References

Author names in bold designate shared co-first authorship.

[1] Hopkins PC, Yazigi N, Nylund CM. Incidence of biliary atresia and timing of hepatoportoenterostomy in the United States. J Pediatr 2017;187:253–257.
[2] Chen X, Dong R, Shen Z, Yan W, Zheng S. Value of gamma-glutamyl transpeptidase for diagnosis of biliary atresia by correlation with age. J Pediatr Gastroenterol Nutr 2016;63:370–373.
[3] **Zhang R**, **Su L**, **Fu M**, **Wang Z**, Tan L, Chen H, et al. CD177(+) cells produce neutrophil extracellular traps to promote biliary atresia [published online ahead of print, 2022 Jul 5]. J Hepatol 2022. https://doi.org/10.1016/j.jhep.2022.06.015. S0168-8278(22)00409-3.
[4] Lertudomphonwanit C, Mourya R, Fei L, Zhang Y, Gutta S, Yang L, et al. Large-scale proteomics identifies MMP-7 as a sentinel of epithelial injury and of biliary atresia. Sci Transl Med 2017;9:eaan8462.

Ruizhong Zhang[1,2,#]
Junyu Huang[1,#]
Jiarou Shan[1]
Yan Chen[3,1,*]
Huimin Xia[1,*]

[1]*Provincial Key Laboratory of Research in Structure Birth Defect Disease and Department of Pediatric Surgery, Guangzhou Women and Children's Medical Center, Guangzhou Medical University, Guangdong Provincial Clinical Research Center for Child Health, Guangzhou, 510623, China*
[2]*Department of Pediatric Surgery, The Third Affiliated Hospital of Zhengzhou University, Zhengzhou, 450052, China*
[3]*Faculty of Medicine, Macau University of Science and Technology, Macau, 999078, China*
[*]Corresponding authors. Address: Provincial Key Laboratory of Research in Structure Birth Defect Disease and Department of Pediatric Surgery, Guangzhou Women and Children's Medical Center, Guangzhou Medical University, Guangdong Provincial Clinical Research Center for Child Health, Guangzhou, 510623, China. Tel.: +86 3807 6560, fax. +86 3836 7693.
E-mail addresses: ychenc@hku.hk (Y. Chen), xia-huimin@foxmail.com (H. Xia)

[#] Co-first authors

New terms for fatty liver disease other than MAFLD: Time for a reality check

To the Editor:

In 2020 a landmark consensus by international experts put forth a comprehensive proposal for renaming and defining what was previously termed non-alcoholic fatty liver disease (NAFLD). The conceptualised framework changed the disease from one that was diagnosed when all other causes for hepatic steatosis were excluded (hence removing the "non" word) and its overemphasis on alcohol. The new term metabolic (dysfunction) associated fatty liver (MAFLD) and its diagnostic criteria acknowledged the dominant role of metabolic dysregulation in disease pathogenesis. Despite the multiple positive attributes that have been supported by mounting evidence of its superior clinical utility, controversy still exists.[1–5] Importantly, during the course of this debate NAFLD and MAFLD remain the only two alternatives for the disease nomenclature.

Recently, multiple potential alternative terms have been proposed. From our perspective, it is time for a reality check to distinguish the genuine from the hype. First of all, how did MAFLD come about? A group of 31 experts engaged in a 2 round Delphi process to consider alternative names, recognising that NAFLD for various reasons did not serve the field. In the first round, experts were asked to come up with any and all alternative terms (*i.e.* an open question). In the second round, the panel voted on their top 6 choices from the names suggested in round one. In round two, MAFLD was supported by ~70% of participants.[5] This data was published as a "proposed" nomenclature after which extensive clinical research ensued across the world, validating the name and its diagnostic criteria.[4] Hence, one could legitimately ask what can we expect from repeating the same process again apart from feeding a sense of confusion and division. Notably, none of the other terms proposed have been accompanied by a set of diagnostic criteria for adults and children that tells us what the disease is. Rather, what all the other terms have in common is the "non"-definition of NAFLD clothed in a term that does not have the word "non" and perhaps "alcohol".

Second, it should be noted that disagreement around MAFLD may be less than initially assumed and has focused on a small but vocal group interested in maintaining the status quo. MAFLD has received substantial endorsement from multiple pan-national and national societies, and stakeholders.[6] At the apex, >1,000 stakeholders including hepatologists, endocrinologists, paediatricians, primary-care providers, pathologists, patient advocates, nurses, nutritionists, and pharmaceutical experts from >134 countries endorsed the term.[7] Does this not say something?

Third, querying PubMed has shown that >10% of publications since coinage of MAFLD have opted to use that term (this does not include articles that have mentioned both terms), which is double that from the year before. If the same trends hold, within 2 years approximately 40-50% of publications will be using MAFLD not NAFLD. By analogy, the terms NAFLD/NASH took over 15 years from when first coined to reach to the same number of publications that MAFLD has reached in 2 years. This has been in the context of substantial barriers at the publication interface.

The number of citations gives another proxy of academic acceptance. The two original publications on MAFLD[4,5] are cited over 12.4 fold more than the two opposing editorials[8,9] (2,373 *vs.* 191 cites, respectively as per 18 July 2022). In addition, we

Received 26 July 2022; received in revised form 9 August 2022; accepted 11 August 2022; available online 18 August 2022
https://doi.org/10.1016/j.jhep.2022.08.009

analysed internet search patterns over time using Google Trends for MAFLD compared to NAFLD, which showed that there was a continuous increase in public interest in MAFLD that in some regions (*e.g.*, Chile, Mexico and Spain) reached comparable levels to the term NAFLD, despite differences in the time scale of availability of both terms.

MAFLD has been translated into the clinic in multiple regions around the world and numerous clinical recommendations have been published.[10] Studies have shown the positive implications of the transition to MAFLD in increasing disease awareness among patients, healthcare providers and for increasing attention to MAFLD at conferences across countries and health systems.[1] A completely new name other than MAFLD merely undermines the momentum and stalls progress.

In conclusion, there is no question on the necessity to redefine fatty liver disease. All the other terms that have been proposed fall far short as descriptors and fail to define the disease. Therefore, scrutiny of these other suggestions requires a reality check. Overlooking the growing evidence and support for MAFLD is like an ostrich with its head in the sand. Not acknowledging the data does not change the fact that the data exists. Whether we like it or not, MAFLD is heavily embedded in the literature and there is no turning back. In our view, moving the discussion away from the debate on MAFLD-NAFLD is unrealistic and has no potential to move the field forward. Instead, we believe that building on the momentum generated by the transition to MAFLD is the way forward.

Financial support
The authors received no financial support to produce this manuscript.

Conflict of interest
The authors declare that they have no conflicts of interest.

Please refer to the accompanying ICMJE disclosure forms for further details.

Authors' contributions
Authors contributed equally to all aspects of the manuscript.

Supplementary data
Supplementary data to this article can be found online at https://doi.org/10.1016/j.jhep.2022.08.009.

References
[1] Alharthi J, Gastaldelli A, Cua IH, Ghazinian H, Eslam M. Metabolic dysfunction-associated fatty liver disease: a year in review. Curr Opin Gastroenterol 2022;38:251–260.
[2] Eslam M, Ahmed A, Després J-P, Jha V, Halford JC, Chieh JTW, et al. Incorporating fatty liver disease in multidisciplinary care and novel clinical trial designs for patients with metabolic diseases. Lancet Gastroenterol Hepatol 2021;6:743–753.
[3] Eslam M, Alkhouri N, Vajro P, Baumann U, Weiss R, Socha P, et al. Defining paediatric metabolic (dysfunction)-associated fatty liver disease: an international expert consensus statement. Lancet Gastroenterol Hepatol 2021;6:864–873.
[4] Eslam M, Newsome PN, Sarin SK, Anstee QM, Targher G, Romero-Gomez M, et al. A new definition for metabolic dysfunction-associated fatty liver disease: an international expert consensus statement. J Hepatol 2020;73:202–209.
[5] Eslam M, Sanyal AJ, George J, Sanyal A, Neuschwander-Tetri B, Tiribelli C, et al. MAFLD: a consensus-driven proposed nomenclature for metabolic associated fatty liver disease. Gastroenterology 2020;158:1999–2014.e1991.
[6] Shiha G, Korenjak M, Eskridge W, Casanovas T, Velez-Moller P, Högström S, et al. Redefining fatty liver disease: an international patient perspective. Lancet Gastroenterol Hepatol 2021;6:73–79.
[7] Méndez-Sánchez N, Bugianesi E, Gish RG, Lammert F, Tilg H, Nguyen MH, et al. Global multi-stakeholder endorsement of the MAFLD definition. Lancet Gastroenterol Hepatol 2022;7:388–390.
[8] Younossi ZM, Rinella ME, Sanyal AJ, Harrison SA, Brunt EM, Goodman Z, et al. From NAFLD to MAFLD: implications of a premature change in terminology. Hepatology 2021;73:1194–1198.
[9] Ratziu V, Rinella M, Beuers U, Loomba R, Anstee QM, Harrison S, et al. The times they are a-changin'(for NAFLD as well). J Hepatol 2020;73:1307–1309.
[10] Eslam M, Sarin SK, Wong VW-S, Fan J-G, Kawaguchi T, Ahn SH, et al. The Asian Pacific Association for the Study of the Liver clinical practice guidelines for the diagnosis and management of metabolic associated fatty liver disease. Hepatol Int 2020;14:889–919.

Nahum Méndez-Sánchez[1,2,*]
Shreya C. Pal[1,2]
[1]*Liver Research Unit, Medica Sur Clinic & Foundation, Mexico*
[2]*Faculty of Medicine, National Autonomous University of Mexico, Mexico City, Mexico*
[*]Corresponding author. Address: Liver Research Unit, Medica Sur Clinic & Foundation and Faculty of Medicine. National Autonomous University of Mexico, Mexico City, Mexico. Tel.: (+525) 55424-4629, fax: (+525)55 666-4031.
E-mail addresses: nmendez@medicasur.org.mx, nah@unam.mx (N. Méndez-Sánchez), shreyacarmenpal@gmail.com (S.C. Pal)

MAFLD 2022: An ELPA/ALPA/EASO-ECPO joint statement on disease stigma

To the Editor:

Metabolic (dysfunction) associated fatty liver disease (MAFLD) is a highly prevalent and complex condition[1] and can lead to serious complications such as liver failure and liver cancer. MAFLD also increases the risk of non-liver complications such as cardiovascular disease, diabetes and chronic kidney disease.[2]

In hepatology, our language has not always been right and this is why we are looking to change the narrative. From the perspective of patient advocacy, the non-alcoholic fatty liver

Received 5 August 2022; received in revised form 18 August 2022; accepted 21 August 2022; available online 30 August 2022
https://doi.org/10.1016/j.jhep.2022.08.027