Transcript Details
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Choosing a Therapy for MASH

Announcer:
Welcome to *GI Insights* on ReachMD. Today, Dr. Monica Tincopa will be talking about semaglutide and resmetirom for metabolic dysfunction-associated steatohepatitis. Dr. Tincopa is a board-certified gastroenterologist and transplant hepatologist at UC San Diego Health. She's also an Assistant Professor of Medicine at the University of California San Diego. Let's hear from her now.

Dr. Tincopa:
We have two FDA-approved medications to treat MASH with stage two to three fibrosis, although the field is rapidly evolving. Multiple other medications are currently under investigation, so we anticipate that this will continue to evolve. But currently, we have two options. So if somebody has MASH with stage two to three fibrosis, the options are resmetirom or semaglutide.

In terms of thinking about how we select between the two medications, because they have metabolic conditions—including things like diabetes—a lot of patients already come to us on therapy that is FDA-approved for diabetes, including things like semaglutide. So we do a baseline evaluation of what medications they're on. We consider what other comorbidities they have, like obesity or type 2 diabetes, what other complications they've had, like biliary complications, and if they, at baseline, have pretty bad acid reflux, nausea, or other GI symptoms. And then all that taken together will help us make a shared decision about which of the two medications they may be interested in.

Many patients are preferring semaglutide just because, as we all know, it is one of the medications used for weight loss, so they have the positive benefit of that. The real challenge that we've run into in clinical practice is the side effect profile, particularly once you initiate semaglutide and as you try to dose increase it. So patients can have a lot of GI side effects that, over time, tend to get better, but depending on the individual patient—again, especially if they have baseline GI symptoms—it may not be a great option.

That then leads us more towards resmetirom, which generally is very well-tolerated. The other difference is resmetirom is a pill, whereas semaglutide is an injection, so patients have preferences in terms of mode of therapy. But resmetirom is really a great option if somebody perhaps doesn't have obesity, they're not overweight, they don't have type 2 diabetes, or if, at baseline, they either didn't tolerate an incretin-based therapy or they have baseline GI symptoms. And it's not uncommon, actually, that people are on combination therapy. Again, because so many of our patients have diabetes, they may already be on an incretin, in which case, if they still have stage two to three fibrosis, we may then add on resmetirom, just because it has a different mechanism of action.

Announcer:
That was Dr. Monica Tincopa discussing semaglutide and resmetirom for MASH management. To access this and other episodes in our series, visit *GI Insights* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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