EASL 2026

Scientific progress never happens in isolation. Every discovery opens the door to the next question

Congress Review

Review of the European Association for the Study of the Liver (EASL) Congress 2026

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THE EUROPEAN Association for the Study of the Liver (EASL) Congress 2026 brought together the global hepatology community in Barcelona, Spain, from 27th–30th May, 2026, marking a significant milestone in the organisation's history: 60 years since the first EASL meeting was held in Marburg, Germany, in 1966 under the leadership of the late Gustav-Adolf Martini.

CELEBRATING 60 YEARS OF PROGRESS IN HEPATOLOGY THROUGH SCIENCE, COLLABORATION, AND EDUCATION

Hosting more than 8,300 participants from over 120 countries across six continents, EASL Congress 2026 reflected both the remarkable growth of the organisation and the increasingly global nature of liver disease. The meeting showcased advances spanning basic, translational, and clinical hepatology through a diverse scientific programme featuring plenary lectures, symposia, workshops, wet-lab training sessions, interprofessional forums, educational masterclasses, and poster presentations.

Barcelona provided a fitting backdrop for the 60th anniversary celebration. Renowned for its architectural landmarks, Mediterranean coastline, and rich scientific heritage, the city was once home to the pioneering neuroscientist Santiago Ramón y Cajal. While serving as a Professor of Histology at the University of Barcelona between 1887 and 1892, Ramón y Cajal developed his groundbreaking neurone theory, a discovery that transformed modern biomedical science.

HONOURING THE PAST WHILE SHAPING THE FUTURE

A central theme of the opening ceremony was the importance of collective effort in driving scientific progress. Reflecting on EASL's evolution from a group of 70 pioneers, consisting of an overwhelmingly Caucasian group of 68 men and two women, to today's diverse international community, EASL Secretary General Debbie Shawcross emphasised the cumulative nature of scientific advancement: "Scientific progress never happens in isolation. Every discovery opens the door to the next question, every breakthrough creates new possibilities, every generation stands on the shoulders of those that came before."

She went on to highlight how curiosity, resilience, and collaboration have shaped hepatology over the past six decades and reiterated EASL's mission "to advance liver health and improve the lives of patients."

Shawcross also stressed that innovation depends upon inclusivity, noting that progress has been driven not only by clinicians and scientists, but also by educators, nurses, allied health professionals, public health experts, pharmacists, patients, trainees, and young investigators. As she remarked, "Innovation flourishes when every voice has the opportunity to contribute and lead."

EXPANDING OPPORTUNITIES THROUGH EDUCATION AND COLLABORATION

EASL leadership highlighted ongoing efforts to strengthen representation to foster multidisciplinary collaboration across the hepatology community. Vice-Secretary Ana Lleo also underscored the importance of ensuring that scientific excellence is supported by diverse perspectives. She highlighted EASL's collaboration with sister societies such as the American Association for the Study of Liver Diseases (AASLD),

> **The best science comes from the best and the broadest range of perspectives**

and the Asian Pacific Association for the Study of the Liver (APASL), saying: "The best science comes from the best and the broadest range of perspectives. From different experiences, from different questions, from different ways of looking at the same problem."

Education remained a cornerstone of the organisation's activities. Speaking during the ceremony, Educational Councillor Professor Sven Francque stated that "Science does not go without education, and education does not go without science," before highlighting initiatives such as the EASL online campus learning platform, mentorship programmes, and international masterclasses delivered in partnership with AASLD.

The multidisciplinary nature of liver care was also recognised through dedicated programmes for nurses and allied health professionals. Interprofessional forums held during the congress promoted collaboration across healthcare disciplines, reflecting the growing recognition that optimal patient outcomes depend on coordinated team-based care.

ADVANCING GLOBAL LIVER HEALTH

Several speakers emphasised the need to translate scientific discoveries into meaningful public health action. Shawcross noted that liver disease remains one of the few non-communicable diseases continuing to rise globally and highlighted that "viral hepatitis remains one of the greatest global health challenges of our time."

Despite major scientific advances, many people remain undiagnosed or unable to access appropriate care, while health systems continue to struggle with implementing effective solutions at scale. With WHO's viral hepatitis elimination targets rapidly approaching, speakers stressed that scientific innovation alone will not be enough. Achieving elimination will require political commitment, healthcare system integration, and stronger partnerships to translate evidence into real-world impact. To help address remaining gaps in care, EASL announced its new Hepatitis Outcomes and Pathways to Elimination (HOPE) initiative, which will focus on areas of unmet need such as hepatitis D.

The importance of policy and public health action was further highlighted by Shira Zelber-Sagi, Chair of the EASL Policy and Public Health Committee. Addressing the growing health, social, and economic burden of liver disease, she emphasised that meaningful progress will require systemic change that extends beyond national borders and the scientific community. One notable development was the adoption of the first-ever World Health Assembly resolution on steatotic liver disease at the 79th World Health

Assembly, marking a significant milestone in global recognition of the condition. Zelber-Sagi also outlined EASL's broader public health efforts, including free liver testing initiatives launched during World Liver Day and continued collaboration with the European Health Alliance on Alcohol (EHAA), a coalition of 28 European medical organisations representing more than two million health professionals working to reduce alcohol-related harm across Europe.

Together, these initiatives reflected a common message throughout the congress: scientific advances must be accompanied by effective public health strategies, policy development, and equitable access to care, if meaningful improvements in liver health are to be achieved worldwide.

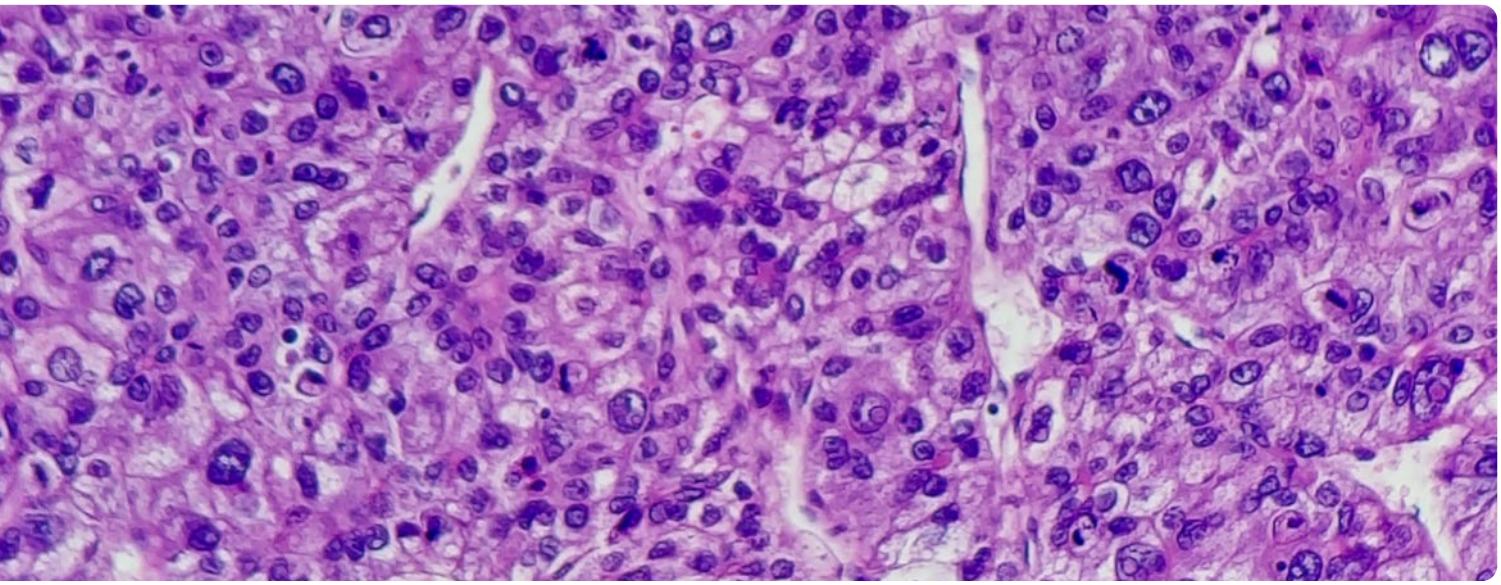
SCIENTIFIC EXCELLENCE AND EMERGING LEADERS

The scientific programme reached a record level of engagement, with 2,278 abstracts accepted and presented, the highest number reported by EASL in the past decade. Organisers also highlighted progress in gender representation among presenters and contributors, with participation approaching parity at 48% female and 52% male.

Several awards were presented during the opening ceremony. Marie Skaarup Christiansen, Senior liver nurse specialist at Odense University Hospital, Denmark, received the Excellence in Liver Care Award 2026 in recognition of her outstanding contribution to nursing and allied health professional-led liver care. The Daniel Alagille Award 2026 was presented to Juan Bañares, Liver Unit, Vall d'Hebron University Hospital; Vall d'Hebron Research Institute; Universitat Autònoma de Barcelona, Spain; CIBERehd, for his work in the exploration of paediatric and adult genetic cholestatic diseases. Meanwhile, the Emerging Leader Awards recognised Panu Luukkonen, University of Helsinki; Helsinki University Hospital; Minerva Foundation Institute for Medical Research, Helsinki, Finland; Laura J. Pallett, Associate Professor, University College London Institute of Infection, Immunity and Transplantation, UK; and Elisa Pose, Liver Unit, Hospital Clínic de Barcelona, Spain; IDIBAPS; and CIBERehd, as rising stars whose work is helping to shape the future of hepatology research and clinical practice.

As delegates gathered to celebrate six decades of progress, EASL Congress 2026 reinforced a clear message for the future. In the words of Shawcross, "Knowledge must travel across borders and disciplines. Knowledge has no impact if it stays confined to one laboratory, one hospital, or one country." Through collaboration, education, and innovation, the global hepatology community continues its pursuit of better liver health for all.

> **Scientific advances must be accompanied by effective public health strategies, policy development, and equitable access to care**



Direct-Acting Antivirals for Hepatitis C Linked to Longer Liver Cancer Survival

MORE patients with hepatitis C-related hepatocellular carcinoma (HCC) lived substantially longer when treated with direct-acting antiviral therapies, according to new data presented at EASL 2026.[1]

HCC, the most common form of primary liver cancer, was assessed in patients with hepatitis C virus (HCV)-related disease. Patients with HCV-related HCC have often been excluded from national treatment registries, leaving uncertainty about the impact of treatment on long-term outcomes.

Researchers analysed data from 343 patients with HCV-related HCC recorded in the National Hepatitis C Registry in Greater London between 2015–2025. Outcomes were compared between those who initiated direct-acting antiviral (DAA) therapy and those who did not.

DAA therapy was started in 78.7% (270) of patients, with 88.7% achieving of this group achieving sustained virological response (SVR), indicating successful clearance of the virus. Patients receiving DAA treatment were more likely to have earlier-stage cancer, with 64.4% classified as Barcelona Clinic Liver Cancer (BCLC) Stage 0/A, 16.7% Stage B, 10% Stage C, and 4.4% Stage D, compared with 45.7%, 5.7%, 18.6% and 30%, respectively, among patients who did not receive DAA therapy ($p<0.005$).

Median overall survival was 68 months (95% CI: 48–87) in patients who initiated DAA therapy, compared with 15 months (95% CI: 7–23) in those who did not (log-rank $p<0.001$). The association was particularly notable in patients with early-stage disease,

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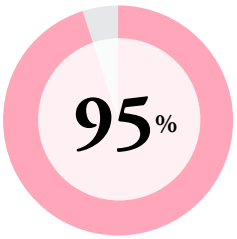


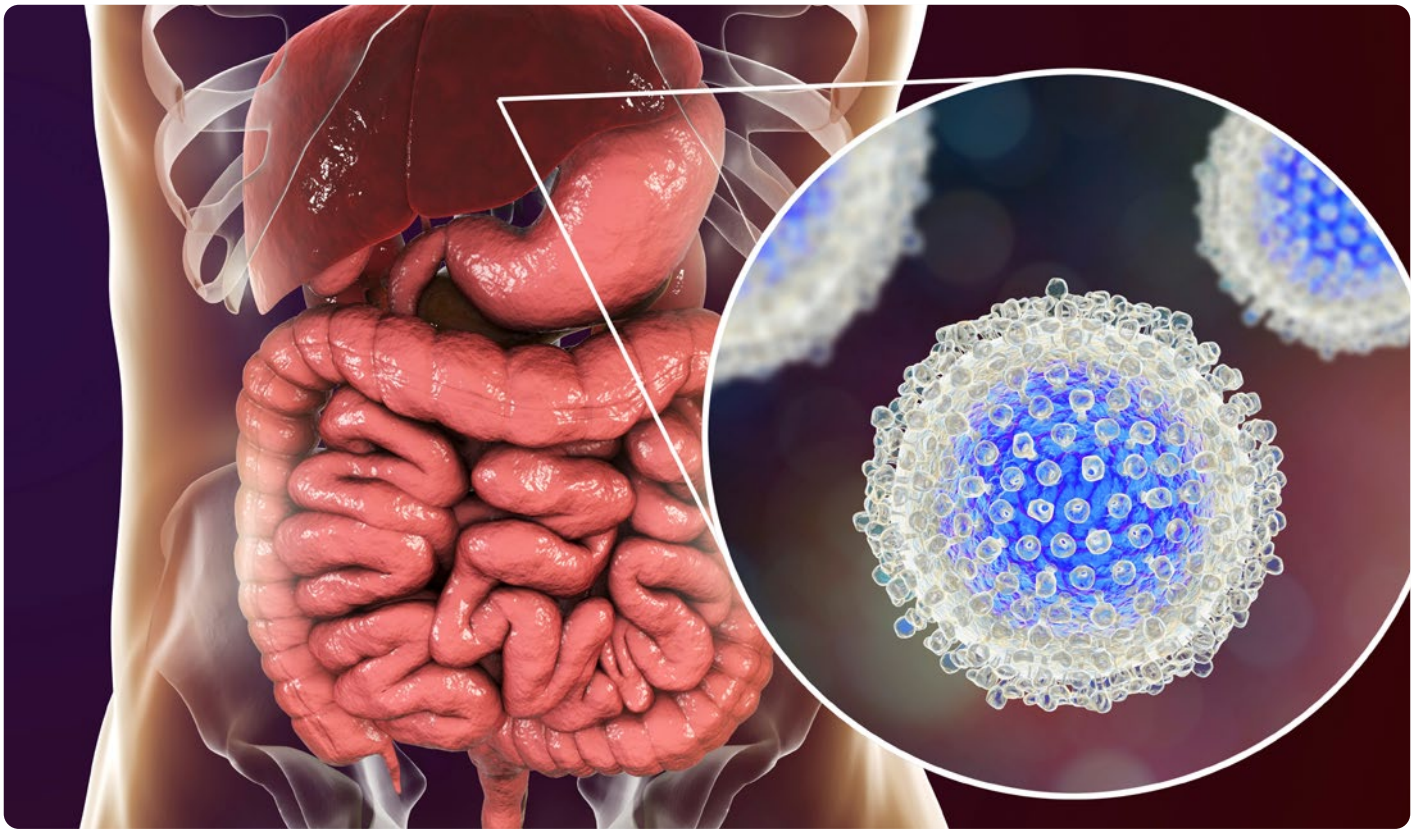
where those achieving SVR had a median overall survival of 128 months versus 25 months in untreated patients. These findings suggest successful viral clearance was associated with longer survival across cancer stages.

A survival advantage was also observed in patients with BCLC Stage B/C disease. Those achieving SVR had a median overall survival of 35 months, compared with 9 months among patients who did not receive DAA therapy.

Multivariable analysis showed that non-initiation of DAA therapy was associated with a seven-fold increase in mortality risk (hazard ratio [HR]: 7.0; 95% CI: 3.8–13.0; p<0.001). Failure to achieve SVR (HR: 2.3; p<0.001), BCLC Stage C/D disease (HR: 1.43; p<0.001), and non-curative cancer treatment (HR: 1.95) were also associated with increased mortality risk. Notably, antiviral treatment remained associated with improved survival after adjustment for sex, age, liver function, and cancer stage.

Almost 80% of patients had untreated HCC when DAA therapy was initiated. As an observational study, the findings demonstrate an association rather than a causal effect. However, the results suggest that eligible patients with HCV-related HCC may benefit from antiviral treatment irrespective of BCLC stage. Further prospective studies could help define the optimal timing of antiviral therapy within liver cancer treatment pathways.

> **Eligible patients with HCV-related HCC may benefit from antiviral treatment irrespective of BCLC stage**



Pemvidutide Improves Metabolic Dysfunction-Associated Steatohepatitis Outcomes

A PHASE 2b study, presented at EASL 2026, showed that pemvidutide has demonstrated clinically meaningful improvements in metabolic dysfunction-associated steatohepatitis at Week 48, with significant reductions in liver fat, fibrosis markers, and body weight.[2]

At Week 48, patients with metabolic dysfunction-associated steatohepatitis receiving pemvidutide achieved substantial improvements across multiple non-invasive assessments of liver health. Liver fat content was reduced by 45.2% and 54.7% in the 1.2 mg and 1.8 mg groups, respectively, compared with 8.2% in the placebo group, with both active doses reaching statistical significance at $p<0.0001$. Hepatic inflammation, assessed using corrected T1 relaxation time, improved by 124 ms and 140 ms versus 21 ms with placebo, also demonstrating strong statistical significance ($p<0.0001$).

Markers of fibrosis showed consistent dose-dependent improvements in metabolic dysfunction-associated steatohepatitis. A reduction in Enhanced Liver Fibrosis score of 0.49 and 0.58 was observed with pemvidutide compared with an increase of 0.16 with placebo. A greater proportion of treated patients achieved a 30% or more reduction in liver stiffness measurement compared with placebo, reaching 61.1% in the 1.2 mg group and 63.9% in the 1.8 mg group, versus 21.2% for placebo. Concurrent improvements in fibrosis and enhanced liver fibrosis response were also higher in the active treatment arms, with up to 32.4% of patients achieving combined responses in the 1.8mg group compared with 3.2% on placebo.

Patients with metabolic dysfunction-associated steatohepatitis treated with pemvidutide also experienced clinically meaningful reductions in alanine aminotransferase of 37.8 IU/L in the 1.2 mg group and 37.4 IU/L in the 1.8 mg group, compared with 10.3 IU/L in the placebo group. Mean weight loss in the 1.2 mg, 1.8 mg, and placebo groups was 4.5%, 7.5% and 0.2%, respectively, highlighting additional metabolic benefits. The treatment was generally well tolerated, with low discontinuation rates due to adverse events reported as 0% and 1.2% in the active arms compared with 3.5% in the placebo group.

> **Markers of fibrosis showed consistent dose-dependent improvements in metabolic dysfunction-associated steatohepatitis**

These findings support pemvidutide as a potential therapeutic option for metabolic dysfunction-associated steatohepatitis, demonstrating consistent improvements in liver health biomarkers and metabolic parameters over 48 weeks in a randomised controlled setting.

GLP-1 RAs Show Promise for Patients with Alcohol-Related Liver Disease

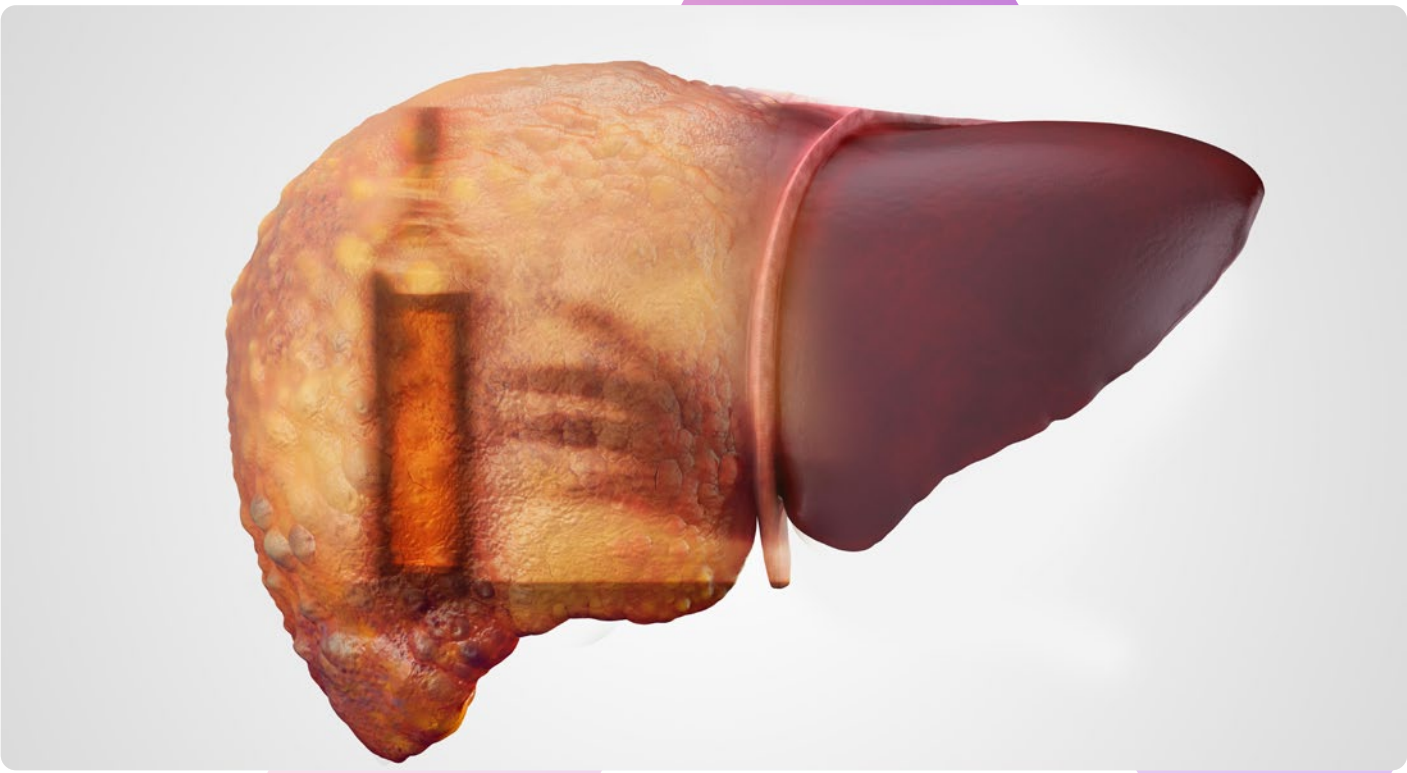
A STUDY presented at EASL 2026 investigated whether Glucagon-like peptide-1 (GLP-1) receptor agonist use was associated with reduced alcohol-related events and liver complications in a large real-world population.[3]

Alcohol use disorder is a major driver of poor outcomes in people with alcohol-related liver disease (ALD), contributing to ongoing liver injury, hepatic decompensation, hospitalisation, and removal from transplant waiting lists. Achieving and maintaining abstinence remains the cornerstone of treatment, with currently available medications to prevent relapse showing only modest effectiveness.

GLP-1 receptor agonists have attracted growing interest because they may reduce alcohol cravings through effects on brain reward pathways while also improving metabolic dysfunction, which commonly coexists with ALD.

The analysis included 9,293 patients in each study group after matching. Researchers conducted a retrospective cohort study using data from the TriNetX™ (TriNetX, LLC, Cambridge, Massachusetts, USA) United States Collaborative Network. Adults with alcohol-related liver disease who received a GLP-1 receptor agonist were compared with patients who had not received these medicines. The index date was defined as the first GLP-1 prescription for exposed patients and the corresponding diagnosis date for controls. Outcomes were assessed between 30–365 days after the index date. Propensity score matching was

> **GLP-1 receptor agonist exposure was associated with significantly lower risks of several alcohol-related outcomes**



used to balance clinical characteristics and laboratory measures between groups. Primary outcomes included alcohol-related events, liver disease progression, hospitalisation, transplant listing and phosphatidylethanol positivity. Time-to-event analyses were performed using Kaplan–Meier methods and hazard ratios.

GLP-1 receptor agonist exposure was associated with significantly lower risks of several alcohol-related outcomes. Compared with controls, treated patients had lower rates of alcohol remission events (hazard ratio [HR]: 0.76; 95% CI: 0.69–0.84), alcohol withdrawal (HR: 0.43; 95% CI: 0.37–0.51), and alcohol intoxication (HR: 0.37; 95% CI: 0.31–0.45). Treatment was also associated with reduced risks of alcohol-associated hepatitis (HR: 0.49; 95% CI: 0.43–0.57), cirrhosis progression (HR: 0.58; 95% CI: 0.46–0.72), all-cause hospitalisation (HR: 0.46; 95% CI: 0.39–0.55), and hepatic decompensation (HR: 0.58; 95% CI: 0.51–0.66). No significant differences were observed for liver transplant listing or phosphatidylethanol positivity.

The findings suggest that GLP-1 receptor agonists may have a useful adjunctive role in the management of alcohol-related liver disease, potentially helping to reduce relapse-related events while slowing disease progression and lowering hospitalisation rates. For clinical practice, these results support further investigation of GLP-1 therapies as part of a broader multidisciplinary approach to patients with ALD, particularly where metabolic comorbidities are present. However, the study was observational and retrospective, meaning causality cannot be established. Residual confounding, reliance on routinely collected healthcare data, and the absence of randomisation are important limitations. Prospective clinical trials are needed to confirm whether GLP-1 receptor agonists directly improve alcohol-related and liver-related outcomes in this patient population.

Treatment was also associated with reduced risks of alcohol-associated hepatitis, (HR: 0.49; 95% CI: 0.43–0.57)

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Prolonged Fasting Emerges as a Risk Factor in Cirrhosis

HOSPITALISED patients with cirrhosis who experience prolonged fasting may face increased risks of sarcopenia and mortality, according to new data presented at EASL 2026.[4]

Fasting is a frequent occurrence during hospitalisation for patients with cirrhosis, often driven by procedures, clinical instability, and disease-related complications. However, new findings from Margáin et al.[4] highlight that extended periods without nutritional intake may represent an important and potentially modifiable contributor to poorer short-term outcomes.

The retrospective cohort study evaluated hospitalised patients with cirrhosis between 2023– 2025 to investigate the frequency, duration, and clinical impact of fasting episodes. The primary outcome was three-month mortality, with total fasting days defined as the cumulative number of full fasting days, whether continuous or intermittent.

Among 228 patients included, 81.6% experienced at least one fasting period during hospitalisation, with recurrent episodes observed in some patients. The most common indications were pre-procedural fasting (63.6%), followed by high-dose vasopressor use (14.1%), post-procedural fasting (8.1%), and delayed initiation of nutritional support (5.1%).

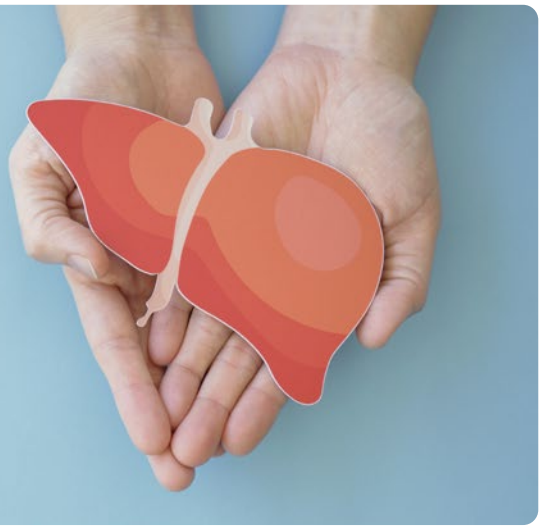
While many fasting periods were clinically justified, duration frequently extended beyond the immediate indication. Patients fasting for ≥6 days experienced a greater decline in phase angle, a validated marker associated with muscle quality and sarcopenia, compared with those fasting for shorter periods.

Three-month survival was lower among patients fasting ≥6 days compared with <6 days (45% versus 70%; p=0.002). After adjustment for liver disease severity and length of hospital stay, prolonged fasting remained independently associated with increased mortality risk (hazard ratio: 2.08; 95% CI: 1.05–4.13).

This work highlights the importance of integrating nutritional strategies into inpatient cirrhosis management. Future research may help define optimal approaches to minimise avoidable fasting exposure while maintaining safe procedural and clinical care pathways.

Further prospective studies could help clarify whether structured minimisation of avoidable fasting periods, alongside earlier and more consistent nutritional support strategies, translates into improved preservation of muscle mass and reduced short-term mortality in hospitalised patients with cirrhosis. This may also support the development of more standardised inpatient nutrition protocols tailored to disease severity and clinical stability.

Primary Biliary Cholangitis Associated with Increased Cardiovascular Risk



PATIENTS with primary biliary cholangitis (PBC) may face a significantly increased risk of major adverse cardiovascular events (MACE), according to a nationwide Swedish study, presented at EASL 2026, that also identified substantially higher rates among those with cirrhosis.[5]

PBC is a chronic autoimmune liver disease in which the body's immune system attacks the bile ducts within the liver, potentially leading to progressive liver damage and cirrhosis. Previous research has produced conflicting findings on whether the condition increases cardiovascular morbidity and mortality.

In this nationwide register-based study, researchers assessed the risk of MACE in people diagnosed with PBC between 2002–2022. A total of 3,332 patients with PBC were matched with 28,076 controls from the general population based on age, sex, year of diagnosis, and municipality. The primary outcome was incident MACE, with analyses adjusted for cardiovascular risk factors using a Cox regression model.

A total of 743 (22%) of patients with PBC experienced MACE. The incidence rate for the PBC group was calculated at 30.5 per 1,000 person-years, compared with 18.9 per 1,00 person-years among matched controls. This equated to approximately 12 additional MACE events per 100 people with PBC over 10 years.

The strongest associations were observed for cardiovascular death and congestive heart failure. After adjustment for cardiovascular risk factors, patients with PBC had more than twice the risk of cardiovascular death compared with controls (adjusted hazard ratio: 2.19; 95% CI: 1.95–2.46). Risk of congestive heart failure was also substantially elevated (adjusted hazard ratio: 1.73; 95% CI: 1.50–2.00).

Disease severity appeared to have an important influence on outcomes. Among patients with both PBC and cirrhosis, the incidence rate of total MACE reached 87 per 1,000 person-years, compared with 27 per 1,000 person-years in those without cirrhosis.

As an observational study, the findings cannot establish causality. However, the findings indicate a clear association between PBC and an increased risk of MACE, particularly among patients with advanced liver disease.

The results suggest that cardiovascular risk assessment and management could play an important role in the care of patients with PBC. Further research might help clarify the mechanisms underlying this association and determine whether targeted interventions could reduce cardiovascular risk in this population.

Procalcitonin Shows Promise as Biomarker for Fibrolamellar Carcinoma

RESEARCHERS have identified serum procalcitonin (PCT) as a potentially sensitive and specific biomarker for fibrolamellar carcinoma (FLC), a rare primary liver cancer that predominantly affects young adults without underlying cirrhosis.[6]

The findings, presented at EASL 2026, suggest that PCT could address a major unmet need in the diagnosis and monitoring of this uncommon malignancy, for which established serum tumour markers are often normal.

The study was prompted by the observation of markedly elevated PCT levels in a patient with FLC. Investigators subsequently assessed serum PCT concentrations in 18 patients with metastatic FLC and compared results with cohorts of patients with hepatocellular carcinoma (HCC), cholangiocarcinoma (CCA), and cirrhosis without cancer. Molecular analyses included RNA sequencing, spatial transcriptomics, and immunohistochemistry across a broad range of liver tumour samples.

In the European cohort, the median serum PCT level among eight patients with FLC was 55.2 µg/L, significantly higher than levels observed in patients with HCC (0.14 µg/L), CCA (0.16 µg/L), or cirrhosis (0.11 µg/L; p=0.0005). These findings were independently validated in the USA cohort. Overall, elevated PCT levels were detected in 83% of patients with FLC compared with only 3% of patients with HCC or CCA (p<0.0001), highlighting the marker's strong discriminatory potential.

Importantly, longitudinal monitoring in four patients demonstrated that serum PCT levels tracked with disease status according to RECIST 1.1 criteria. In one case, PCT rose dramatically from 51 µg/L to 581 µg/L during tumour progression under immunotherapy, suggesting a potential role in treatment monitoring and early detection of disease progression.

At the molecular level, RNA sequencing revealed marked overexpression of the *CALCA* gene, which encodes procalcitonin, in FLC compared with other primary liver tumours. Diagnostic performance was excellent, with area under the curve values of 0.975 versus CCA and 0.994 versus HCC. Spatial transcriptomic analyses localised *CALCA* expression to tumour cells carrying the characteristic *DNAJB1-PRKACA* fusion, while immunohistochemistry confirmed PCT overexpression in 77% of FLC samples but not in other primary or secondary liver cancers.

The investigators concluded that procalcitonin represents a highly promising biomarker for both the diagnosis and monitoring of fibrolamellar carcinoma, with potential clinical applications in routine patient management.

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International Survey Exposes Nutritional Support Gap in PSC

RESEARCH presented at EASL 2026 has highlighted a substantial unmet need for dietary support among individuals with primary sclerosing cholangitis (PSC), with many patients reporting food-related symptoms and dietary changes while receiving little professional guidance.[7]

PSC is a progressive cholestatic liver disease that is frequently associated with inflammatory bowel disease (IBD) and currently has no cure. Many individuals with PSC seek information about how diet may affect their symptoms and disease progression, yet evidence-based nutritional recommendations remain limited. To better understand patients' experiences, researchers conducted a large international survey examining dietary beliefs, practices, symptoms, and sources of nutritional advice among people living with PSC.

The anonymous online survey was developed by the PSC working group within the European Reference Network on Hepatological Diseases (ERN RARE-LIVER) and was available in 11 languages between January–June 2025. A total of 839 individuals with PSC from 33 countries completed the survey. Participants had a mean age of 48 years, 55% were female, 57% reported IBD, 28% had liver cirrhosis, and 16% had previously undergone liver transplantation.

Results revealed a strong demand for nutritional support, with 88% of respondents reporting that they wanted dietary advice. However, only 38% had received guidance specifically related to PSC. More than half of the participants indicated that they would prefer to receive advice from a healthcare professional. Use of vitamins or supplements was also common, with 32% reporting prescribed supplementation, 24% self-initiating supplements, and 16% using both prescribed and self-directed approaches.

Two-thirds of respondents reported changing their dietary habits following their PSC diagnosis. Additionally, 42% stated that specific foods worsened their symptoms, with fatty foods most frequently identified, followed by red meat and dairy products. Eating-related symptoms were common, with only 26% reporting no symptoms. Nearly half experienced two or more symptoms, and abdominal pain was the most frequently reported issue affecting eating, followed by diarrhoea and digestive difficulties.

The impact extended beyond physical symptoms. Almost one-third of respondents reported that PSC reduced their enjoyment of eating, largely because certain foods triggered unpleasant symptoms. Among those with both PSC and IBD, many found it difficult to determine which condition had the greatest influence on their dietary choices.

> **Researchers concluded that structured nutritional support should become a more prominent component of PSC care**

The findings suggest that dietary concerns are a significant aspect of life for many individuals with PSC. Researchers concluded that structured nutritional support should become a more prominent component of PSC care, helping patients manage symptoms while reducing reliance on self-directed dietary changes and supplementation.

Multi-Biomarker Model Improves Risk Prediction in Primary Sclerosing Cholangitis

A NOVEL multi-biomarker model may improve the prediction of liver transplantation-free survival in patients with primary sclerosing cholangitis (PSC), according to data presented at EASL 2026.[8]

PSC is a chronic cholestatic liver disease characterised by highly variable disease progression, making it difficult for clinicians to accurately predict outcomes and tailor follow-up strategies. Current risk prediction tools provide useful prognostic information but often fail to fully capture the complex biological processes driving disease progression.

To address this challenge, researchers developed and evaluated a multi-biomarker approach incorporating markers of fibrosis, extracellular matrix turnover, inflammation, and microbial metabolism. The international study included 906 patients with PSC from Norway, Sweden, and the USA. Participants had a median age of 47 years, 64% were male, and 79% had concomitant inflammatory bowel disease. Approximately half of the cohort was followed for at least 7 years.

The investigators assessed eight serum biomarkers, including the enhanced liver fibrosis (ELF) test, collagen formation and degradation markers, the kynurenine-tryptophan ratio, neopterin, and pyridoxal 5′-phosphate. Using multivariable Cox regression analysis, they developed models predicting liver transplantation-free survival at both 2 and 5 years.

During follow-up, 12% of patients reached the composite endpoint of liver transplantation or death within 2 years,

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increasing to 23% by 5 years. The full eight-biomarker model demonstrated strong predictive performance, achieving optimism-corrected C-indices of 0.834 and 0.822 at 2 and 5 years, respectively.

Notably, a simplified model incorporating only three biomarkers, ELF, kynurenine-tryptophan ratio, and pyridoxal 5′-phosphate, performed almost as well as the full model. At 5 years, this pragmatic model achieved a C-index of 0.817 and demonstrated improved calibration compared with the full model. Both biomarker-based approaches outperformed an ELF-only model and provided additional prognostic value beyond established clinical tools, including the Amsterdam-Oxford PSC model and the PSC Risk Estimate Tool.

The findings suggest that combining biomarkers reflecting multiple disease pathways may offer a more comprehensive assessment of PSC progression than existing approaches. Importantly, the strong performance of the simplified three-marker model could enhance clinical feasibility while maintaining robust predictive accuracy.

The authors concluded that integrating markers of fibrosis, inflammation, and gut microbial metabolism provides proof-of-principle that multi-pathway biomarker strategies can improve risk prediction in PSC, potentially supporting more personalised patient management and future clinical trial design.

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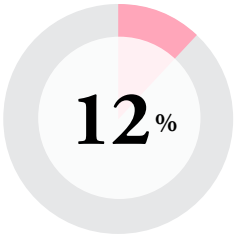

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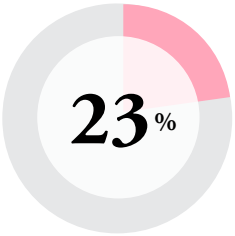

Most Recent Liver Stiffness Measurements Best Predict Autoimmune Hepatitis Outcomes

LATEST liver stiffness measurements may offer the clearest indication of future liver-related complications in patients receiving treatment for autoimmune hepatitis (AIH), according to new research presented at EASL 2026.[9]

AIH is a chronic inflammatory liver disease in which the body's immune system mistakenly attacks the liver, with the potential to cause fibrosis, cirrhosis, and liver failure if not adequately controlled. While liver stiffness measurements (LSM) are widely used to assess liver scarring in chronic liver disease, their value in monitoring risk over time in treated AIH has remained uncertain.

Researchers analysed data from the Canadian Network for Autoimmune Liver Disease (CaNAL) registry, including 523 patients diagnosed with AIH between 2010 and 2025 across 13 Canadian centres. All participants underwent serial LSM assessments following diagnosis and treatment.

Over a median follow-up of 150 months, outcomes were generally favourable, reflecting the effectiveness of contemporary management. During follow-up, 4.2% of patients developed hepatic decompensation, while 1% underwent liver transplantation, and 3% died. Median liver stiffness decreased from 11.0 kPa at the first assessment to 7.9 kPa at the most recent measurement.

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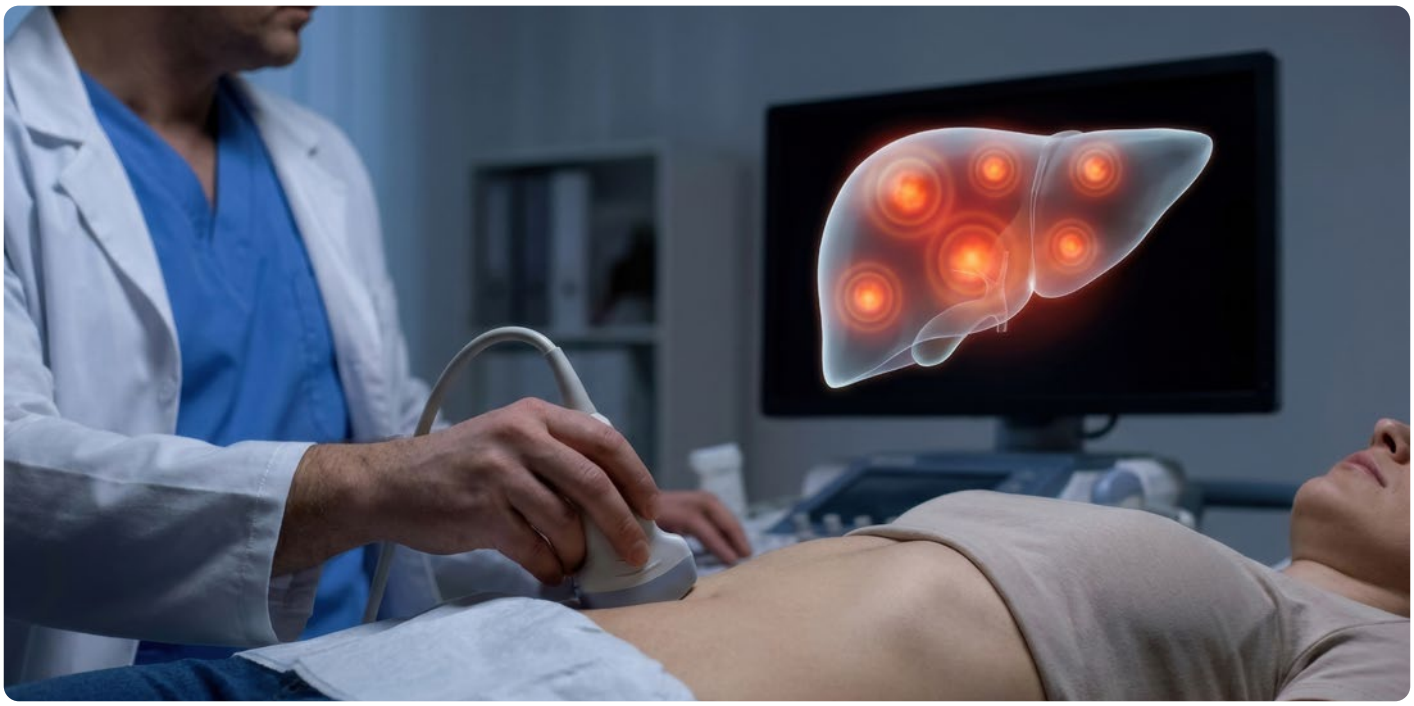
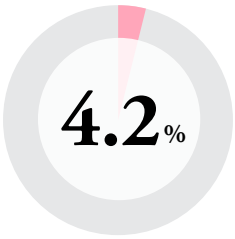
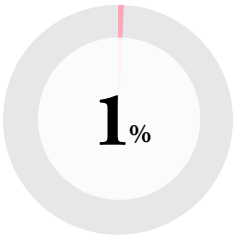
Researchers reported that both baseline and the most recent liver stiffness independently predicted hepatic decompensation. However, the most recent



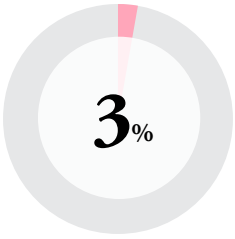
During follow-up, 4.2% of patients developed hepatic decompensation,



while 1% underwent liver transplantation,



and 3% died



measurement emerged as the strongest predictor of liver-related outcomes overall. Patients with a most recent liver stiffness value of at least 15 kPa faced a significantly higher risk of adverse liver-related events.

The study also found that patients who later developed hepatic decompensation had higher liver stiffness values at both points, alongside lower platelet counts and IgG levels ($p<0.05$). In contrast, biochemical response at 6 months was not associated with subsequent hepatic decompensation or liver-related events.

Most recent liver stiffness was found to outperform biochemical response measures, and neither changes in liver stiffness over time nor complete biochemical response added meaningful prognostic information beyond the latest LSM result. Similar patterns were observed even among patients without evidence of advanced liver disease.

Serial monitoring identified patients at ongoing risk despite achieving biochemical remission, suggesting that routine post-treatment liver stiffness assessment could help clinicians identify patients who may benefit from closer surveillance.

The researchers noted that event rates were low in the cohort, which is likely to reflect effective modern treatment options. Nevertheless, the findings support the use of serial liver stiffness measurements as a practical tool for dynamic risk stratification in treated AIH.

The findings suggest that incorporating serial liver stiffness measurements into post-treatment monitoring could help refine risk assessment in AIH, although further research may clarify how best to integrate these measurements into routine clinical practice.

Intrahepatic Cholestasis of Pregnancy Linked to Increased Long-Term Liver Disease Risk, Large UK Study Finds

WOMEN diagnosed with intrahepatic cholestasis of pregnancy (ICP) face a significantly increased risk of developing hepatobiliary disease later in life, according to findings presented at EASL 2026.[10]

The large population-based study, which analysed more than 3.7 million women in England, also identified important ethnic disparities in both ICP incidence and subsequent liver-related outcomes.

ICP is a pregnancy-specific liver disorder characterised by impaired bile flow and is associated with adverse maternal and fetal outcomes. While previous studies have suggested a potential link between ICP and future liver disease, evidence has largely been limited to smaller cohorts from predominantly European populations.

To investigate this association in a diverse population, researchers linked Hospital Episode Statistics birth records from 2000–2021 with primary and secondary care data. Women diagnosed with ICP during their first recorded pregnancy were compared with those without the condition. The incidence of a range of hepatobiliary outcomes was assessed over time, including gallstone disease, pancreatitis, liver fibrosis and cirrhosis, hepatobiliary malignancy, infectious liver disease, and end-stage liver disease.

Among 3,701,995 women included in the analysis, 31,082 (0.8%) had a diagnosis of ICP during their first recorded pregnancy. The median follow-up period was 10.4 years.

Women with ICP were significantly more likely to develop subsequent hepatobiliary disease than those without the condition. The risk of composite hepatobiliary disease was more than doubled (adjusted hazard ratio [aHR]: 2.38; 95% CI: 2.29–2.48).

The researchers also reported increased risks of pancreatitis (aHR: 2.43), gallstone disease (aHR: 2.24), other liver disease (aHR: 2.52), fibrosis and cirrhosis (aHR: 2.92), infectious liver disease (aHR: 2.10), and end-stage liver disease (aHR: 2.05). Notably, women with ICP were more than four times as likely to develop hepatobiliary malignancy compared with women without ICP (aHR: 4.05).

The incidence of ICP varied between ethnic groups, affecting 1.3% of South Asian women compared with 0.8% of White women, 0.5% of Black women, 0.7% of women of Mixed ethnicity, and 0.9% of women in other ethnic groups.

> **Women with ICP were significantly more likely to develop subsequent hepatobiliary disease than those without the condition**

The study also found that Black and South Asian women experienced a higher risk of severe subsequent hepatobiliary morbidity compared with White women, highlighting important ethnic inequalities in long-term liver health outcomes.

The authors describe these findings as the strongest evidence to date linking ICP with long-term hepatobiliary morbidity. They suggest that postpartum follow-up may play an important role in identifying women at elevated risk of future liver disease and that a history of ICP should be considered in hepatobiliary risk stratification strategies.

The researchers also emphasised the need for targeted interventions to address ethnic disparities in hepatobiliary outcomes following ICP.

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