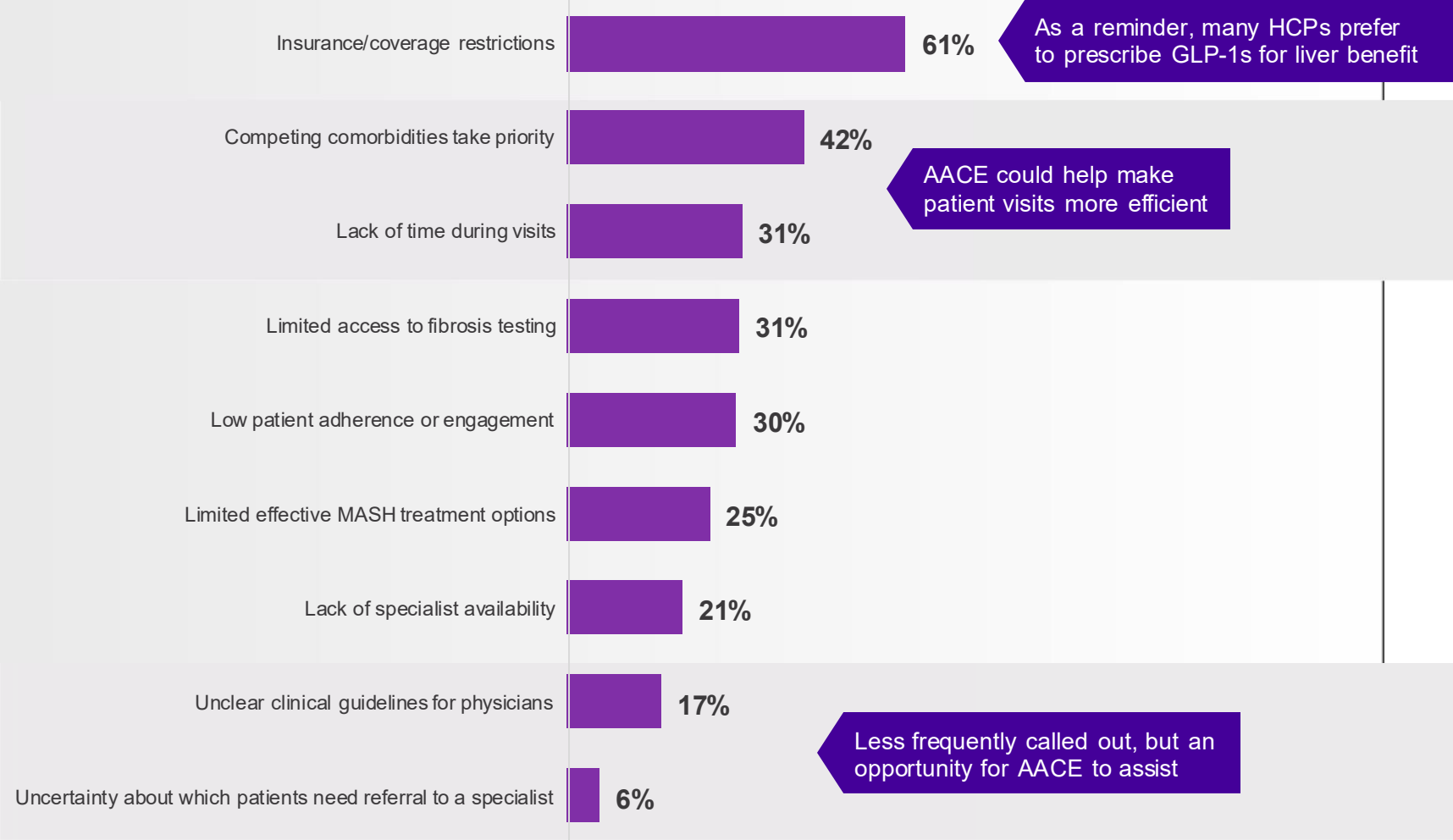
~50% say auto-calculated FIB-4 scores in their EMR would be most helpful in detecting MASLD/MASH, followed by reflex fibrosis panels (~30%).

Q22 From your perspective, what core electronic medical record (EMR) and lab-reporting functionalities would be most helpful to help support detection of MASLD/MASH? PCPs (n=107), Endos (n=101).

\*No significant differences between PCPs and Endos.

HCPs most often cite insurance/coverage restrictions as a barrier to optimal MASLD/MASH management, followed by competing priorities.

### Barriers to optimal MASLD/MASH management\*



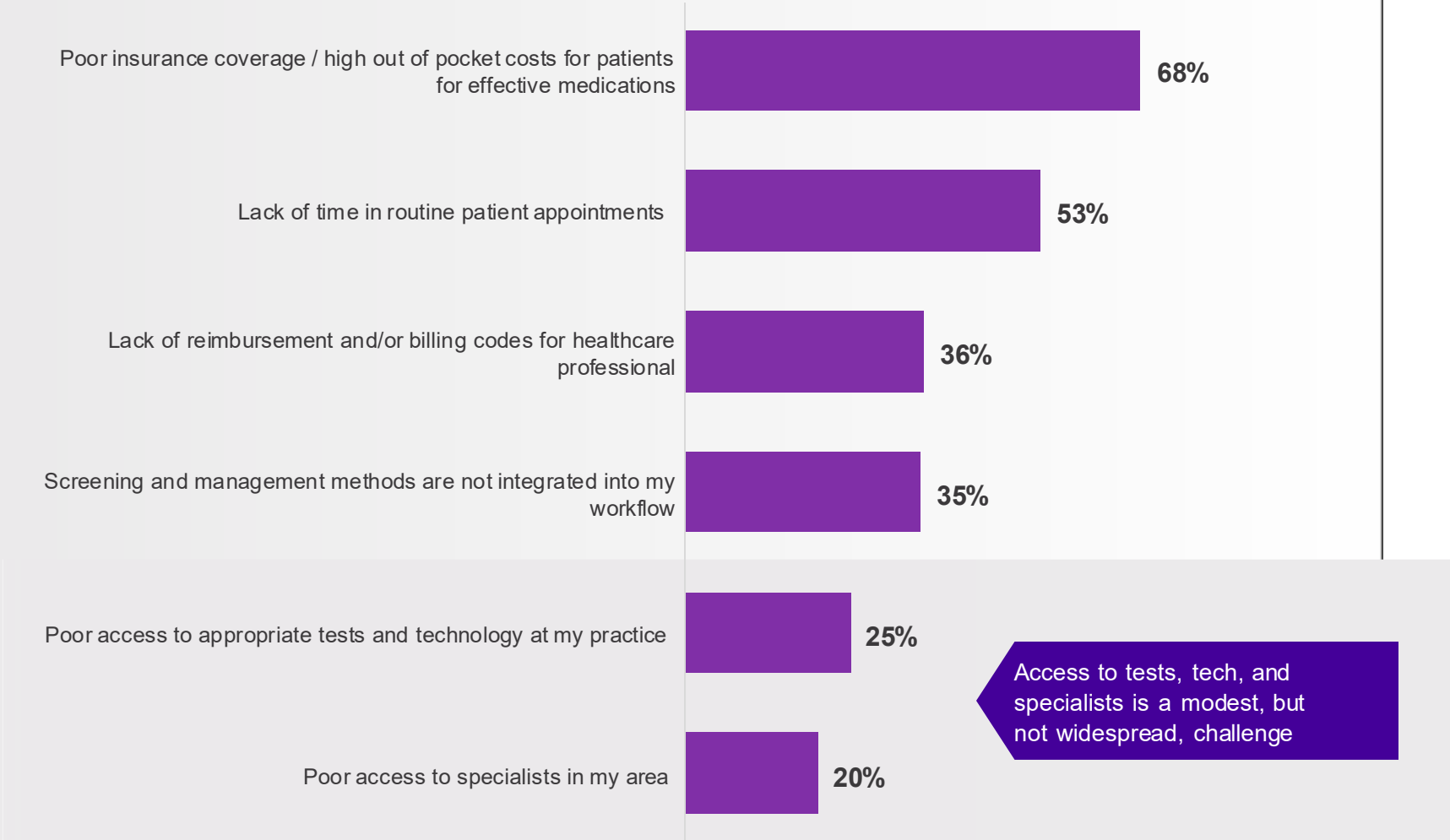
Q20 What are the biggest barriers to optimal MASLD/MASH management in your practice? Please select up to three options below. PCPs (n=107), Endos (n=101).

\*No significant differences between PCPs and Endos.



Outside of cost/coverage issues for medications, many HCPs also say the lack of time in routine appointments represents a challenge in managing MASLD/MASH

### System-level barriers or challenges for screening/managing MASLD/MASH\*

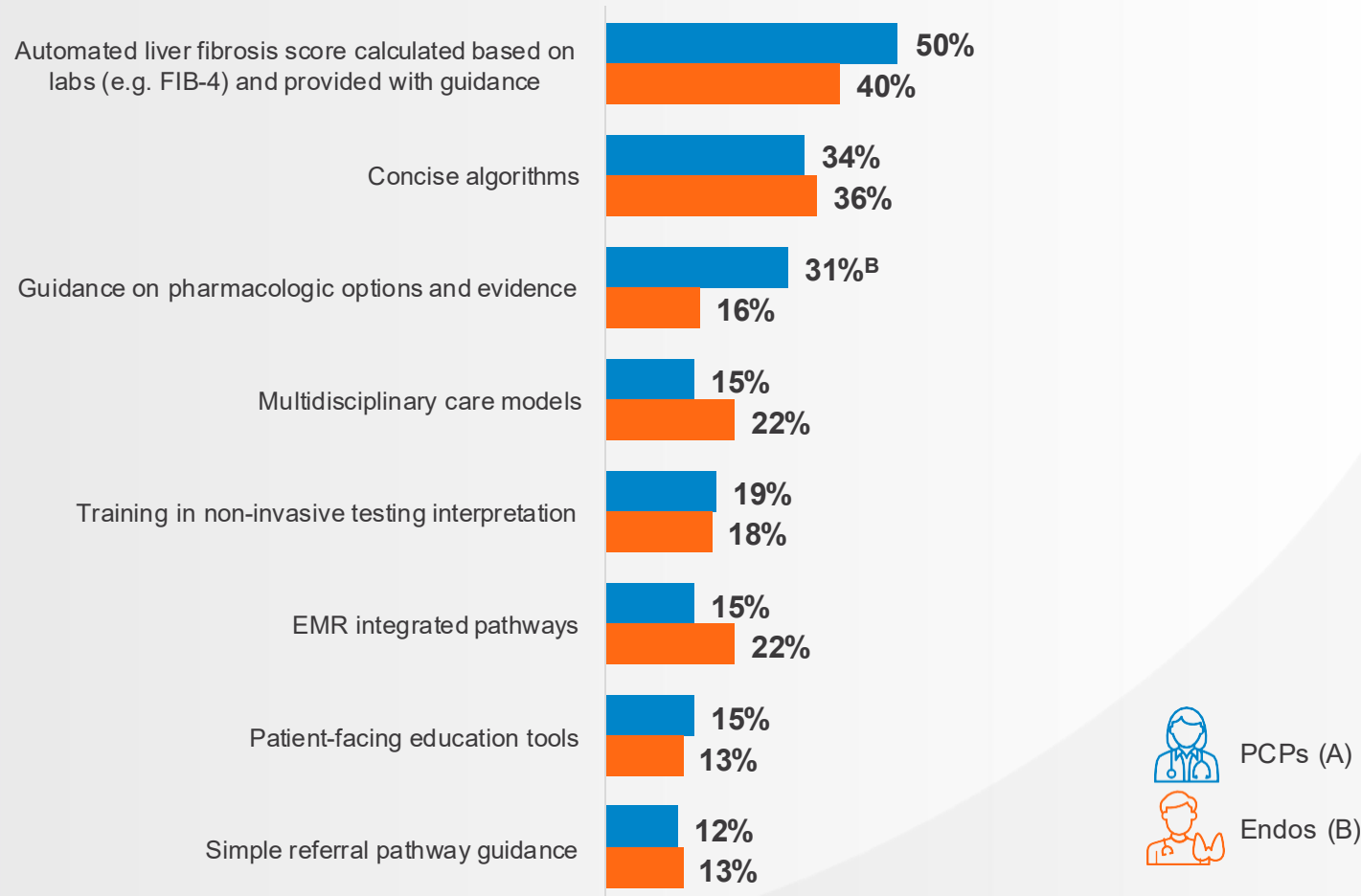


Q23 More generally, what system-level barriers or challenges do you face, if any, when it comes to screening for, and managing, MASLD/MASH with your patients? Please select all that apply... PCPs (n=107), Endos (n=101). \*No significant differences between PCPs and Endos.



## Resources that would improve MASLD/MASH screening, risk stratification & longitudinal management


% selecting each as a top 2 resource



HCPs, particularly PCPs, are looking for support calculating and interpreting liver fibrosis scores and algorithms/guidance related to MASLD/MASH.

Q21 What resources would most improve MASLD/MASH screening, risk stratification, and longitudinal management? Please select up to two options below. PCPs (n=107), Endos (n=101).

# Key Takeaways Knowledge Gaps & Opportunities



**Confidence gaps persist—especially in fibrosis assessment.**

HCPs have the lowest confidence in **interpreting non-invasive fibrosis tools and next steps.**

**System-level barriers limit optimal care.**

■ **Insurance/coverage, time constraints, and competing priorities** are the biggest barriers

■ Access to testing and specialists is a secondary—but real—challenge

**Clear demand for practical, actionable guidance.**

■ **HCPs want:**

Simple algorithms & clinical pathways

Automated FIB-4 scoring with interpretation available

Clear referral thresholds and roles

Guidance on pharmacologic decision-making

**Major opportunity: Standardize and simplify the care pathway.**

■ **Align on:**

When to screen

How to risk stratify

When to treat vs. refer

■ Integrate into **EMR workflows and team-based care models**