

New Study Reveals Major Gaps in Liver Fibrosis Screening Across Canada

New national data shows strong physician willingness to screen, but major system barriers persist.

TORONTO, ON, CANADA, December 9, 2025 /EINPresswire.com/ -- A new peer-reviewed study published in the Canadian Liver Journal highlights significant gaps in liver fibrosis screening across Canada, despite the rising prevalence of Metabolic dysfunction-Associated Steatotic Liver Disease (MASLD). The study also reveals strong willingness among primary care physicians (PCPs) to adopt integrated tools and pathways that could substantially improve early detection and patient outcomes.

Barriers and facilitators to liver fibrosis screening: Perspectives and practices of Canadian primary care physicians

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ABSTRACT

BACKGROUND: Metabolic dysfunction-associated steatotic liver disease (MASLD) is highly prevalent, yet primary care physicians (PCPs) face barriers to identifying and referring high-risk individuals. We surveyed Canadian PCPs to identify barriers and facilitators to MASLD-related fibrosis screening. **METHODS:** A multidisciplinary team developed a 38-item online survey with multiple-choice and Likert scale questions to assess PCPs' MASLD knowledge and barriers and facilitators to screening. The survey was distributed anonymously in April–August 2024. **RESULTS:** Seventy-one participants completed the survey. One in five rated their MASLD diagnostic knowledge as very or extremely familiar, whereas a quarter reported little to no knowledge. Although >90% correctly identified obesity, type 2 diabetes, and dyslipidemia as risk factors, only 54% screened these populations. Among those who screened, 55% used FIB-4 and 29% transient elastography, while the most common tools were ultrasound (74%) and alanine aminotransferase (71%). Overall, 96% reported at least one barrier, including time limitations, resource constraints, and limited access to tools. Barriers also varied by province; PCPs in Alberta reported fewer access issues with tools like FIB-4 than those in other provinces, including Ontario and Quebec. Encouragingly, over 80% expressed willingness to adopt integrated

MASLD affects one in three Canadians, yet many cases aren't identified until late stages. Early detection of fibrosis must start in primary care. This study shows what physicians need to close the gap: accessible tools, clear pathways, and system-level support.

The [research](https://utppublishing.com/doi/10.3138/canlivj-2025-0026), “Barriers and facilitators to liver fibrosis screening: Perspectives and practices of Canadian primary care physicians,” was authored by a multidisciplinary team: Duy A. Dinh, Michael Betel, Mark Swain, Jeffrey V. Lazarus, Supriya Joshi, Kenneth Cusi, James W. Kim, Hsiao-Ming Jung, Cheryl Dale, Jessica Burnside, Giada Sebastiani, and Sahar Saeed: <https://utppublishing.com/doi/10.3138/canlivj-2025-0026>

Key Findings:

Based on survey responses from 71 primary care physicians across seven provinces, the study identified:

1. Significant Knowledge-Practice Gaps

Although most PCPs recognized obesity, type 2 diabetes, and dyslipidemia as MASLD risk factors, only about half reported routinely screening these high-risk groups for liver fibrosis.

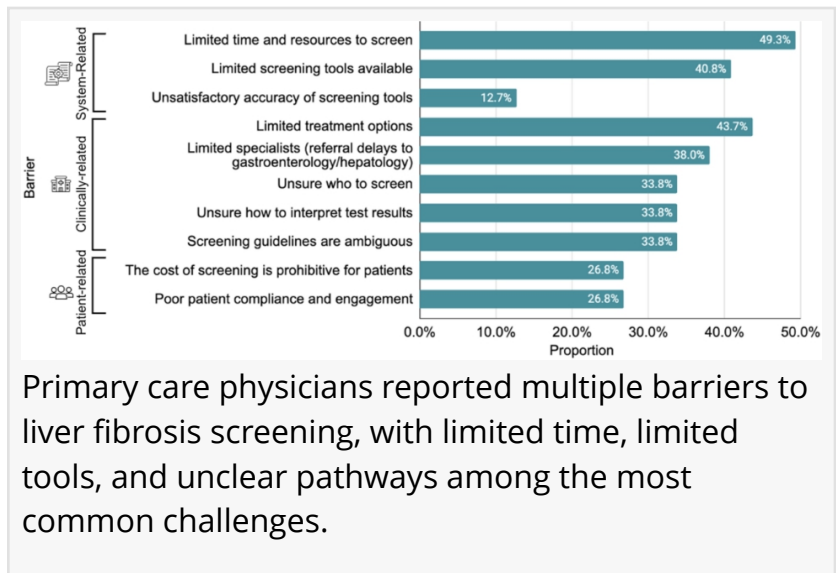
2. Continued Reliance on Suboptimal Screening Tools

ALT (71%) and ultrasound (76%) remain the most commonly used first-line tests — despite their limited sensitivity. Only 55% of physicians who screen use the recommended FIB-4 index.

3. Near-Universal Barriers

A striking 96% of PCPs reported at least one barrier to fibrosis screening, including:

- Limited time and clinical resources
- Lack of clear screening pathways
- Restricted access to non-invasive testing, such as transient elastography
- Provincial differences in test availability



Primary care physicians reported multiple barriers to liver fibrosis screening, with limited time, limited tools, and unclear pathways among the most common challenges.

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This research highlights important barriers in liver care that we need to address. By understanding where the gaps are, we can take meaningful steps to improve early detection across Canada.”

Michael Betel, President and Founder, Fatty Liver Alliance

4. Strong Readiness for Improvement

- More than 80% expressed willingness to adopt:
- Integrated EMR-based clinical pathways
- Automated FIB-4 calculation
- Closer collaboration with hepatology, endocrinology, and obesity specialists

Expert Quotes:

Dr. Sahar Saeed, PhD — Lead Investigator

“Primary care physicians are the gatekeepers to the broader health-care system and the first point of contact for patients at risk,” said Sahar Saeed, PhD, senior author and Assistant Professor of Public Health Sciences at

Queen’s University. “Our study shows that while awareness of liver disease risk is high, physicians are constrained by system barriers, yet they are eager to adopt integrated tools that could prevent patients from being diagnosed too late.”

Michael Betel — President & Founder, [Fatty Liver Alliance](#) & Co-Author

“Canada cannot afford to let liver disease remain invisible. This study makes it clear that primary care teams are willing to screen, but the system must remove the structural barriers standing in their way. Integrating FIB-4 directly into EMRs and ensuring that practical, accessible tools are available to frontline providers are immediate steps we can take. With national guidance and modernized screening pathways, we can change the trajectory of liver disease in this country.”

Dr. James W. Kim — Primary Care Physician & Co-Author

“Primary care physicians are managing increasingly complex patients, and MASLD is now a part of everyday practice. This study shows that we want to identify liver disease earlier, but the tools and pathways must be simple, accessible, and integrated into our workflow. When evidence-based supports are built into the EMR, screening becomes much more feasible in a busy clinic.”

Barbara Conkie — Board Chair, Fatty Liver Alliance

“This study underscores the urgent need for a coordinated national approach to liver health. Primary care physicians are willing and ready to screen, but they need clear pathways and system-level support. As Board Chair, I’m committed to ensuring that the Fatty Liver Alliance works with partners across Canada to advance practical solutions that improve early detection and patient outcomes.”

Why This Matters for Canada:

- MASLD affects one in three Canadians, yet fibrosis, the strongest predictor of adverse outcomes, often goes undetected until advanced stages. Late diagnosis leads to preventable complications, higher healthcare costs, and increased pressure on specialist services.
- The study underscores Canada’s immediate opportunity to implement a national, evidence-based primary care pathway that aligns with global recommendations and supports clinicians in identifying at-risk patients earlier.

About the Study:

Publication: Canadian Liver Journal. Volume 8, Number 4. Link:

<https://utppublishing.com/doi/10.3138/canlivj-2025-0026>

The survey was designed by hepatologists, endocrinologists, primary care physicians, nurses, epidemiologists, and patient representatives to reflect real-world primary care practice. It is the first national assessment specifically examining barriers and facilitators to MASLD-related



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Fatty Liver Alliance: We raise awareness about the risks, causes and complications of fatty liver disease and help those already diagnosed with MASLD or MASH by advocating for access to approved treatments and care.

fibrosis screening in Canadian primary care.

The study was supported by the Fatty Liver Alliance through an unrestricted grant from Novo Nordisk.

About the Fatty Liver Alliance:

The Fatty Liver Alliance is a national charity dedicated to raising awareness of fatty liver disease, supporting patients, and promoting early detection through accessible, evidence-based tools and education.

Learn more at www.fattyliver.ca

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