Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/gi-insights/dont-miss-masld-the-case-for-earlier-recognition/57037/

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Don’t Miss MASLD: The Case for Earlier Recognition

Announcer:
You’re listening to *GI Insights* on ReachMD. On this episode, we’ll hear from Dr. Monica Tincopa, who’s a board-certified gastroenterologist and transplant hepatologist at UC San Diego Health, as well as an Assistant Professor of Medicine at the University of California San Diego. She’ll be discussing the importance of recognizing metabolic dysfunction-associated steatotic liver disease. Here’s Dr. Tincopa now.

Dr. Tincopa:
A major challenge in the field of hepatology is the fact that MASLD, or metabolic dysfunction-associated steatotic liver disease, is, for the most part, asymptomatic. And the vast majority of adults who have MASLD are undiagnosed. I think the estimate is that around 90 percent of people who have MASLD are undiagnosed, and the overall prevalence is about 30 percent worldwide, of all adults. So it’s highly prevalent condition that's asymptomatic. Most people are undiagnosed.

We've had screening and risk stratification recommendations through our various society guidelines, including AASLD, for several years now. But we know that in real-world clinical practice, it's not really being implemented, and, in large part, we rely very heavily on our primary care providers and other relevant subspecialists like cardiology and endocrinology, who are very, very busy addressing multiple other needs for their patients.

But what is recommended is, if you have cardiometabolic risk factors, you had imaging done and were incidentally noted to have steatosis on imaging, or if you have elevated liver enzymes, that's supposed to prompt additional workup. So that includes confirming with imaging that somebody has steatosis and then a risk calculation for fibrosis. So the first-line test recommended is FIB-4, although a more recent update to screening guidelines says if you have type two diabetes, you can actually even bypass FIB-4 and just go straight to FibroScan or BCTE. So that's how we're supposed to be screening individuals and doing the initial risk stratification. So based on FIB-4, that will tell you if they need additional testing or, again, if you bypass a FIB-4 and do something like a BCTE, that is where you get the initial information in terms of whether or not somebody potentially has significant or advanced fibrosis.

The reason that that is so important is, thankfully, we now have two different FDA-approved medications that have been shown to resolve MASH, which is the more aggressive subtype of MASLD, and also can improve fibrosis. Ultimately, we know fibrosis is what tracks with risk of clinical outcomes.

It’s super important that we're screening people. We have simple non-invasive tests that can risk stratify patients to assess how much fibrosis they have. And if patients are identified as having stage two to three fibrosis, we now have two different FDA-approved medications that can actually treat and potentially completely resolve this condition.

Announcer:
That was Dr. Monica Tincopa talking about how to diagnose MASLD. 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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