HEALTHCARE PROVIDER SURVEY ANALYSIS

MASH Clinical Practice Survey: Hepatologist Perspectives

EU and US hepatologists | Cross-sectional online survey

Respondent Characteristics

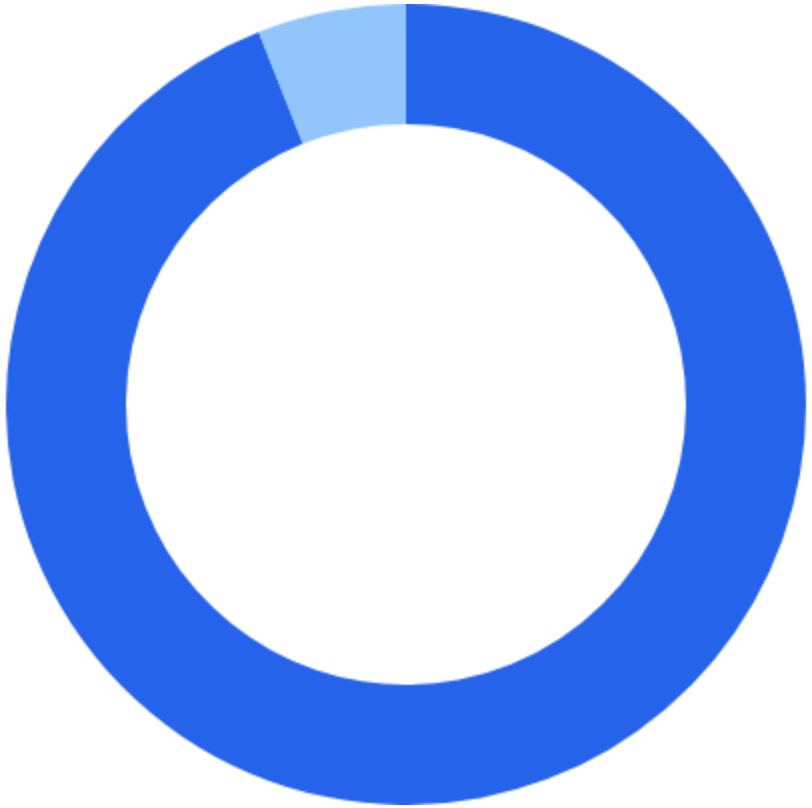
Summary of demographic and practice characteristics of surveyed hepatologists (N=50).

Characteristic	Total (N=50)	EU (n=30)	US (n=20)
Academic practice	56%	60%	50%
Median years in practice	12	13	11
Median MASH patients/month	18	15	22
Access to FibroScan	92%	90%	95%
Access to MRI-PDFF	32%	20%	45%

IQR = Interquartile Range; MRI-PDFF = Magnetic Resonance Imaging-Proton Density Fat Fraction

Awareness of MASH Terminology

Terminology Usage Among Hepatologists



94% of hepatologists (47/50) are familiar with and use "MASH" terminology

> No significant regional difference was observed between EU and US practitioners (p=0.41)

Diagnostic Approaches

Routine Laboratory Testing

Noninvasive Fibrosis Scoring

Imaging Modalities

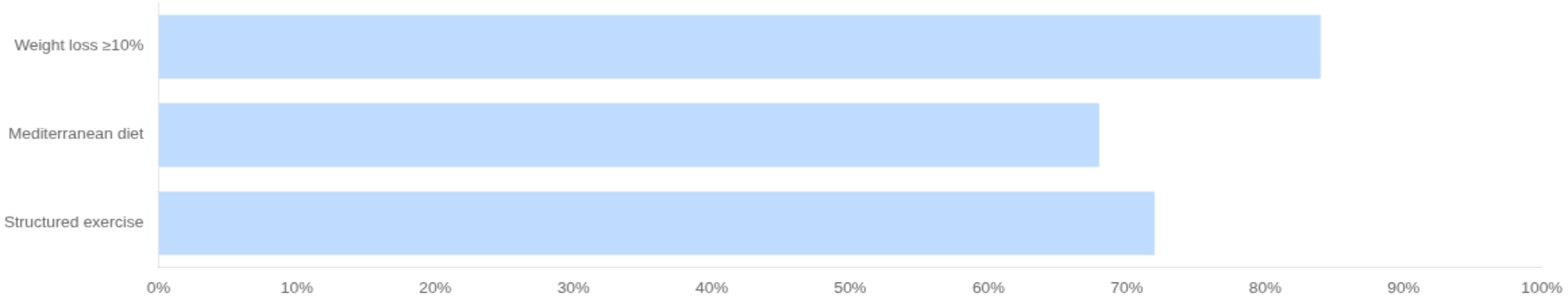
MRI-PDFF usage: EU 20% vs US 45% (p=0.04)

Liver Biopsy (Used by 64%)

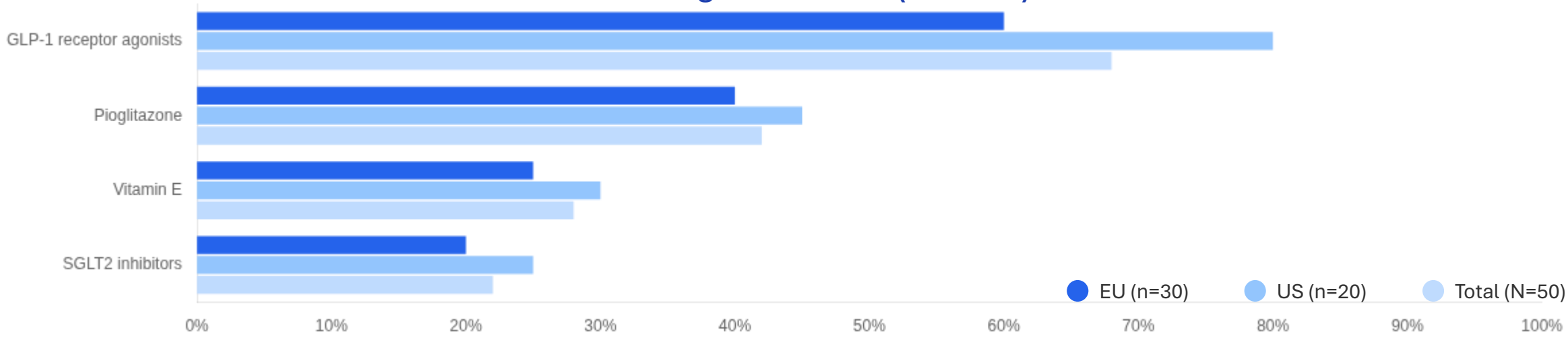
Diagnosticuncertainty74%	Suspected advancedfibrosis62%	Clinical trialeligibility48%

Treatment Practices

Lifestyle Recommendations (First-line, 100% recommend)

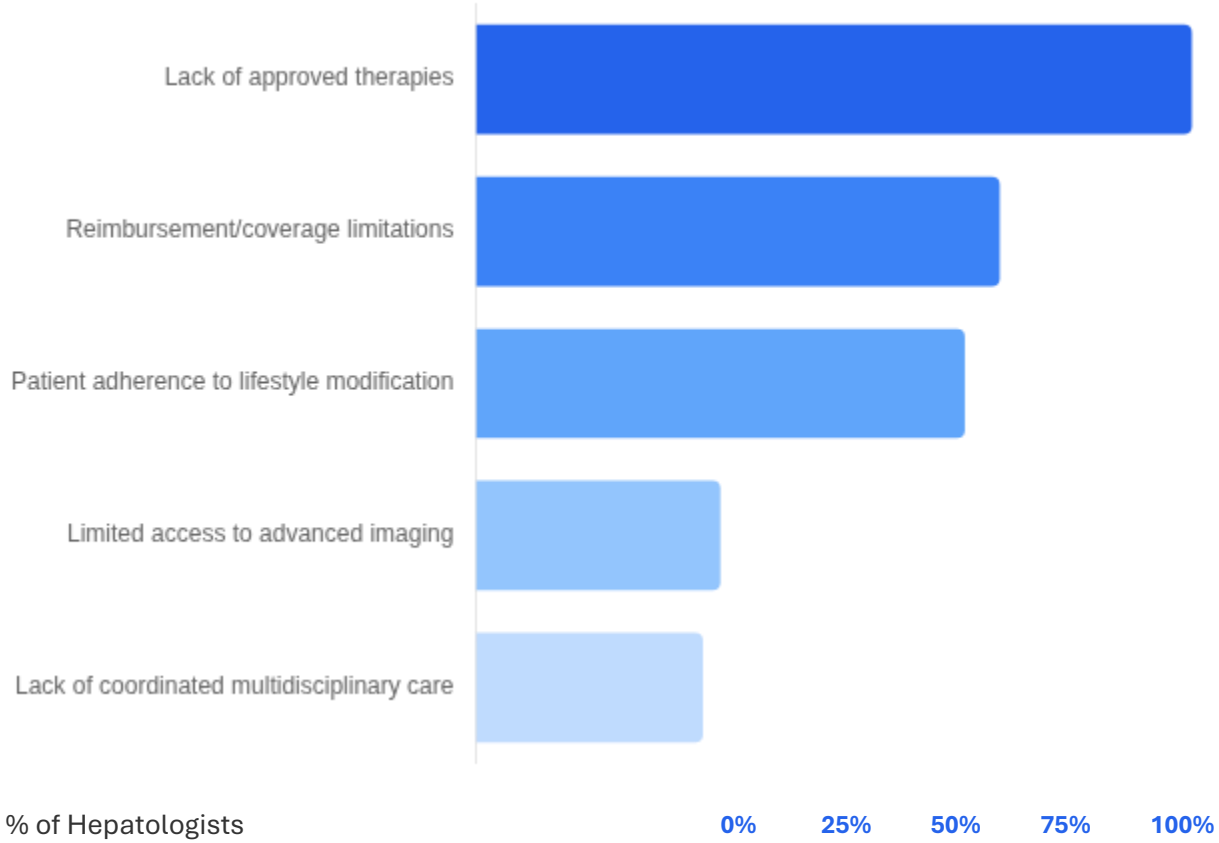


Pharmacologic Treatments (Off-label)



Barriers and Unmet Needs

Top Barriers to Optimal MASH Management



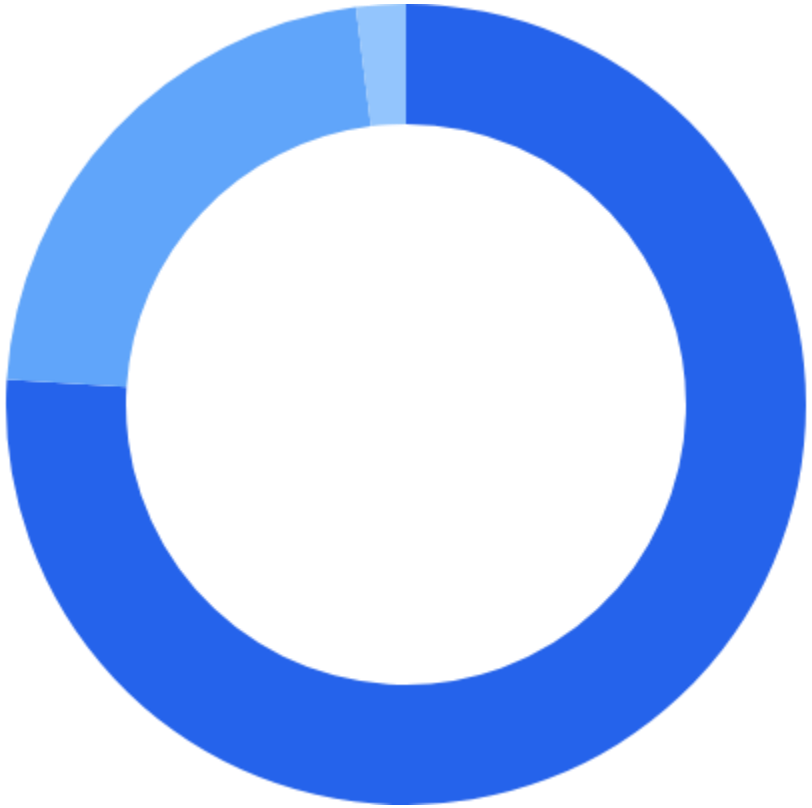
82% of hepatologists cite lack of approved therapies as the top barrier

Regional difference in reimbursement concerns: EU physicians (70%) vs US physicians (45%), p=0.04

Regional trend in patient adherence concerns: US physicians (70%) vs EU physicians (47%), p=0.09

Readiness to Adopt Emerging Therapies

Physician Readiness to Adopt New MASH Therapies



- Prescribe immediately upon approval (76%)
- Prefer to wait for long-term outcomes (22%)
- Hesitant due to safety concerns (2%)

76% of hepatologists would prescribe a MASH-specific drug immediately upon approval

High readiness to adopt signals strong demand for MASH-specific therapies and suggests rapid clinical implementation once regulatory approval is secured

Key Findings and Implications

Key Findings

- Terminology adoption is high (94% using MASH).
- Diagnostics emphasize noninvasive tools (FIB-4, FibroScan); MRI-PDFF access higher in US.
- Treatment: Lifestyle is universal first-line; GLP-1 RA use is common and higher in US (p=0.03).
- Barriers: Lack of approved therapies (82%) and reimbursement constraints (EU>US).
- Readiness: Majority (76%) would prescribe MASH-specific drugs immediately upon approval.

Clinical Implications

- Prioritize access to advanced diagnostics, particularly in regions with limited availability of MRI-based technologies.
- Address reimbursement barriers for off-label medications, especially in EU settings.
- Develop multidisciplinary care models to improve patient adherence to lifestyle modifications.
- Establish clinical pathways for rapid integration of emerging MASH therapies upon regulatory approval.
- Standardize treatment algorithms that incorporate both lifestyle interventions and appropriate pharmacologic options.

Survey Structure & Analysis

Survey Structure

- Questionnaire with mixed-format questions (multiple-choice, Likert scale, and open-ended)
- Electronically administered to eligible hepatologists
- Average completion time: 15-20 minutes

Survey Domains

- Awareness & terminology adoption
- Diagnostic practices and testing patterns
- Imaging & biopsy access and utilization
- Treatment patterns and medication use
- Barriers & unmet needs in clinical management
- Readiness to adopt emerging therapies

Thank You

Do you have any questions?

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