Baveno 8 update risk stratification in cirrhosis

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Disclosures

Speaker bureau :

AstraZeneca, Boehringer Ingelheim, Echosens, Gilead, MSD, Novo Nordisk, Madrigal, Siemens Heathineers

Consultant :

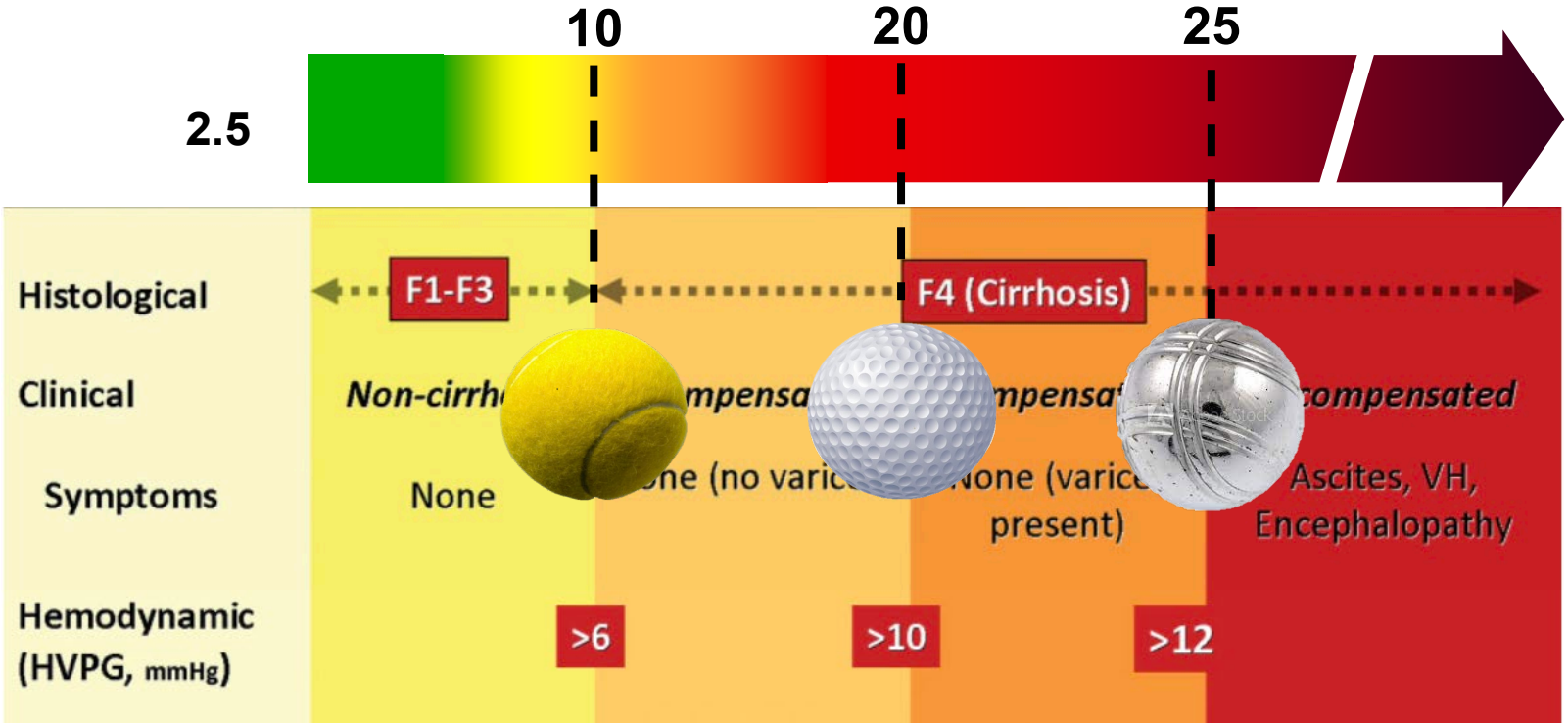
Boehringer Ingelheim, Boston Pharmaceutical, Echosens, Gilead, GSK, Madrigal, MSD, Novo Nordisk, Sagimet, Sonic Incytes, Siemens Heathineers

Outline

1. Risk stratification in MASLD patients with cACLD

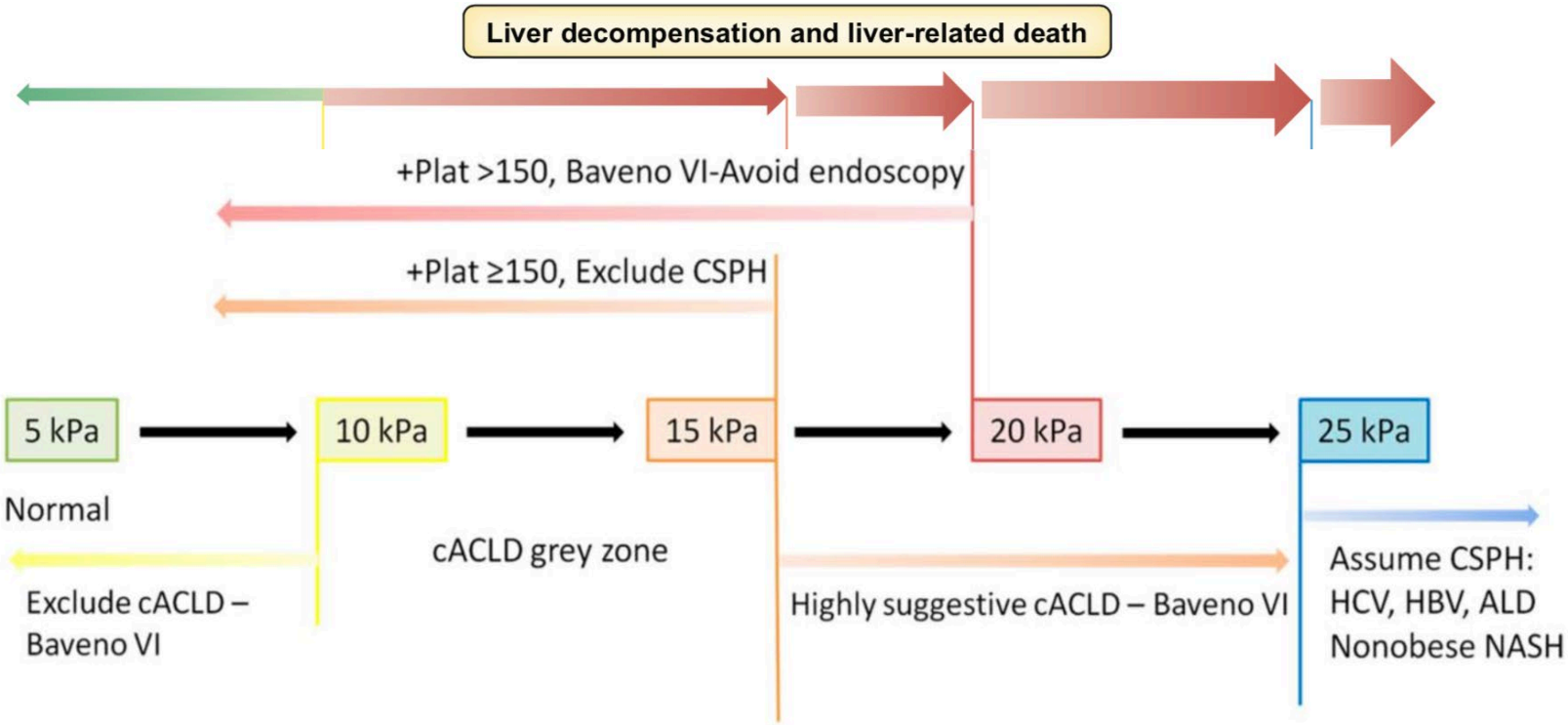
2. Interpretation of NIT changes in MASLD

Risk stratification for CSPH in patients with cACLD



Garcia-Tsao et al. Hepatology 2010; 51: 1445-9

Baveno VII : « The Rule of Five »



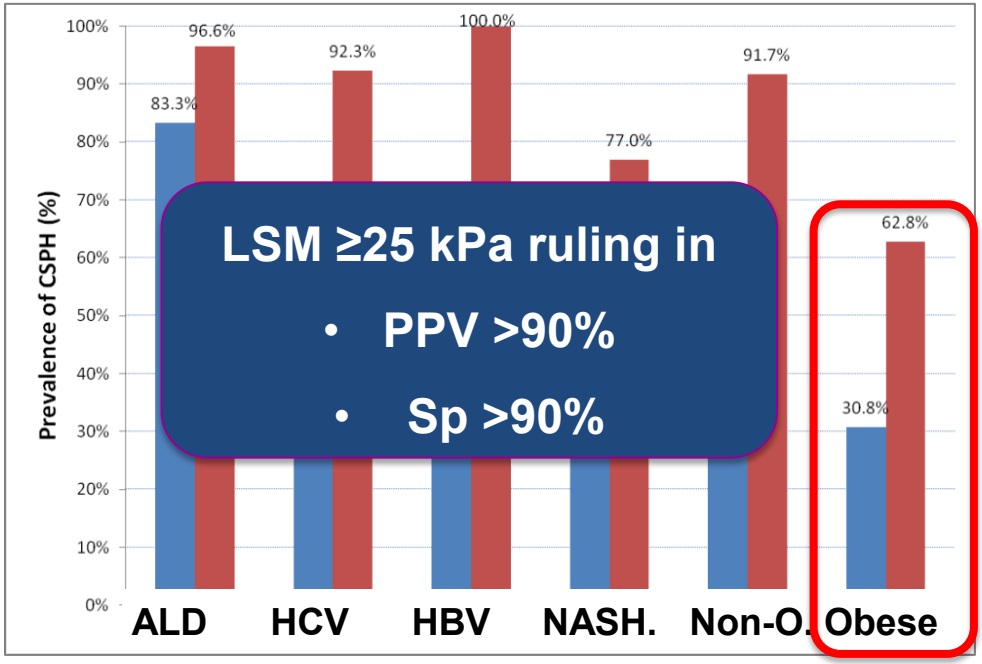
De Franchis et al. Baveno VII. J Hepatol 2022

Baveno 8 : CSPH update

cACLD	cACLD +CSPH
• LSM ≥10 kPa suggestive • LSM ≥15 kPa highly suggestive • Histology F3/F4 + No current or h/o decompensation	• LSM ≥25kPa • ANTICIPATE ≥75% • ANTICIPATE-NASH ≥75% • SSM ≥55kPa • NICER ≥75% • Varices on Endoscopy • HVPG ≥10 mmHg • Portosystemic Collaterals

Baveno VIII. J Hepatol 2026

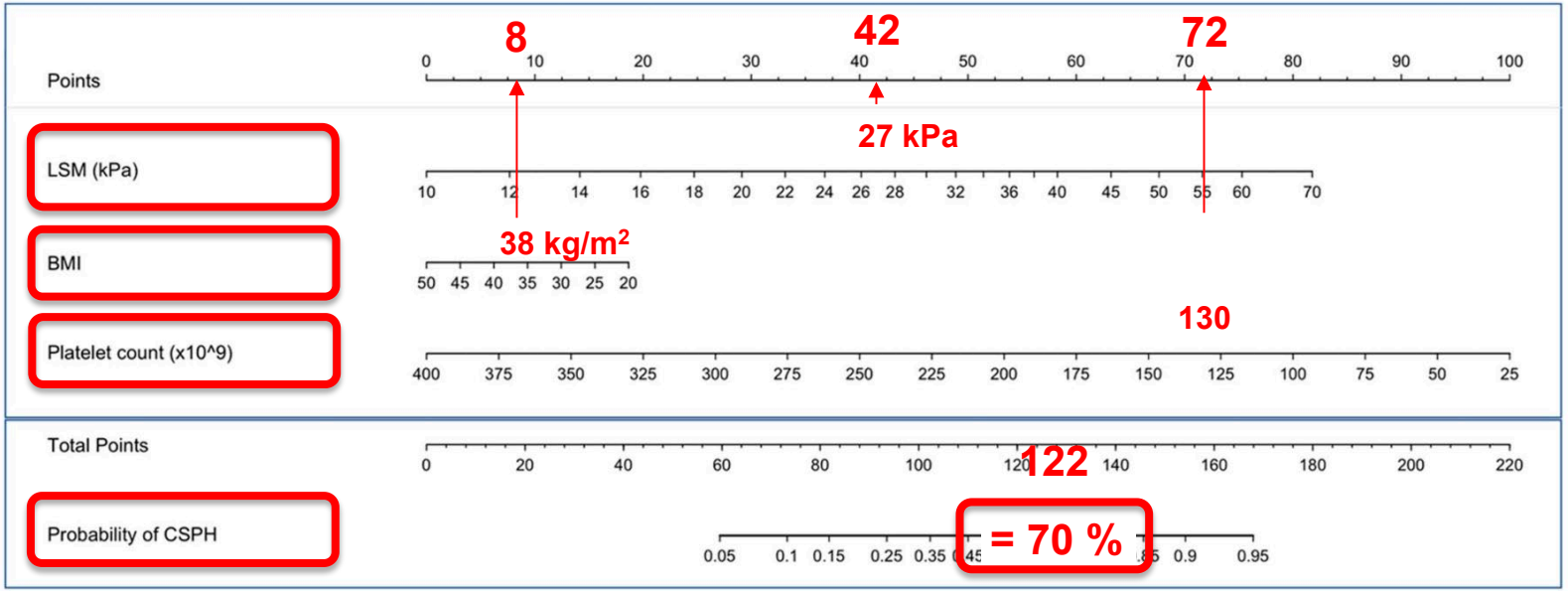
LSM > 25 kPa is sufficient to rule-in CSPH



836 patients with cACLD (LSM >10 kPa) and HVPG; never decompensated

Pons et al. Am J Gastroenterol 2021

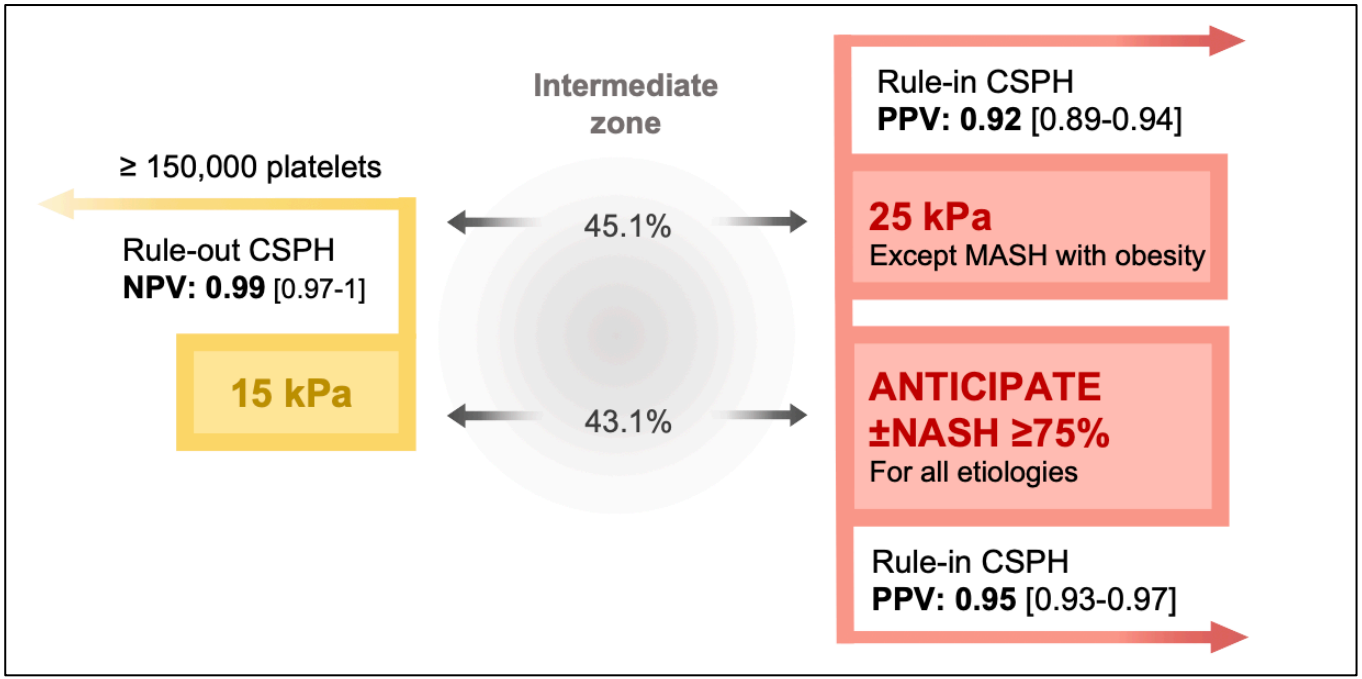
The ANTICIPATE NASH model
Individual risk assessment of CSPH



836 patients with cACLD (LSM >10 kPa) and HVPG; never decompensated

Pons et al. Am J Gastroenterol 2021

ANTICIPATE NASH ≥ 75%



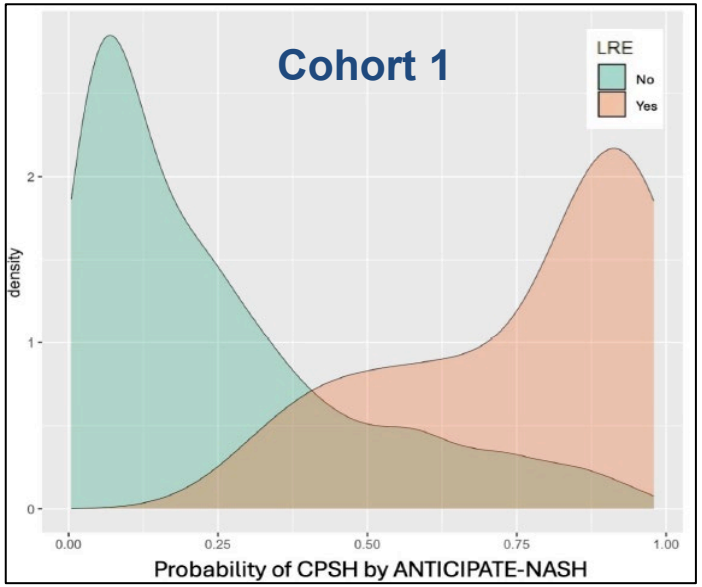
IPD Meta-analysis, n=5 studies: 1,433 cACLD patients various etiologies

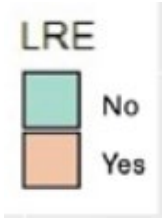
Banares R et al. J Hepatol 2026

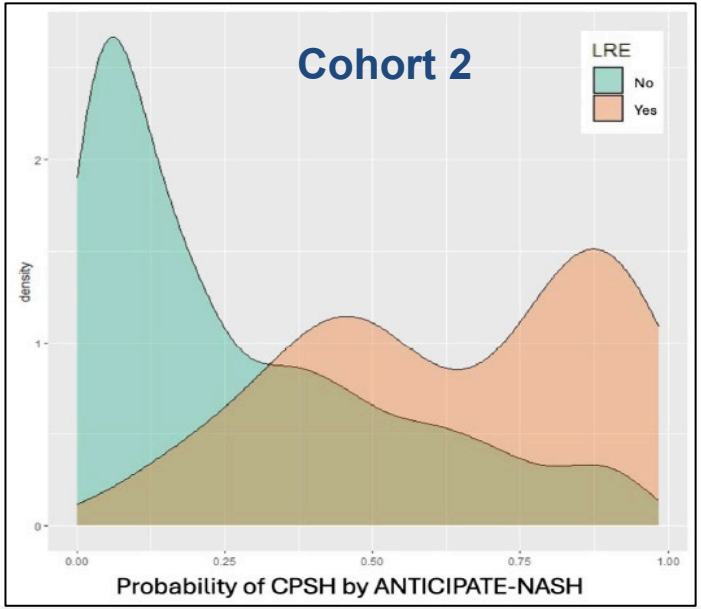
Refining Risk Stratification for LRE in MASLD

Moving Beyond Histology with the Anticipate NASH model

Anticipate NASH model had better discrimination for LRE than histology (C-statistics 0.93 vs. 0.67)





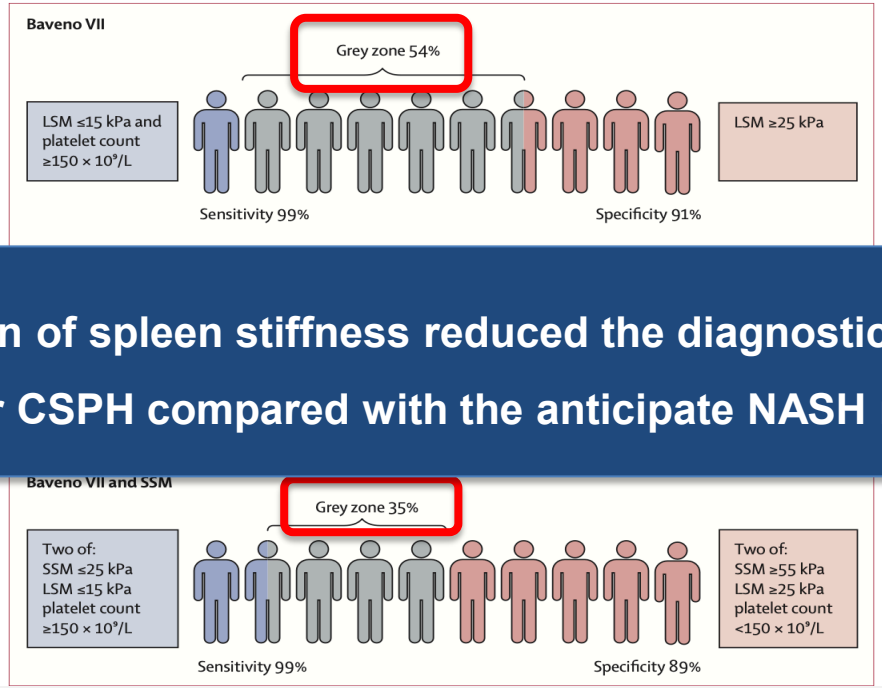


Cohort 1: 699 F3-F4 MASLD Multicenter; cohort 2: 1396 F3-F4 MASLD from 4 clinical trials

Castera L. Gastroenterology 2025

Aceituno et al. Gastroenterology 2026

Added value of spleen stiffness for CSPH in MASLD

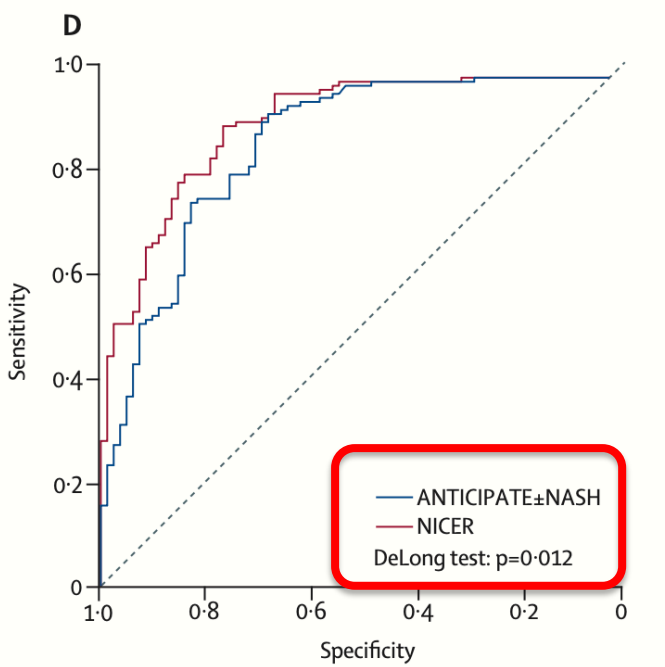


Addition of spleen stiffness reduced the diagnostic grey zone for CSPH compared with the anticipate NASH model

407 cACLD patients; mainly MASLD-MetALD; SSM at 100 Hz)

Jachs et al. Lancet GH 2024

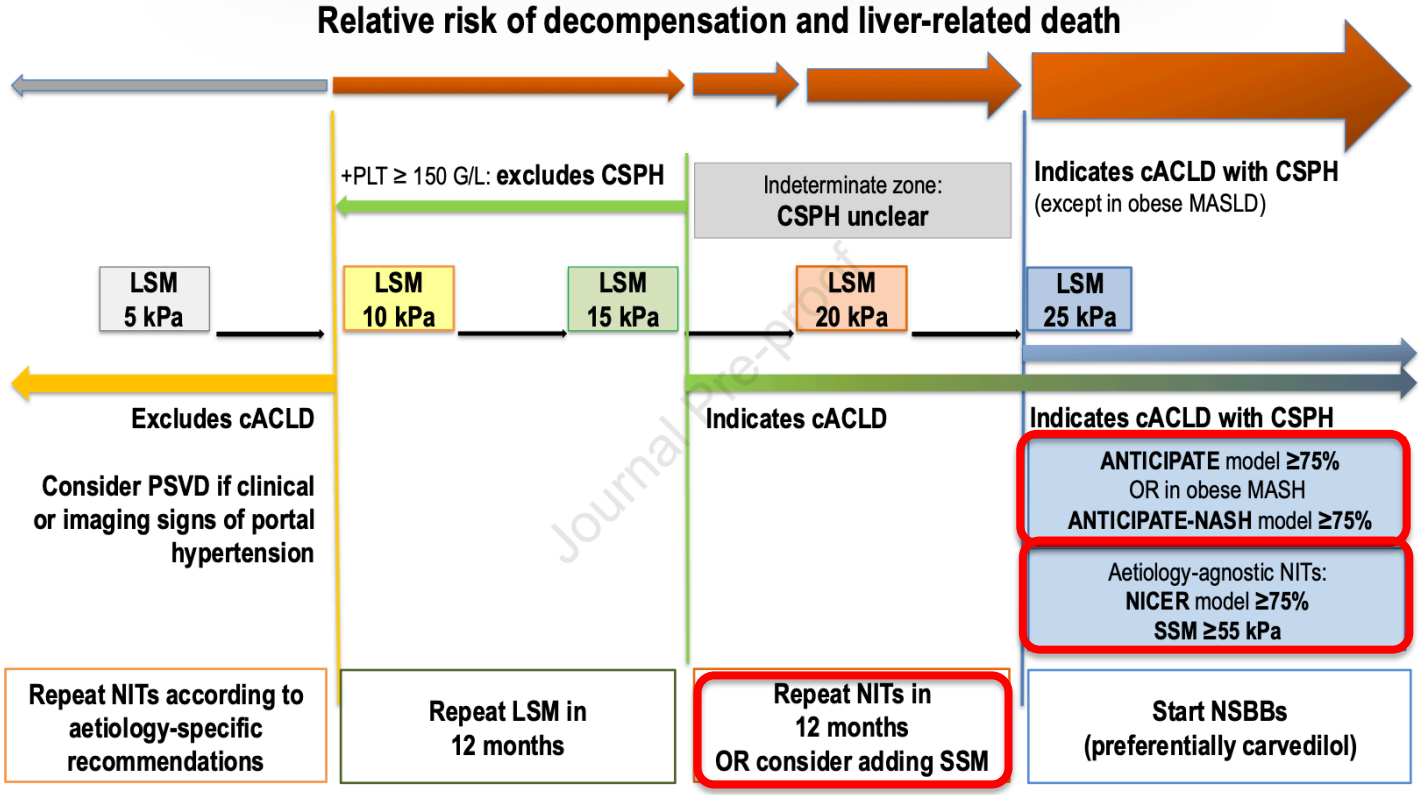
NICER = ANTICIPATE NASH + SSM



407 cACLD patients; mainly MASLD-MetALD; SSM at 100 Hz)

Jachs et al. Lancet GH 2024

Baveno 8 : summary



Baveno VIII. J Hepatol 2026

Outline

2. Interpretation of NIT changes in MASLD

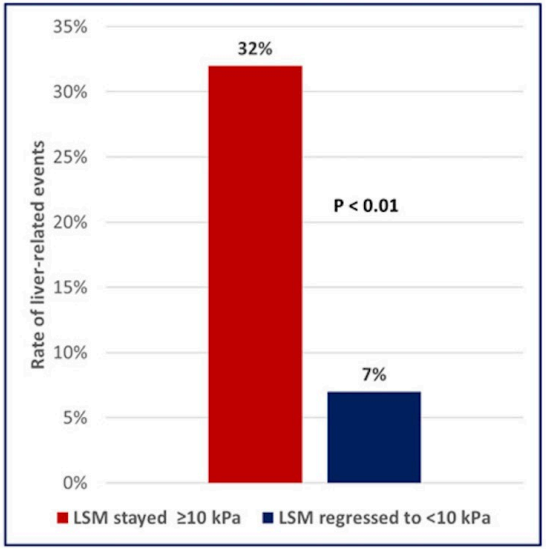
Recommendations

2.8 NITs and their longitudinal changes should preferentially be calibrated to estimate **the risk of liver-related events** and its modification over time rather than to assess fibrosis stage or fibrosis stage change.

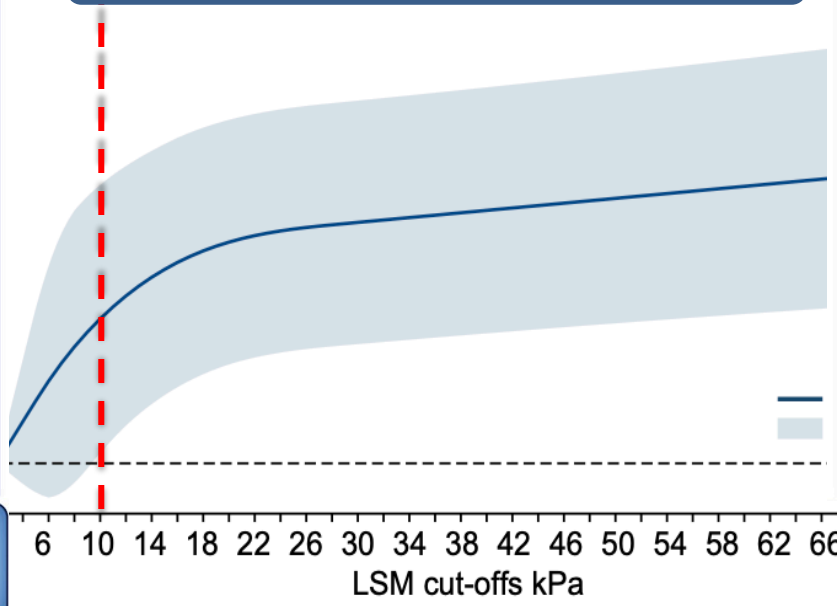
~~(LoE 4; new; Agreement: 91%)~~

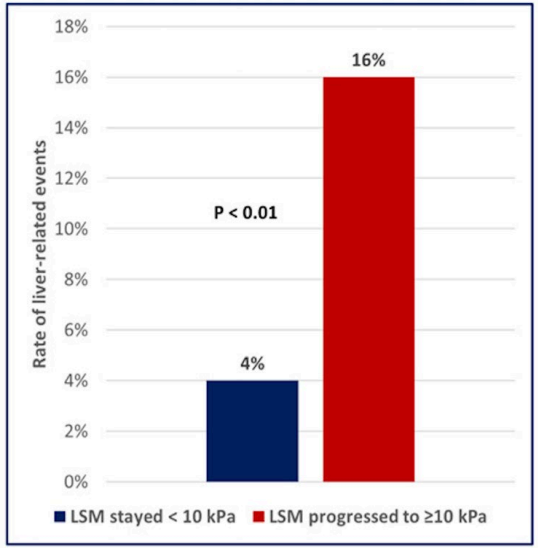
Baveno VIII Faculty. J Hepatol 2026

Risk of LRE begins to rise at LSM (VCTE) >10 kPa



10 kPa is a turning point





Regressors to LSM <10 kPa
Adj.HR: 0.25, 95% CI [0.10-0.61]

75%

- 1,403 adult participants in NASH CRN studies
- Annual prospective follow-up with annual VCTE exam
- 4.4 years mean follow-up with 89 liver-related events (LRE)

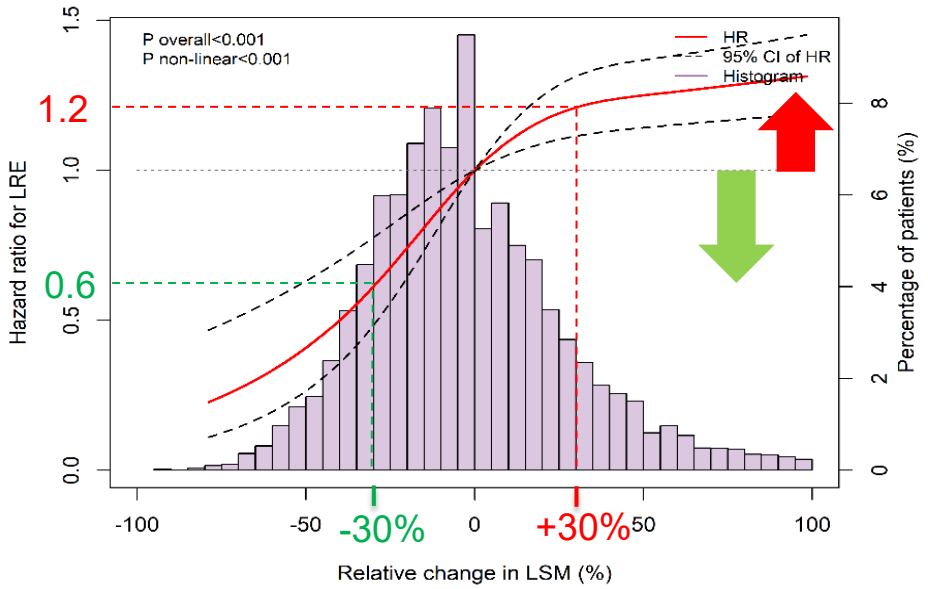
Progressors to LSM ≥10 kPa
Adj.HR: 4.0, 95% CI [1.8-8.9]

400%

Gawrieh S et al. J Hepatol. 2024;81(4):600-608

LSM changes (>30%) predict LRE particularly when >15 kPa

Risk of LRE according to changes in LSM



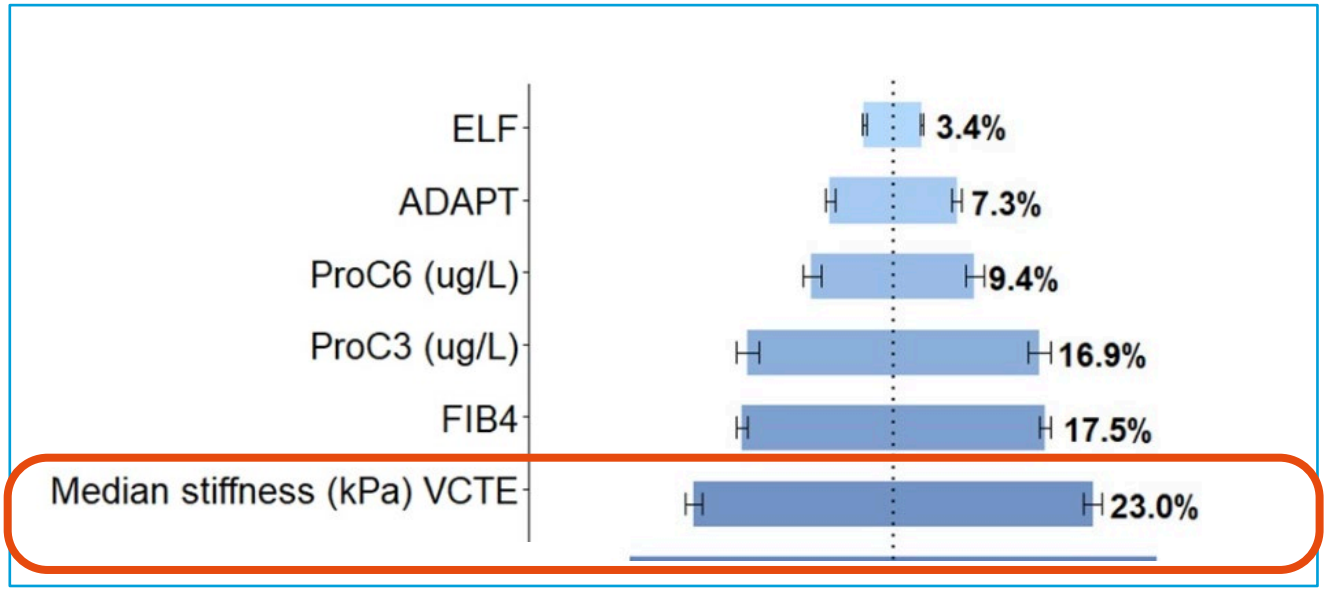
Risk 1st LSM	% of change	% of patients	LRE per 1,000 py
Low (<10 kPa)	>30% ↓	10%	1.4
	Stable	75%	0.7
	>30% ↑	15%	2.4

N= 10,920 NAFLD patients with 2 VCTE (median interval 15 mo); median f-up 34 mo; LRE (1.1%)

Lin et al. JAMA 2024

Need to confirm VCTE results : variability (2 weeks)

Within-subject coefficient of variation



N=255 patients (198 centers) with biopsy-proven at-risk MASLD from a phase-2 trial with repeated VCTE within median interval 15 days

Au TY et al. J Hepatol 2026; in press

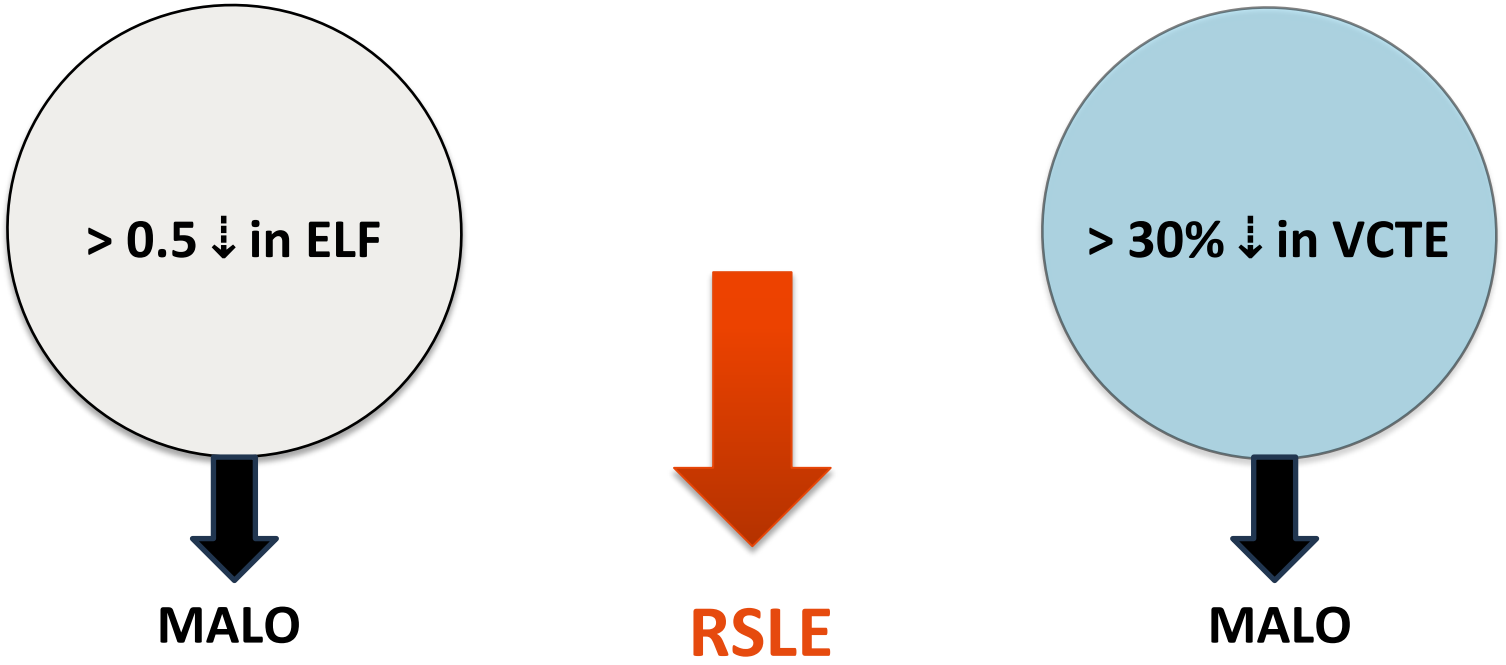
Recommendations

2.9 In patients with MASLD-related cACLD, a confirmed ≥30% relative change in LSM is associated with a clinically meaningful change in the risk of liver-related events, particularly when it results in crossing the 15 kPa risk threshold.

(LoE: 2; new; Agreement: 96%)

Baveno VIII Faculty. J Hepatol 2026

Combining two unrelated NITs



Recommendations

2. 7. In patients with MASLD-related cACLD without CSPH, combining a confirmed ≥30% relative reduction in LSM with improvement in an independent non-invasive test (e.g., ≥0.5-unit absolute reduction in ELF) improves the assessment of ≥1 stage fibrosis regression compared with LSM alone.

(LoE: 3; new; Agreement: 88%)

Baveno VIII Faculty. J Hepatol 2026