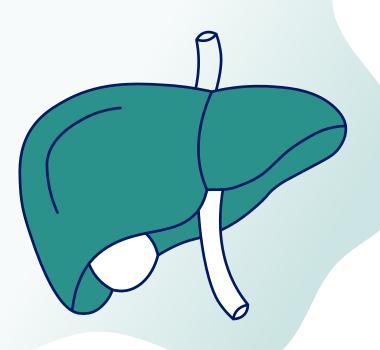
## **MASH Matters**





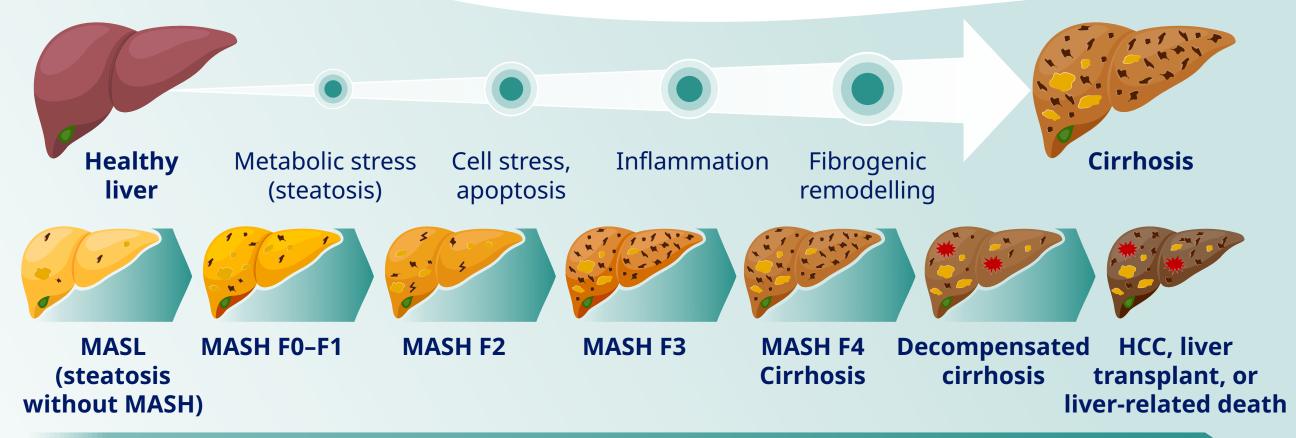
## MASH: a serious, chronic, metabolic liver disease

MASH, or metabolic dysfunction-associated steatohepatitis, is a highly prevalent, often progressive liver disease.<sup>1,2</sup>

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About 1 in 20 have MASH globally.1

As MASH progresses, liver fibrosis may develop. The evolution of MASH disease progression involves gradual progression of fibrosis from lower stages of fibrosis to advanced fibrosis, which can eventually **lead to cirrhosis**.<sup>3</sup>



**MASLD** 

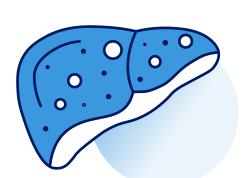
Clinically significant MASH with fibrosis

**Advanced fibrosis** 

22% have fibrosis improvement (F3 to F1-F2)<sup>3</sup>

## MASH fibrosis progression: an indicator of adverse outcomes

Patients with MASLD/MASH face an increased risk of health-related complications<sup>4</sup> and mortality<sup>5-7</sup>, including risk of cardiovascular events<sup>5</sup>, a significant risk of developing cirrhosis<sup>8</sup> and HCC<sup>9</sup>, which may require **liver transplantation**<sup>10</sup> or lead to **earlier death**.



**Up to 38%** of patients with MASH and fibrosis develop cirrhosis<sup>8</sup>

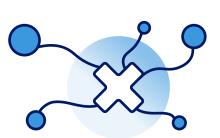


MASH is the **fastest** growing cause of liver transplantation in the US<sup>10</sup>

Much of this disease burden increases with progression to MASH with advanced fibrosis or cirrhosis. 11 Without prompt detection and management, patients who progress to advanced fibrosis are:



11.1x more likely to experience death from liver-related causes<sup>7\*</sup>



**3.4x** more likely to experience death from **any cause**<sup>7\*</sup>



4.3x more likely to experience death from cardiovascular disease<sup>6†</sup>





Identifying patients with MASH early in the course of disease is essential to minimize the risk of poor health outcomes associated with MASH

 $<sup>^{\</sup>star}$  Relative risk in patients with MASH F4 compared to patients with MASH without fibrosis (F0).

<sup>&</sup>lt;sup>†</sup> Compared to sex- and age-matched control population.

F, fibrosis stage; HCC, hepatocellular carcinoma; MASH, metabolic dysfunction-associated steatohepatitis; MASL, metabolic dysfunction-associated liver; MASLD, metabolic dysfunction-associated liver disease; NASH, nonalcoholic steatohepatitis. 1. Younossi ZM et al. Hepatology. 2023;77:1335–1347; 2. Loomba R and Adams LA. Hepatology. 2019;70:1885–1888; 3. Marengo A et al. Clin Liver Dis. 2016;20:313–324; 4. Younossi ZM et al. Hepatology. 2016;64:73–84; 5. Mantovani A et al. Lancet Gastroenterol Hepatol. 2021;6:903–913; 6. Ekstedt et al. Hepatology. 2015;61:1547–1554; 7. Taylor RS et al. Gastroenterology. 2020;158:1611–1625; 8. Bertot LC and Adams LA. Int J Mol Sci. 2016;17:774; 9. Younossi ZM et al. Clin Gastroenterol Hepatol. 2021;19:580–589; 10. Lonardo A et al. Nat Rev Endocrinol. 2022;18:638-650; 11. Tapper EB et al. J Med Econ. 2023;26:348–356.