

# PCPS AND ENDOCRINOLOGISTS FORESEE INCREASED SCREENING AND GREATER RESPONSIBILITY IN MASH MANAGEMENT IN THE NEAR FUTURE

*J. Hickey, J. Soussa, PharmD*

## Background:

The approval of resmetirom and semaglutide for metabolic dysfunction-associated steatohepatitis (MASH) has intensified the need for earlier diagnosis of patients before progression to advanced disease. This study evaluates current MASH diagnosis and management patterns among primary care physicians (PCPs) and endocrinologists.

## Methodology:

An independent market analytics firm conducted an online survey among US-based PCPs, including family practitioners, general practitioners and internal medicine specialists (n=52) as well as endocrinologists (n=49) from October 17-23, 2025 to assess the role they play in diagnosing and treating MASH.

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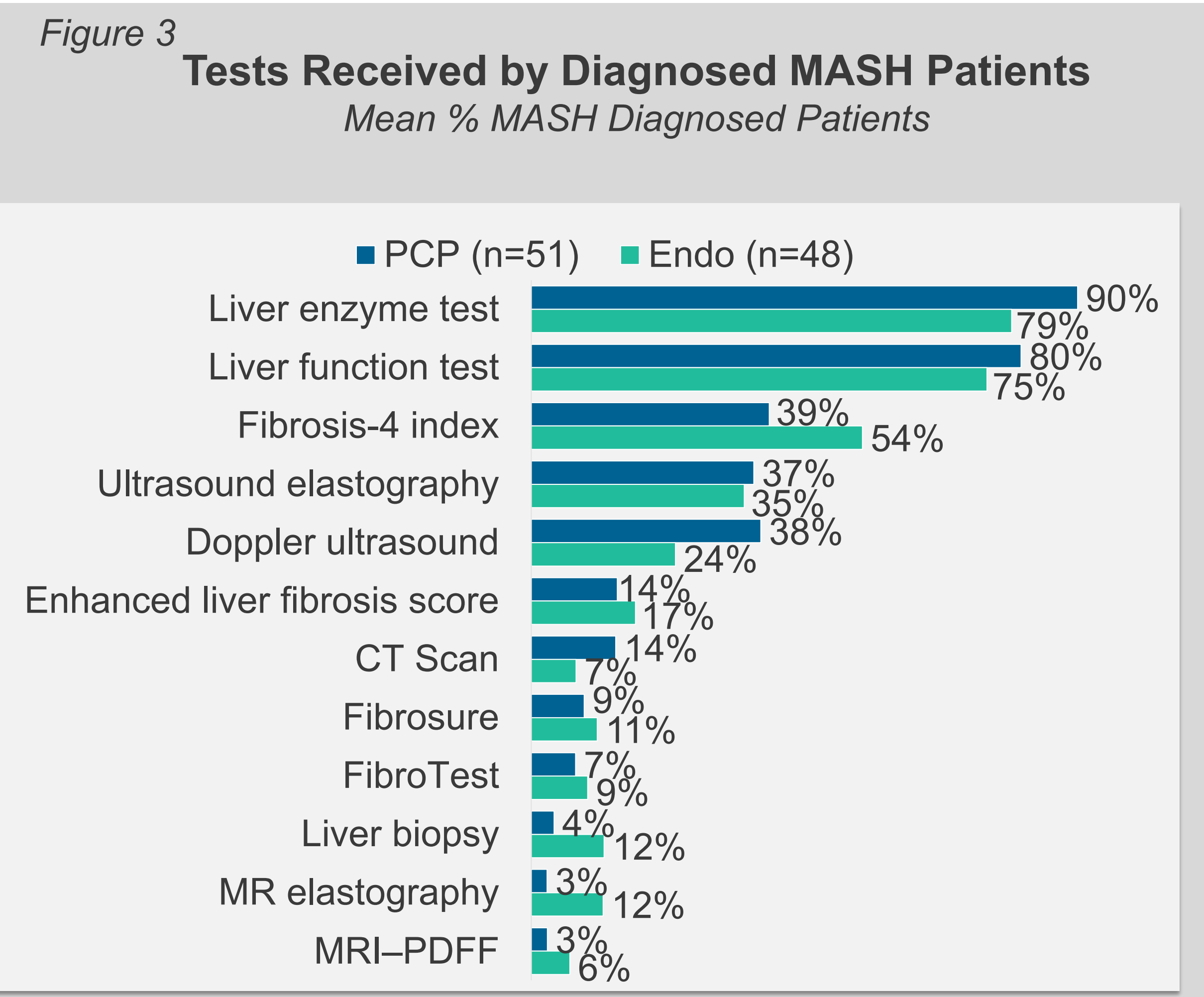
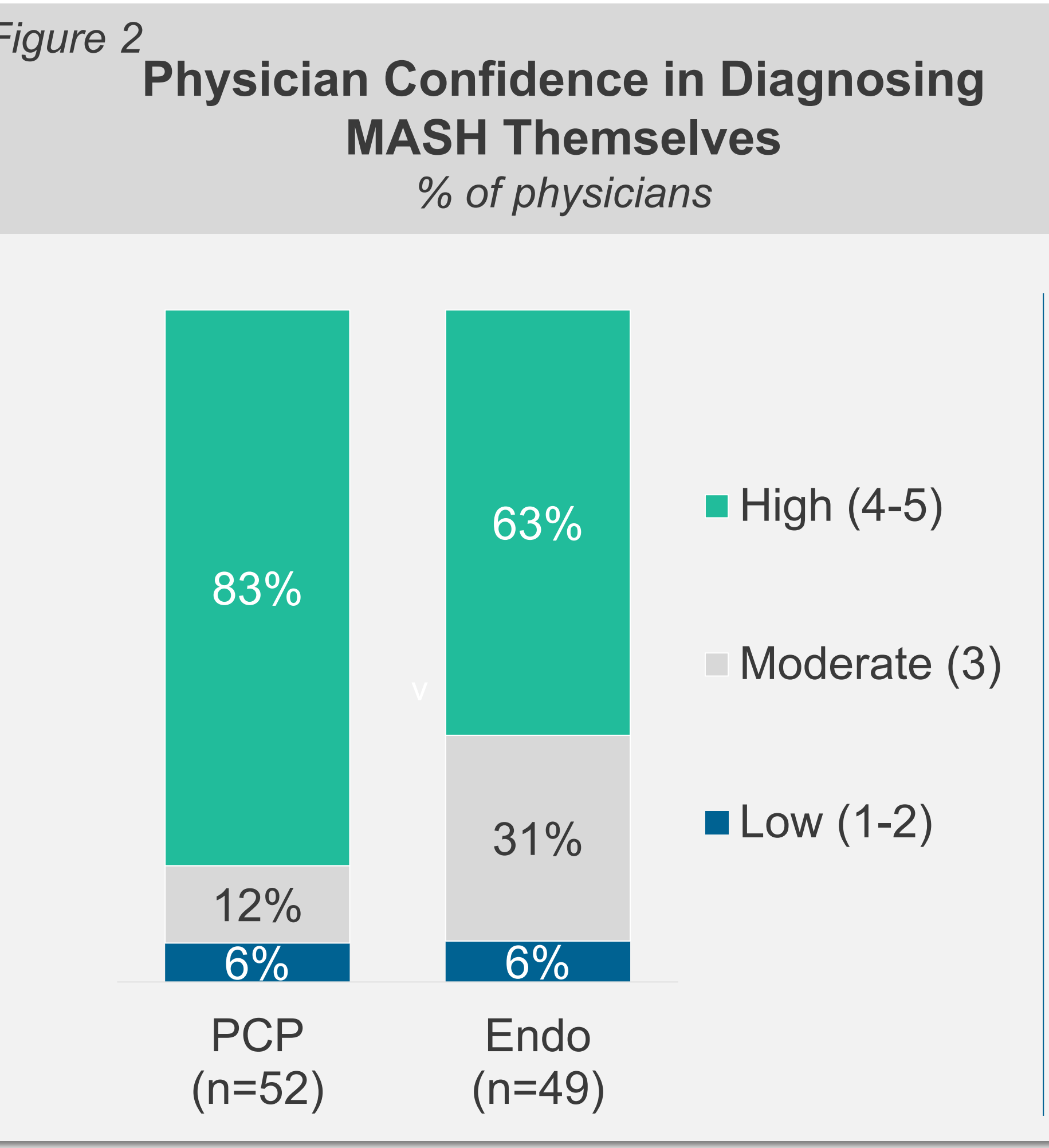
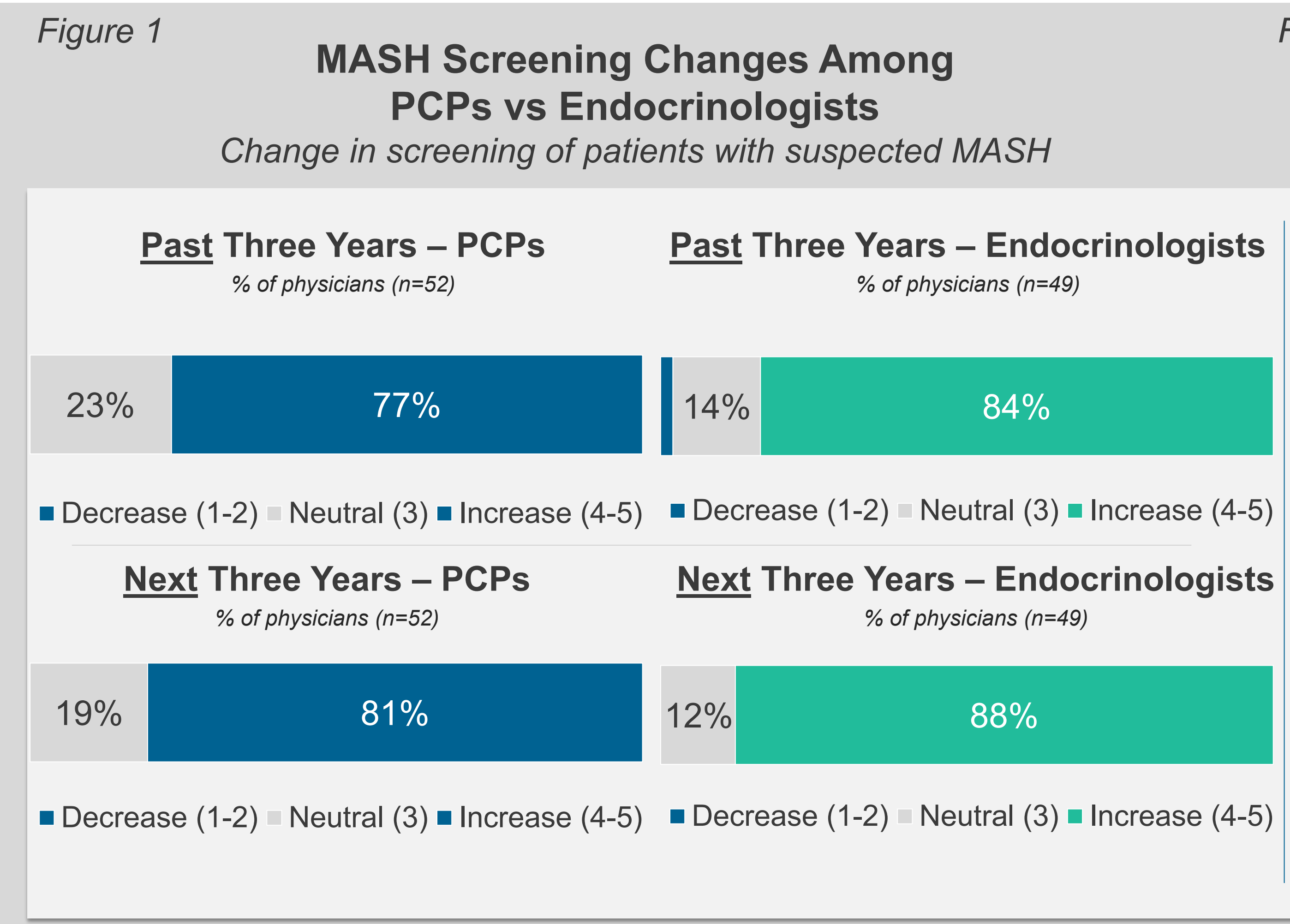


## Acknowledgments:

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## Disclosures:

Jim Hickey and Joseph Soussa are employees of Spherix Global Insights, an independent market intelligence firm and have received no industry funding to conduct and report on this study.



## Results:

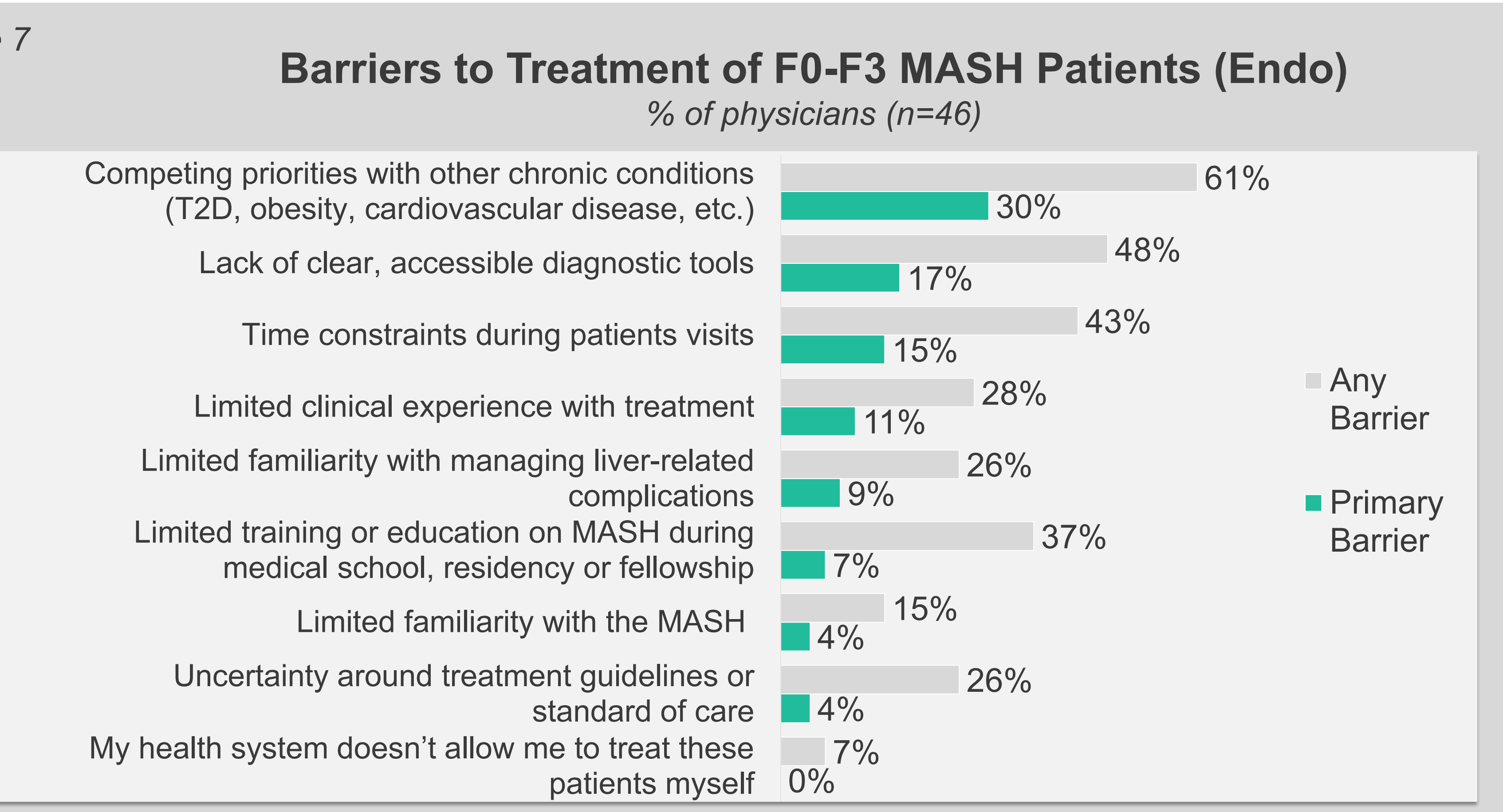
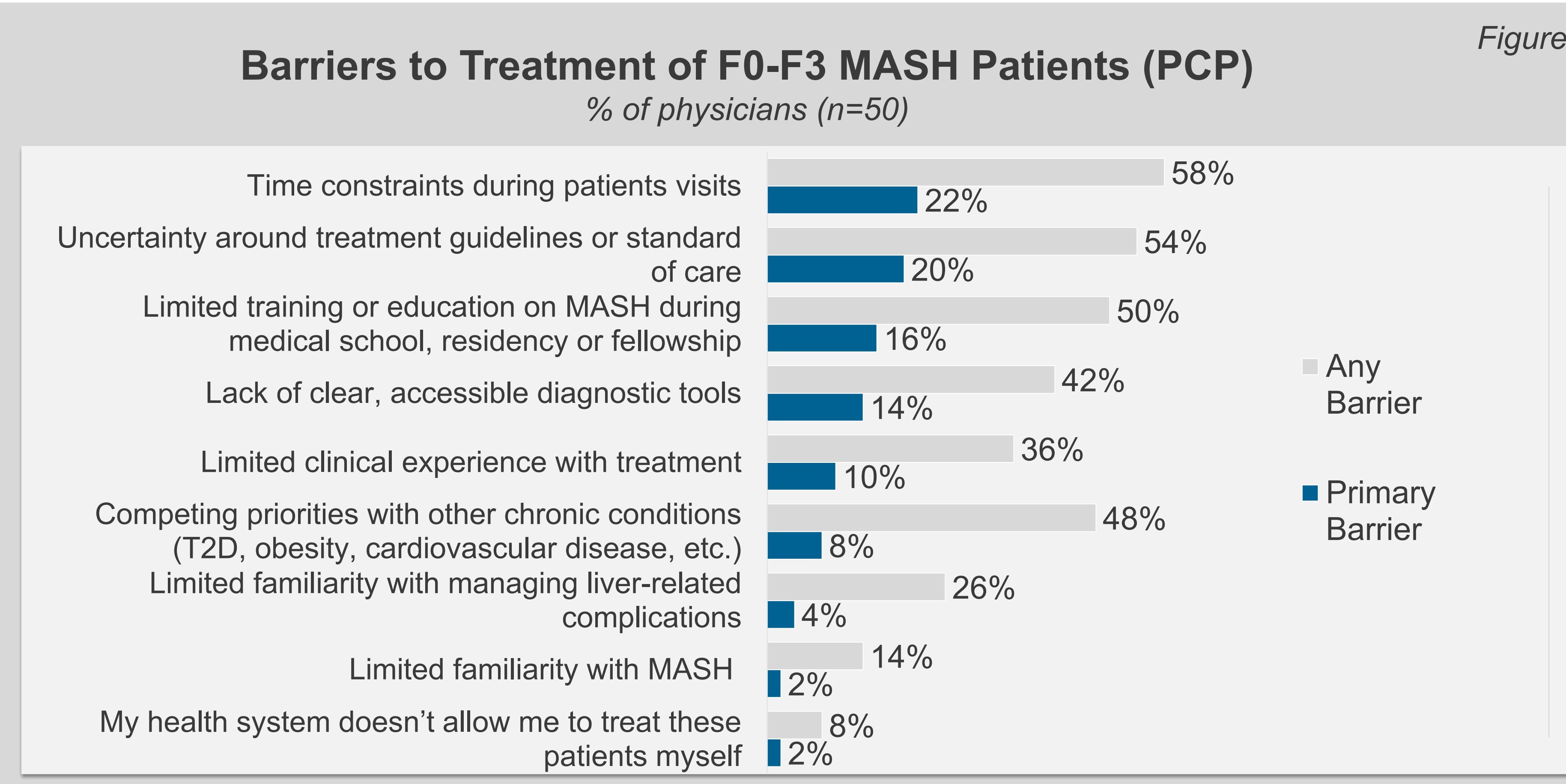
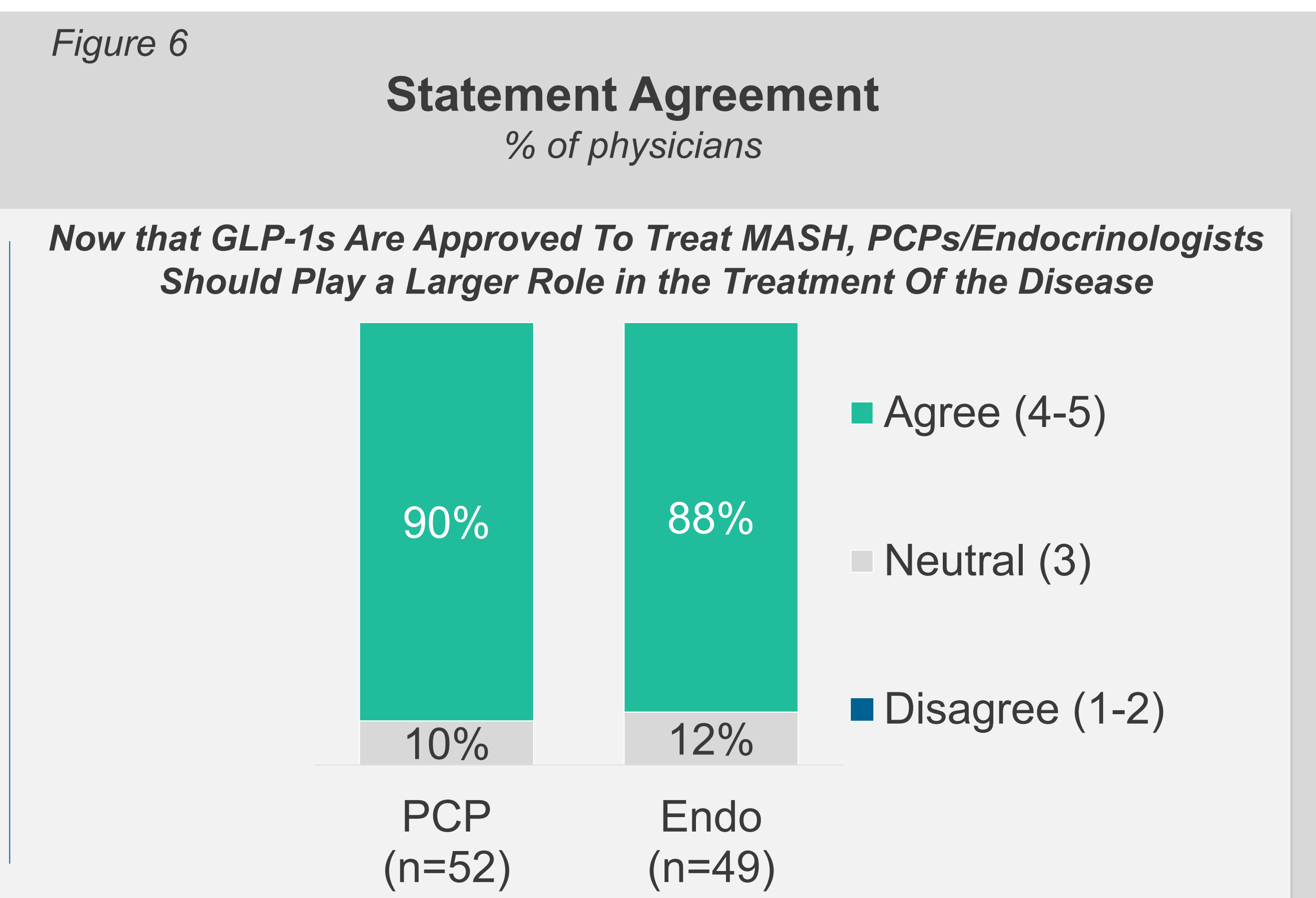
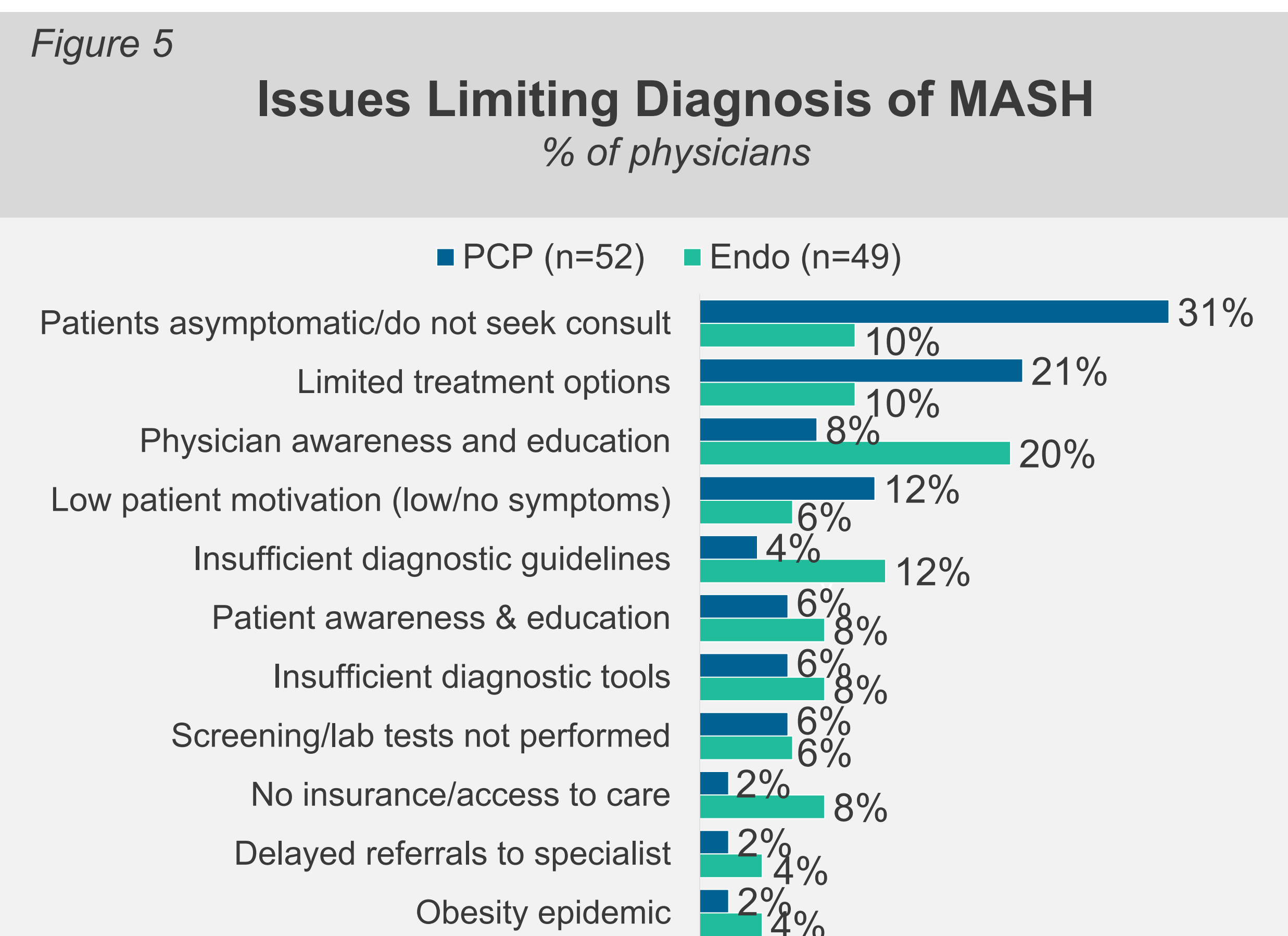
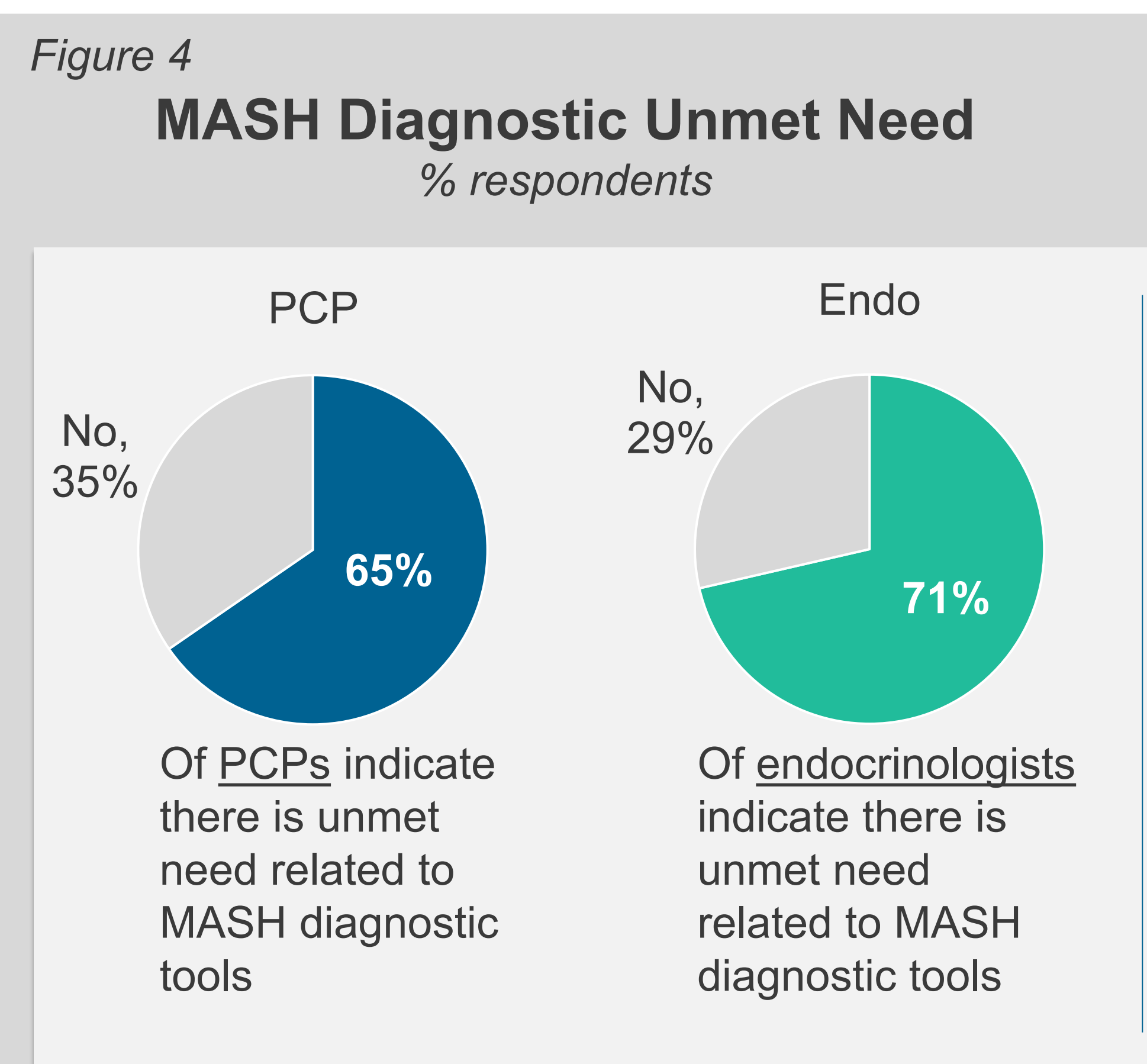
PCPs and endocrinologists report increased screening for MASH over the past three years, driven by heightened disease awareness and the emergence of approved therapies (Fig. 1). Most respondents also anticipate further increases over the next three years (Fig. 1).

Confidence in diagnosing MASH is high among both groups (Fig. 2). They most commonly use liver enzyme and liver function tests to identify suspected MASH (Fig. 3). Despite this, most clinicians report a need for improved diagnostic approaches (Fig. 4).

Rising screening activity is accompanied by barriers that may impede broader detection efforts. PCPs cite the asymptomatic nature of MASH and limited treatment options, while endocrinologists point to insufficient physician education and awareness (Fig. 5).

The FDA's approval of semaglutide for MASH with moderate to advanced fibrosis (F2-F3) represents a significant advancement. Because semaglutide is widely used across both specialties for type 2 diabetes and obesity, most respondents believe they should play a larger role in MASH management, suggesting a potential expansion of clinicians able to initiate treatment (Fig. 6).

However, both specialties report barriers that may limit their capacity to manage MASH. PCPs most commonly cite limited time during patient visits, uncertainty regarding evolving treatment guidelines, and inadequate MASH-specific training. Endocrinologists most often point to competing chronic disease priorities and insufficiently clear or accessible diagnostic tools (Fig. 7).



## Conclusions:

Given the substantial potential population of patients with undiagnosed MASH, early identification and timely management are critical. PCPs and endocrinologists express confidence in diagnosing the condition and are well positioned to identify at-risk patients. With the approval of semaglutide, their role in MASH treatment could expand in the near future. Continued research is needed to determine optimal strategies for engaging these clinicians and supporting their increasing responsibilities in the management of this disease.