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Professor Emmanuel Tsochatzis (MD, MSc, FEBTM, FRCP, PhD) is a Professor of Hepatology and Consultant Hepatologist at the UCL Institute for Liver and Digestive Health, Royal Free Hospital in London. He is Head of the Centre for Metabolic Liver Disease in ILDH, chair of the EASL Scientific Committee and member of the EASL Governing Board. He is a member of the Baveno steering committee for portal hypertension. His main research interests include non-alcoholic fatty liver disease, cirrhosis and portal hypertension and non-invasive assessment of liver fibrosis.

Professor Tsochatzis finished his specialty training and PhD in Hippokration General Hospital in Greece, before moving to the Royal Free Hospital for his post-doc research under Professor Andy Burroughs. He is the recipient of the Rising Star in Gastroenterology prize by the UEG and the EASL Physician Scientist Fellowship.

His work on the cost-effectiveness of non-invasive fibrosis tests has informed the World Health Organization (WHO) guidelines on diagnosis and treatment of both HBV and HCV. He has designed and implemented a primary care pathway for NAFLD referrals to secondary care. He leads the specialist multidisciplinary service in NAFLD at the Royal Free Hospital and has an active research program in NAFLD. He has published more than 260 articles in peer-reviewed journals. He has received funding for his research from NIHR, EASL and EU Horizon 2020.

Referral pathways for patients with NAFLD

Non-alcoholic fatty liver disease (NAFLD) is the commonest cause of deranged liver blood tests (LFTs) in primary care in Europe and North America, and has an estimated prevalence of 25-30% in the adult population. Only a minority of people with NAFLD (5%) develop clinically significant liver disease, but the burden is such that NAFLD is predicted to be the leading indication for liver transplantation within a decade.

The majority of patients with NAFLD are followed up in the community by general practitioners (GPs). Liver fibrosis severity is the key determinant of liver-related outcomes in NAFLD. However, identifying patients with significant fibrosis who might benefit from early specialist intervention is challenging. As clinical assessment is a poor discriminator of fibrosis, such patients progress silently until cirrhosis leads to complications. Accurate fibrosis assessment in primary care is limited by a reliance on LFTs, which correlate poorly with fibrosis and limited access to discriminatory fibrosis tests. Thus current management strategies are inefficient in identifying patients for specialist referral.

This talk will focus on referral pathways for patients with NAFLD, based on risk stratification using non-invasive fibrosis tests.