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Evidence-based clinical practice guidelines for metabolic dysfunction-associated steatotic liver disease (MASLD) 2026

Review | [Open access](#)
Published: 13 May 2026
Volume 61, pages 693–710 (2026)
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Abstract

Metabolic dysfunction-associated steatotic liver disease (MASLD) has emerged as the most prevalent chronic liver disease worldwide, with an increasing number of patients progressing to cirrhosis and hepatocellular carcinoma (HCC). Early identification of individuals at high risk for advanced fibrosis is essential for preventing liver-related events and improving long-term outcomes. This guideline summarizes current evidence and provides practical recommendations for the diagnosis, risk stratification, and management of MASLD in clinical practice. These recommendations were developed through systematic evaluation of the literature and expert consensus. Diagnostic approaches, including

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Clinical implications

For practicing gastroenterologists and hepatologists, the updated pathway provides a practical roadmap for identifying patients who require specialist care while enabling primary care clinicians to manage low-risk disease.

The key takeaway is the importance of systematic screening and staged evaluation using widely available noninvasive tests. Early identification of fibrosis allows clinicians to initiate targeted therapy and surveillance before complications such as cirrhosis or hepatocellular carcinoma develop.

With MASLD prevalence rising and new treatments entering clinical practice, the pathway aims to standardize care across specialties and improve outcomes for a growing population of patients with metabolic liver disease, noted the authors.

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STANDARDS OF CARE | DECEMBER 08 2025

11. Chronic Kidney Disease and Risk Management: Standards of Care in Diabetes—2026 **FREE**

American Diabetes Association Professional Practice Committee for Diabetes*

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Diabetes Care 2026;49(Supplement_1):S246–S260

<https://doi.org/10.2337/dc26-S011>

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The American Diabetes Association (ADA) “Standards of Care in Diabetes” includes the ADA’s current clinical practice recommendations and is intended to provide the components of diabetes care, general treatment goals and guidelines, and tools to evaluate quality of care. Members of the ADA [Professional Practice Committee for Diabetes](#), an interprofessional expert committee, are responsible for updating the Standards of Care annually, or more frequently as warranted. For a detailed

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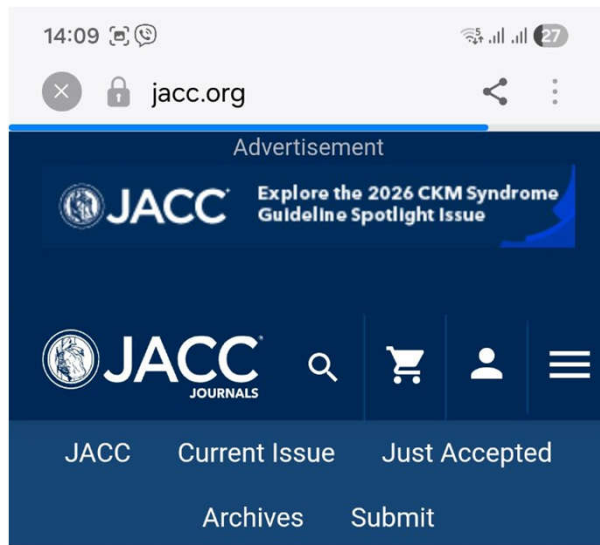
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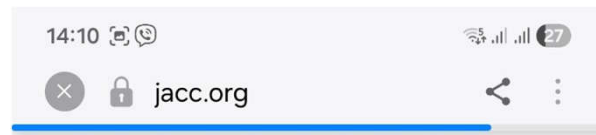
The *Standards of Care in Diabetes* (*Standards of Care*) includes all current clinical practice recommendations of the American Diabetes Association (ADA) and is intended to provide clinicians, researchers, policy makers, and other individuals with the components of diabetes care, general treatment goals, and tools to evaluate the quality of care.



JACC Journals › JACC › Archives › Vol. 87 No. 22_Supplement
FREE ACCESS | Clinical Practice Guideline
9 June 2026

2026 AHA/ACC/ADA/ASN Guideline for the Prevention, Detection, Evaluation, and Management of Cardiovascular-Kidney-Metabolic Syndrome: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines

Societal Statement: 2026 ACC Cardiovascular-



Abstract

Aim

The "2026 AHA/ACC/ADA/ASN Guideline for the Prevention, Detection, Evaluation, and Management of Cardiovascular-Kidney-Metabolic Syndrome" retires, replaces, and expands upon the "2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults." The primary intended audience for this guideline is clinicians who care for patients across the spectrum of cardiovascular-kidney-metabolic syndrome, an interrelated condition characterized by the interconnections among metabolic risk factors (including obesity and type 2 diabetes), chronic kidney disease, and cardiovascular disease.

Methods

A comprehensive literature search was conducted from October 29, 2024, to April
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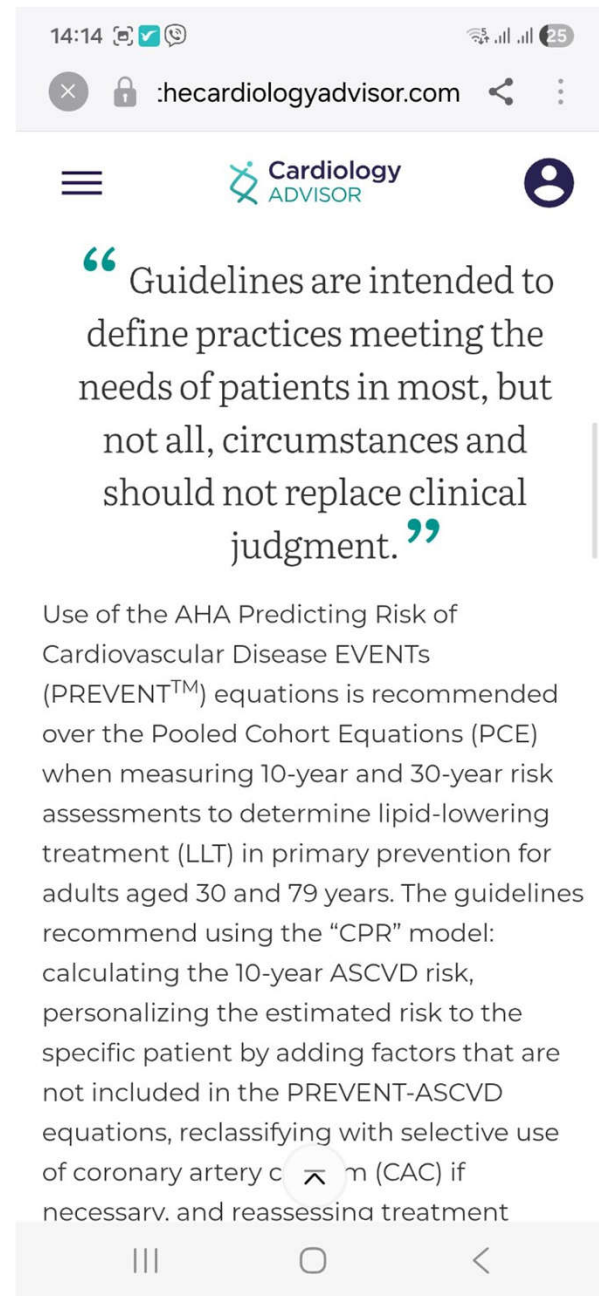
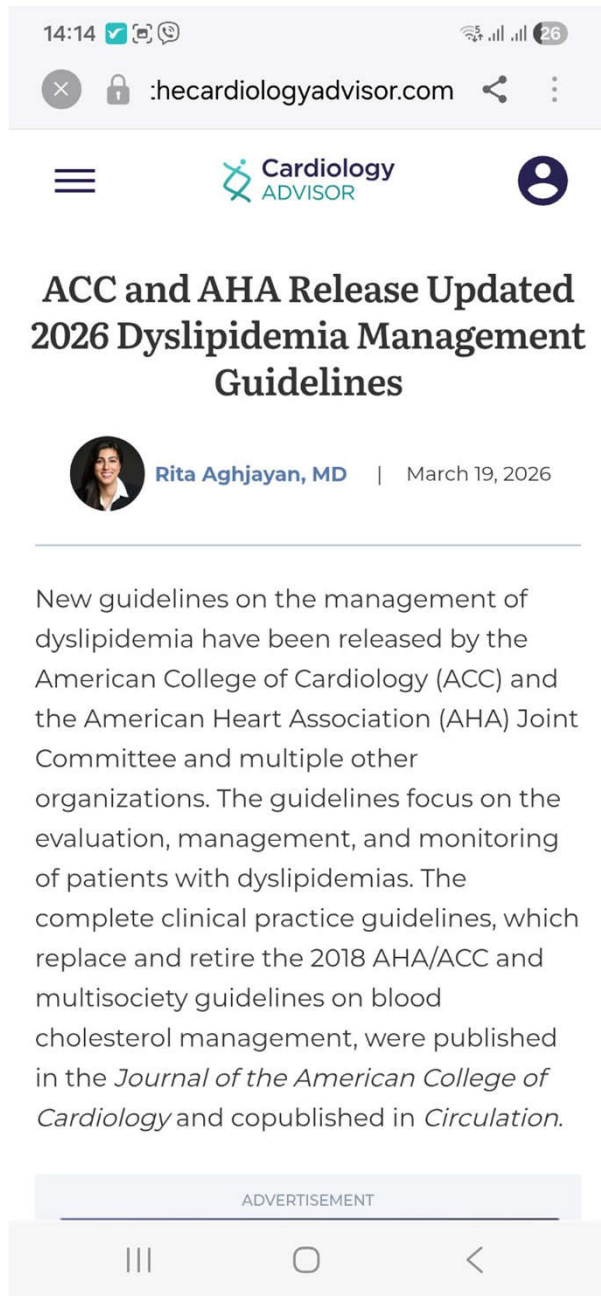
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Review

AGA Clinical Practice Update on Risk Stratification and Emerging Surveillance Strategies for Hepatocellular Carcinoma: Expert Review

Nicole E Rich et al. Gastroenterology. 2026 Jun.

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Abstract

Description: Hepatocellular carcinoma



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Description: Hepatocellular carcinoma (HCC) is a leading cause of cancer-related death in patients with cirrhosis. Although advancements in surgical, locoregional, and systemic therapies have improved outcomes for patients with early-stage HCC, most cases are diagnosed at later stages due to both the limitations of currently recommended surveillance modalities and their underuse, with fewer than 1 in 4 patients with cirrhosis receiving surveillance for this tumor. Current guidelines recommend semiannual surveillance with ultrasound and α -fetoprotein, but this strategy has suboptimal sensitivity, and alternative imaging techniques (eg, computed tomography and magnetic resonance imaging) have their own risks and challenges with implementation. HCC surveillance has established benefits in certain at-risk populations, including patients with cirrhosis (of any etiology) and selected patients with chronic hepatitis B virus. The

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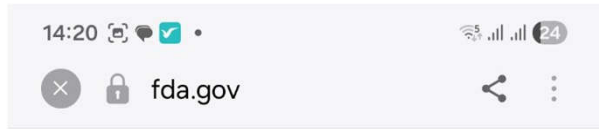
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tests, although their accessibility and potential cost-effectiveness may support broader use once sufficiently validated. BEST PRACTICE ADVICE 6: Multicancer blood-based biomarker detection panels should not be used in the screening or surveillance of patients at risk for hepatocellular carcinoma. BEST PRACTICE ADVICE 7: Many hepatocellular carcinoma risk-stratification scores exist for patients with cirrhosis. However, few scores have undergone sufficient validation to support their use in clinical practice. BEST PRACTICE ADVICE 8: Among patients with chronic hepatitis B virus infection without cirrhosis, PAGE-B and REAL-B scores can stratify patients based on their future risk of hepatocellular carcinoma.

Keywords: Biomarker; Liver Cancer; Prediction Models; Risk Scores; Screening; Surveillance.

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Novel Drug Approvals for 2026

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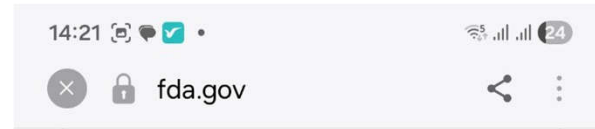
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