RUSH

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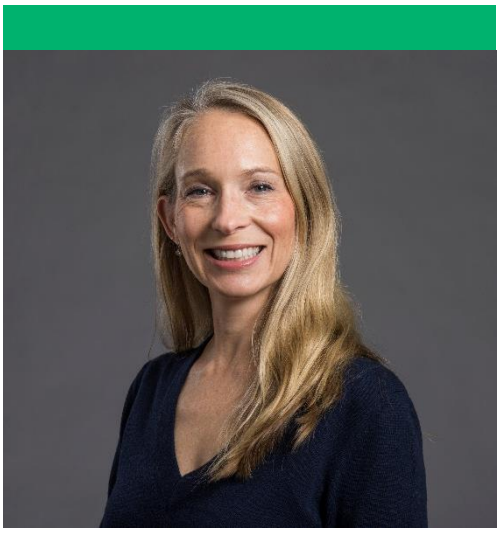
The Richard B. Capps, MD, Professor of Hepatology



Advancement of Medicine

In 2024, we continued to improve our understanding of liver disease and find new management pathways for this condition. Liver disease rates have been steadily increasing over the years, and it is recognized as the second-leading cause of mortality among all digestive diseases in the United States. Highlights of the year included integrating a pathway to manage alcohol use disorder in individuals with alcohol-associated liver disease and establishing a multidisciplinary liver cancer clinic.

Research

Funds from the Capps Endowment have been critical in supporting our research projects, which are focused on alcoholic liver diseases and funded by the National Institute on Alcohol Abuse and Alcoholism, or NIAAA, at the National Institutes of Health. Alcohol consumption causes a spectrum of clinical illnesses and morphological changes that range from fatty liver to hepatic inflammation (alcoholic hepatitis) and progressive fibrosis (alcoholic cirrhosis). Alcoholic liver disease has an incompletely known pathogenesis, and specific treatments are lacking. It is an extremely common disease with significant mortality and morbidity. The syndrome of alcohol-associated hepatitis is increasingly an indication for liver transplantation.

The endowment supports the upstart for the NIH-funded ACCLERATE PACE study, which is a prospective continuation of the retrospective ACCELERATE AH study focusing on outcomes of early liver transplantation for patients with alcohol liver disease. As part of this collaboration, **Sheila Eswaran, MD, MS**, and team have contributed to the national and international field of hepatology with seven published peer-reviewed articles.

The Capps Endowment has also been vital in support of the Liver Cancer Multidisciplinary Clinic. In fiscal year 2024, our team added liver cancer nurse navigator **Julia McMahon, RN**, two additional

interventional radiologists, one interventional radiologist advanced practitioner and one medical oncology advanced practitioner. We saw 17% increase in new liver cancer volume across the institution, including eight liver transplants for liver cancer. We had 2 CME liver cancer-related symposiums and developed an innovative program for a new FDA-approved liver cancer ablative treatment, Histotripsy, making Rush the only medical center offering this therapy in Chicago. We also have one liver cancer clinical trial enrolling patients. We have moved the location of our weekly tumor board conference from the Joan and Paul Rubschlager Tower to the new Joan and Paul Rubschlager Building on the Rush University Medical Center campus. Based on informal feedback, this move has greatly improved efficiency and attendee satisfaction because of reliable virtual meeting technology. Our greatest achievement was launching the Liver Cancer Multidisciplinary Clinic on July 1, 2024, resulting in 38 new patients in nine months. This integrated, centralized clinic focuses on patient care, education and research with our liver cancer team at RUSH MD Anderson Cancer Center.

Metabolic dysfunction-associated steatotic liver disease, or MASLD, is the most prevalent cause of liver disease in the U.S. The endowment supports **Sujit Janardhan, MD, PhD**, and his ongoing efforts to optimize management of MASLD through a subspecialty pathway supported by an advanced practice provider, or APP, and integrate MASLD management into primary care.

Over the past year, the Weight Intervention in Liver Disease, or WILD, Program and its related endeavors have been highly productive. Your support has been instrumental in allowing Dr. Janardhan the resources to pursue and enrich these endeavors. The program has expanded despite the contraction of our current faculty. Our fourth obesity-trained APP is scheduled to complete her certification in the next few months. In addition, national recognition of our WILD Program — and our Metabolic dysfunction-associated steatohepatitis, or MASH, program in general — has led to several opportunities for academic productivity, collaboration and further media exposure/public education. The success of this program, the collaborative opportunities it has generated and the change in the treatment landscape for MASH has driven us to change the scope of the program from a weight management program embedded within the Rush hepatology clinic to a comprehensive and dedicated MASH treatment clinic. This will be a standalone clinic focused solely on optimal treatment of MASH patients, including the WILD lifestyle program, pharmacotherapy for MASH, focused liver-related outcome monitoring, comprehensive metabolic screening, medication

optimization for MASH and other metabolic risks, and patient education and outreach. This will be the focus of the next year for the WILD/MASH program.

Clinical Trials

Your generosity supports our vital work establishing Rush University Medical Center's Liver Disease Biorepository. At Rush, a large cohort of patients with liver disease receives care through the Section of Hepatology. Equal to Rush's mission to provide state-of-the-art care for these patients is its research mission. As one of the nation's top leaders in academic medicine, Rush University Medical Center offers many different clinical trials for new therapies for a variety of liver diseases. We aim to expand the research mission to coordinate a wide variety of basic, translational and health services studies.

Crucial to this mission is access to accurate and robust phenotyping of patients through comprehensive patient-level data. With this goal in mind, this protocol has several objectives. The primary objective of this protocol is to create a database for the purpose of supporting researchers' access to patient-level information in a time-efficient and confidential manner to improve the quality of care delivered at our institution while also generating new medical knowledge. While the goals of future research utilizing this database are varied, its creation will allow for the collection of necessary patient data that can be used to complete retrospective research studies on all patients who agree to participate in this dataset. The second objective of this protocol is to obtain permission from the database participants to be contacted for participation in future research if they appear eligible for a study based on the medical information available within the database. The third objective of this protocol is to collect biological specimens for use in future basic, translational and clinical investigations. The final objective of this protocol is to collect data on quality of life, functional status, and other relevant metrics that are not routinely collected during the clinical care of patients with chronic liver disease to include in the database.

Finally, your generosity supports research by our residents and fellows, allowing them to design and execute projects that would otherwise not be possible. WILD/MASH academic opportunities include:

- Participation in the MASH Care Pathways summit — an advisory board and think tank designed to inform best practice guidance for the implementation of MASH screening

programs and optimal care of MASH and metabolic syndrome patients — MASHNet via Petauri/The Kinetix Group

- CKML Summit (Fall 2025) — Invited to participate in an advisory committee/think tank to inform best practice guidance for the development of multidisciplinary metabolic health clinics for the treatment of patients with metabolic syndrome
- Co-founding members/steering committee for the Rush Metabolic Health Consortium and related Healthy Living Program (ongoing). We are still assessing opportunities for institutional and grant funding, but we have begun enrolling patients into the program via the preventative medicine clinic with **Elizabeth Simkus, NP, DNP**. We have had two well-attended educational symposia this year.
- Consultative engagement for development of the target-metabolic national database program (ongoing)
- CLDF Annual Abstract Review: MASH. The Liver Meeting. November 2024

Publications – Abbreviated

- "MASLD requires multidisciplinary care to 'improve global metabolic, liver health,' " *Healio*, February 2024.
- "Which patient should be prioritized for liver transplant: NAFLD?" *Clinical Liver Disease*, 2024.
- "What Role Can GLP-1s Play in Treating MASLD/MASH? (Interview of Dr. Janardhan by Dr. Reau to be published online). *Medscape*, December 2024.
- "Concordance of MASLD and NAFLD nomenclature in youth participating in the TARGET-NASH real-world cohort." *Hepatology Communications*, October 2024.
- "High Concordance Between Nonalcoholic Fatty Liver Disease and Metabolic Dysfunction-Associated Steatotic Liver Disease in the TARGET-NASH Real-World Cohort." *American Journal of Gastroenterology*, May 2024.
- "Update on Hepatocellular Carcinoma Surveillance, Staging, and Therapy." *Gastroenterology & Hepatology*, July 2024.

- "The Survival Benefit of Reabstinence After Harmful Alcohol Use Following Early Liver Transplant for Severe Alcohol-Associated Hepatitis: A Multicenter ACCELERATE Study." *American Journal of Gastroenterology*, April 2025.
- "Autoimmune hepatitis: Current and future therapies." *Hepatology Communications*, June 2024.
- "Rifaximin plus lactulose versus lactulose alone for reducing the risk of HE recurrence." *Hepatology Communications*, May 2024.
- "New perspectives in liver diseases with challenges." *Gastroenterology Report — Oxford Academic,* November 2024.
- "The delta in management of HDV/HBV coinfection: Lessons from a case." *Clinical Liver Disease*, March 2024.
- "Preoperative risk evaluation and optimization for patients with liver disease." *Gastroenterology Report — Oxford Academic,* July 2024.
- "Hepatitis C Virus (HCV) Test and Treat Training Improves HCV Screening Rates in Resident-Associated Academic Primary Care Clinics." *Gastro Hep Advances*, July 2024.
- "A severe case of hypercalcemia in a patient with presumed cryptogenic cirrhosis." *Clinical Liver Disease*, June 2024.
- "Could the answer to NAFLD be hidden in diabetic therapy? The impact of T2DM treatment on NAFLD." *Clinical Liver Disease*, February 2024.
- "Characterizing outcomes in a large cohort of Latinx patients with autoimmune hepatitis." *Annals of Hepatology*, September 2024.
- "Patients With Autoimmune Hepatitis and Nonalcoholic Fatty Liver Disease: Characteristics, Treatment, and Outcomes." *Journal of Clinical Gastroenterology*, January 2024.
- "An expert consensus Delphi panel in MetALD: Opportunities and challenges in clinical practice." *Clinical Gastroenterology and Hepatology*, April 2025.

RUSH

Presentations

In addition to the extensive publications, our group presented this research at several academic congresses. The success of our faculty, thanks to your support, is also a major impetus for engaging our residents and fellows to pursue academic projects.

The Year Ahead: 2025 and Beyond

Liver morbidity and mortality are driven by three primary etiologies: liver cancer, metabolic dysfunction-associated steatotic liver disease, or MASLD, and alcohol use disorder. Over the next year, we will continue to build our WILD Program and work to improve our liver cancer pathway under Dr. Eswaran and our Alcohol Use Disorder Pathway, which is a multidisciplinary endeavor with hepatology, solid organ transplant and addiction. This work includes several resident and fellow projects, which have been designed to facilitate screening for liver disease and alcohol use disorder in primary care and GI clinics. In January, I started the path to become president of the American Association for the Study of Liver Diseases in 2029, opening additional collaborative opportunities for Rush.

With Gratitude

Your altruism truly embodies the spirit of **Richard B. Capps, MD**. He was both a dedicated scholar as well as a master clinician. He dedicated his life to the advancement of science while also uplifting amazing patient care. The patient was always the center of his mission, and his patients allowed his legacy to continue. As such, our department prioritizes patient-centered research and trainee education in deploying this generous funding in his memory.