



TLI Quarterly

JANUARY 2025

CONTENTS

Spotlight on ARC: Advancing Clinical Research Excellence

Liver Spot

Hepatitis C Elimination Strategies in South Texas

Expanding Access to Obesity Treatment in Patients with MASLD and MASH: Medical and Endoscopic Interventions for Broader Patient Care

Approaching Difficult Conversations with End Stage Liver Disease Patients and Their Families

SPOTLIGHT ON ARC: ADVANCING CLINICAL RESEARCH EXCELLENCE

The American Research Corporation (ARC) is the proud research division of TLI and is one of the nation's leading clinical research sites. With over two decades of experience, ARC has conducted over 400 clinical trials, driving advancements in medical science and improving patient outcomes. Our team of dedicated professionals ensures rigorous study execution, from Phase I through Phase III, across a wide range of therapeutic areas.

Currently, ARC is managing over 40 clinical trials, solidifying our reputation as a hub for cutting-edge research and innovation. For more information about our ongoing studies or to explore collaboration opportunities, please contact **Tolu Okubote, MBBS, MPH, Executive Research Director** at tokubote@txliver.com or (210) 253-3426 Ext 7003.



Tolu Okubote, MBBS, MPH
Executive Research Director

8th Advanced Practice Provider, Nursing and Primary Care Liver Conference

Saturday, February 1, 2025

Embassy Suites by Hilton San Antonio-Landmark
5615 Landmark Pkwy, San Antonio, TX 78249

www.txliver.com/2025registration

Earn 7.00 AMA PRA Category 1 Credit™ or 7.42 CNE Hours

REGISTER NOW!



LIVER SPOT

Liver disease is often not discovered until advanced stages. A recent study (Stuart A et al., Abstract 2360, AASLD Annual Meeting, November 2024) developed an algorithm powered by artificial intelligence (AI) which accurately detected early-stage metabolic-dysfunction associated steatotic liver disease (MASLD) by using electronic health records. This is exciting news since early diagnosis can result in interventions to slow or halt the progression to advanced disease.

Researchers used an AI algorithm to analyze imaging findings in electronic

health records from three sites within the University of Washington Medical System to identify patients who met the criteria for MASLD. The AI algorithm was validated with 88% accuracy via manual review of monthly generated cohorts performed independently by 2 physicians.

While 834 patients met the criteria, only 16% (137/834) had a MASLD-associated ICD-9/10 diagnosis in their record. This left 83% of patients without a MASLD diagnosis even when medical data in their electronic health record showed they met the criteria for MASLD.



This study supports the use of AI for screening patients in primary care who may have MASLD due to underlying risk factors and are at risk for advanced liver disease.

HEPATITIS C ELIMINATION STRATEGIES IN SOUTH TEXAS

One of the key topics at this year's AASLD annual conference was the pivotal role APPs play in HCV elimination. Despite the availability of curative HCV therapy, the US remains behind in meeting WHO's elimination targets by reducing new hepatitis infections by 90% and hepatitis-related deaths by 65% by 2030. Only 3 states are on track and Texas is not one of them.

In South Texas, where I travel to outreach clinics as a nurse practitioner, unique regional challenges further complicate HCV elimination efforts. This area is home to a diverse patient population with significant social and linguistic barriers, making a tailored approach essential. For healthcare professionals in this region, here are specific recommendations:

1. Enhance Screening and Diagnosis:

- Ensure every adult >18 years old is screened for hepatitis C.
- Routine HCV screening in high-risk groups (people who inject drugs, migrants from endemic regions, healthcare workers, blood

donors, the imprisoned population, men who have sex with men, sex workers, and those living with HIV)

2. Address Social Determinants of Health:

Recognize and address the social and economic factors that impact healthcare access. This includes transportation challenges, language barriers, and lack of insurance coverage.

3. Expand Access to Treatment:

Work with state Medicaid programs and local payers to reduce restrictions on curative oral treatment.

4. Build Community Trust:

- Engage with patients to build trust and improve health literacy around HCV prevention and treatment.
- Educate through community health fairs, mobile clinics, and partnerships with local organizations.
- Provide materials in Spanish and ensure that staff are trained to deliver care that respects cultural norms and preferences.



Allyssa Castillo DNP
2024 AASLD Emerging Liver
APP Award Recipient

5. Linkage to Care:

With clinics throughout South Texas including San Antonio, Austin, Laredo, Corpus Christi, TLI provides a linkage to care. We offer viral hepatitis treatment with comprehensive services including advanced diagnostics, clinical trials, and long-term management of liver-related conditions.

EXPANDING ACCESS TO OBESITY TREATMENT IN PATIENTS WITH MASLD AND MASH: MEDICAL AND ENDOSCOPIC INTERVENTIONS FOR BROADER PATIENT CARE

As the global prevalence of obesity and diabetes increases, so does the prevalence of metabolic dysfunction-associated steatotic liver disease (MASLD) in tandem. Driven by the surging rate of metabolic dysfunction, metabolic associated steatohepatitis (MASH), the more severe form of MASLD, has surpassed hepatitis C as one of the leading indications for liver transplantation in many regions, particularly in developed countries such as the United States. Consequently, identification and treatment of MASLD and MASH were prominent topics of discussion at this year's AASLD annual conference.

Although several new medications for the treatment of MASH demonstrate encouraging results, weight loss remains the cornerstone for managing the disease and its comorbidities. Modest weight loss, ranging from 5-10% of total body weight, has been shown to significantly reduce liver fat, inflammation, and fibrosis. While medications targeting liver inflammation and fat metabolism offer adjunctive benefits and improve metabolic markers, lifestyle changes, specifically healthy weight

loss, continue to be the most reliable approach for treating MASLD/MASH.

When traditional means of weight loss are insufficient, certain individuals can meet criteria for bariatric surgery. Despite its proven effectiveness, however, bariatric surgery is underutilized due to lack of patient awareness, healthcare provider knowledge, and often concerns about surgical risks. Dr. Pichamol Jirapinyo from Brigham and Women's Hospital presented endoscopic treatment options with or without anti-obesity medications for obesity in the context of managing MASLD and MASH.

Endoscopic bariatric procedures, such as endoscopic gastric remodeling (EGR), present promising, less invasive alternatives to bariatric surgery. They offer several advantages over traditional bariatric surgery such as lower risk profile, shorter recovery times, and reduced risk of nutritional complications. Furthermore, when combined with anti-obesity medications such as semaglutide, the combination was associated with greater improvements in hepatic fibrosis, weight profile,



Brian Lee DO
Transplant Hepatology Fellow

and insulin resistance compared to EGR alone. However, endoscopic bariatric procedures have limitations, such as less aggressive weight loss compared with bariatric surgery, limited long-term data, and limited availability of providers that offer treatment. With advances in technology, increased patient demand, and the benefits of minimally invasive techniques, endoscopic bariatric therapy is growing and may expand access to effective obesity and comorbidity management for patients with MASLD/MASH.



Patient Educational Videos on Various Liver Diseases Now Available

Educational videos presented by our hepatologists, in English and Spanish, are now available on our website.

txliver.com/patient-educational-videos

APPROACHING DIFFICULT CONVERSATIONS WITH END STAGE LIVER DISEASE PATIENTS AND THEIR FAMILIES

An informative session at this year's AASLD annual conference led by Dr. Arpen Patel from UCLA focused on this topic. Communicating with patients and their families in the setting of cirrhosis is a challenging yet essential task. The pathology of the disease process itself can make prognostication difficult, with complications becoming barriers to transplant and survival. A reproducible framework with the goal of promoting illness un-

derstanding and prognostic awareness is imperative. The "GUIDE" mnemonic details a framework for serious conversations with patients and their families.

Understand what the patient knows: Begin the conversation in an open-ended manner, asking the attendees to relay what they know. This allows the clinician to gain an understanding of the patient's comprehension of their current condition/



Ussama Ghuman MD
Transplant Hepatology Fellow

“Hope/Worry” can assist with relaying prognostication in uncertain settings. An example is, “At this time transplant is not an option. I hope that we can rehabilitate your frailty but I worry we may not achieve this goal”.

Demonstrate empathy: After delivering the headline statement, taking a step back to observe the patient's response and emotions is important in showing empathy. Utilizing the keyword “I wish” can assist with validating the patient. Example: “I wish we could maintain your transplant candidacy as well”.

Equip the patient for the next step: The next step is scheduling a follow-up visit with the clinician and supporting team members. The patient and their family may need time to process the situation. Setting follow-up will ensure a smooth transition of care and establish opportunity for further dialogue.



derstanding and prognostic awareness is imperative. The “GUIDE” mnemonic details a framework for serious conversations with patients and their families.

Get ready: First, the clinician must make an outline of the information they wish to discuss; gather all pertinent data and personnel. Prior to any serious illness conversation one must ask for

prognosis, while highlighting their emotions, concerns and goals.

Inform, starting with a headline: A succinct and direct headline is necessary in communicating the most important takeaway for the patient and family. Avoiding medical jargon and matching the patient's level of comprehension is helpful. Utilizing the keywords of

SA Central-607 Camden Street, San Antonio, TX 78215

Austin-7940 Shoal Creek Boulevard, Suite 205, Austin, TX 78757

SA Medical Center-4751 Hamilton Wolfe, Suite 200, San Antonio, TX 78229

Corpus Christi-5022 Holly Road, Suite 106, Corpus Christi, TX 78411

SA North-4318 De Zavala Road, Suite 403, San Antonio, TX 78249

Laredo-4151 Jaime Zapata Memorial Highway, Suite 101, Laredo, TX 78043