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The EASL–Lancet Commission on liver health in Europe: prevention, case-finding, and early diagnosis to reduce liver-related mortality



In December, 2021, the first report from the *Lancet* Commission on liver disease in Europe, a joint project with the European Association for the Study of the Liver (EASL), was published.¹ The Commission explored the harm to liver health in Europe that results from a combination of increasing obesity, the highest level of alcohol consumption in the world, and delays in viral hepatitis elimination. The Commission emphasised the importance of structural factors that drive risk behaviours and poor outcomes in liver disease, with disproportionate effects on disadvantaged and vulnerable populations. Such structural drivers include the heterogeneous landscape of alcohol policy in Europe, fragmented access to testing and therapy for viral hepatitis, and stigmatisation faced by individuals at risk of liver disease at the societal level and within health-care settings.^{2,3} This stigma contributes to care avoidance and delayed diagnosis, ultimately leading to a bias in clinical pathways that prioritise managing advanced liver disease rather than early diagnosis and primary and secondary prevention of liver disease. The Commission report included ten recommendations to facilitate a shift towards health promotion, prevention, proactive case-finding, early identification of progressive liver fibrosis, and early management and treatment of liver diseases (figure).¹ The key message of the Commission was paraphrased by Ursula von der Leyen, the President of the European Commission, in her remarks made at the launch event: “in most cases, liver disease can be prevented. Prevention is the best cure that we have.”

To make the recommendations operational, and to secure their implementation, a second EASL–Lancet Commission is now under way. The new EASL–Lancet Commission on liver health in Europe will delineate a roadmap of actions to facilitate a shift towards primary and secondary prevention of liver disease to reverse the increasing liver-related mortality in the region.¹ Relevant indicators for success will be identified and mapped onto European and global policy processes, accounting for the close inter-relationship between

liver disease and a range of comorbidities and major health challenges in Europe, particularly those related to obesity, unhealthy alcohol consumption, mental health, and viral hepatitis.¹ Furthermore, indicators of liver health that are grounded in community knowledge and practices will be co-created with relevant population and patient representatives.⁴ This participatory approach may increase the acceptance and credibility of these indicators among the public and empowers local communities.

The new Commission will describe primary prevention through action on structural determinants of liver disease, addressing the factors identified in the first report: commercial determinants, fragmented regulations, social inequity, stigma, and the current clinical focus on late-stage disease. Policy experience developed in relation to harmful substances such as tobacco^{5,6} will guide our recommendations for alcohol and other commodities that affect liver health. Our

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For more on the *Lancet*–EASL Commission see <https://easl.eu/easl-lancet-liver-commission/>

For Ursula von der Leyen’s remarks see <https://www.youtube.com/watch?v=ZDxWzHqwadA>

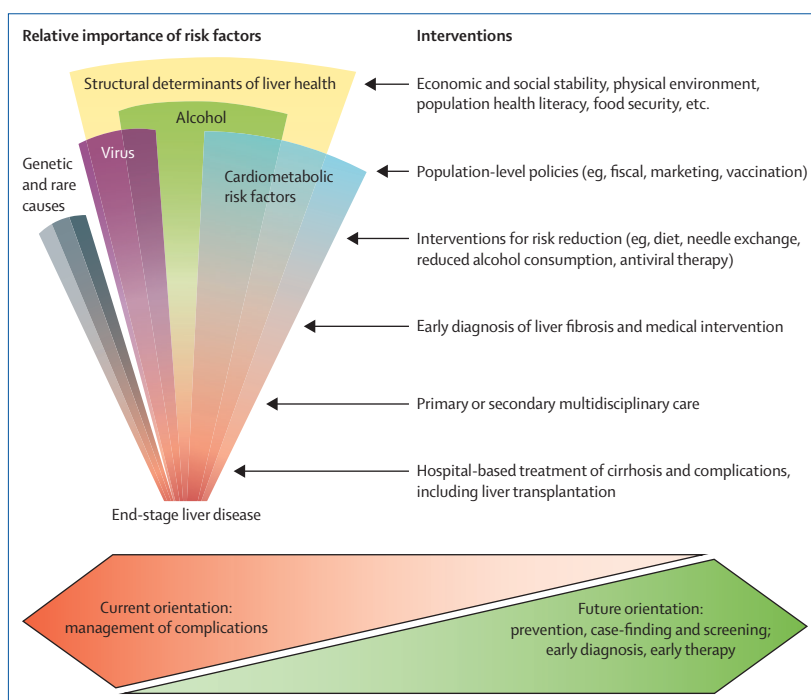


Figure: A call for action to shift the orientation in tackling liver disease

work will challenge the simplistic framing that places responsibility for action on individuals in ways that increase stigmatisation and perpetuate inequalities.^{7,8} We will analyse the structural drivers of liver disease and describe the actions that societies must implement to create the material conditions that facilitate healthy behaviours.^{9,10} This expanded perspective has led to the addition of new Commissioners from relevant disciplines, including social sciences and philosophy, to address equity in models of care, stigma and mental health, and quality of life for people with liver disease.

Hepatology operates at the crossroads of many medical specialties and health-care and community workers. A crucial message of the first Commission report was the need for a shift of perspective for everyone who works with individuals at risk of liver disease away from a conventional focus on liver test abnormalities to new endpoints of progressive liver fibrosis. This will require the establishment of new health-care pathways to facilitate case-finding and early diagnosis of progressive forms of liver disease and linkage to appropriate care. Minimum standards of care will be identified to meet the present and future needs of European residents, including those migrating to Europe. Successful implementation of diagnostic pathways and management systems requires harmonisation across relevant sectors of health systems. Specifically, the Commission will work across six strategic pillars to help provide actionable solutions.

The first pillar entails the identification and collection of data for informed health policy decisions. The second pillar focuses on management of the structural determinants of liver health, with a particular emphasis on commercial influences and alcohol consumption. The third pillar concerns improving transparency of diagnostic test and drug pricing in Europe. The fourth pillar will address how health-care processes can be refocused on early detection, prompt diagnosis, and screening. The fifth pillar involves strategies to embed an understanding of liver disease among Europe's future generations and health-care practitioners. The sixth pillar explores the inter-relation of liver and mental health from a multimorbidity standpoint.

The Commissioners are steadfast in our commitment to advance liver health for future generations, necessitating an integration of educational initiatives for emerging health professionals, the evolution of

clinical pathways in progressive health-care systems, and the articulation of new public health policies. This endeavour will be encapsulated within a cohesive, equity-centred framework, designed to assess and mitigate health risks comprehensively, thereby embodying a rigorous, sustainable, and holistic approach to liver health across Europe in line with the core ethos of EASL.¹¹ The complexity and heterogeneity of Europe provides an opportunity for the Commission to identify a set of effective, affordable, and practical recommendations with the potential to generate benefits on a global scale.

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The Commissioners are Harry Rutter, Patrizia Carrieri, Shira Zelber-Sagi, Eivind Engebretsen, Sharon Hutchinson, Kristin Voigt, Neil Guha, Annalisa Berzigotti, Georg Schomerus, Pere Gines, Maria Buti, Patrizia Burra, Michael P Manns, Aleksander Krag, Phil Newsome, Vlad Ratziu, Philippe Mathurin, Nuria Fabrellas, Michele Cecchini, Erika Duffell, Volkan Yomuk, Thomas Berg, Achim Kautz, Marcelo Naveira, Liana Gheorghe, and Tom H Karlsen. A Steering Committee governs the work of the Commission, formed by Aleksander Krag, Sabine Kleinert, Patrizia Burra, Michael P Manns, Maria Buti, and Shira-Zelber Sagi, and chaired by Tom H Karlsen.

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