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September 7 & 8, 2023

9<sup>th</sup> edition

# Current status of NASH care in health policies across EU

Helena Cortez-Pinto

Portugal





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# Conflict of interest disclosure

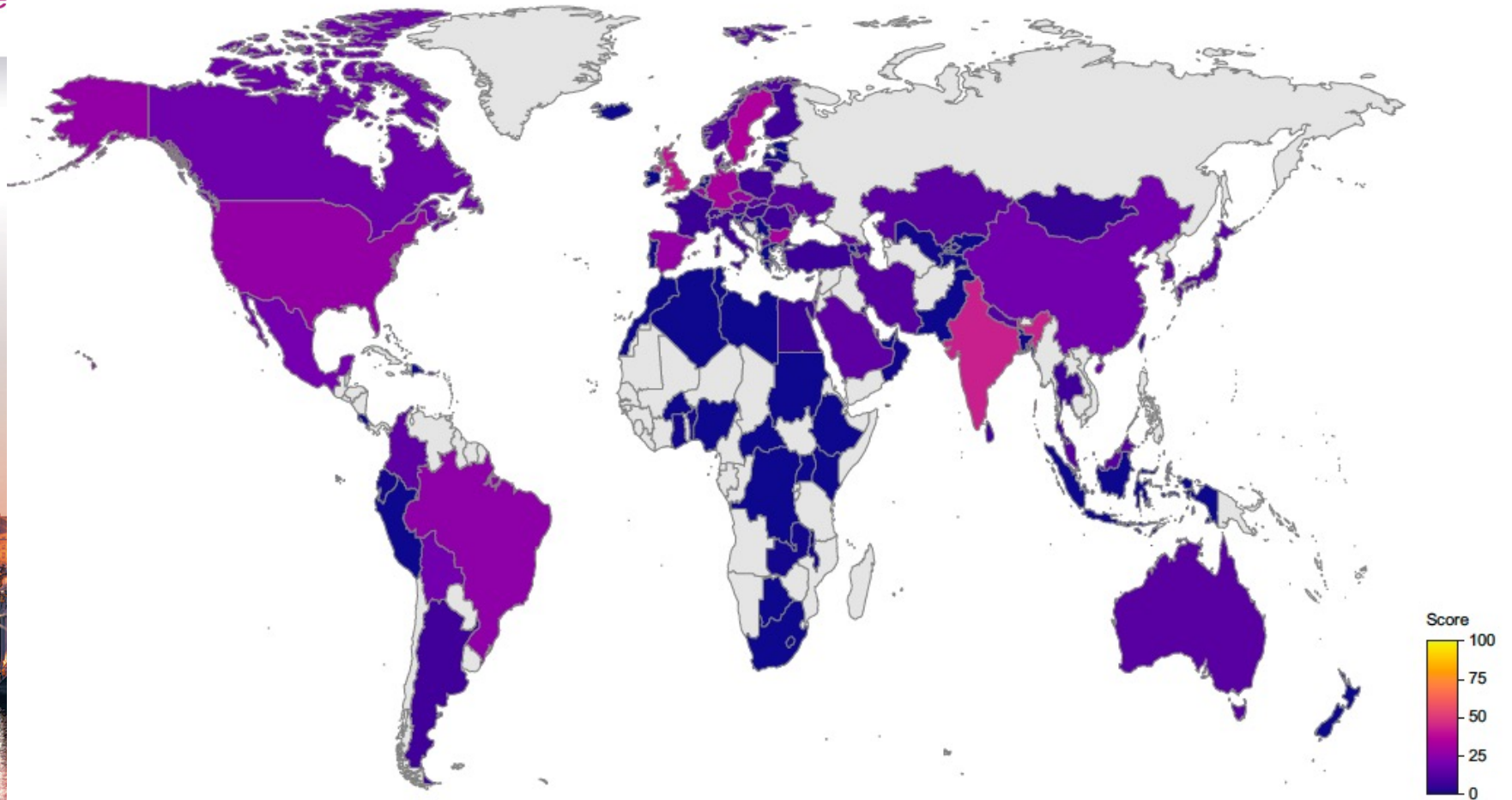
Lectures and advisory board fees from Intercept, Gilead Sciences, GMP- Orphalan, Novo Nordisk, Roche



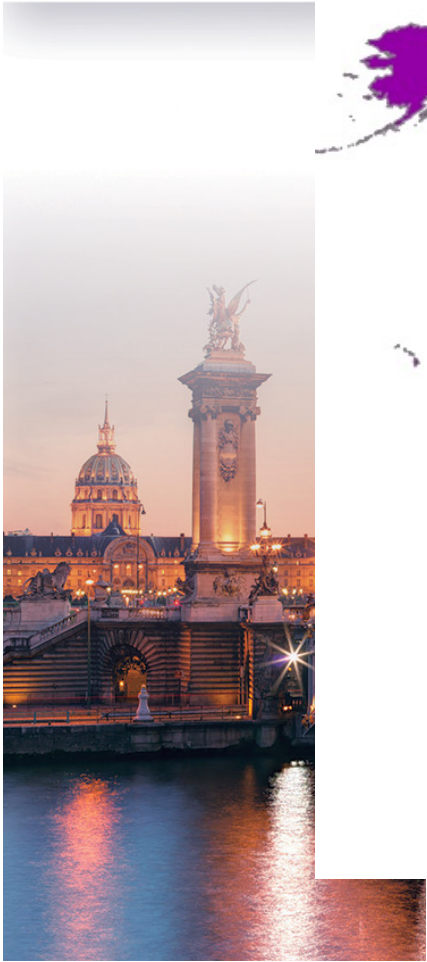


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# NAFLD preparedness index scores for 102 countries



Lazarus and NAFLD policy review collaborators, J Hepatol, 2022





# Low level of preparedness in 6 domains

Table 4. Categorisation of scores across the 6 policy domains for all countries (n = 102).

Policy domain	Low-level, n (%)	Medium-level, n (%)	High-level, n (%)
Policies	102 (100%)	0 (0%)	0 (0%)
Guidelines	65 (64%)	5 (5%)	32 (31%)
Civil awareness	62 (61%)	31 (30%)	9 (9%)
Epidemiology and data	91 (89%)	7 (7%)	4 (4%)
NAFLD detection	77 (75%)	20 (20%)	5 (5%)
NAFLD care management	75 (73%)	23 (23%)	4 (4%)

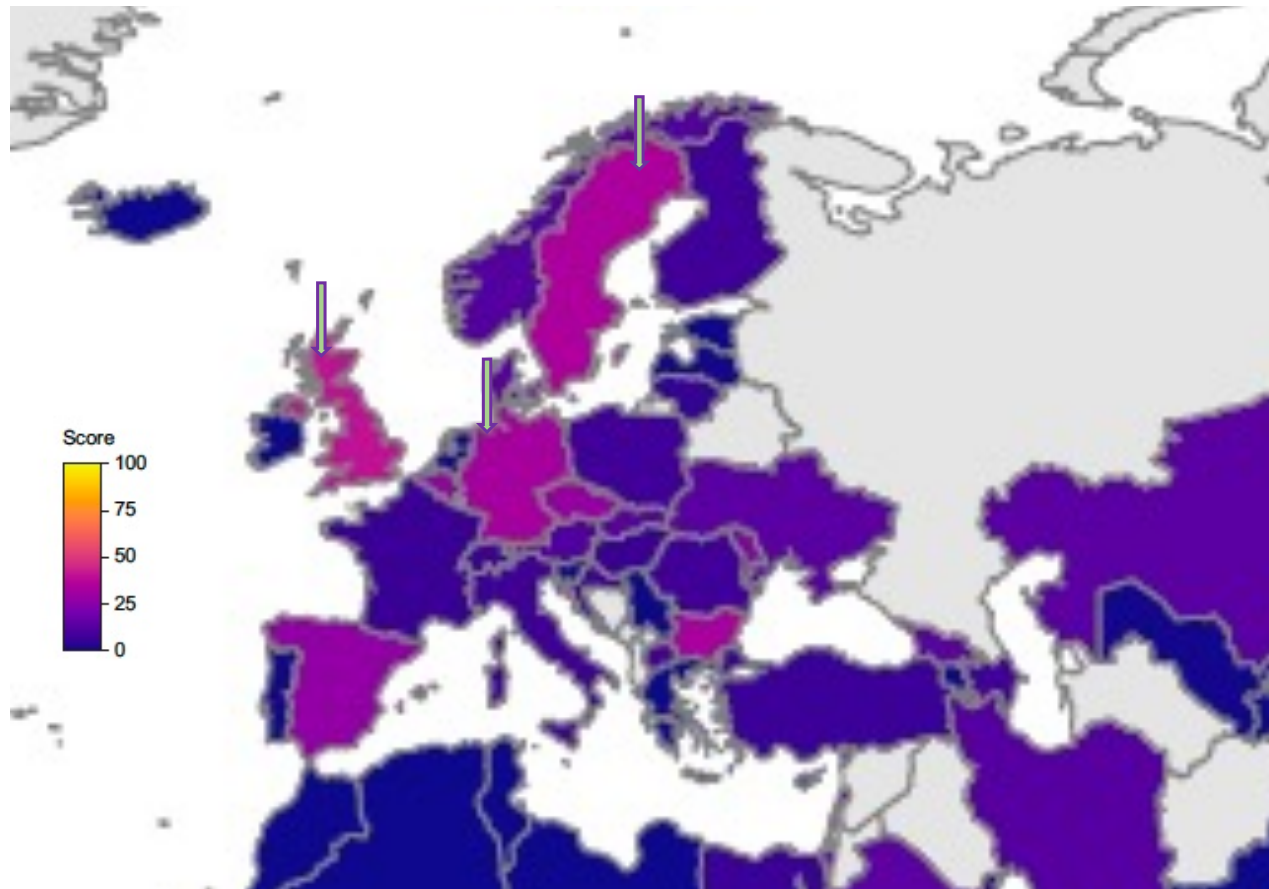
NAFLD, non-alcoholic fatty liver disease.

**All countries had a low level of NAFLD-related policies**

**One third of countries:** Scored zero on the preparedness index

**No country:** scored over 50/100.

# NAFLD preparedness index scores in Europe



## Policy domain

Policies

Guidelines

Civil awareness

Epidemiology and data

NAFLD detection

NAFLD care management

## Better prepared

United Kingdom (40.0), Sweden (34.1), Bulgaria (32.9), Germany (32.1), and Belgium (28.7)

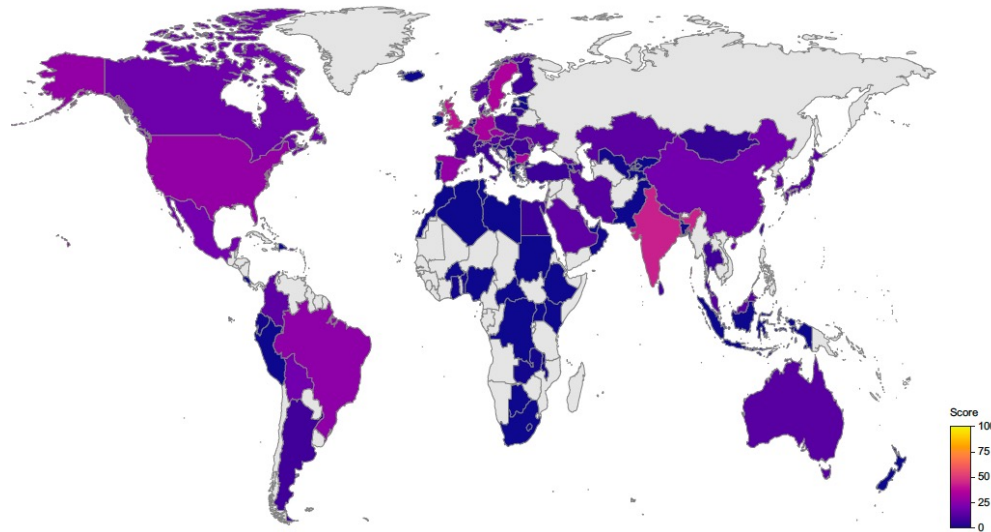


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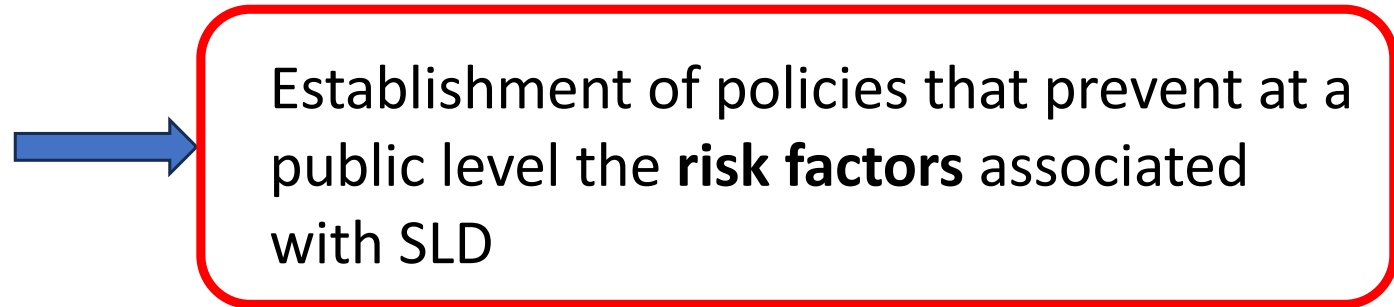
# What are the causes of this lack of NAFLD preparedness?



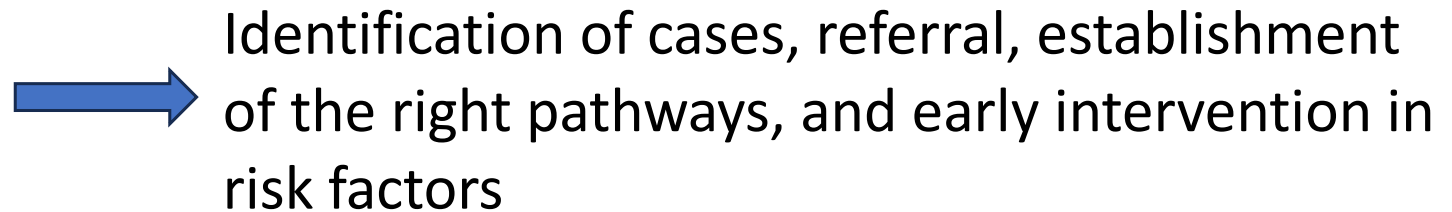
Asymptomatic nature of the disease leads to a generalized lack of urgency and policies to tackle the issue

Lazarus and NAFLD policy review collaborators, J Hepatol, 2022





## Steatotic Liver Disease (SLD) Policies



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# What are the main risk factors for SLD?

- Alcohol consumption
- Metabolic factors
  - Obesity
  - Diabetes
  - Hypertension

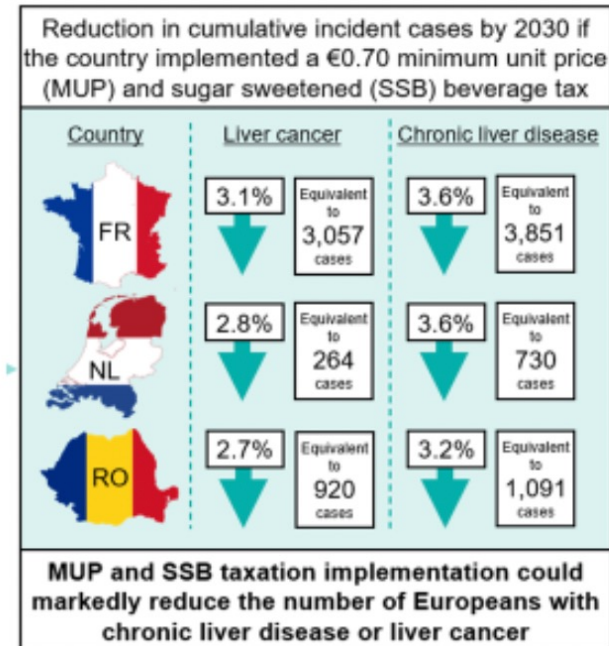
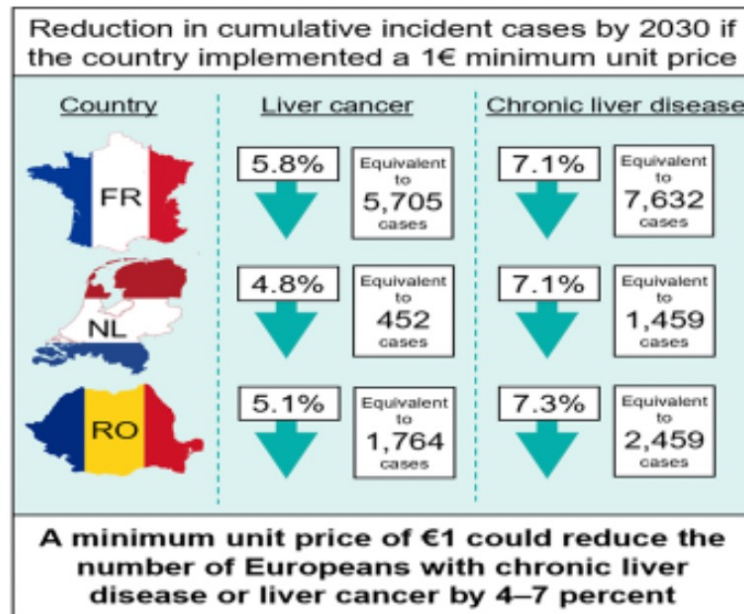


International Think Tank

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## Key results for the reduction of incidence of chronic liver disease and liver cancer for intervention scenarios



easlccongress.eu

#EASLCongress

**EASL CONGRESS**  
Vienna, Austria 2023  
21–24 June

Intervention scenarios to reduce alcohol consumption and obesogenic food

Hepahealth II, 2023



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## SLD Policies



Establishment of policies that prevent at a Societal level the risk factors associated with **steatotic liver diseases (SLD)**



Identification of cases, referral, establishment of the right pathways, and early intervention in risk factors



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# Best care pathways in SLD

**Care pathway** is “a complex intervention for the mutual decision-making and organisation of care processes for a well- defined group of patients during a well- defined period



Risk stratification to define level and stage of the disease in order to define level and intensity of care



Assure that patients who need have the care

Avoid overload of health systems for those who do not need it



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# Examples of care pathways

Study	Where (setting)	What (services)	Who (providers)	How (integration approach)	Evaluated population	Outcomes
Moolla et al. (2019) <sup>37</sup>	Primary care clinics and Oxford University Hospitals metabolic hepatology clinic, Oxfordshire, UK	<p>Primary care: risk-stratification with the NAFLD fibrosis score</p> <p>Metabolic hepatology clinic: TE (FibroScan) medical consultation; where clinically appropriate, blood testing, imaging, liver biopsy and screening for hepatocellular carcinoma; lifestyle and medical interventions</p>	Hepatologists, diabetologists/ metabolic physicians and specialist nurses	Local risk-stratification and referral pathways, multidisciplinary clinic, linkages to community services	165 patients managed through the clinic between March 2014 and May 2017	<p>During a median follow-up of 13.3 months median values for ALT, AST, glycated haemoglobin, liver TE and weight reduced significantly; in patients with poorly managed type 2 diabetes mellitus the incremental cost-effectiveness ratio cost per QALY was £6.1k (95% CI £0.3k to £59.3k) with 91% of model bootstrap runs falling below a cost per QALY threshold of £20,000</p>

Improvements in liver-related and cardiometabolic related health parameters and with evidence of cost-effectiveness in patients with poorly controlled T2DM

Lazarus et al, Nature Rev, 2021  
Moola et al, Frontline Gastroenterol. 2019



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# Examples of care pathways

Study	Where (setting)	What (services)	Who (providers)	How (integration approach)	Evaluated population	
Chalmers et al. (2020) <sup>35</sup>	Primary care clinics and the TE clinic at Queen's Medical Centre, Nottingham University Hospitals, UK	GPs: Liver disease risk assessment, referral to the TE clinic and hepatologist  TE clinic: NAFLD risk assessment and TE (FibroScan, Echosens); brief lifestyle intervention including signposting to local alcohol and weight management services	GPs, nurses and health-care assistants trained to perform TE and deliver a brief lifestyle intervention; hepatologist (referrals)	An integrated referral pathway between primary and secondary care, linkages to local services	968 patients attending the TE clinic between September 2016 and August 2017	941/968 (97.2%) of patients met one or more of the referral criteria; TE results showed elevated liver stiffness in 222/968 (22.9%) patients, 63/222 (38.2%) patients with TE 8–14.9 kPa and 45 (78.9%) patients with TE of $\geq 15$ kPa were referred to hepatology services; incremental cost-effectiveness ratio for the risk stratification pathway of £1,895 to £7,032/QALY with an 85% probability of cost-effectiveness at the UK willingness-to-pay threshold of £20,000/QALY <sup>63</sup>

## TE results:

Elevated liver stiffness in 222/968 (22.9%) patients, 63/222 (38.2%) patients with TE 8–14.9 kPa and 45 (78.9%) patients with TE of  $\geq 15$  kPa

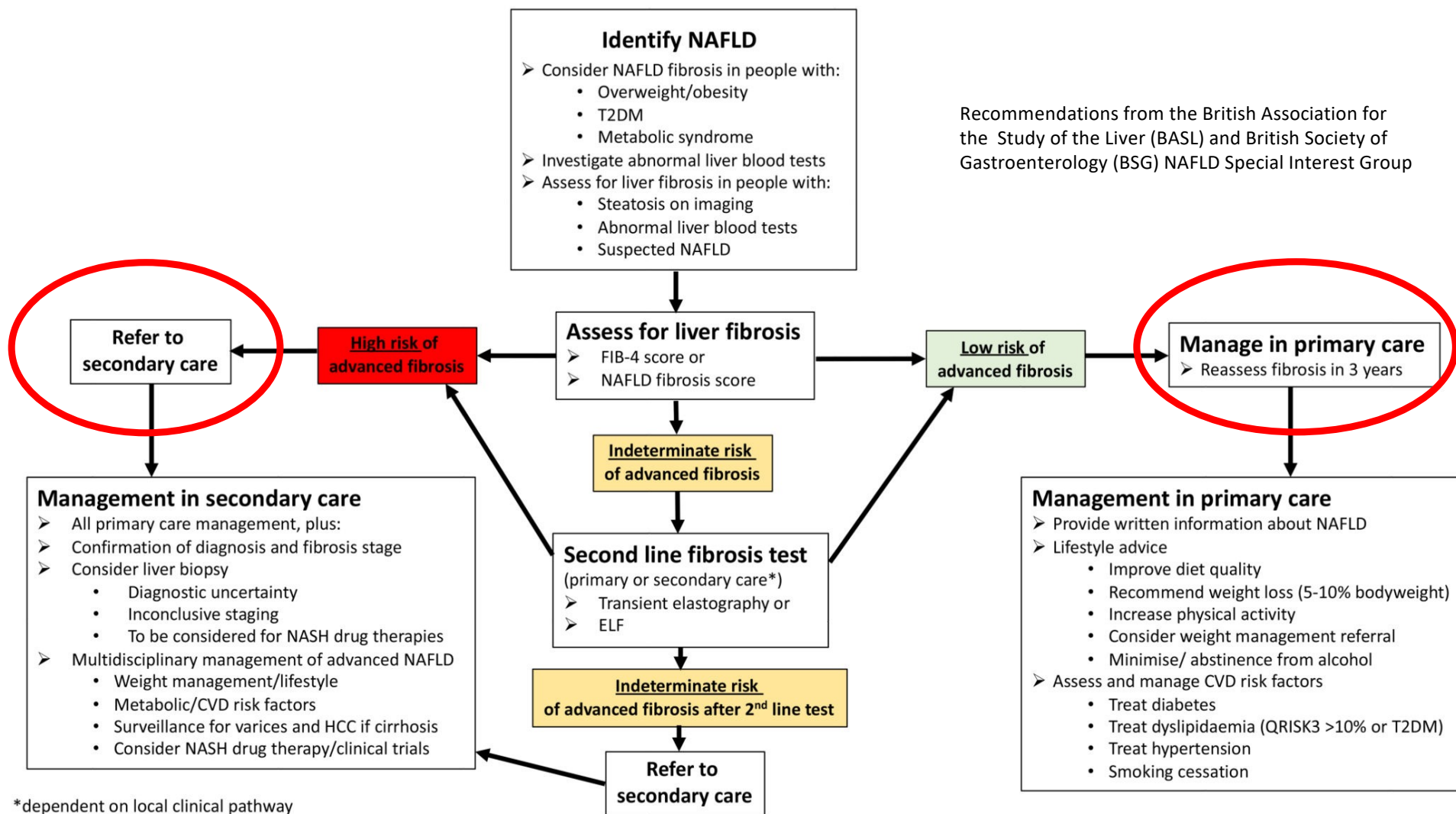
Lazarus et al, Nature Rev, 2021

Chalmers et al. Frontline Gastroenterol. 2019

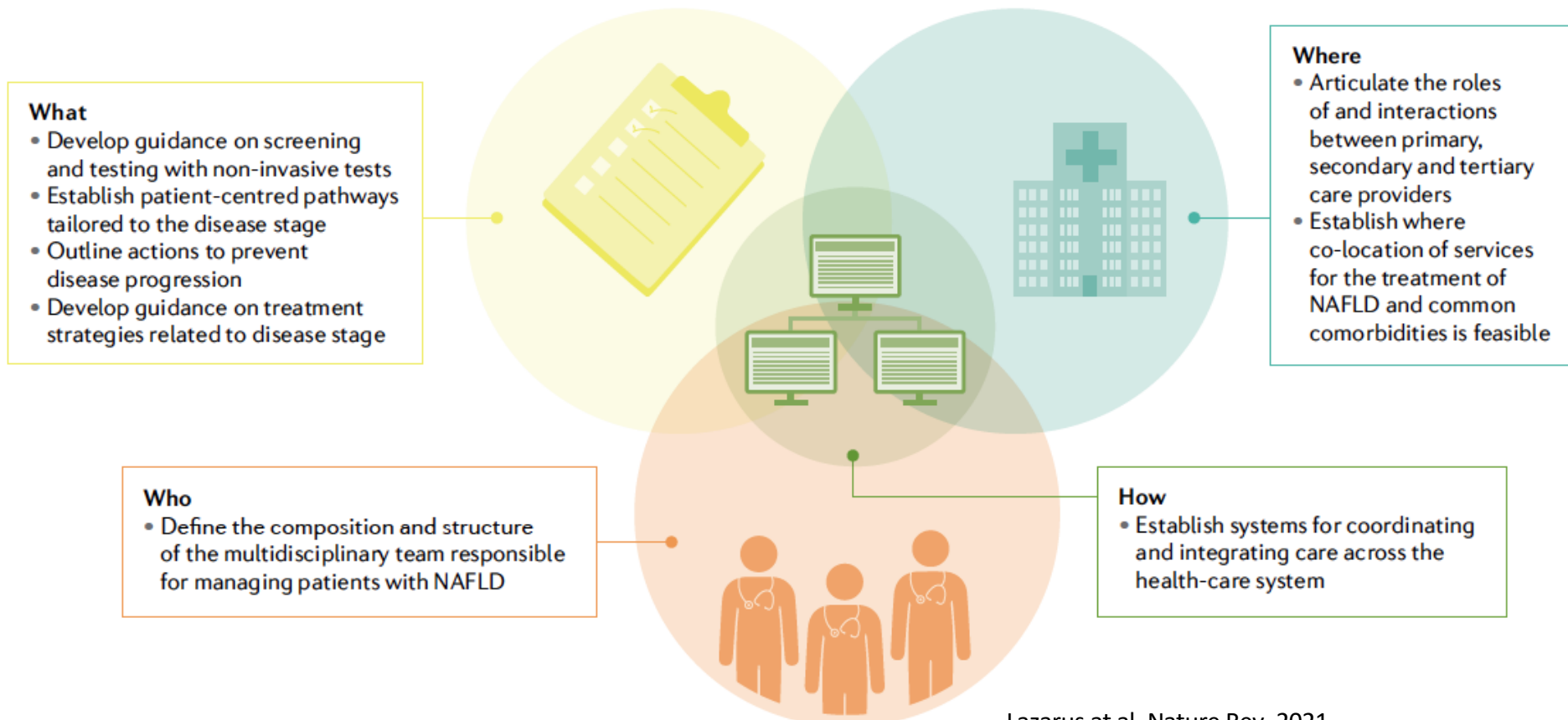


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# The road to comprehensive models of care for NAFLD



Lazarus et al, Nature Rev, 2021

# A global research priority agenda to advance public health responses to fatty liver disease

Jeffrey V. Lazarus<sup>1,2,3,4,†</sup>, Henry E. Mark<sup>4,5,†</sup>, Alina M. Allen<sup>6,†</sup>, Juan Pablo Arab<sup>7,8,9,†</sup>, Patrizia Carrieri<sup>10,†</sup>, Mazen Noureddin<sup>11,†</sup>, William Alazawi<sup>12</sup>, Naim Alkhouri<sup>13</sup>, Saleh A. Alqahtani<sup>14</sup>, Marco Arrese<sup>9</sup>, Ramon Bataller<sup>15</sup>, Thomas Berg<sup>16</sup>, Paul N. Brennan<sup>17</sup>, Patrizia Burra<sup>18</sup>, Graciela E. Castro-Narro<sup>19,20,21</sup>, Helena Cortez-Pinto<sup>22</sup>, Kenneth Cusi<sup>23</sup>, Nikos Dedes<sup>24</sup>, Ajay Duseja<sup>25</sup>, Sven M. Francque<sup>26,27</sup>, Hannes Hagström<sup>28</sup>, Terry T.-K. Huang<sup>3,29</sup>, Dana Ivancovsky Wajcman<sup>1</sup>, Achim Kautz<sup>30</sup>, Christopher J. Kopka<sup>31</sup>, Aleksander Krag<sup>32</sup>, Veronica Miller<sup>23</sup>, Philip N. Newsome<sup>34</sup>, Mary E. Rinella<sup>35</sup>, Diana Romero<sup>36</sup>, Shiv Kumar Sarin<sup>37</sup>, Marcelo Silva<sup>38</sup>, C. Wendy Spearman<sup>39</sup>, Emmanuel A. Tsochatzis<sup>40</sup>, Luca Valenti<sup>41,42</sup>, Marcela Villota-Rivas<sup>1</sup>, Shira Zelber-Sagi<sup>43,44</sup>, Jörn M. Schattenberg<sup>45,†</sup>, Vincent Wai-Sun Wong<sup>46,†</sup>, Zobair M. Younossi<sup>47,†</sup>, on behalf of the Healthy Livers, Healthy Lives Collaborators

Delphi expert panel member



Two rounds a multidisciplinary panel (n = 288) from 94 countries reviewed and ranked fatty liver disease research priorities

Journal of Hepatology 2023.



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## Defining and implementing models of care

1. Determine the effectiveness of different models of care for fatty liver disease, including their impact on patient outcomes and their cost-effectiveness.
2. Validate multidisciplinary models of care for fatty liver disease in paediatric populations.
3. Evaluate how risk prediction models for fatty liver disease perform in different populations, so that they can be tailored to specific populations and groups.
4. Validate non-invasive tests to enable early diagnosis, prognosis, and monitoring of liver disease progression.
5. Explore how novel digital technologies (e.g., artificial intelligence, data-based analytics, digital health applications and therapeutics) can be utilised within healthcare settings.
6. Assess how digital health (e.g., applications, interventions, therapeutics) can support patients to achieve lifestyle behavioural change.
7. Further explore the use of artificial intelligence to improve diagnostics for fatty liver disease.

# Summary

- There is a generalized lack of attention to NASH care in health policies across EU
- Multidisciplinary teams with inclusion of primary care, and healthcare professionals is essential to get early diagnosis and early interventions
- It is better lobbying for SLD, to include those with different amounts of alcohol consumption, and intervene in both risk factors
- Involvement of other specialities is paramount
- National policies need to define and create the more efficient pathways



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**uegweek**

# United European Gastroenterology Week Copenhagen

Bella Center and Online

October 14–17, 2023

[ueg.eu/week](https://ueg.eu/week)

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[ueg.eu/myueg-community](https://ueg.eu/myueg-community)



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Thank you

