



SCHOLARLY PUBLICATIONS School of Medical Sciences KIIT Deemed to be University

Journal Name: Hepatology International

IF: 7.8

Title: A global consensus on the critical care management of acute-on-chronic liver failure patients: the APASL ACLF Beijing Position Paper

Author: Chen T.; Choudhury A.; Liu W.; Zhang M.; Wu W.; Xiang H.; Wang X.; Abbas Z.; Kanda T.; Idilman R.; Kalista K.F.; Li H.; Mohamed R.B.; Angeli P.; Elbasiony M.; Wijewantha H.S.; Panackel C.; Thanapirom K.; Singal A.K.; Win K.M.; Shawcross D.L.; Tapper E.B.; Shrestha A.; Trebicka J.; Dokmeci A.K.; Krag A.; Kulkarni A.V.; Hu J.; Su H.; Adali G.; Kumar R.; Lau G.K.; Arora A.; Fernandez J.; Tanwandee T.; Kim D.J.; Mamun-Al-Mahtab; Hamid S.; Lesmana C.R.A.; Kabacam G.; Verma N.; Butt A.S.; Huang D.Q.; Taneja S.; Goel A.; Chirapongsathorn S.; Jafri W.; Maiwall R.; Dhiman R.K.; Bajaj J.; Yaghi C.; Sharma B.C.; Valsan A.; Fung J.; Premkumar M.; Karvellas C.J.; Kamani L.; Satapathy S.K.; Bakulin I.G.; Asrani S.; Ghazinian H.; Roy A.; Loho I.M.; Payawal D.A.; Shalimar; Sharma M.K.; Hernaez R.; Duan Z.; Rajaram R.B.; Tanaka A.; Giri S.; Niriella M.A.; Dadhich S.; Arora V.; Li J.; Azam M.G.; Jalan R.; Kumar A.; Shukla A.; Kumar S.E.; Wong V.W.-S.; Eapen C.E.; Alam S.; Yu M.L.; Chawla Y.K.; Shiha G.E.; Duseja A.; Tan S.S.; Choudhary N.S.; Rela M.; Chan A.C.Y.; Bhangui P.; Durand F.; Bataller R.; Muthiah M.D.; Mahmud N.; Bhat M.; Saigal S.; Arab J.P.; Kim Y.J.; El-Sayed M.H.; Hou J.; Jia J.; Ormeci N.; Wei L.; Omata M.; Kwo P.Y.; Sarin S.K.; Ning Q.

Details: Volume-20, July 2026

Abstract: Background and aims: Acute-on-chronic liver failure (ACLF) is a severe syndrome in patients with chronic liver disease, marked by rapid multi-organ failure and high short-term mortality. Managing ACLF requires intensive care, but standardized global guidelines were previously lacking. The APASL ACLF Research Consortium (AARC) developed this position paper to establish a unified, evidence-based consensus for its critical care management. Methods: A global collaboration of 109 experts employed a systematic methodology to address key aspects of ACLF care. Sections were drafted by specialist teams, with recommendations developed using the GRADE system. Draft statements underwent iterative review and refinement, followed by an expert panel consensus process consisting of open show-of-hands voting during the APASL Annual Conference in March 2025 in Beijing and a subsequent anonymous online voting round.



URL: <https://link.springer.com/article/10.1007/s12072-026-11116-1>





SCHOLARLY PUBLICATIONS School of Medical Sciences KIIT Deemed to be University

Journal Name: Diabetes Therapy

IF: 4.2

Title: Association Between Anthropometric Indices and Presence of Type 2 Diabetes Mellitus in Obesity

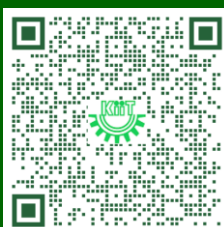
Author: Shaikh S.; Das S.; Kota S.; Kapoor N.; Kalra S.; Bhattacharya S.

Details: Volume-17, Issue-7, July 2026

Abstract: Introduction: Obesity and type 2 diabetes mellitus (T2DM) are global challenges, with obesity increasing risk of T2DM. Body mass index (BMI), the conventional measure of obesity, may not accurately predict metabolic risk, especially in Asian individuals. Evaluation of alternative anthropometric indices may offer additional approaches for risk assessment. Methods: The multicenter, cross-sectional study examined whether anthropometric indices—such as waist, hip, neck, calf, and wrist circumferences, as well as waist–hip, neck–height, and waist–calf ratios—are associated with T2DM in adults with obesity. The study included 750 adults (BMI ≥ 25 kg/m²) recruited from four endocrinology centers across India. Anthropometric and clinical data were recorded using a standardized electronic form. Results: T2DM was present in 73% of the cohort (81.6% of men, 67% of women). Obesity classes did not reliably predict the diabetes risk. In men, univariate analysis showed that T2DM increased with age [odds ratio (OR) 1.09, 95% confidence interval (CI) 1.06–1.12, $p < 0.001$], higher pulse rate (OR 1.03, 95% CI 1.00–1.06, $p = 0.04$), lower BMI (OR 0.94, 95% CI 0.88–1.00, $p = 0.048$), higher waist–hip ratio (WHR) (OR 2.63, 9% CI 1.45–4.76, $p = 0.001$), and neck–height ratio (NHR) (OR 3.35, 95% CI 1.05–10.65, $p = 0.041$). On logistic regression analysis, age, pulse rate, WHR, and NHR independently predicted diabetes in men. In women, T2DM was more prevalent with increasing age (OR 1.09, 95% CI 1.07–1.11, $p < 0.001$), higher systolic blood pressure (OR 1.05, 95% CI 1.03–1.06, $p < 0.001$), lower weight (OR 0.98, 95% CI 0.97–1.00, $p = 0.032$), higher neck circumference (OR 1.10, 95% CI 1.05–1.16, $p < 0.001$), and NHR (OR 7.83, 95% CI 3.52–17.42, $p < 0.001$), on univariate analysis. On logistic regression analysis, age, systolic blood pressure, and NHR retained statistical significance. Receiver operating characteristic analysis generated an optimal NHR cutoff of 0.24 (AUC 0.63) for predicting T2DM with moderate discriminatory ability. Conclusion: NHR showed the strongest association with T2DM risk in both men and women, although with moderate discriminatory ability. Additionally, WHR may be associated with risk of T2DM only in men.



URL: <https://link.springer.com/article/10.1007/s13300-026-01876-2>





SCHOLARLY PUBLICATIONS School of Medical Sciences KIIT Deemed to be University

Journal Name: Frontiers in Public Health

IF: 4.1

Title: Mapping the cardiovascular burden in transgender individuals: a systematic review and meta-analysis

Author: Mallicka M.; Shikha D.; Das S.C.; Sinha R.

Details: Volume-14, July 2026

Abstract: Background – Transgender individuals represent a marginalised population, often exposed to unique psychosocial stressors, limited healthcare access, and social exclusion, all of which may contribute to an increased risk of cardiovascular disease (CVD). However, evidence focusing exclusively on the cardiovascular outcomes in this group remains limited. This systematic review and meta-analysis aimed to estimate the pooled prevalence of major cardiovascular morbidities among transgender adults. Methods – A systematic search of five databases (PubMed, PubMed Central, Embase, Scopus, and Google Scholar) was conducted to identify observational studies reporting cardiovascular outcomes in transgender individuals aged ≥ 18 years. The study protocol was registered with PROSPERO (CRD42022383213). The inclusion criteria were cross-sectional, cohort, and case-control studies published in English. Data extraction and quality assessment were independently performed by two reviewers using standardised tools. A meta-analysis was conducted using a random-effects model, and publication bias was assessed using funnel plots and Egger's test. Results – 10 eligible studies that focused on transgender individuals were included in the final analysis. The pooled prevalence rates were hypertension 21% (95% CI: 12–36; $I^2 = 99.0\%$), stroke/CVA 5% (95% CI: 3–8; $I^2 = 84.3\%$), coronary artery disease (CAD) 3% (95% CI: 1–19; $I^2 = 98.8\%$), and myocardial infarction (MI) 7% (95% CI: 6–9; $I^2 = 75.5\%$). Funnel plots indicated a symmetrical distribution for hypertension and stroke, suggesting low publication bias, whereas asymmetry was noted for CAD and MI. Conclusion – This review revealed a substantial burden of cardiovascular morbidity among transgender individuals, warranting routine screening and targeted preventive strategies in this population. Policymakers and healthcare providers should consider inclusive approaches to reduce cardiovascular risk. Further longitudinal studies and comparative analyses of cisgender populations are essential for guiding evidence-based interventions.



URL: <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2026.1755343/full>





SCHOLARLY PUBLICATIONS School of Medical Science KIIT Deemed to be University

Journal Name: Journal of Biological Chemistry

IF: 4.1

Title: Dysregulated HELLS expression alters cellular processes and serves as a potential prognostic marker in acute leukemia

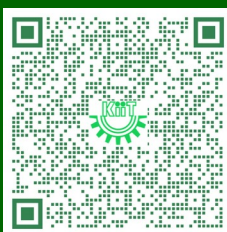
Author: Madhulika, S; Panda, TS; Samal, P; Kumar, SS; Mohanty, S; Ghosh, M; Chakraborty, S; Das, A; Panda, J; Saha, S; Padhy, M; Mallick, TP; Mohapatra, PP; Prasad, P

Details: Volume-302, Issue-7, July 2026

Abstract: Spatiotemporal gene expression is regulated by the SNF2 family of ATPases that remodel chromatin, among which helicase lymphoid-specific (HELLS) play an essential role in DNA-templated processes. Analysis from cancer databases revealed HELLS upregulation in several cancers, including acute myeloid leukemia (AML). Using an in vitro myeloid differentiation model, we found that HELLS deficiency promotes myeloid differentiation, apoptosis, cell-cycle arrest, and chromatin instability. Furthermore, HELLS deficiency enhanced myeloid differentiation and apoptosis in HL-60 cells when treated with chemotherapy drugs, including 5-azacytidine, cytarabine, and doxorubicin. Epigenetically, loss of HELLS reduced active histone mark (H3K4me3) and enhanced repressive promoter (H3K27me3), active enhancer (H3K27ac) marks, and chromatin accessibility. Transcriptomic analysis of BeatAML data and bioinformatics analysis revealed that HELLS upregulation is associated with adverse prognosis, as defined by the ELN-2017 classification, and significantly poorer survival. Classification of AML patients into HELLS^{High} and HELLS^{Low} gene-expression groups showed that lower HELLS expression was associated with a favorable prognosis and improved remission. HELLS upregulation was positively and negatively associated with leukemic stem/progenitor cell (LSPC) markers and myeloid lineage markers, respectively. Ex vivo validation in AML patient-derived LSPCs demonstrated that HELLS deficiency reduces leukemic marker burden (CD123 and TIM-3) and increases apoptosis. Overall, we show HELLS upregulation drives leukemogenesis with poor outcomes, highlighting its potential as a prognostic marker and therapeutic target in AML.



URL: <https://www.sciencedirect.com/science/article/pii/S002192582602082X>





SCHOLARLY PUBLICATIONS School of Medical Sciences KIIT Deemed to be University

Journal Name: Frontiers in Clinical Diabetes and Healthcare

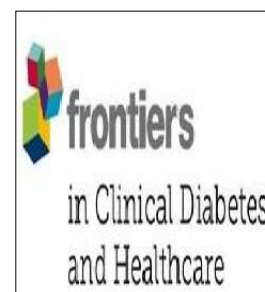
IF: 3.5

Title: Dapagliflozin & pioglitazone combination therapy in T2DM with or without MASLD - a systematic review and meta-analysis: PRO-2 study

Author: Joshi, S; Samajdar, SS; Gupta, A; Bhartia, M; Lodha, S; Bhattacharyya, S; Seshadri, K; Nagendra, L; Unnikrishnan, AG; Padhye, D; Kopalle, LN; Das, AK; Lakhani, O; Kesavadev, J; Joshi, A; Das, S; Gadia, S; Anthuvan, T

Details: Volume-7, 20th July 2026

Abstract: Aims: To evaluate the efficacy and safety of dapagliflozin plus pioglitazone versus comparators on metabolic control and hepatic steatosis in adults with type 2 diabetes mellitus (T2DM), with or without metabolic dysfunction-associated steatotic liver disease (MASLD). Methods: We conducted a systematic review and meta-analysis of randomized and observational studies in PubMed, Embase, Cochrane Central, Scopus, Web of Science with a search updated through January 2026, following peer review. Eligible studies enrolled adults with T2DM with or without MASLD, receiving dapagliflozin plus pioglitazone in comparison with standard care or monotherapy, or as pooled-arm exploratory estimates. The primary outcome was glycemic control (HbA1c and fasting and postprandial glucose levels). Secondary outcomes included body weight, insulin resistance indices, related liver outcomes (liver fat content, NAFLD activity score [NAS], and steatohepatitis resolution), liver enzymes, non-invasive fibrosis indices, lipid parameters, and safety outcomes. Results: Thirteen studies (n = 1411) met the inclusion criteria. Dapagliflozin-pioglitazone significantly improved glycemic control, with a reduction in HbA1c (mean difference -0.49%; 95% CI -0.64 to -0.34), and Fasting Blood Glucose (-11.96 mg/dL; 95% CI -16.30 to -7.62) and Post-Prandial Glucose (-21.54 mg/dL; 95% CI -30.84 to -12.24). Hepatic outcomes also improved, with reductions in liver fat content (standardized mean difference -0.42; 95% CI -0.61 to -0.22) and NAS (standardized mean difference -0.39; 95% CI -0.56 to -0.22), and higher rates of steatohepatitis resolution (risk ratio 1.48; 95% CI 1.13-1.92). Certainty of evidence was moderate for glycemic and steatosis outcomes and low for histological endpoints.



URL: <https://www.frontiersin.org/journals/clinical-diabetes-and-healthcare/articles/10.3389/fcdhc.2026.1733995/full>





SCHOLARLY PUBLICATIONS School of Medical Sciences KIIT Deemed to be University

Journal Name: Journal of Clinical and Experimental Hepatology

IF: 3.4

Title: Validation of AGILE 3+ and AGILE 4 Scores for Assessing Advanced Fibrosis and Cirrhosis in Indian Patients with Nonalcoholic Fatty Liver Disease: An Indian Consortium on Non-alcoholic Fatty Liver Disease Study

Author: De A.; Duseja A.; Mehta M.; Singh S.P.; Shalimar; Mukewar S.; Mukewar S.; Kar S.; Goyal O.; Venkataraman J.; Devadas K.; Dixit V.K.; Mehta V.; Maiwal R.; Ranjan P.; Nagral A.; Choudhary N.S.; Arora A.; Praharaj D.; Sharma B.; Valsan A.; Dadhich S.; Nijhawan S.; Roy A.; Rao P.N.; Shukla A.; Asati P.; Gupta R.; Saigal S.; Narayanasamy K.; Mehta R.; Bhattacharya M.; Prasad V.G.M.; Koshy A.; Rastogi M.; Alam S.; Sanyal A.J.

Details: Volume-16, Issue-6, Nov-Dec 2026

Abstract: Background/Aims Despite their high sensitivity, common non-invasive tests (NITs) have relatively lower specificity and are more suited for ruling out advanced fibrosis ($F \geq 3$) and cirrhosis (F4). AGILE 3+ and AGILE 4 scores are novel NITs designed to have high specificity for ruling-in advanced fibrosis and cirrhosis, respectively, and reduce the associated grey zone. We validated AGILE 3+ and AGILE 4 in Indian patients with non-alcoholic fatty liver disease (NAFLD) and compared the discriminatory ability, diagnostic performance, and grey zone of AGILE scores with other common NITs. Methods Data of all NAFLD patients with liver biopsy ($n = 381$, males: 63.7%, age: 42 [33–50] years) recruited across 35 centres over 4 years ($n = 8043$) were analysed. Results AGILE 3+ had sensitivity and specificity of 70% and 89.4%, respectively, with an area under the curve (AUC) of 0.78 (0.74–0.83) for $F \geq 3$ which was significantly better than AST-platelet ratio index (APRI), NAFLD Fibrosis Score (NFS), and Fibrosis-4 (FIB-4) but not liver stiffness measurement (LSM). The AUC of AGILE 4 (0.82 (0.77–0.85)) for F4 was significantly better than APRI and NFS but not FIB-4 or LSM, with a sensitivity and specificity of 69.2% and 94.7%, respectively. The proportion of patients falling in the grey zone with AGILE 3+ (12.07%) and AGILE 4 (14.2%) were significantly less than that with APRI, FIB-4, NFS, and LSM. Combined sequential approach using LSM followed by AGILE 3+ had a sensitivity and specificity of 80% and 89.4%, respectively, for $F \geq 3$, with a grey zone of 9.1%. Combined sequential approach using LSM followed by AGILE 4 had a sensitivity and specificity of 81.8% and 95%, respectively, for F4, with a grey zone of 12.6%.



URL: <https://www.sciencedirect.com/science/article/pii/S0973688326001490?via%3Dihub>





SCHOLARLY PUBLICATIONS School of Medical Sciences KIIT Deemed to be University

Journal Name: Obesity Surgery

IF: 3.4

Title: Expert Consensus on Obesity Management Protocols - A Joint Position Statement by Obesity and Metabolic Surgery Society of India (OSSI) and Endocrine Society of India (ESI)

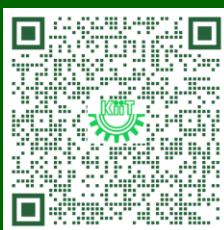
Author: Bhasker A.G.; Kapoor N.; Baig S.; Parmar C.; Shaikh S.; Wadhawan R.; Shah S.; Kotwal N.; Harikumar K.V.S.; Das S.; Baro A.; Katakwar A.; Unnikrishnan A.G.; Shaikh A.; Mithal A.; Monteiro A.S.; Shrivastava A.; Pradhan A.; Prasad A.; Vashishtha A.; Anne B.; Kulshreshtha B.; Selvan C.; Goel D.; Priya G.; Jammu G.S.; Phatale H.; Maisnam I.; Khare J.; Pandit K.; Agarwal K.; Kona L.; Kular K.S.; Nagendra L.; Kopalle L.N.; Goel M.; Narwaria M.; Baijal M.; Khaitan M.; Motwani M.; Ismail M.; Shenoy M.T.; Bhandari M.; Lakdawala M.; Dukkipati N.; Raizada N.; Lal P.; Shah P.S.; Chowbey P.; Palanivelu P.R.; Narayan P.; Bharath R.; Santosh R.; Jindal R.; Palaniappan R.; Khullar R.; Rajput R.; Walia R.; Goel R.; Jaiswal R.; Madhu S.V.; Mittal S.; Lodha S.; Aggarwal S.; Julka S.; Kalra S.; Bhattacharya S.; Bajaj S.; Joshi S.; Shah S.; Dhorepatil S.; Ghosh S.; Saggu S.S.; Kumar Kota S.; Mishra S.; Ugale S.; Jindal S.; Lathia T.; Lotwala V.; Khatri V.; Bindal V.

Details: August 2026

Abstract: Background: Obesity in India is rising rapidly, with higher body fat at lower BMI and younger age compared to Western populations, leading to earlier onset of type 2 diabetes and cardiovascular disease in a resource-constrained health system. Protocols for obesity care therefore need to address region-specific challenges and ensure culturally acceptable, feasible treatment options. Methods: The Obesity and Metabolic Surgery Society of India (OSSI) and the Endocrine Society of India (ESI) jointly developed India-specific obesity management protocols using a modified Delphi consensus. A protocol development team generated 73 statements based on literature review and expert experience. Seventy-eight experts (38 OSSI, 40 ESI) participated; 100% voted in round 1 and 90% attended an in-person round-2 meeting. Statements with more than 80% agreement were considered to have achieved consensus. After revision and deletion of redundant items, 55 statements across eight modules were finalized. Results: Consensus agreement exceeding 80% was achieved for all 55 statements covering obesity recognition, prevention, treatment selection, monitoring and follow-up, lifestyle therapy, obesity management medications, metabolic and bariatric surgery, and palliative care.



URL: <https://link.springer.com/article/10.1007/s11695-026-08870-4>





SCHOLARLY PUBLICATIONS School of Medical Sciences KIIT Deemed to be University

Journal Name: Journal of Clinical and Experimental Hepatology

IF: 3.4

Title: Overlap Syndromes and Associated Immunoglobulin-G4-Related Liver Diseases

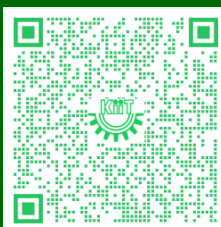
Author: Malakar S.; Kumar S.; Roy A.; Giri S.; Rungta S.; Agarwal M.; Singh A.; Bassi N.; Samanta A.; Ghoshal U.C.; Singh V.

Details: Volume 16, Issue 4, July-August 2026

Abstract: Overlap syndromes (OS) are mixed hepatitic-cholestatic variants of autoimmune liver diseases (AILD), characterized by features of autoimmune hepatitis (AIH), bile duct injury, and circulating autoantibodies related to primary biliary cholangitis (PBC) or primary sclerosing cholangitis (PSC). Few cases of PBC-PSC have also been reported. Following the recognition of immunoglobulin G4-related diseases (IgG4-RD), IgG4-hepatopathy, IgG4-AIH, and PSC-with high serum IgG4-related disorders are being increasingly identified. Patients with this group of disorders often present like OS. High serum IgG4 levels in patients with PSC have been associated with worse overall survival. Hence, treatment and prognosis may differ between patients with IgG4-AIH and those with IgG4-hepatopathy. Early recognition and management of OS and related cholestatic diseases may improve outcomes and extend transplant-free survival. This review aims to formulate strategies for the diagnosis and management of OS based on current evidence. It also delves into the intricate relationship between the IgG4-related disease and AILD.



URL: <https://www.sciencedirect.com/science/article/pii/S0973688326000964?via%3Dihub>





SCHOLARLY PUBLICATIONS School of Medical Sciences KIIT Deemed to be University

Journal Name: Journal of Clinical and Experimental Hepatology

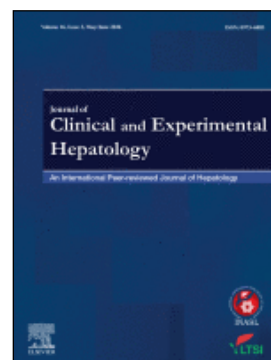
IF: 3.4

Title: Clip-Assisted Cyanoacrylate Injection for the Management of a Proximal Colonic Varix

Author: Giri S.; Maheswari S.; Praharaj D.L.; Das S.; Sahu M.K.

Details: Volume 16, Issue 4, July-August 2026

Abstract: Colonic varices are a rare manifestation of portal hypertension and an uncommon cause of lower gastrointestinal bleeding, particularly when involving the proximal colon. We report a case of bleeding hepatic flexure varices in a 23-year-old male with extrahepatic portal vein obstruction (EHPVO) and prior splenectomy with lienorenal shunt. The patient presented with recurrent hematochezia and severe anemia. Upper gastrointestinal endoscopy was negative for a bleeding source, while colonoscopy revealed large tortuous varices at the hepatic flexure with stigmata of recent hemorrhage. Contrast-enhanced CT confirmed cavernomatous transformation of the portal vein with extensive mesenteric collaterals, thrombosis of the prior shunt, and afferents to the varix arising from the superior mesenteric vein. Endoscopic therapy was performed using clip-assisted flow modulation of the afferent and efferent venous channels, followed by N-butyl-2-cyanoacrylate injection into the main variceal trunk. The procedure resulted in successful obliteration of the varices without complications, with no further bleeding on follow-up. This case highlights hepatic flexure varices as a rare cause of lower gastrointestinal bleeding in EHPVO and demonstrates the feasibility of clip-assisted cyanoacrylate injection as an effective endoscopic treatment strategy for high-flow colonic varices.



URL: <https://www.sciencedirect.com/science/article/pii/S0973688326000927?via%3Dihub>

