

NASH Needs Assessment Survey Results

Survey conducted in May 2020

Objectives

- Assess knowledge related to screening, diagnosis and management of NAFLD and NASH
- Compare current diagnostic and treatment patterns with the most recent practice guidance on NAFLD/NASH
- Identify educational needs that could serve as targets to improve implementation of guideline-based treatment of NAFLD and NASH

Online survey

<i>Specialty</i>	<i>Quota</i>
Gastroenterologists	175
Hepatologists	
Endocrinologists	175
PCPs/GPs	401
Total Sample	751

- Average time to complete survey with 24 questions: 11 minutes
- Participants from 46 states
- Average years in practice 19.5; between 2 years and 35 years in practice

To qualify to participate in the survey, respondents had to be at least “somewhat familiar with NASH”.

Gap: Screening Who is likely to have NAFLD?

Question: Roughly what proportion of the following patient groups are likely to have NAFLD?

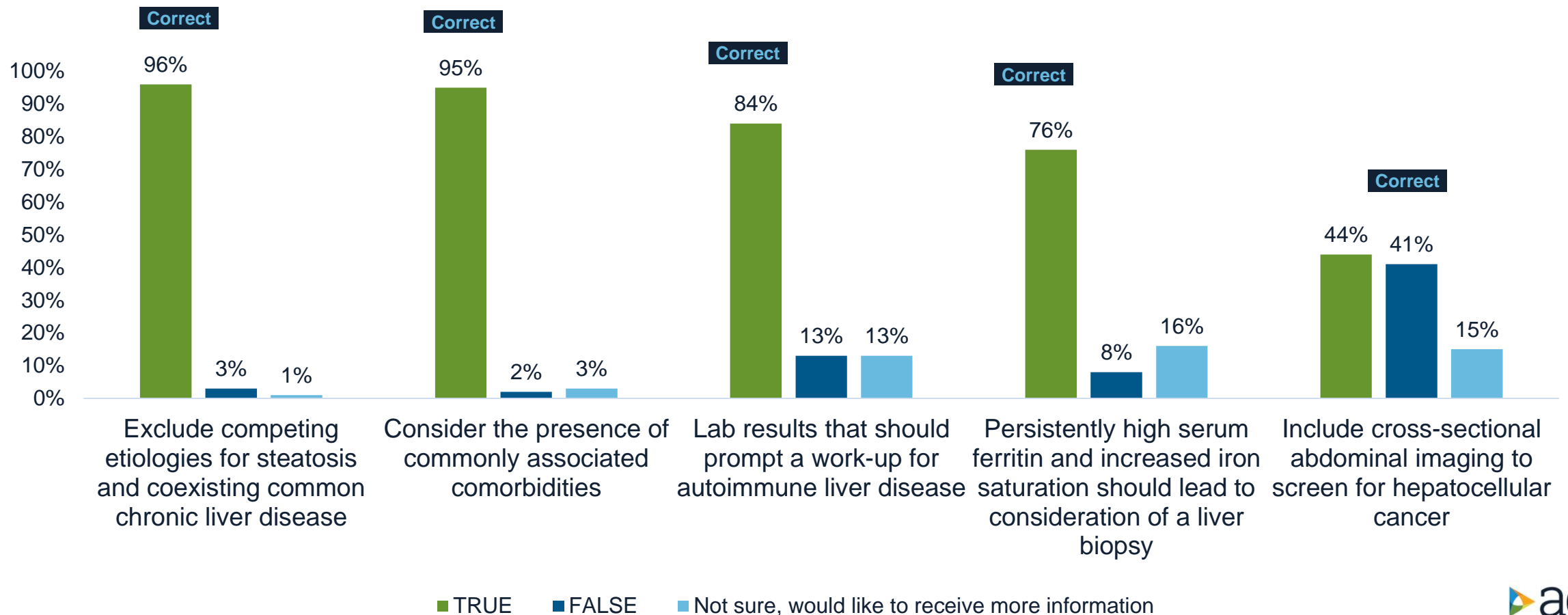
<i>Guideline-based question</i>	<i>Correct guideline-based answer</i>	<i>Percent of respondents that answered correctly</i>			<i>P Value</i>
		<i>Gastroenterologists/ Hepatologists</i>	<i>Endocrinologists</i>	<i>Primary Care</i>	
With severe obesity	Almost all	46%	28%	32%	.000
With type 2 diabetes mellitus	About half	62%	49%	45%	.000
With Dyslipidemia	About half	47%	41%	36%	.017
By Gender	Men and women equally likely	47%	35%	35%	.001
General Population	Up to one quarter	79%	65%	62%	.000

*P value of <.05 indicate relationship between knowledge of the guidelines and specialty sub-group

Gap: Diagnosis

Initial evaluation of NAFLD

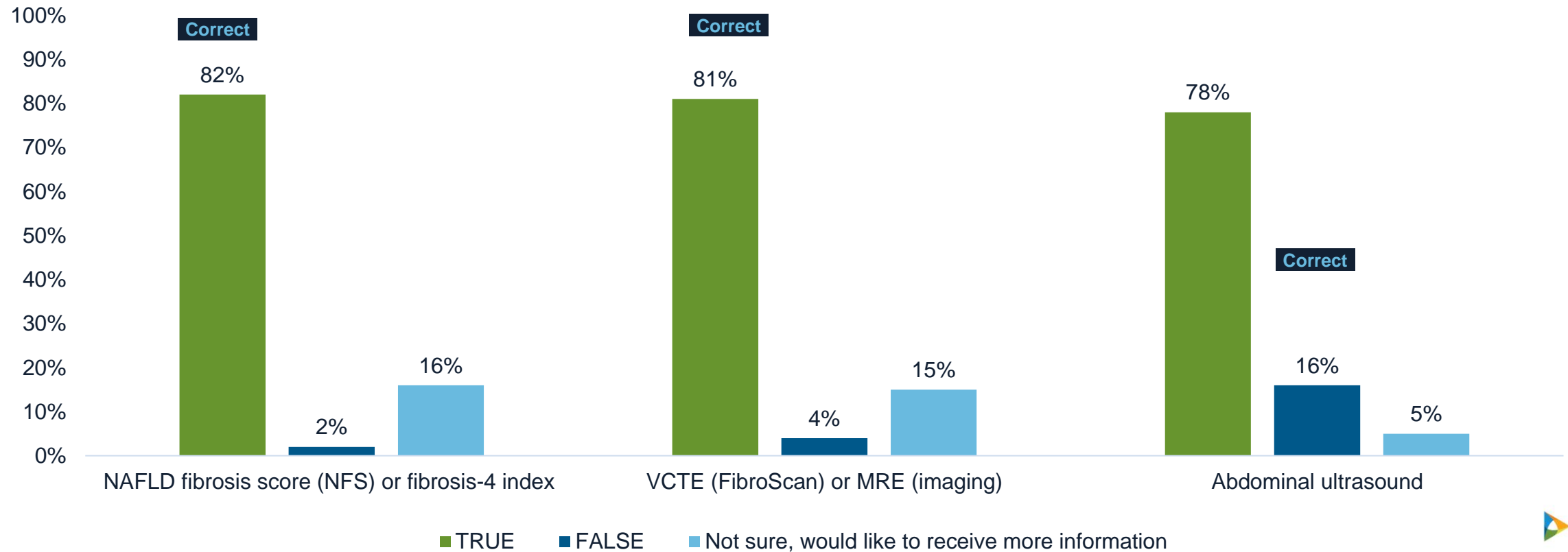
Ways to approach an initial evaluation of the patients with suspected NAFLD



Gap: Diagnosis

Non-invasive diagnosis of steatohepatitis and advanced fibrosis

Ways to approach non-invasive diagnosis of steatohepatitis and advanced fibrosis in NAFLD



Gap: NASH treatment

<i>Guideline-based question</i>	<i>Correct guideline-based answer</i>	<i>Percent of respondents that answered correctly</i>			<i>P Value</i>
		<i>Gastroenterologists/ Hepatologists</i>	<i>Endocrinologists</i>	<i>Primary Care</i>	
Foregut bariatric surgery for otherwise eligible individuals with obesity	Use without liver biopsy	49%	41%	25%	.000
Weight loss of 7-10%	Use without liver biopsy	89%	93%	82%	.001
Pioglitazone	Recommended but only after liver biopsy	15%	11%	12%	.000
Vitamin E for nondiabetic adults	Recommended but only after liver biopsy	8%	9%	9%	.000

*P value of <.05 indicate relationship between knowledge of the guidelines and specialty sub-group

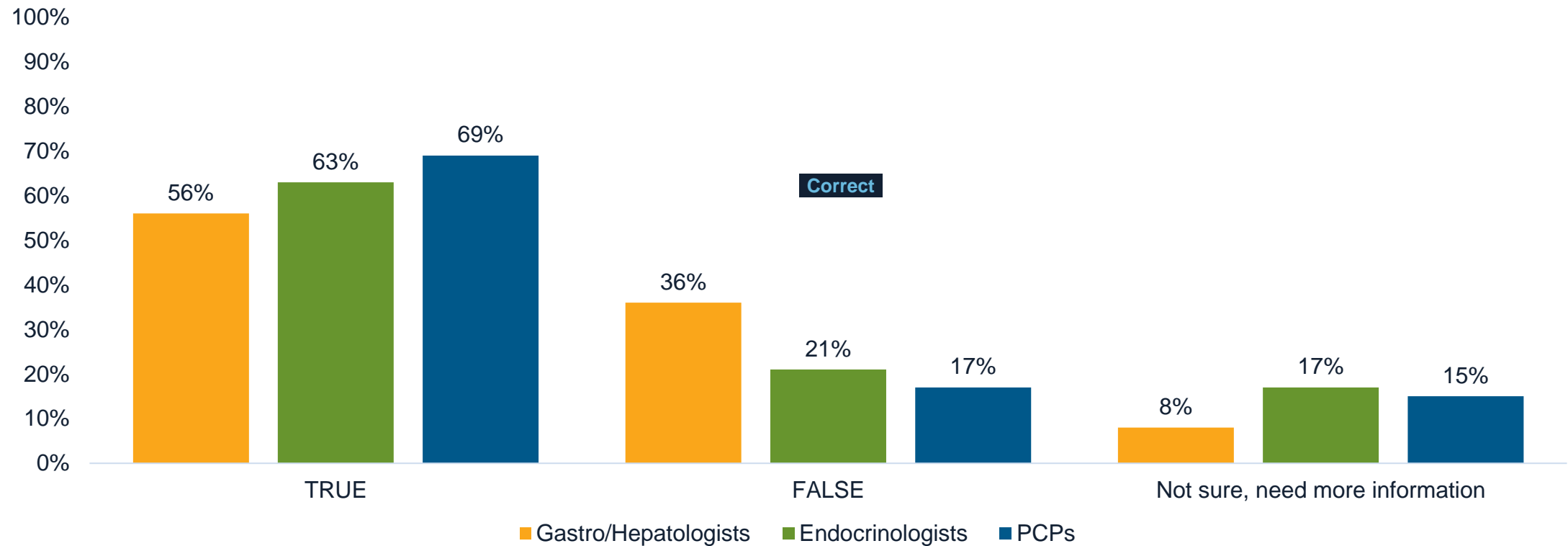
Gap: Treatments not recommended

<i>Guideline-based question</i>	<i>Correct guideline-based answer</i>	<i>Percent of respondents that answered correctly</i>			<i>P Value</i>
		<i>Gastroenterologists/ Hepatologists</i>	<i>Endocrinologists</i>	<i>Primary Care</i>	
GLP-1 agonist	Not recommended	21%	15%	15%	.000
Obeticholic Acid	Not recommended	33%	13%	9%	.000
Omega-3 Fatty Acids	Not recommended	37%	23%	16%	.000
Ursodeoxicholic Acid	Not recommended	49%	17%	12%	.000
Vitamin E for diabetic patients	Not recommended	37%	29%	24%	.000

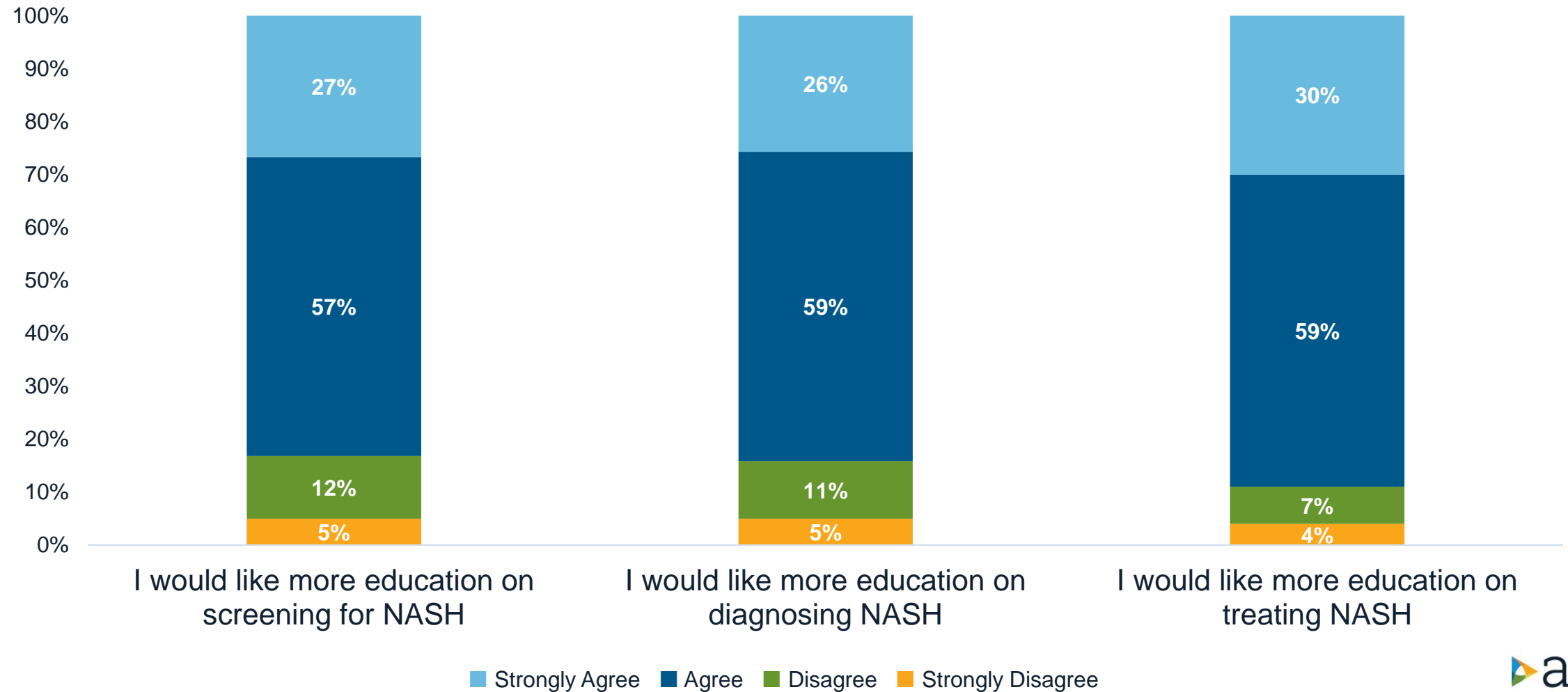
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Gap: HCC screening

Routine screening and surveillance should be conducted for hepatocellular carcinoma (HCC) in patients with noncirrhotic NASH



Need for education



Summary - 1

- This survey of U.S. based gastroenterologists/hepatologists, endocrinologists, and PCPs revealed significant disparities between published practice guidance and the clinical realities of diagnosing and managing NAFLD and NASH
 - Lack of awareness about specific patient groups likely to have NAFLD
 - Patients with severe obesity, T2DM, and/or dyslipidemia may not be screened for NAFLD and NASH.
 - Many considered abdominal ultrasound to be a clinically useful tool for diagnosing NASH and advanced fibrosis
 - Clinicians may also be overlooking low-cost treatments for NASH, most notably vitamin E and pioglitazone

Summary - 1

- These disparities were seen both among specialists with extensive experience in liver disease and among other practitioners likely to see relatively large numbers of NAFLD and NASH patients
- The findings suggest a considerable need for broad-based education to increase awareness about guideline-based diagnosis and management of NAFLD and NASH