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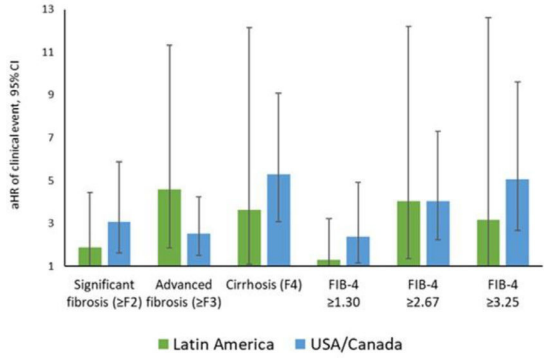
Introduction and Objectives: MASLD is highly prevalent worldwide. We evaluated performance of NITs and predictors of outcomes in patients with MASLD from Latin America (LA) as compared to North America (NA).

Patients and Methods: The Global-MASLD project enrolled MASLD patients with liver biopsies and NITs (FIB-4, liver stiffness measurement (LSM) by transient elastography). NITs' performance to predict advanced fibrosis (AF=F3-F4) and outcomes was assessed.

Results: A total of 3,904 MASLD patients were included [N=892 from 5 LA countries (Argentina, Brazil, Chile, Cuba, Mexico) and N=3012 from NA (USA/Canada). MASLD patients from LA were older, had lower BMI (obesity 64% vs. 85%), more lean MASLD (5.6% vs. 2.7%), more T2D (49% vs. 38%) ($p<0.001$) but similar rates of AF ($p=0.56$). Clinico-demographic predictors of AF included older age and T2D ($p<0.05$). The NIT accuracy was lower in LA-MASLD than NA-MASLD: AUC (95% CI) of FIB-4 0.75 (0.71-0.79) vs. 0.81 (0.79-0.83), LSM 0.73 (0.67-0.80) vs. 0.78 (0.75-0.81), Agile-3+ 0.76 (0.70-0.82) for both LA and NA. Sensitivity of 80% (low-risk, screening cutoff) was achieved with FIB-4 ≥1.01 in LA vs. FIB-4 ≥1.17 in NA; specificity of 95% (high-risk, diagnostic cutoff) with FIB-4 ≥2.35 vs. FIB-4 ≥2.40. In adjusted (age, sex, T2D) proportional hazards models, fibrosis severity by histology or NITs was associated with adverse outcomes (death, decompensation, HCC) in both groups (adjusted hazard ratios (aHR) >1.0) (Figure).

Conclusions: MASLD patients from LA have more T2D but less obesity than NA. Common NITs have lower accuracy in LA-MASLD. Histologic and NIT stage of fibrosis are independent predictors of adverse outcomes in both groups.

Conflict of interest: None



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ACCELERATED PROGRESSION TO CIRRHOSIS AND HEPATIC DECOMPENSATION IN METALD AND ALD COMPARED TO MASLD: A GLOBAL STUDY

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Introduction and Objectives: The natural history of MetALD remains poorly characterized. In a large global cohort, we compared the natural history of the main steatotic liver disease (SLD) subtypes in terms of liver fibrosis progression and hepatic decompensation.

Materials and Methods: Retrospective cohort study of adult participants with SLD (2003–2025), including MASLD, MetALD, and ALD according to the 2023 SLD criteria. Sociodemographic and clinical data, vibration-controlled transient elastography (VCTE) parameters, and liver biopsy (when available) were recorded. Other causes of liver disease were excluded. The primary outcome was progression to cirrhosis in those without cirrhosis at baseline (defined by 1. liver biopsy, or 2. VCTE ≥13.6 kPa, or Fibrosis-4 [FIB-4] >3.25 if other techniques were missing). Secondary outcomes included incidence of hepatic decompensation (ascites, hepatic encephalopathy, variceal bleeding, or hepatorenal syndrome). A multivariable Cox regression adjusted by age, sex, race, body mass index, diabetes, hypertension, hyperlipidemia, and smoking (for HCC) was performed.

Results: The total cohort included 150,306 participants from 15 countries; 87.5% MASLD, 7.9% MetALD, and 4.6% ALD. Overall, the median age was 61 years [IQR 51–70]; 52.8% men, and 97.6% Asian. At baseline, 12.2% of the cohort had a liver biopsy with F4 or a VCTE/FIB-4 suggestive of cirrhosis. During a median follow-up of 2.1 years [IQR 0.6–4.7], 0.9% of participants progressed to cirrhosis and 0.4% had hepatic decompensations. Individuals with MetALD and ALD exhibited a higher risk of progression to cirrhosis (MetALD aHR 1.34, 95%CI: 1.06–1.68, p=0.013; ALD aHR 1.82, 95%CI: 1.41–2.35, p<0.0001; MASLD: reference) and of hepatic decompensation (MetALD aHR 9.33, 95%CI: 6.32–13.75, p<0.0001; ALD aHR 20.56, 95%CI: 13.86–30.48, p<0.0001).

Conclusions: In this multi-ethnic global cohort, MetALD and ALD were associated with more rapid cirrhosis progression and greater decompensation rates than MASLD, independent of cardiometabolic factors.

Conflict of interest: None

Figure

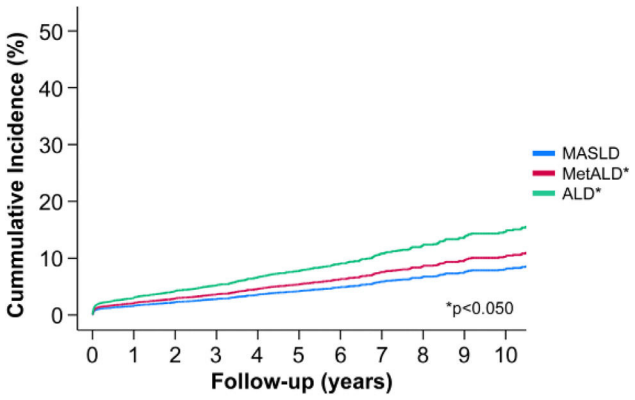

Figure. Cumulative incidence of incident cirrhosis by steatotic liver disease subtype. Participants with baseline cirrhosis—defined by (1) histologic stage F4, (2) liver stiffness ≥13.6 kPa on vibration-controlled transient elastography, or (3) Fibrosis-4 index >3.25—were excluded. Cox models were adjusted for age, sex, race, body mass index, diabetes, hypertension, and hyperlipidemia.

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FACTORS ASSOCIATED WITH HEALTH LITERACY IN PATIENTS DIAGNOSED WITH LIVER CIRRHOSIS IN COLOMBIA

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Introduction and Objectives: Health literacy (HL) refers to a patient's ability to obtain, process, and understand medical information needed to make informed health decisions. Low HL is associated with increased healthcare costs, higher hospitalization rates, reduced access to transplantation, and increased mortality—especially among vulnerable populations. In patients with cirrhosis, HL has been linked to sex, education, employment, and disease etiology in other countries, but data are scarce in Latin America. This study aimed to identify factors associated with HL in patients with liver cirrhosis in Cartagena, Colombia.

Patients and Methods: We conducted a cross-sectional, analytical study between September and December 2024. Adults with a confirmed diagnosis of cirrhosis completed the validated Spanish version of the Short Assessment of Health Literacy (SAHL-S). Scores below 14 indicated inadequate HL. A separate, validated questionnaire assessed disease-specific knowledge across four domains: diagnosis, signs/symptoms, treatment, and medication.

Results: A total of 93 patients were analyzed (61.2% female; mean age: 63.9±11.7 years). MASLD and cryptogenic cirrhosis were the