COMMUNITY LIVER ALLIANCE™
GLOBAL AWARENESS. LOCAL IMPACT.

THE NATIONAL LIVER GATHERING

THE INTERSECTION BETWEEN HUMANITY AND ACADEMIC MEDICINE

2026 Summary

AND IMPACT REPORT

CONNECTING SCIENCE AND LIVED EXPERIENCE

2026 NATIONAL LIVER GATHERING
October 8–10, 2026 | Pittsburgh, Pennsylvania
Consolidated working draft | November 2026

3
Days of interdisciplinary education

12
Facilitated roundtables

7
Cross cutting findings

Connecting Science. Elevating Voices. Advancing Liver Health.

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 THE 2026 GATHERING

Overview and impact

Executive summary

The 2026 National Liver Gathering (NLG) convened patients, caregivers, healthcare professionals, researchers, patient advocacy organizations, and community and industry partners for three days of interdisciplinary education and dialogue. The program connected scientific advances with lived experience across prevention and early diagnosis, disease management, transplantation, and survivorship.

A defining 2026 feature was a series of 12 disease- and experience-focused Consensus Roundtables plus an expert panel. Participants identified common needs for provider education, timely diagnosis, access and navigation, compassionate care, whole-person support, research engagement, and sustained collaboration. Distinct concerns—including living donor aftercare, culturally and linguistically responsive hepatitis B care, rare-disease misdiagnosis, and harm-reduction stigma—must not be lost in broad themes.

The strategic opportunity for 2027 is to connect these findings to collaborative workgroups, patient and caregiver resources, partner-led education, and measurable follow-through—without implying that all suggestions are approved CLA commitments.

Participation and community representation

The Gathering welcomed patients, caregivers, clinicians, researchers, advocates, community organizations, and partners. Final verified totals for attendance, representation, scholarship recipients, speakers, exhibitors, and participating organizations were not available in the source draft and must be added before final publication.

Report guide

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Program and educational impact

The NLG brings academic medicine, scientific research, clinical practice, and the experiences of people affected by liver disease into one educational environment. Patients and caregivers are active contributors, not simply recipients of information.

Programming addressed viral hepatitis, MASLD/MASH, rare and pediatric liver diseases, PBC, liver cancer, cirrhosis, transplantation, clinical trials, research innovation, artificial intelligence, advocacy, and patient-centered care. The interdisciplinary format created opportunities for dialogue across disease areas and professional roles.

Three days of interdisciplinary education

Day	Educational focus
Thursday, October 8	Prevention and Early Disease: Protecting Liver Health and Identifying Disease Early
Friday, October 9	Living With and Managing Liver Disease
Saturday, October 10	Transplantation and Life After Transplant: Hope, Innovation, and Survivorship

Preliminary daily evaluations

Respondents valued scientific and clinical expertise, emerging therapies, AI and innovation, transplantation education, the integration of patient voices, and opportunities for connection. Participants also asked for more interactive Q&A, practical take-home resources, accessible materials, stronger caregiver support, and more time for discussion.

Participant experience and partnerships

What worked and where to improve

Strengths	Opportunities for improvement
High-quality science and clinical expertise	Accessible slides, audibility, signage, seating and room temperature
Patient-centered discussions and lived experience	Practical resources and clear educational takeaways
Networking and peer connection	More time for questions, breaks and interactive discussion
Research progress and hope	Caregiver-specific education and peer engagement
Interdisciplinary perspectives	Dietary accommodations and clinically reviewed nutrition content

One respondent questioned nutrition messaging in a MASH cooking demonstration; the appropriate response is clinical and nutrition review, not treating the comment as a verified medical conclusion. Feedback on educational independence was mostly favorable among respondents who answered, but mixed responses warrant review through CLA processes.

Patient caregiver and living donor engagement

Patient and caregiver experiences should remain central to program design and evaluation. Caregivers described needs for practical resources, recognition, emotional support, community, and opportunities for rest. The expert panel separately highlighted support after living donation and the importance of sustained attention to donor well-being. CLA could explore collaborations with existing liver disease support organizations rather than duplicating established services.

Partnerships collaboration and innovation

The NLG connected clinical, academic, patient advocacy, public health, and industry perspectives. Opportunities identified in the source draft include patient-informed provider education, disease-appropriate early detection, caregiver resources, research and clinical trials education, transplantation support, and cross-organizational advocacy. The 2026 GI Integration Pilot with United Liver is described in the draft, but its participation and outcomes require verification before claims of impact are made.

Roundtable themes and perspectives

The 12 facilitated roundtables used Working Wall exercises to identify challenges, recognize progress, and document priorities. An expert panel contributed additional individual perspectives. Sarah Manes's November summaries and thematic analysis deepen the original NLG report by preserving each discussion's distinct concerns and by identifying opportunities to extend engagement beyond the conference.

Seven cross cutting findings

Theme	What participants described
Provider education	Gaps in frontline clinician knowledge, appropriate testing, referral and disease-specific care
Earlier diagnosis	Delayed or missed recognition, including rare and pediatric conditions
Access and navigation	Specialty shortages, insurance barriers, treatment access and fragmented pathways
Stigma and trust	Judgment, misinformation, language and cultural barriers
Whole-person care	Quality of life, emotional health, daily burden and caregiver needs
Research and innovation	Hope from new therapies alongside concerns about access and inclusion
Collaboration and patient leadership	Peer support, meaningful lived-experience participation and stronger partnerships

Expert panel perspectives

The expert panel discussed the emotional burden of hepatitis B, long-term care, quality of life, support for families, and living donor experiences after surgery. Panelists called attention to donor aftercare and to making participation easier for busy families. These comments enrich the analysis but should not be described as formally agreed group priorities.

05 ROUNDTABLES 01 TO 06 OF 12

Findings from the roundtables

ROUNDTABLE 01

Rare, Pediatric & Genetic Liver Disease

Early diagnosis, including biliary atresia; public and provider education; advocacy, research, and family-led engagement.

ROUNDTABLE 02

End-Stage Liver Disease / Cirrhosis

Educating primary care providers; clearer guidance on cirrhosis complications; timely specialty access and coordinated care.

ROUNDTABLE 03

Caregiver Experience

Caregiver community, practical information, emotional support, recognition in care settings, respite and self-care.

ROUNDTABLE 04

Liver Transplantation

Awareness and equitable evaluation; navigation; living donation and aftercare education; caregiver and peer resources.

ROUNDTABLE 05

Alcohol-Associated Liver Disease

Compassionate, nonjudgmental interdisciplinary care; earlier recognition; mental health and addiction-related support.

ROUNDTABLE 06

MASLD / MASH

PCP and pediatric education; standardized disease-appropriate screening; better care coordination and self-advocacy.

Distinct disease and experience priorities remain essential alongside shared themes.

05 ROUNDTABLES 07 TO 12 OF 12

Roundtable findings continued

ROUNDTABLE 07

Hepatitis B

Provider education; screening-to-care pathways; culturally and linguistically responsive outreach; trust and stigma reduction.

ROUNDTABLE 08

Primary Biliary Cholangitis

Recognition of disease burden and quality of life; timely access and diagnosis; transparent communication and stigma reduction.

ROUNDTABLE 09

Wilson's Disease

Timely diagnosis; access to specialty centers; provider education, research and treatment options; screening suggestions require clinical review.

ROUNDTABLE 10

Alpha-1 Antitrypsin Deficiency

Liver-specific patient and primary care education; clearer diagnostic pathways; peer support and clinical trial awareness.

ROUNDTABLE 11

Hepatitis C & Harm Reduction

Provider education; respect for people with lived experience; peer advocacy, harm-reduction collaboration and reduced stigma.

ROUNDTABLE 12

Liver Cancer

Education about appropriate screening and surveillance; hepatology access; policy and measurement opportunities.

What the facilitation process taught us

The facilitator observed high engagement and strong willingness to share experiences. Time constraints limited deeper discussion and exploration of solutions. Future NLG roundtables could offer longer sessions, clear but flexible prompts, multiple stakeholder perspectives, follow-up summaries, and

opportunities to revisit previous priorities. Recurring working roundtables would allow the Gathering to track what has changed, rather than restarting each year.

Proposed collaborative workgroups

CLA could invite interested patients, caregivers, advocacy partners, healthcare professionals, researchers, community organizations, and funders to participate in focused workgroups. These are proposed structures for consideration, not approved commitments.

Illustrative structure for consideration

Proposed group	Potential scope
Early Detection & Provider Education	Patient-informed educational resources, screening awareness, clinical review and referral guidance
Patient & Caregiver Experience	Peer connection, caregiver education, quality-of-life and living donor support
Access, Equity & Advocacy	Navigation barriers, stigma reduction, culturally responsive care and policy collaboration
Research, Innovation & Emerging Leaders	Clinical trials education, diverse research participation, potential Fellows Leadership Network
NLG Strategy, Growth & Partnerships	Program design, partner engagement, funding, year-round activities and accountability
GI Integration & Digestive Health	Explore cross-specialty educational collaboration and future GI programming

A short collaboration interest form and QR code at the Post-NLG Briefing could collect voluntary expressions of interest. CLA could then validate priorities with community representatives, identify workgroup liaisons, select a manageable number of feasible initiatives, document resources and measures, and report progress at the 2027 Gathering.

Proposed structures remain subject to community review, partnerships, resources and approval.

Community feedback and next steps

What we heard	Proposed response
We need better frontline provider knowledge	Explore a patient-informed provider education collaborative
Diagnosis and referrals can be delayed	Develop disease-specific awareness and navigation resources with clinical review
Caregivers and donors need support	Collaborate on practical, peer-informed resources and support opportunities
Roundtable discussions need more time	Extend facilitated discussion and consider recurring working groups
We want practical learning after the event	Share summaries, follow-up resources and year-round education
We want to know what changed	Track reviewed priorities, partner actions and progress updates

Accountability and planning

A practical next phase would include validation of the Working Wall transcriptions with facilitators; patient and caregiver review; prioritization based on impact, feasibility, partner interest and resources; assignment of responsible leads; and a simple dashboard of activities and milestones. Not every priority should become a CLA-led program: some may be better advanced by established partners.

08 PROPOSED PLANNING TIMELINE

Implementation and shared progress

Planning period	Illustrative next step
Late 2026	Validate source notes, clarify ambiguous entries, invite collaboration interest
Early 2027	Review findings with community representatives; select feasible priorities
Spring 2027	Confirm workgroup participants, partners, leads, resources and measures
Summer 2027	Develop or pilot selected education and engagement activities
Sept 30–Oct 2, 2027	Report progress and revisit priorities at the National Liver 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.

Proposed Hepatology Fellows Leadership Network

The proposed NLG Hepatology Fellows Leadership Network would engage an initial cohort of six fellows in critical review and sharing of research, mentoring, and patient-centered learning. It remains a concept requiring academic partnerships, funding, and approval.

Conclusion

The success of the National Liver Gathering should be measured not only by what happened during three days in Pittsburgh, but by what the community accomplishes together afterward. The 2026 experience demonstrated the value of connecting science with lived experience. The next opportunity is to turn those connections into practical education, stronger support, thoughtful partnerships, and visible progress.

From Dialogue to Action. From an Annual Gathering to Year-Round Impact.

Help shape the next steps

Patients, caregivers and partners can help review priorities, identify feasible initiatives and inform year-round collaboration.

09 Thank you to our planning committee

2026 National Chairman, Anthony Martinez, MD, AAHIVS, FAASLD

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