

Media Release
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Breakthrough data at EASL Congress 2025 marks a new chapter in liver disease care

From reversing cirrhosis and diagnosing silent liver disease, to delivering potential cures and new therapies for chronic liver diseases, EASL Congress 2025 showcases major advances.

Wednesday, 7 May 2025 (Amsterdam, the Netherlands) – EASL Congress 2025, hosted this year in Amsterdam and online on 7-10 May, is presenting a series of studies that could redefine the future of liver disease treatment. Highlights include the first-ever reversal of cirrhosis due to MASH, a potential first functional cure for hepatitis B, and a population-wide screening initiative revealing undiagnosed liver fibrosis in nearly 1 in 20 adults.

“These results represent an important turning point in our collective fight against liver diseases,” said **Prof. Aleksander Krag**, EASL Secretary General.

“From discovery to delivery, the studies shared at EASL Congress 2025 signal a tangible shift toward earlier diagnosis, better care, and transformative outcomes,” added **Prof. Debbie Shawcross**, EASL Vice-Secretary.

Immunotherapy advances in liver cancer: CheckMate 9DW

Patients with unresectable hepatocellular carcinoma (HCC) typically have poor prognosis and impaired liver function. The CheckMate 9DW trial confirmed that nivolumab + ipilimumab (NIVO+IPI) offers a statistically significant survival benefit compared to lenvatinib or sorafenib, with higher response rates and longer durability—across all liver function categories (ALBI grade 1 and 2/3).

“CheckMate 9DW has established the combination of Ipilimumab and Nivolumab as a valuable option for the first-line treatment of patients with HCC in need of systemic therapy,” said **Prof. Bruno Sangro**, Director, Liver Unit, Clinica Universidad de Navarra and CIBEREHD. *“We have now demonstrated that is true even in the presence of mild liver dysfunction.”*

Abstract: Outcomes by liver function in patients with unresectable hepatocellular carcinoma treated with nivolumab plus ipilimumab vs lenvatinib or sorafenib in the CheckMate 9DW trial (GS-005)

Session: General Session I, Thursday, 8 May, 12:00 – 12:15 CEST

Functional cure on the horizon for hepatitis B: New data from the MARCH study

The MARCH Phase 2 clinical trial is assessing investigational agents tobevibart and elebsiran, with or without pegylated interferon, as a finite-duration regimen for chronic hepatitis B. The goal: a functional cure, defined as sustained control of the virus without lifelong treatment.

The study shows promising HBsAg seroclearance, especially in participants with lower baseline antigen levels. Safety was acceptable across arms, and follow-up continues for patients who have discontinued nucleos(t)ide therapy.

“Despite available treatment options, people living with chronic hepatitis B face a significant unmet medical need, as the current standard of care entails life-long treatment that doesn’t

eliminate the risk of disease progression or liver cancer,” said Prof. Edward J. Gane, University of Auckland. “I am looking forward to presenting the latest update from the MARCH Phase 2 study as we, in the field, continue to work towards a potential functional cure following a finite treatment.”

Abstract: Outcomes of 48 weeks of therapy and subsequent 24-week post-treatment period with tobevibart (VIR-3434) and elebsiran (VIR-2218) with or without pegylated interferon alfa-2a in chronic hepatitis B virus infection (GS-010)

Session: General Session II, Friday, 9 May, 12:00 - 12:15 CEST

Reversing cirrhosis due to MASH: Results from the SYMMETRY trial

Results from the 96-week Phase 2b SYMMETRY study assessing investigational treatment efruxifermin in patients with compensated cirrhosis (severe liver scarring with retained liver function) due to MASH show, for the first time, cirrhosis reversal in a clinical trial, including in a subset of high-risk patients. Analysis of the effects of efruxifermin at 36 and 96 weeks indicates that longer treatment resulted in more patients with cirrhosis reversal.

Efruxifermin also improved liver and metabolic health based on non-invasive tests and was generally well-tolerated, with transient, mild or moderate gastrointestinal adverse events reported most frequently.

“The topline data from the Phase 2b SYMMETRY trial represents a pivotal moment in liver disease treatment, with efruxifermin becoming the first and only drug to demonstrate a reversal of cirrhosis due to MASH,” said Prof. Mazen Nouredin, MD, MHSc, Professor of Medicine, Lynda K. and David M. Underwood Center for Digestive Disorders, Department of Medicine, Sherrie & Alan Conover Center for Liver Disease & Transplantation, Houston Methodist Hospital. “This breakthrough has the potential to transform the treatment of MASH by bringing the first effective therapeutic for compensated cirrhosis within reach.”

Abstract: Efruxifermin improves fibrosis in participants with compensated cirrhosis due to MASH: results of a 96-week, randomised, double-blind, placebo-controlled, phase 2b trial (SYMMETRY) (GS-012)

Session: General Session II, Friday 9 May, 12:15 - 12:30 CEST

First effective PSC treatment: Norucholic acid shows promise in Phase 3 trial

Primary sclerosing cholangitis (PSC) is a rare disease where the immune system attacks the liver’s bile ducts, often leading to cirrhosis or cancer. Currently, no medical treatment is available, and many patients require liver transplants. The NUC-5 study evaluated whether norucholic acid (NCA), a semi-synthetic engineered bile acid, could offer a solution.

After 96 weeks, significantly more patients on NCA than placebo showed improvement in blood tests and liver histology—marking the first time a treatment has shown efficacy in a large-scale, long-term trial for PSC. Patients can continue in the ongoing 5-year study.

“After many drawbacks in the field of PSC, the first positive results from a phase 3 study demonstrating the efficacy and safety of NCA represent a watershed moment for people with PSC, their families, treating physicians and the entire PSC community,” said Univ.-Prof. Dr.med.univ. Michael Trauner, Division of Gastroenterology and Hepatology, Medizinische Universität Wien. “In addition to advancing patient care, this study will also provide new insights to help us better understand the disease itself.”

Abstract: Norucholic acid for the treatment of primary sclerosing cholangitis: 96-week analysis of a pivotal phase 3 trial (LBO-001)

Session: Late-breaker, Saturday, 10 May, 13:00 - 13:15 CEST

Silent liver disease affects 1 in 20 European adults: LiverScreen

A major European study has revealed that undiagnosed liver fibrosis—an early sign of chronic liver disease—is more common than previously thought, affecting 1.5% of the general population. The LiverScreen project screened over 30,000 people across nine countries and found that liver damage often goes unnoticed, especially among those with obesity, diabetes, or who consume alcohol at risky levels. Notably, the risk of liver fibrosis sharply increased with the number of metabolic risk factors present. Most cases were linked to steatotic liver disease, often driven by lifestyle-related factors. Researchers stress that early detection through non-invasive screening tools like transient elastography could allow for treatment before liver damage becomes irreversible. These findings support the need for liver fibrosis screening in routine medical care—especially for at-risk individuals—to prevent progression to cirrhosis or liver cancer. This could transform how chronic liver disease is diagnosed and managed across Europe and beyond.

“Our findings show that liver damage is silently progressing in a significant portion of the population—especially those with metabolic risk factors or high alcohol intake. Early, non-invasive screening can identify liver disease before it’s too late, opening the door to treatment and prevention,” said Prof. Isabel Graupera, Hospital Clínic of Barcelona.

Abstract: High prevalence of undiagnosed liver fibrosis in the adult European population driven by metabolic risk factors and alcohol consumption: results from the prospective LiverScreen cohort in 30,541 subjects (LBO-005)

Session: Late-breaker, Saturday, 10 May, 14:00-14:15 CEST

###ENDS###

Further Information

Media Registration: Accredited media can apply for free registration [here](#)

Programme: For updates to the congress programme see [here](#)

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