

ACR steps up efforts to increase lung cancer screening

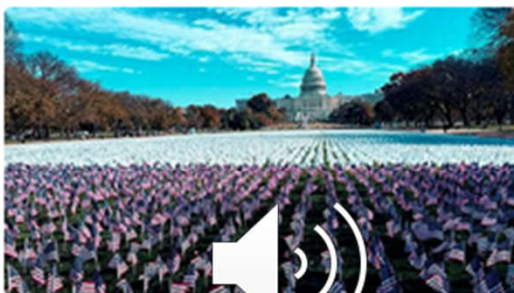
AuntMinnie.com staff writers

Nov 14, 2025



The American College of Radiology (ACR) has been coordinating efforts across the U.S. to increase lung cancer screening, coinciding with National Lung Cancer Awareness Month.

Advocacy efforts kicked off on November 5 in Washington, DC, at the LUNgevity Foundation's "White Flag for Lung Cancer" event on the National Mall.



LUNgevity Foundation's "White Flag for Lung Cancer" at the National Mall in Washington, DC.

Source: ACR

Latest in Associations

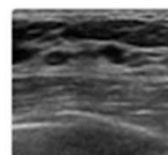
ACR updates appropriateness criteria

NOVEMBER 12, 2025



ARRT updates breast sonography content specs

NOVEMBER 6, 2025



Management of anaphylaxis

Samira Jeimy MD PhD, Peter W. Huan MD MPL, Elissa Abrams MD MPH

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1 Epinephrine is the only treatment that prevents death in anaphylaxis

Intramuscular epinephrine rapidly reverses airway edema and shock.¹ Current evidence does not support use of antihistamines and corticosteroids to prevent progression of anaphylaxis or biphasic reactions, and their use should not delay epinephrine administration.²

2 Second-generation antihistamines are preferred over first-generation antihistamines as adjunctive therapy

Second-generation H₁-antihistamines, such as cetirizine, are better tolerated and less sedating than diphenhydramine.² Dissolvable oral formulations are available in Canada and are helpful when swallowing is difficult. If parenteral administration is needed, diphenhydramine is the only injectable antihistamine option.

3 Intranasally delivered epinephrine could benefit those with needle phobia or other limitations

Intranasal epinephrine is approved in the United States but, as of November 2025, intranasal epinephrine remains under review in Canada for approval as a needle-free option for patients aged 4 years and older and weighing at least 15 kg.⁴ An intranasal spray device delivers 2 mg of epinephrine into 1 nostril. Until intranasal epinephrine is available in Canada, intramuscular epinephrine autoinjectors remain the method of choice. Clinicians should prescribe these, provide training, and stress their




**Metabolic Dysfunction–Associated
Steatotic Liver Disease in Adults**
A Review

Herbert Tilg, MD¹; Salvatore Petta, MD²; Norbert Stefan, MD^{3,4}; et al

with SLE and a body mass index greater than 35. Resmetirom (a liver-directed, thyroid hormone receptor β -selective agonist) and subcutaneous semaglutide (a glucagon-like peptide-1 receptor agonist) are conditionally approved by the US Food and Drug Administration (FDA) for the treatment of adults with MASH who have moderate to advanced fibrosis.

Conclusions A highly prevalent condition among adults worldwide, MASLD is associated with liver-related complications, hepatocellular carcinoma, cardiovascular disease, and certain extrahepatic cancers. First-line treatment includes behavioral modifications, including a weight-reducing diet, physical exercise, and avoidance of alcohol. Resmetirom and semaglutide are conditionally FDA-approved medications for the treatment of adults with MASH and moderate to advanced fibrosis.

Beta-Blockers after Myocardial Infarction without Reduced Ejection Fraction

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CONCLUSIONS

Among patients discharged after invasive care for a myocardial infarction with a left ventricular ejection fraction above 40%, beta-blocker therapy appeared to have no effect on the incidence of death from any cause, reinfarction, or hospitalization for heart failure.

(Funded by Centro Nacional de Investigaciones Cardiovasculares Carlos III and others;






ClinicalTrials.gov number, [NCT03596385](https://clinicaltrials.gov/ct2/show/study/NCT03596385); EudraCT

number, 2017-002495-40.)

SYSTEMATIC REVIEW

Op

Prognostic value of liver stiffness in patients with heart failure: a systematic review and meta-analysis

Irina-Maria Stoleru^{1,2*} , Mihaela Mocan^{1,3} , Camil-Horea-Eusebiu Crişan^{1,3} , Lucia Elena Niculae⁴  and Romeo Ioan Chira^{1,2} 

Abstract

Aims Heart failure (HF) is a complex, multisystemic condition affecting 64 million people worldwide and often leads to cardio-hepatic syndrome due to venous congestion and ischemic liver changes. Liver stiffness (LS) measured through elastographic methods has emerged as a potential noninvasive marker for cardiac outcomes in HF patients. However, its prognostic value and the implications for LS cutoff values remain uncertain, necessitating further investigation.

Methods Multiple databases (PubMed, Embase, Scopus and the Cochrane Library Database) were searched up to 1st September 2024. Two reviewers screened records and extracted data according to the inclusion and exclusion criteria. The methodological quality was evaluated using the National Heart, Lung and Blood Institute (NHLBI) for observational cohort and cross-sectional studies. The meta-analysis was performed using RevMan 5.4 and the meta-regression and publication bias analyses (including Egger's and Rank-correlation tests) were performed using JASP software, version 0.19.1.

Results Thirty-four studies involving 3753 individuals were included in our qualitative assessment, while 11 studies involving 1085 patients were included in the quantitative assessment. Elevated LS was significantly associated with adverse cardiac events in both acute decompensated HF (ADHF, hazard ratio (HR): 1.04, 95% CI: 1.01–1.07; $I^2 = 61\%$) and chronic HF (CHF, HR: 1.09, 95% CI: 1.04–1.13; $I^2 = 81\%$). Meta-regression revealed that LS cutoff values did not influence pooled estimates, and heterogeneity likely stemmed from demographic and methodological differences.

Conclusion Increased LS is associated with poor outcomes in patients hospitalized for HF, with a greater overall effect size in the CHF group than in the ADHF group. The LS is a promising noninvasive marker of liver congestion in

Conclusions

Heart failure is a multisystemic disease that involves multiple organs, and the liver is particularly vulnerable to congestion. Liver stiffness provides additional information on conventional markers for future worse outcomes, extending mechanistic insight into cardiohepatic interactions. While further and ideally, randomized research is needed to fully illustrate its practical applications, liver elastography shows great promise as a novel tool for improving outcomes in the management of heart failure population.

THE END