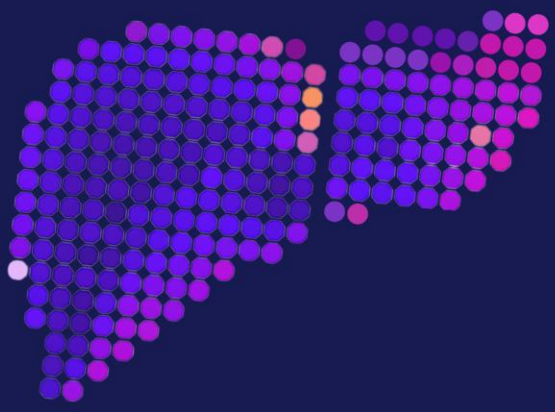
National MASLD Symposium

Making MASLD an Australian Public Health Priority

Convened by LiverWELL



From Insights to Action

Outcomes of the Inaugural Australian MASLD Symposium

December 2024

LiverWELL
Incorporating HEPATITISVICTORIA

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Making **MASLD** a public health priority

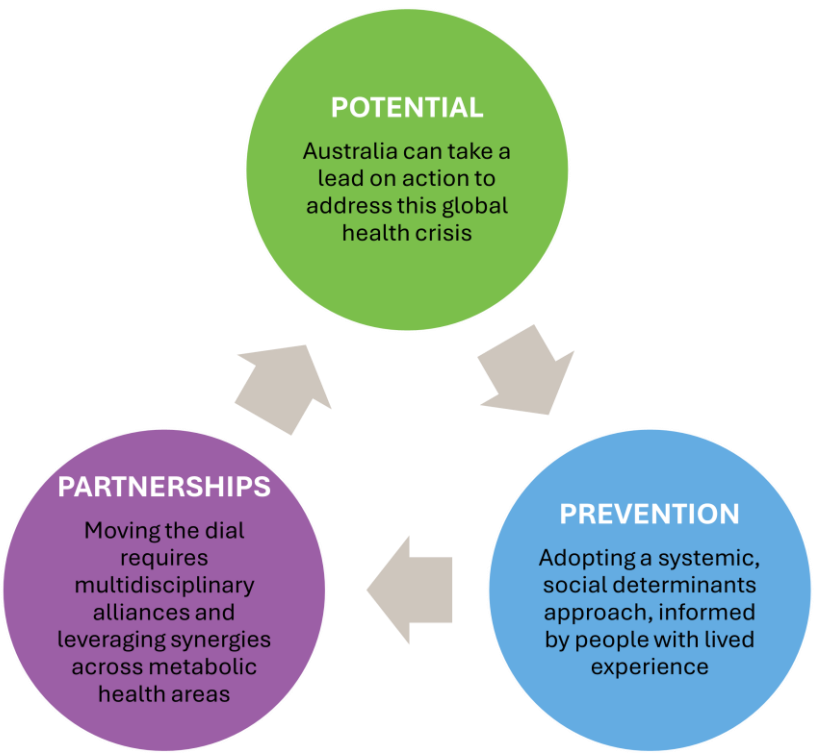
Australians are dying preventable deaths, and we are committed to mobilising action to change this.

MASLD (Metabolic Dysfunction-Associated Steatotic Liver Disease, previously known as Fatty Liver Disease) is an increasing global public health issue. On October 25th 2024, 59 of Australia's leading **clinical**, **research**, **public health** and **lived experience experts** came together in Melbourne to identify how we can advance the national public health agenda for this disease. This was the start of a **national conversation**.

Framed by a keynote delivered by global expert **Professor Jeffrey V. Lazarus**, **local presentations** and highly engaged, multidisciplinary, **interactive discussions** addressed six priority areas at a local level:

1. The human and economic burden
2. Models of care
3. Treatment and care
4. Education and awareness
5. Patient and community perspectives
6. Leadership and policies

This collective voice produced clear sentiments to inform future action:



This report contains a summary of the robust discussions that took place at this inaugural event, paving the way for elevating this public health crisis to be a national priority.

Affects an estimated **1 in 3** Australians and increases the risk of **liver cancer** [1] [2]

Closely linked with **diabetes**, **obesity**, **cardiovascular disease**, and other **metabolic diseases** [3] [4]

Estimated to affect **38% of adults** and **13% of children and adolescents** globally [5] [6]

Can be **both prevented and reversed** through lifestyle interventions [7]

1. Epidemiology and burden of disease

More than one third of Australians are estimated to have MASLD, and some groups are more impacted. The cost and burden of this disease is huge and probably a lot bigger than we know; it's reflected in increasing rates of liver disease and liver cancer. The fact that it is preventable and reversible makes it so much more important to take action.

In alignment with global trends, there is a high and increasing prevalence of MASLD in Australia. It is currently estimated to affect one third of the Australian population, but this is likely an underestimation due to a lack of accurate and comprehensive data. This data is urgently needed to understand the prevalence and burden of MASLD in the general population, and particularly how vulnerable and at-risk groups and individuals are impacted.

These limitations in data integrity and measurement result from several factors, including a lack of testing and diagnosis at the primary care level and issues related to ICD (International Classification of Diseases) coding. This indicates that prevalence is likely underreported in community populations – compared with those already in medical care – and it contributes to poor documentation in government health data.

The lack of available and accurate data acts as a significant barrier in determining the size and impact of the problem in both human and economic terms. Better data is needed on prevalence, cost, human and mortality burden, burden and risk associated with varying stages of disease and at-risk priority populations. These gaps make it challenging to demonstrate why Australia needs to elevate MASLD as a public health priority and why and where investment is needed.

We need investment and commitment to develop rigorous economic modelling, more research into human disease burden, and systemic changes in how diagnostic data is collected and captured.

In addition to MASLD-specific data limitations, we need to better understand intersections and bidirectional relationships with other factors and comorbidities. MASLD is closely related to diabetes, obesity, cardiovascular disease and other metabolic-related conditions and we need to better understand these connections.

There is a clear knock-on effect of this lack of measurement and limited understanding of the human and economic burden. It limits the capacity for interventions related to referrals and clinical pathways, awareness, education, policy change, advocacy and individual action.

To mobilise the action and investment needed to elevate MASLD as a national public health priority, the first step has to be more accurate assessment, measurement and understanding of the problem.

Priority action:
Undertake a national MASLD burden of disease study.

Quote from the Expert

> *It was great to be part of such an engaged group who are dedicated to see a reduction in MASLD. I learnt a lot about the condition and the lack of awareness. Hearing from Prof Jeffrey Lazarus and the work that has been done in the US provides us with some goals we can aim for in the economic space, beginning with the economic burden in Australia.*
>
> **Anita – Health Economist & Symposium Participant**

2. Clinical care models and pathways

We need to move the dial on prevention. We need joined up, multidisciplinary and culturally supportive approaches across the treatment continuum (screening, primary care and referral pathways).

Early and appropriate testing and diagnosis in primary care is critical to improve MASLD patient outcomes and ease the increasing burden of this disease on quality of life and the health system. To enable this, General Practitioners (GPs) require more explicit guidance on when, how and why to test for MASLD, and the resources to implement this level of case handling. Clear workflows are required. The recently developed *GESA Consensus Statement 2024 on Metabolic Dysfunction-Associated Fatty Liver Disease (MAFLD)* [8] will support this objective.

The constraints of the current Australian health system, including a siloed structure, pose major challenges for GPs in applying a patient-centred, case-based approach.

There are opportunities for MASLD to be considered as part of standard testing alongside comorbid conditions such as diabetes, obesity and heart disease, particularly in light of the metabolic component of the illness. This would be cost effective and impactful.

Challenges involving the accuracy and availability of non-invasive tests, including fibrosis testing, in primary care settings, as well as funding constraints, can be a hindrance to testing, diagnosis and referral.

Focusing on prevention over treatment requires long-term thinking and investment in a health policy environment that is fundamentally focused on short-term outcomes. Investment in preventative health will realise long-term savings at both a national and individual level.

Particularly considering even a minor degree of weight loss can be beneficial for patients with MASLD, individual health behaviours such as improving dietary patterns and increasing physical activity are an important component of management and treatment, as well as prevention. However, there are significant systemic barriers to patients implementing these lifestyle changes even following receiving a diagnosis of MASLD, let alone as preventative measures. These cannot be ignored and must be addressed alongside individual patient education and self advocacy.

A truly multidisciplinary approach that realistically addresses access barriers is critical, for example funded care teams involving GPs, Practice Nurses, Liver Specialists, Dietitians/Nutritionists, Exercise Physiologists and mental health professionals. A holistic, bundled care approach would more adequately and effectively address the complexities of each individual case, leading to superior patient outcomes.

Priority action:
Establish a National Metabolic Health Community of Practice.

Quote from the Expert

> *I found the LiverWELL National MASLD Symposium very rewarding. I was most inspired by the lived experience testimonials, in addition to the potential synergies that could be developed between LiverWELL with its liver health interest and organisations that are working in other areas of metabolic health. This includes the Cancer Council, Diabetes Australia and The Heart Foundation.*
>
> **Paul – Gastroenterologist, Liver Transplant Specialist & Symposium Participant**

3. Consumer and community engagement

There is a human element to MASLD. Understanding the lived experience and impacts on people is paramount to eliminating the associated stigma and communicating the importance of addressing MASLD as a public health issue.

We must deeply and meaningfully involve people with lived experience when developing MASLD messaging, tools and resources. This voice is particularly crucial for informing political advocacy and policy asks.

There is a great need to reduce stigma in relation to liver disease; significantly better public education is required. Other diseases that are closely related to, and often occur concurrently with, MASLD are also highly stigmatised in Australia (for example, obesity and diabetes) which exacerbates and compounds the impact. The source of stigma is found in the healthcare system itself, requiring improved health professional education and understanding. We must learn and leverage from the experience of people with lived experience and other metabolic diseases in order to avoid stigmatising language and approaches in promoting liver health.

With a dearth of credentialled and easily accessible information on MASLD, the experience of being diagnosed with, and managing, the disease can be lonely, confusing and isolating. Establishing and supporting lived experience communities and avenues for peer support is important for MASLD patients, including post-treatment support. Broader social support networks are critical to recovery as well as for supporting health behaviour change.

Community and peer support groups do not need to be disease-centred – they can also bring those with lived experience together to engage in health-promoting activities to enjoy as a community.

A social determinants approach is vital to fully understand the challenges and barriers experienced by those at risk and with lived experience of MASLD and how they can be effectively addressed.

Priority action:
Establish a national community of people with lived experience of MASLD.

Quote from the Expert

> *LiverWELL should be congratulated for hosting a national symposium with international speakers and shedding light on this critical health issue. The breadth of participants, which ranged across researchers, health professionals, peak bodies, health economists and consumer advocates, enabled us to consider multi-faceted solutions. I look forward to LiverWELL continuing the discussion and leading action in addressing MASLD in Australia.*
>
> **Naveena – Consumer Advocate & Symposium Participant**

4. Awareness, education and advocacy

We need to join with partners and integrate MASLD as part of the broader chronic disease advocacy platform, particularly related to metabolic health. We need to build a united call to action for MASLD.

The general public is relatively uneducated in relation to MASLD and the liver itself. MASLD is something of a silent disease and the liver is a forgotten organ in public discussions about health. Positive messaging and information can contribute to better public understanding of the importance of the liver's roles in the body and about MASLD. Adopting settings-based approaches to education and awareness is important.

The opportunity exists to leapfrog the traditional 'body parts' approach to develop a more engaging and compelling narrative about holistic health and wellbeing. Promoting a common set of healthy behaviours will deliver multiple benefits across the spectrum of metabolic conditions and the broader range of chronic illnesses.

We are not starting from scratch and need to identify opportunities where we can leverage aligned action that is already in play, including the relevant national strategies and plans focused on non-communicable disease prevention that already exist. A unified approach with other health promotion and public health organisations is the only way to achieve advocacy that will be favoured and heard by policymakers and change that moves the dial on health outcomes. Strength is found in coalitions and alliances. We have to collaborate – we cannot do it alone.

There are powerful commercial forces at play which make policy change for better public health challenging. Clear, consistent, simple, evidence-based messaging is critical to get through to policymakers. Shared, aligned messages across key health promotion and community organisations is vital to building a demand for investment in better liver health.

We must pick our battles and prioritise carefully and thoughtfully, starting with low hanging fruit and simple actions that will derive quick, low-cost benefit and build momentum.

As well as advocating for policy change with powerful stories of lived experience and compelling arguments, we need to equip health consumers to be powerful advocates in demanding change.

Priority action:
Run a national MASLD/liver health public awareness campaign and undertake Federal Government advocacy action.

Quote from the Expert

> *The breadth of knowledge and experience brought together led to some fantastic insights into MASLD and gave such a clear understanding of the seriousness and severity of the condition and the impact on people's lives and society. The gaps in knowledge with regard to data, diagnosis and treatment was staggering for such a prevalent but preventable and generally recoverable condition. The multi-disciplinary and lived experience discussions clearly showed the need to cross pollinate and collaborate for improved outcomes. I honestly thought the day was inspirational in terms of what can be done and the significant impact it will have on millions of people's lives.*
>
> **Lisa – Diabetes Nurse Educator & Symposium Participant**

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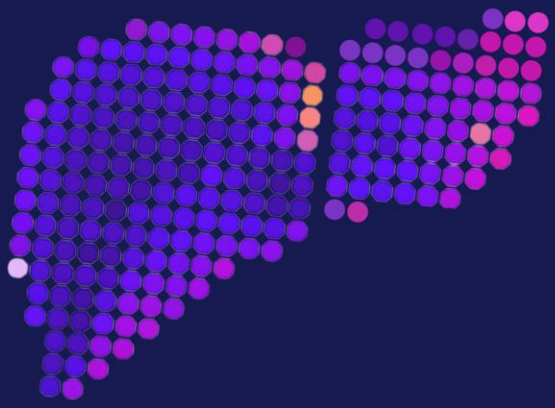

Thank you to the following people who voluntarily gave us their valuable time to organise and present at the first National Symposium on MASLD.

Steering Committee

Associate Professor Jess Howell - Gastroenterologist / Hepatologist, St. Vincent's Hospital, Melbourne
Associate Professor Paul Gow - Gastroenterologist and Liver Transplant Specialist, Austin Hospital
Jacqui Richmond - Program Manager, Workforce Development and Health Service Delivery, Eliminate Hepatitis C Australia Partnership
Jane Martin - Executive Manager, Food for Health Alliance
Phoebe Van Lambaart - Hepatology CNC, Latrobe Regional Health
Bella Simon - Lived Experience / Liver Transplant recipient
Professor Alex Thompson - Director of the Department of Gastroenterology at St Vincent's Hospital Melbourne

Presenters

Professor Jeffrey Lazarus (Professor of Global Health at the City University of New York Graduate School of Public Health and Policy)
Professor Stuart Roberts (Senior Consultant Gastroenterologist and Head of Hepatology, The Alfred Hospital)
Dr Elena George (Advanced Accredited Practicing Dietitian and Senior Research Fellow in Nutrition and Dietetics, Deakin University)
Professor Leon Adams (Consultant Hepatologist, Sir Charles Gairdner Hospital, Perth)
Associate Professor Jess Howell (refer above)
Bella Simon (refer above)
Associate Professor Paul Gow (refer above)
Jane Martin (refer above)
Professor David Simmons (Chief Medical Officer, Diabetes Australia)
Naveena Nekkalapudi (Consumer Advocate)

Thank you also to **Jo Mitchell** from Policy by Proxy who facilitated this event and **Debbie Wood** for creating and providing illustrations to support the discussion.

We would also like to thank all attendees who actively contributed their expertise and experience during the Symposium.

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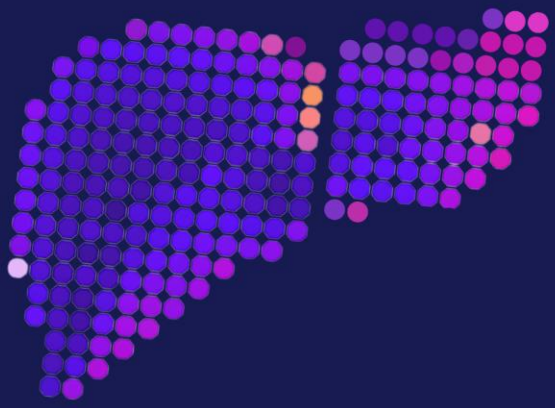

Organisations represented at the event

Alfred Hospital
Austin Health
Baker Heart & Diabetes Institute
Breast Cancer Network of Australia
Brisbane Private Gastroenterology
Burnet Institute
Cancer Council Victoria
Deakin University
Diabetes Australia
Diabetes Victoria
Flinders Medical Centre
Food for Health Alliance
h2hworx Pty Ltd
Latrobe Regional Health
LiverWELL
Menzies School of Health Research
Monash University
Sir Charles Gairdner Hospital, Perth
Royal Victorian Eye and Ear Hospital
St Vincent's Hospital Melbourne
The Alcohol Mindset Coach
The Department of Health and Aged Care
The University of Queensland
The Walter and Eliza Hall Institute of Medical Research (WEHI)
University of Melbourne
University of Melbourne & Australian Chronic Disease Prevention Alliance
University of Western Australia
VCCC Alliance
Western Sydney University

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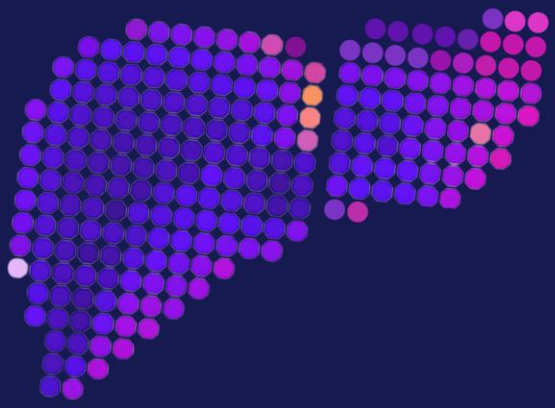

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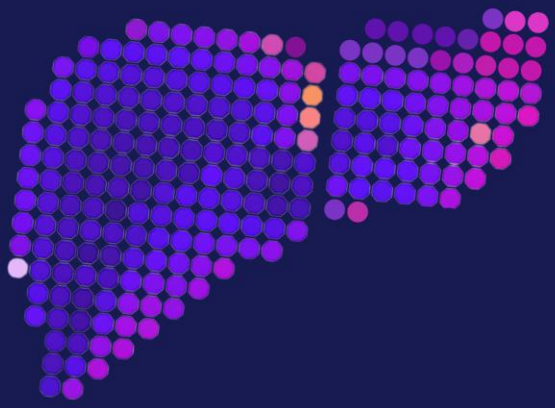

More information:-

1. https://liverwell.org.au/making-masld-an-australian-public-health-priority/

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