

CORRESPONDENCE

Letter to the Editor: People living with HIV and NAFLD— A population left behind in the global effort for liver fibrosis screening?

To the editor,

We read with great interest the recently released AASLD practice guidance on the Clinical Assessment and Management of NAFLD.^[1] The guidance includes the use of noninvasive diagnostic tests for screening of significant liver fibrosis. Surprisingly, people living with HIV (PWH) are not included among at-risk patient populations who should be screened, despite preponderant evidence about the increased frequency and severity of NAFLD.^[2] A recent meta-analysis showed a pooled prevalence of NAFLD and significant liver fibrosis of 34% and 12% in HIV mono-infected patients, respectively.^[3]

The reasons for this increased burden are related to the more complex pathogenesis of liver disease. First, PWH has an excess prevalence of classical metabolic risk factors driving the pathogenesis of NAFLD and associated liver fibrosis. Second, risk factors unique to PWH, such as exposure to certain antiretroviral drugs, immune activation, and systemic chronic inflammation, create a perfect storm of etiopathogenetic pathways leading to accelerated parenchymal inflammation and liver fibrosis. Moreover, HIV itself adversely affects both hepatocytes and non-parenchymal cells.^[2] The European AIDS Clinical Society guidelines identify PWH as an at-risk population for NAFLD and liver fibrosis.^[4] Case-finding of significant liver fibrosis is recommended through stepwise care pathways utilizing noninvasive diagnostic tests. The expert panel review from the American Gastroenterology Association also considers PWH a high-risk group for NAFLD.^[5]

We agree that the enormous and increasing burden of NAFLD warrants resource-adaptive public health management strategies, particularly those that focus on high-risk populations for NAFLD-associated significant liver fibrosis. Based on current evidence, PWH should be considered an at-risk population and targeted for screening strategies for liver fibrosis. We believe that their inclusion in the guidelines will also help address current gaps in the pathogenesis and natural history of

HIV-associated NASH. Moreover, PWH is currently excluded from the global effort of therapeutic trials for NASH.^[2] The endorsement of the hepatological community is crucial in promoting awareness, research, and public health efforts among stakeholders in HIV medicine.

AUTHOR CONTRIBUTIONS

Giada Sebastiani, Jovana Milic, and Giovanni Guaraldi conceptualized and designed the manuscript. Giada Sebastiani wrote the first draft of the manuscript. Jovana Milic, Emmanuel A. Tsochatzis, Catia Marzolini, Michael Betel, Sanjay Bhagani, Caryn G. Morse, Felice Cinque, James B. Maurice, Patrick Ingiliz, Jennifer Price, Maud Lemoine, Jürgen K. Rockstroh, and Giovanni Guaraldi revised the manuscript. All the authors contributed to the discussion.

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CONFLICTS OF INTEREST

Giada Sebastiani consults advises, and is on the speakers' bureau for Novo Nordisk. She consults advises, is on the speakers' bureau and received grants from Merck. She consults and is on the speakers' bureau for Gilead. She consults for Intercept and Novartis. She advises Pfizer. She is on the speakers' bureau for AbbVie. She received grants from Theratechnologies. Jovana Milic is on the speakers' bureau for Gilead and ViiV. Emmanuel Tsochatzis consults for and is on the speakers' bureau for Novo Nordisk. He consults for Pfizer and Boehringer. Catia Marzolini received grants from Gilead. She is on the speakers' bureau for ViiV and MSD. Michael Betel consults for Sonic Incytes, Regeneron, Hoffmann-La Roche, and Sentrex Health Solutions. Sanjay Bhagani advises, is on the speakers' bureau and received

Abbreviations: PWH, people with HIV.

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grants from Gilead. He consults for ViiV. He is on the speakers' bureau for AbbVie, MSD, and Janssen. Caryn G. Morse advises Theratechnologies and ViiV. She received grants from Gilead. James Maurice consults for and received grants from Intercept. He consults for Advant. Patrick Ingiliz consults is on the speakers' bureau and received grants from Gilead. He consults and is on the speakers' bureau for ViiV and AbbVie. He is on the speakers bureau for Eiger, MSD, and Janssen. Jennifer Price received grants from Gilead, Merck, Abbvie, Zydus, VIR, and Genentech. Maud Lemoine consults advises, and received grants from Gilead. She consults for Abbott. She received grants from ViiV. Jürgen Rockstroh consults and is on the speakers' bureau for Merck. He consults and is on the speakers' bureau for Gilead and ViiV. He consults for Boehringer, Gallapagos, Abivax, and Janssen. Giovanni Guaraldi advises, is on the speakers' bureau and received grants from ViiV, Gilead, and Merck. He received grants from Janssen. The remaining authors have no conflicts to report.

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