



Understanding and preventing the progression of liver disease in Non Alcoholic Fatty Liver Disease (NAFLD)



The FLIP consortium has been built around practising clinical hepatologists and basic scientists and 2 industrial partners with an established track record, and focus on research into the underlying mechanisms and management of patients with NAFLD.

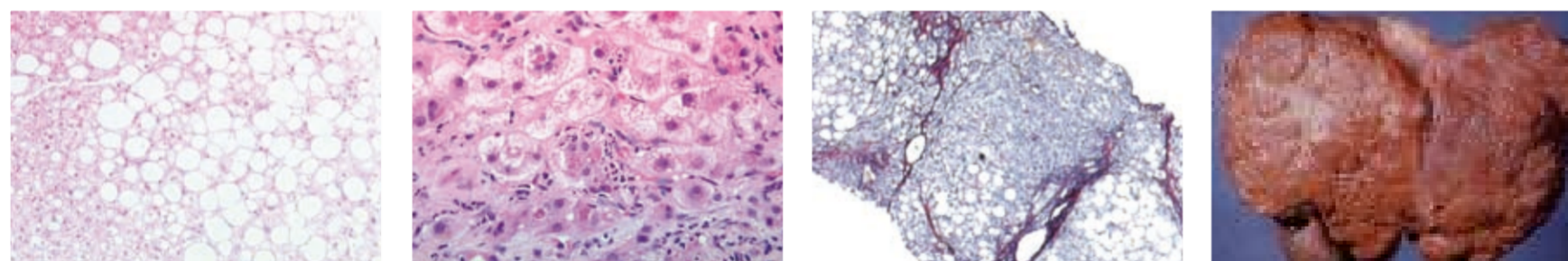
Objectives

The aim of the FLIP consortium (Fatty Liver Inhibition of Progression) is to understand and prevent the progression of NAFLD to its more severe forms. The main outcomes of FLIP will be:

- New insights into its progression, particularly in terms of identifying the initiating mechanisms and patients at risk.
- Developing innovative diagnostic methods adapted for large-scale screening and prognostic evaluation.
- Characterising the key pathways and molecular targets amenable to pharmacological therapy, and finally, the improvement of implementation of lifestyle changes.

What is NAFLD?

NAFLD encompasses a spectrum of liver disease associated with insulin resistance, diabetes and obesity. It ranges from excess fat in the liver (steatosis), to fat in combination with inflammation and liver cell injury (steatohepatitis), to cirrhosis and its complications, liver cancer in particular. Cirrhosis describes the fibrosis or scarring that occurs as part of a wound healing response to non alcoholic steatohepatitis, which is commonly called NASH.

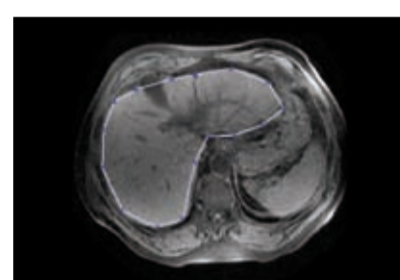


Isolated steatosis (fatty liver without inflammation or scarring) Steatohepatitis with Mallory-Denk bodies and inflammation NASH with advanced fibrosis NASH cirrhosis

Context / Impact

NAFLD is rapidly becoming one of the most common liver diseases worldwide. The prevalence of NAFLD and NASH is increasing in overweight children and adults but also in insulin-resistant individuals of normal weight. Due to the rapidly progressing epidemics of obesity and diabetes, a large segment of the population is at risk for NAFLD. Particularly worrisome is the emergence of NAFLD/NASH with significant fibrotic disease in developing countries, even in patients of normal weight or who are underweight.

Diagnosis and Prognosis



- Currently the only way of diagnosing NASH is by liver biopsy, an invasive procedure, unsuitable for the screening of at-risk individuals.
- The development of non-invasive strategies for diagnosis and staging is therefore a priority for the optimal management of this disease, as is the validation of consensual pathological classification.
- The further characterization of severe complications of NASH (cirrhosis, hepatocellular carcinoma) and of the interaction with cardiovascular outcomes is urgently needed.

Expected results

- Creation of a prospective European cohort of patients with standardised inclusion criteria and histologically proven NAFLD/NASH
- Creation of a prospective European observatory of hepatocellular carcinoma in NASH
- Identification of novel epidemiological determinants for NAFLD in adolescence and adulthood
- Identification of clinical correlates and mechanisms of progression in NAFLD
- Validation of improved diagnostic & prognostic markers for NAFLD
- Validation of consensual histological classifications of NAFLD/NASH
- Improved implementation of preventive strategies in NAFLD

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