

Real-World Assessment of Current Metabolic Dysfunction-Associated Steatohepatitis Management According to Healthcare Professionals in the United States of America Since Resmetirom Approval

POSTER
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INTRODUCTION

- Metabolic dysfunction-associated steatohepatitis (MASH) is a chronic, progressive disease characterized by liver cell injury, and inflammation. It affects ~5% of the US adult population.¹
- MASH can progress from liver fibrosis to cirrhosis, or hepatocellular carcinoma, and is one of the leading factors for liver transplantation.²
- In Madrigal's Phase 3 MAESTRO-NASH trial of resmetirom, both primary endpoints (fibrosis improvement and NASH resolution) were achieved. Following this, in March 2024, resmetirom was conditionally Food and Drug Administration (FDA) approved for adults with MASH and moderate to advanced liver fibrosis, alongside diet and exercise.³

OBJECTIVES

- To describe physician-reported management of patients with MASH in the United States of America (USA) after the FDA conditional approval of resmetirom in 2024.

METHODS

Study design

- Data were drawn from the Adelphi Real World MASH Disease Specific Programme (DSP)TM, a cross-sectional survey, with retrospective data collection, of physicians and their patients with MASH in the USA. Data collection occurred between February and October 2025. The DSP methodology has been described, validated, and demonstrated to be representative and consistent over time.^{4, 5, 6, 7}

Data analysis

- Physician-reported treatment of MASH, key treatment goals and attitudes towards fibrosis assessment were analysed.
- Importance of treatment goals were rated from 1 to 5 (where 1 = not at all important, 5 = extremely important).
- Physicians were grouped according to whether they prescribed resmetirom (resmetirom prescribers: REZ) or not (non-resmetirom prescribers: NREZ). Analyses were descriptive.

RESULTS

Survey population

- Data from 100 physicians (43 gastroenterologists, 18 endocrinologists, 16 hepatologists, 12 internists and 11 primary care physicians) were included.
- Results are presented overall and by whether physicians prescribed resmetirom at the time of data collection REZ (n=60) or NREZ (n=40).

RESULTS

MASH risk stratification and assessment

- Overall, 69% of physicians (75% REZ, 60% NREZ) reported that they “somewhat”/ “strongly” agreed that in clinical practice, non-invasive tests alone are adequate for diagnosing and assessing MASH, with 34% of physicians (47% REZ, 15% NREZ) feeling that the number of liver biopsies performed in the past 12 months was decreasing (Figures 1 and 2).

FIGURE 1. Agreement with statement: “In clinical practice, non-invasive tests alone are adequate for diagnosing and assessing MASH”

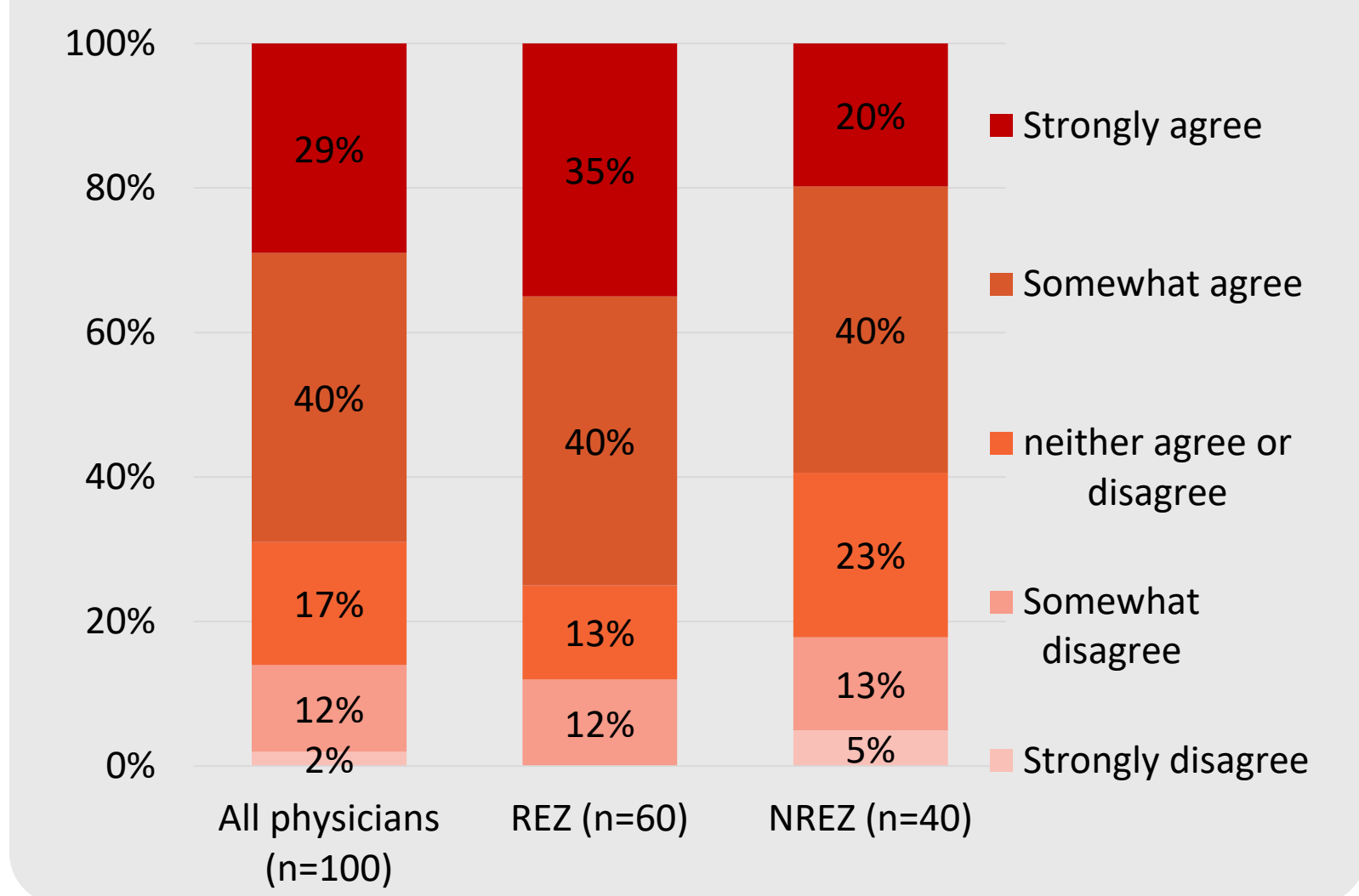
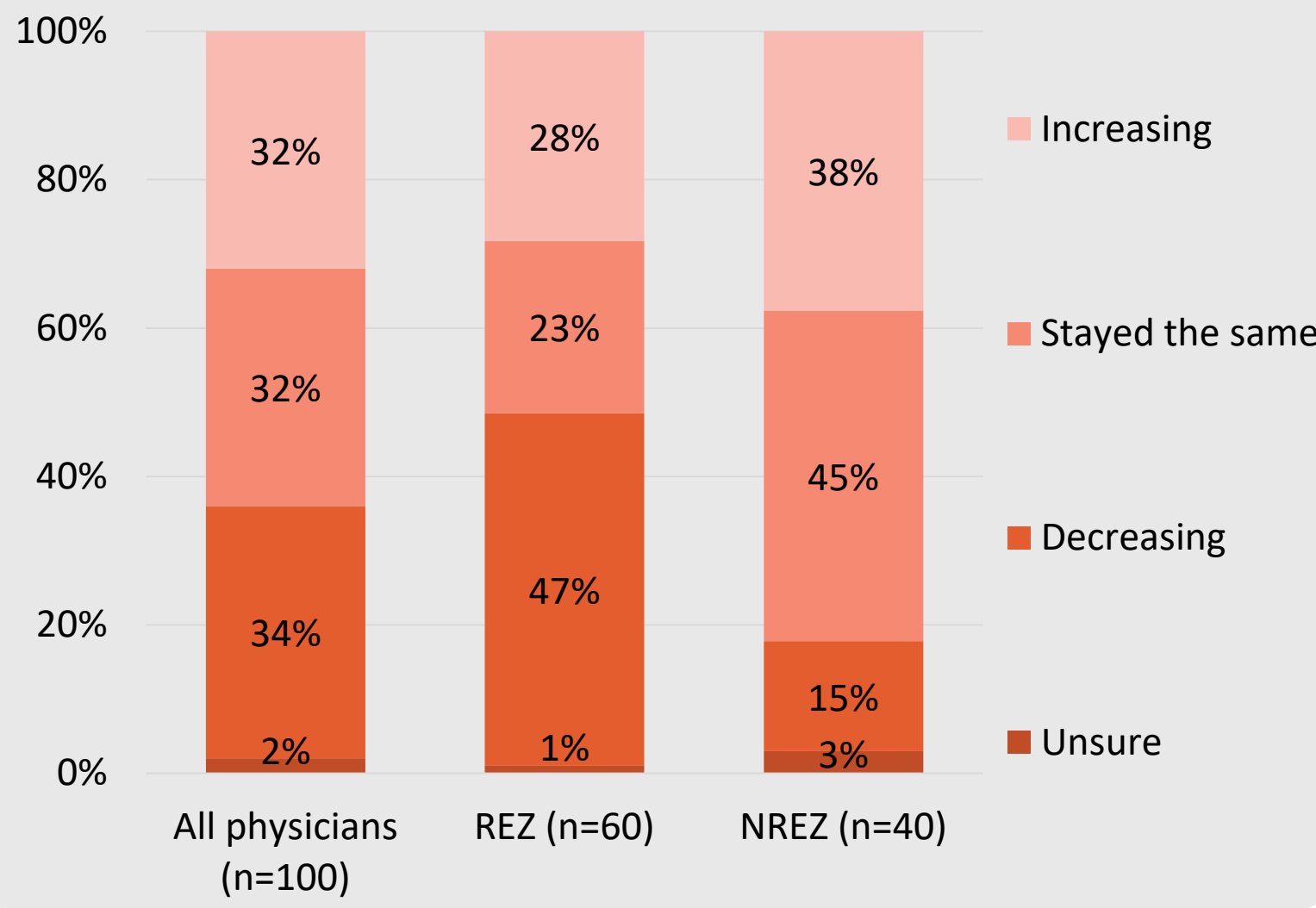


FIGURE 2. Feel the number of liver biopsies in patients with MASH is increasing, decreasing or has stayed the same in the past 12 months



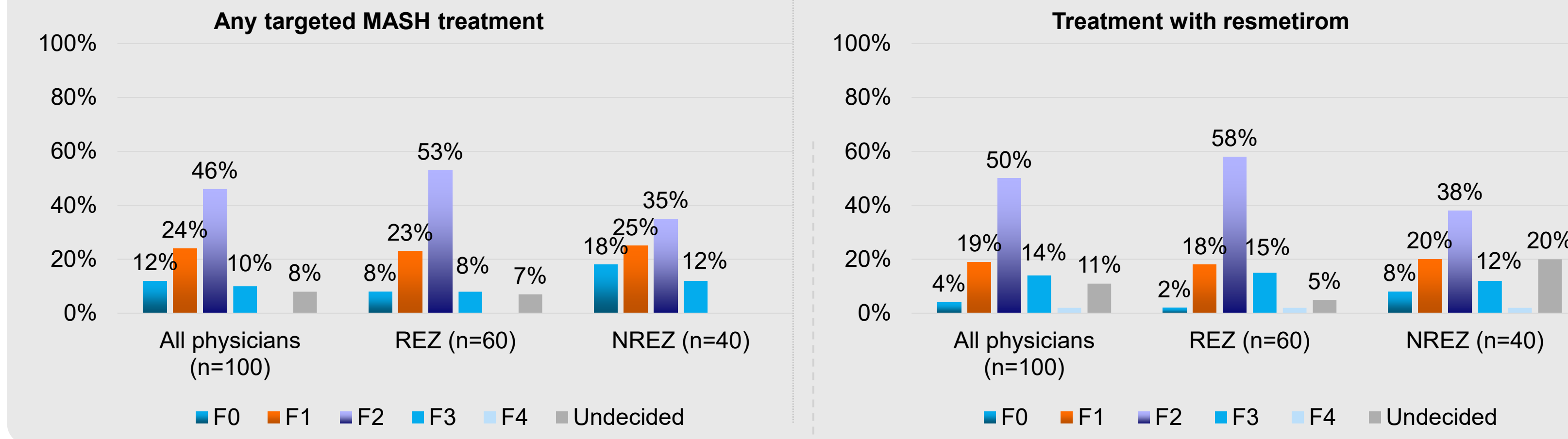
Goals of treatment

- The top three physician-reported goals when managing MASH were to “delay the need for liver transplant”, “reduce the risk of developing advanced fibrosis” and “improve/maintain quality of life” (QoL).
- The top three physician-rated attributes for resmetirom were “reduce risk of developing advanced fibrosis”, “improvement of at least one stage of fibrosis” and “available in oral form”.

Treatment initiation and resmetirom prescribing behaviour

- When considering treatment options for patients with MASH, over half of physicians (56%) believed any targeted MASH treatment should be initiated at F2-F3 (61%; REZ, 60%; NREZ), with 24% believing treatment should start at F1 (23%; REZ, 25% NREZ). Regarding resmetirom, two-thirds (64%) of physicians believe treatment should commence at F2-F3 (73%; REZ, 50%, NREZ) and one in five stating F1 (Figure 3).

FIGURE 3. Fibrosis stage at which treatment for MASH should commence



Future use of resmetirom and beneficial effect on QoL

- In total, 68% of REZ prescribers stated they intend to increase resmetirom prescription over the next six months (Figure 4).
- Of physicians eligible to prescribe resmetirom who were not prescribing resmetirom at time of survey, 71% intend to initiate prescribing within the next six months.
- For physicians who have prescribed resmetirom to their patients with MASH, 67% “somewhat”/ “strongly” agree that it has improved their patients' QoL (Figure 5).

FIGURE 4. Prescribing intention looking ahead to the next six months

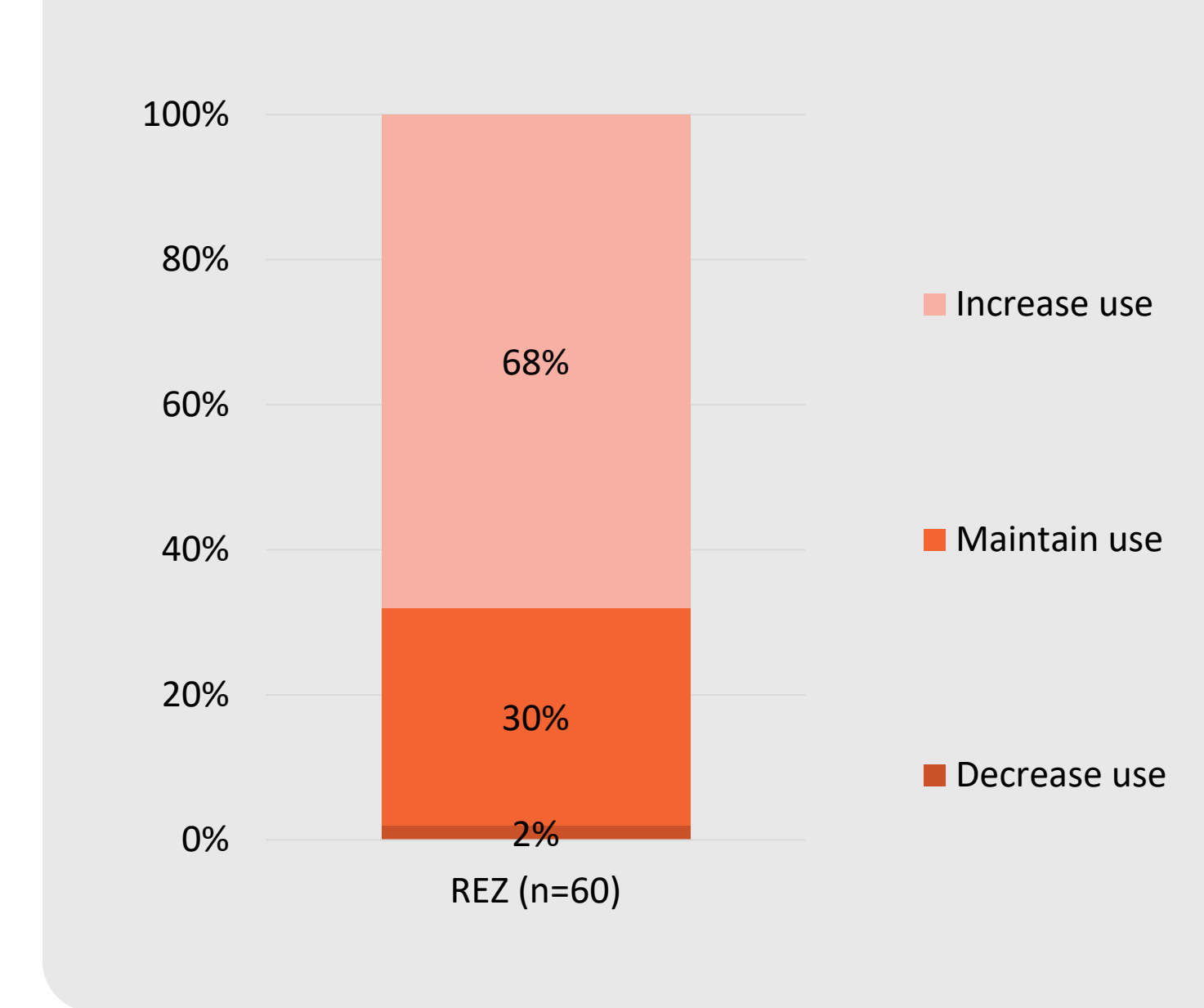
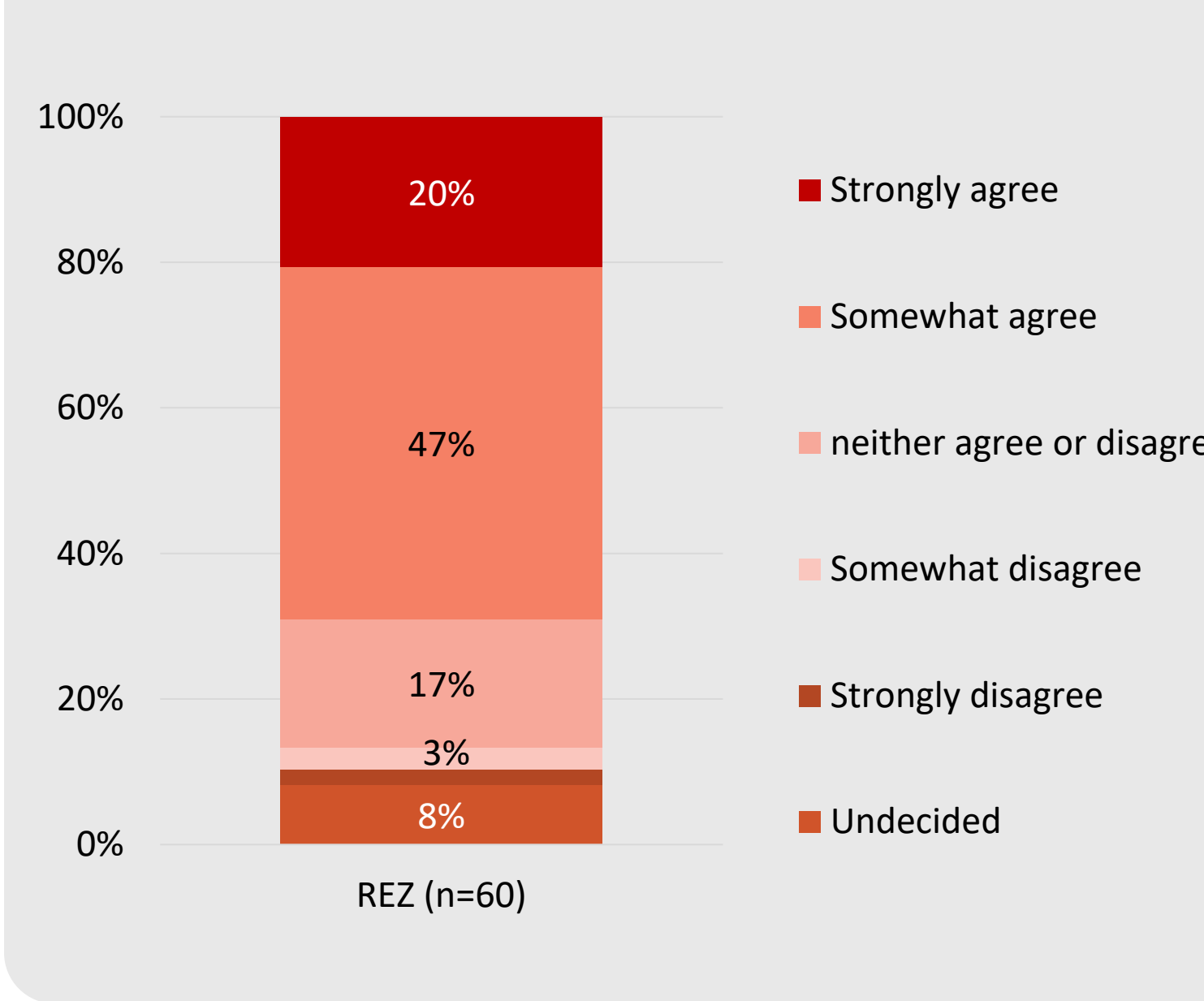


FIGURE 5. Agreement with statement: “Treatment with resmetirom has improved my patients' QoL”



CONCLUSION

- Management and treatment of MASH is evolving, with non-invasive tests increasingly being recognised as adequate for both diagnosis and fibrosis assessment.
- Physicians felt that treatment for MASH with resmetirom should be considered at early stages to prevent disease progression and improve patient outcomes.

LIMITATIONS

- While minimal inclusion criteria governed selection of participating physicians, participation was influenced by willingness to complete the survey.
- Recall bias, a common limitation of surveys, may have affected physician responses to questions.

ABBREVIATIONS

MASH: Metabolic dysfunction-associated steatohepatitis; USA: United States of America; FDA: Food and Drug Administration; DSP: Disease Specific Programme; QoL: Quality of life; REZ: resmetirom prescriber; NREZ: Non-resmetirom prescriber

DISCLOSURES AND ACKNOWLEDGEMENTS

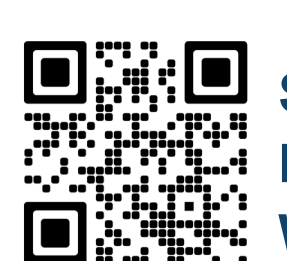
- YK is an employee of Madrigal Pharmaceuticals
- HW, LM and LA are all employees of Adelphi Real World

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