

Hepatology

An estimated 4.1 million veterans—45% of the veteran population—have risk factors for metabolic dysfunction-associated steatotic liver disease (MASLD).¹ A recent retrospective cohort study found that veterans with steatotic liver disease had different main causes of death depending on liver disease subtype and the presence of cirrhosis.² Results underscored the value of integrated management of alcohol use, cardiometabolic risk, and cancer screening in veterans.

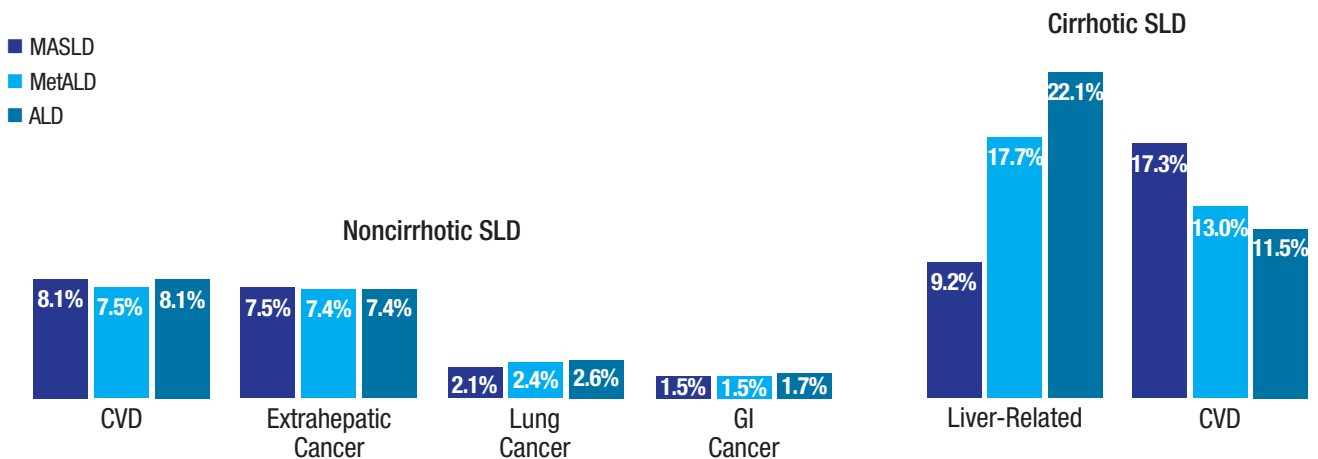
Although many veterans carry metabolic risk factors for MASLD, only a small subset have a documented diagnosis or undergo formal fibrosis staging.¹ Veterans who do receive a MASLD or cirrhosis diagnosis tend to have more metabolic comorbidities, more liver enzyme abnormalities, and more evidence of fibrosis than their undiagnosed peers, while clinical diagnosis is closely tied to access to hepatology care, weight management programs, and glucagon-like peptide-1 (GLP-1) therapies.

Progressive Liver Mortality Risk in Veterans²



To understand how MASLD, alcohol-associated liver disease (ALD), and metabolic dysfunction–and alcohol-related steatotic liver disease (MetALD) influence a veteran's long-term health, a national study tracked more than 366,000 veterans with imaging-confirmed hepatic steatosis over a 12-year period.

Causes of Mortality: 10-Year Cumulative Incidence



GI, gastrointestinal; SLD, steatotic liver disease

High-Risk Groups and Clinical Implications



Patients with ALD and MetALD had progressively higher liver-related mortality than those with MASLD, with the steepest rates in patients with ALD.



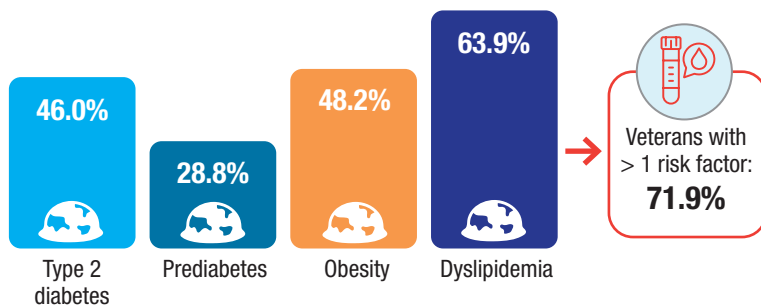
Women with cirrhotic MASLD have 60% higher liver disease-related mortality vs men.



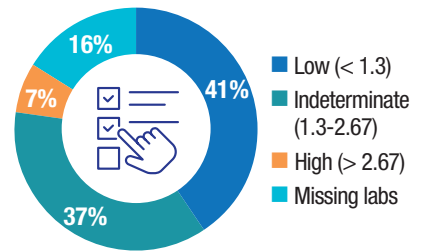
- 3 in 5 patients with ALD have ≥ 3 cardiometabolic risk factors.
- 85.1% of patients with MetALD have hypertension.
- Patients with noncirrhotic MASLD have significantly higher incidence of death from CVD and extrahepatic cancer than liver disease. Ages 18-64: 8× higher; Ages 65+: 20× higher

Missed MASLD: Limited Diagnosis and Staging¹

MASLD Risk Factor Prevalence in Veterans



FIB-4 scores



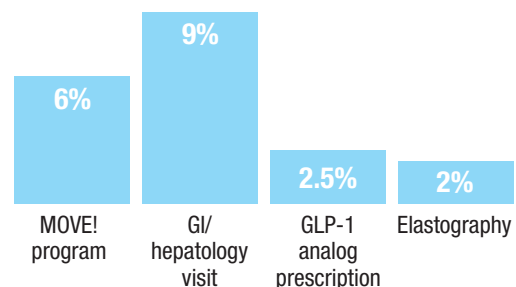
Few At-Risk Veterans Are Diagnosed/Seek Treatment

Only **6%** of at-risk veterans have a documented MASLD or cirrhosis diagnosis.

At-risk veterans without a clinical MASLD diagnosis were **> 3x less likely to see GI/hepatology** than those with a diagnosis.

Low Care Use Among At-Risk Veterans

(1 year follow up)



- ✓ Veterans with **indeterminate or high FIB-4 scores** were about **1.5-4x as likely (respectively) to undergo elastography** compared with those with low risk.
- ✓ Higher odds of elastography were seen in those who were younger, White or Hispanic, with more metabolic comorbidities, and alcohol use disorder.



MOVE! is the VA's structured, evidence-based lifestyle and weight management program (nutrition, physical activity, behavior change), delivered via groups, telehealth, and individual visits.

Impact of Diagnosis



Diagnosis opens the door to care: Among at risk veterans, **MASLD diagnosis sharply increases** liver focused care and testing.



MASLD diagnosis

- ▲ **5x** higher odds of a GI/hepatology visit
- ▲ **35x** higher odds of elastography



Cirrhosis diagnosis

- ▲ **8x** higher odds of a GI/hepatology visit
- ▲ **4x** higher odds of elastography

... compared with undiagnosed, at-risk veterans

FIB-4, Fibrosis-4 score; GI, gastrointestinal; GLP-1, glucagon-like peptide-1