COMMUNITY LIVER ALLIANCE™
GLOBAL AWARENESS. LOCAL IMPACT.

THE NATIONAL LIVER GATHERING

THE INTERSECTION BETWEEN HUMANITY AND ACADEMIC MEDICINE

2026 Consensus

ROUNDTABLE REPORT

FROM DIALOGUE TO ACTION

2026 NATIONAL LIVER GATHERING
Pittsburgh, Pennsylvania | Integrated working draft | November 2026

12
Facilitated roundtables

1
Expert panel

7
Shared themes

Companion to the NLG Full Summary and Impact Report

PEOPLE | PERSPECTIVES | PARTNERSHIPS

WITH GRATITUDE TO OUR NLG COMMUNITY

A message from Suzanna Masartis, CEO

Dear NLG Community,

The 2026 National Liver Gathering brought our theme, The Intersection Between Humanity and Academic Medicine, into the conversations that matter to people affected by liver disease. Over three days in Pittsburgh, patients, caregivers, clinicians, researchers, advocates and partners shared knowledge, challenged assumptions and helped identify what deserves our attention next.

These companion reports carry those conversations forward. Together, they document the educational experience, participant feedback, 12 facilitated roundtables and expert panel perspectives. They also outline opportunities for collaboration that we must now review and prioritize with the people and organizations whose experiences informed them.

To our planning committee, thank you for the time, care and expertise you brought to shaping the Gathering. To our speakers and facilitators, thank you for sharing your knowledge, encouraging dialogue and connecting scientific advances with the realities of care.

To our patient advocacy partners, thank you for bringing the priorities of your communities into this work and helping us recognize where partnership can strengthen existing efforts.

To our patients and caregivers, thank you for sharing your experiences, questions and hopes. Your perspectives are essential to understanding what better education, support and care should look like. You belong at the center of the decisions that follow.

To our sponsors, thank you for supporting opportunities for education, connection and participation across the liver community. Your support helps make it possible to bring these perspectives together.

As we look toward 2027, we see opportunities to broaden gastroenterology participation, including Fellows and strengthen engagement of Advanced Practice Providers, including nurse practitioners and physician assistants. Their involvement in planning, education and collaborative workgroups can help connect the priorities described here with the settings where people receive care.

Our next responsibility is to listen carefully, select feasible priorities with community partners and report back on progress. I invite you to remain involved as we consider how to turn these findings into practical, coordinated action.

Thank you for being part of the National Liver Gathering and for all you contribute to the Community Liver Alliance.

With gratitude,

Suzanna Masartis
Chief Executive Officer
Community Liver Alliance

01 CONTEXT AND SCOPE

Overview and methodology

Executive summary

The 2026 National Liver Gathering convened 12 facilitated roundtable discussions and an expert panel. Participants identified challenges, bright spots, priorities, and opportunities across liver diseases, transplantation, and caregiving. The findings point to shared needs in provider education, earlier diagnosis, access to specialized and coordinated care, compassionate communication, patient and caregiver support, research, and collaboration. These cross-cutting needs coexist with distinct disease-specific priorities that should not be lost in consolidation.

The source documents record priorities and closing statements from each group, but do not establish a validated vote tally, formal clinical consensus, or approved CLA commitments. The expert panel contributes valuable individual perspectives and is summarized separately.

The central 2027 opportunity is to create patient- and caregiver-inclusive collaborative workgroups that review the findings, select feasible priorities, develop action plans with partners, and report progress at the next Gathering. These are proposed CLA responses, not actions already authorized or funded.

Purpose sources and methodology

The roundtables used structured discussions and Working Wall exercises to document unmet needs, progress, priorities and potential actions. This integrated report draws on: (1) the CLA consolidated Consensus Roundtable Report working draft (October 21, 2026); (2) Sarah Manes, Roundtable Discussion Summaries & Documented Priorities (November 2026 consultant working draft); and (3) Sarah Manes, Cross-Roundtable Findings & Thematic Analysis (November 2026 consultant working draft). The 2026 NLG Summary & Impact Report provides broader conference context but is not treated as a separate roundtable voting source.

The November consultant summary documents 12 roundtables plus one expert panel. Some source material is handwritten, abbreviated, incomplete or ambiguous. The earlier CLA review described 35 source posters, with 34 photographs available and poster 24 missing. Where summaries differ in emphasis, the original participant language and recorded closing priorities are preserved rather than silently reconciled.

Report guide

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02 SHARED COMMUNITY PRIORITIES

Seven thematic findings

FINDING 01

Provider education and public awareness

Multiple groups emphasized PCP, pediatric, specialist and community-provider education, including appropriate testing, referrals, disease recognition and communication

FINDING 02

Earlier diagnosis and screening

Delayed or missed diagnosis was especially salient for rare/pediatric conditions, Wilson disease, Alpha-1, MASLD/MASH, viral hepatitis and liver cancer. Screening must remain disease-specific and clinically reviewed

FINDING 03

Access, navigation and continuity

Participants identified shortages of hepatologists, insurance and affordability barriers, fragmented care, transplant evaluation concerns, and post-treatment or post-surgical support needs

FINDING 04

Whole-person care, stigma and trust

Groups discussed emotional and financial burden, quality of life, nonjudgmental care, culturally and linguistically responsive communication, and support beyond medical treatment

FINDING 05

Research, innovation and equitable participation

New therapies, clinical trials, gene therapy and improved treatments generated hope, alongside ongoing concerns about access, diversity and affordability

FINDING 06

Patient and caregiver leadership

Participants wanted peer support, lived-experience input, caregiver recognition and more meaningful opportunities to shape education, advocacy and care.

FINDING 07

Collaboration and accountability

The findings suggest opportunities for cross-organizational initiatives, while preserving distinct

These themes describe recurring needs. They are not ranked vote results or formal clinical consensus.

03 ROUNDTABLES 01 TO 04 OF 12

Roundtable findings

ROUNDTABLE 01

Rare, Pediatric & Genetic Liver Disease

Challenges: engagement, funding, research, awareness, therapies and insurance barriers. **Bright spots:** IBATs, gene therapy, perfusion technology and patient/family-led programs.

Recorded priorities: engagement; early diagnosis, including biliary atresia; funding; advocacy; provider/public education; policy development. **Closing priority:** early diagnosis.

ROUNDTABLE 02

End-Stage Liver Disease / Cirrhosis

Challenges: limited understanding of ESLD, shortage of hepatologists, guidance needs, hepatic encephalopathy, bleeding varices and ascites.

Recorded priorities: PCP/community provider education; lifestyle considerations; timely specialty access; care access. **Closing priority:** educating PCPs about liver disease. Nutrition or combination-therapy suggestions require clinical verification.

ROUNDTABLE 03

Caregiver Experience

Challenges: limited resources, identifying as a caregiver, emotional support and opportunities for respite. **Bright spots:** family progress, provider recognition and caregiver support groups.

Recorded priorities: information, empathy, self-care, caregiver community, and education for healthcare professionals. **Closing priority:** community.

ROUNDTABLE 04

Liver Transplantation

Challenges: evaluation eligibility, navigating the system, aftercare clarity and quality peer support. **Bright spots:** family support, pre-education and clinical allies.

Recorded priorities: national awareness/public relations, equitable evaluation access, living donation and aftercare education, and caregiver resources. **Closing priority:** national PR.

03 ROUNDTABLES 05 TO 08 OF 12

Roundtable findings continued

ROUNDTABLE 05

Alcohol-Associated Liver Disease

Challenges: stigma, mental health resources, treatment options, compassion and early detection. **Bright spots:** clinical trials, interdisciplinary care, integrative approaches and evolving transplant practice.

Recorded priorities: early detection at PCP level, compassion, therapeutics, motivational interviewing, interdisciplinary care and continuity. **Closing themes:** whole healthcare, early detection and integrative therapy; no single unambiguous action

ROUNDTABLE 06

MASLD / MASH

Challenges: provider knowledge about NITs/testing, inconsistent screening, misinformation, language barriers, fragmented co-management and rural access.

Recorded priorities: PCP/pediatric education, standardized screening, care coordination, best-practice sharing, school/community awareness and patient self-advocacy. **Closing priority:** PCP and pediatric education.

ROUNDTABLE 07

Hepatitis B

Challenges: language/cultural barriers, low awareness, stigma, vaccination misinformation, lifelong treatment burden, insurance and confusing guidance. **Bright spots:** treatment research, patient voice, navigation and community engagement.

Recorded priorities: trust and awareness, testing, language/cultural responsiveness, provider education and improved care cascade. **Closing priority:** providers need to know their stuff.

ROUNDTABLE 08

Primary Biliary Cholangitis (PBC)

Challenges: treatment access, financial/mental-health and quality-of-life burden, stigma, early diagnosis, limited hepatology attention within GI and medication side effects.

Recorded priorities: disease burden, access and early diagnosis, transparency, stigma reduction and productive collaboration. **Closing priority:** making disease burden visible in dialogue and treatment.

Roundtable findings continued

ROUNDTABLE 09

Wilson's Disease

Challenges: late or incorrect diagnosis, treatment limitations, access, affordability and genetic testing. **Bright spots:** trials, advocacy, FDA engagement and provider education.

Recorded priorities: timely diagnosis, centers of excellence, treatment options, genetic/newborn screening discussion, education and research. **Closing priority:** timely diagnosis before severe harm; screening proposals require clinical review.

ROUNDTABLE 10

Alpha-1 Antitrypsin Deficiency

Challenges: misdiagnosis, physician communication, phenotype/genotype confusion and limited liver-specific education. **Bright spots:** foundation work, data collection and peer exchange.

Recorded priorities: practical education, diagnosis for symptomatic individuals, clinical trials, liver-specific resources, PCP education and peer-to-peer support. **Closing priority:** education.

ROUNDTABLE 11

Hepatitis C & Harm Reduction

Challenges: stigmatizing language, criminalization, policy attacks, poorly informed providers and internalized barriers. **Bright spots:** trust, advocacy, service innovation and lived-experience leadership.

Recorded priorities: provider education, PWLE advocacy, funding transparency, education/credential pathways and provider–advocate collaboration. **Final action field was blank;** additional reflections requested respectful care, universal screening

ROUNDTABLE 12

Liver Cancer

Challenges: screening education, recurrence concerns, shortage of hepatologists and stigma.

Recorded priorities: hepatologist access, screening education, incentives and policy changes, awareness and metrics. **Closing priority:** education and screening. No progress responses were recorded in the consultant transcription.

Expert and facilitator perspectives

Expert panel

The expert panel raised issues including long-term care for older patients, living donor preparation and aftercare, the emotional and family effects of hepatitis B, quality of life beyond clinical indicators, and the need to involve young and busy families in research and advocacy. Panelists recognized pediatric research, living donor surgical advances, PBC treatment progress and hope around hepatitis B therapies. They urged attention to donor follow-up, caregiver support, family participation, and collaboration across disease areas. The panel's closing message was: "We are better together." These reflections provide context, not a separate roundtable consensus.

What the facilitation analysis adds

Sarah Manes observed high engagement, with many participants having more to contribute than the scheduled time allowed. The structured format helped identify needs and priorities, but limited deeper exploration of solutions. Future Gatherings could provide longer sessions, structured but flexible facilitation, multiple stakeholder perspectives, explicit review of prior-year findings, and post-event feedback loops.

A recurring facilitated roundtable model could allow participants to revisit unresolved issues, assess progress, identify emerging needs and develop practical actions rather than starting over each year.

Designing the next roundtable cycle

Allow deeper discussion

Longer sessions and structured but flexible facilitation.

Return to the community

Review prior-year findings and build post-event feedback loops.

Panel perspectives provide context and remain separate from group-level findings.

Proposed collaborative workgroups

To translate the findings into a year-round process, CLA could invite patients, caregivers, disease-specific advocacy partners, clinicians, researchers and community organizations to participate in focused workgroups. Workgroups should be co-designed with affected communities and should not displace existing advocacy or support programs.

Illustrative structure for consideration

Proposed workgroup	Potential scope
Provider Education & Early Detection	Patient-informed PCP/pediatric education, appropriate screening and referral awareness
Patient & Caregiver Experience	Caregiver community, disease-specific supports, peer resources, living donor aftercare and whole-person care
Access, Equity & Advocacy	Navigation barriers, culturally responsive communication, stigma, harm reduction and policy opportunities
Research & Emerging Leaders	Clinical trial education, inclusive research engagement, treatment innovation and proposed Fellows network
NLG Strategy, Growth & Partnerships	Recurring roundtables, GI integration, patient advocacy partnerships, program design, resource development and funding

Initial workgroup tasks

Initial workgroup tasks: validate and prioritize source findings; identify existing resources and partners; propose one or two feasible projects; define responsibilities, resources and measures; and report back to participants. The proposed workgroup structure is illustrative and requires CLA approval, participant interest and appropriate funding.

Patient and caregiver participation should shape priority selection and project design.

06 PROPOSED TIMELINE

Implementation and accountability

A staged process from validation to community reporting

Period	Proposed milestone
Nov–Dec 2026	Validate transcriptions, ambiguous entries and missing source material with facilitators and patient representatives
Jan–Feb 2027	Invite interest, confirm workgroup structure, prioritize two or three feasible initiatives
Mar–Apr 2027	Confirm partners, co-leads, scope, resources, milestones and measures
May–Jul 2027	Develop or pilot selected educational/support activities; document barriers and early learning
Aug–Sep 2027	Prepare progress update and shape 2027 NLG roundtables around findings and actions
Sep 30–Oct 2, 2027	Share results, unresolved needs and next-step priorities at the 2027 Gathering

GI expansion

Proposed 2027 growth includes broader gastroenterology participation in NLG and year-round education, with GI clinicians and organizations helping shape programming, referral and care coordination education, and cross-specialty partnerships. The 2026 GI pilot participation and outcomes still require verification.

Advanced Practice Provider engagement

Expand meaningful engagement of Advanced Practice Providers (APPs), including nurse practitioners and physician assistants, through planning and workgroup roles, faculty and facilitation opportunities, practical GI and hepatology education, and collaboration with patients and caregivers. Seek APP input on learning needs and measures of participation and educational value.

These are proposed priorities, subject to partner input, resources and approval.

Measures of progress

Potential indicators include workgroups formed, patient/caregiver participation, partner engagement, educational resources developed, clinicians reached, community feedback, milestones achieved, and

recommendations dispositioned. Baselines and targets should be established before claiming outcomes. Not every participant recommendation needs to become a CLA-led project.

Proposed timeline and milestones are subject to approval, participant interest and appropriate funding.

07 PUBLICATION AND FOLLOW THROUGH

Verification and next steps

Before publication

- Review disease-specific summaries and closing statements with facilitators and patient/caregiver representatives.
- Locate or account for missing poster 24; check handwritten, crossed-out and ambiguous entries.
- Do not present thematic recurrence as ranked voting or formal clinical consensus.
- Clinically review screening, treatment, transplant and nutrition-related recommendations before external use.
- Keep expert panel perspectives distinct from group-level findings.
- Confirm CLA commitments, workgroup roles, partners and funding before announcing them as established.
- Obtain consent before publishing attributed participant quotations.

Conclusion

The 2026 roundtables identified both common challenges and distinctive needs across liver disease communities. The next step is not simply to publish the findings, but to invite the people who generated them to help evaluate, prioritize and advance appropriate responses. By returning to these priorities through workgroups and future Gatherings, CLA and its partners can connect lived experience with scientific expertise, practical resources and measurable progress.

Help shape the next steps

Patients, caregivers and partners are invited to help evaluate the findings, identify feasible priorities and inform proposed collaborative workgroups.

From Dialogue to Action. From Shared Priorities to Measurable Progress. From an Annual Gathering to Year-Round Impact.

Source documents

Community Liver Alliance. 2026 National Liver Gathering Consensus Roundtable Report: From Dialogue to Action. Consolidated working draft, October 21, 2026.

Sarah Manes for Community Liver Alliance. Roundtable Discussion Summaries & Documented Priorities. Consultant working draft, November 2026.

Sarah Manes for Community Liver Alliance. Cross-Roundtable Findings & Thematic Analysis. Consultant working draft, November 2026.

Community Liver Alliance. 2026 National Liver Gathering Summary & Impact Report. First working draft, October 21, 2026.