



SCHOLARLY PUBLICATIONS School of Medical Sciences KIIT Deemed to be University

Journal Name: Diabetes Research and Clinical Practice

IF: 4.6

Title: Efficacy of dapagliflozin on hepatic steatosis and fibrosis in patients with type 2 diabetes mellitus and metabolic dysfunction-associated steatotic liver disease: a pre-specified single-arm analysis from a randomized controlled trial

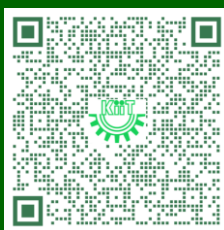
Author: Sambit D.; Ketan D.B.; Devadarshini S.; Kumar C.A.; Dayanidhi M.; Preetam N.; Sourav P.; Binod P.; Vishal A.; Kumar S.S.

Details: Volume-240, October 2026

Abstract: Aim: To evaluate the association of dapagliflozin therapy with changes in hepatic steatosis and non-invasive fibrosis surrogate markers in patients with type 2 diabetes mellitus (T2DM) and Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) over 12 months. Methods: This is a pre-specified single-arm analysis from a randomised, open-label, parallel-group trial. Of 54 participants randomised to dapagliflozin 10 mg daily, 50 (92.6%) completed the 12-month follow-up and were included in the per-protocol analysis. Assessments at baseline, 3, 6, and 12 months included transient elastography (CAP and LSM), ultrasonography, and biochemical tests. Primary endpoints were changes in hepatic steatosis (CAP) and non-invasive fibrosis surrogates (LSM). Results: Significant reductions were observed in hepatic steatosis (CAP: 316.7 to 245.7 dB/m; mean change – 71.02 dB/m, 95% CI: –63.4 to – 78.6; $p < 0.001$) and in liver stiffness as a non-invasive fibrosis surrogate (LSM: 8.59 to 7.28 kPa; mean change – 1.31 kPa, 95% CI: –0.92 to – 1.70; $p < 0.001$). Improvements were also observed in glycaemic control, body weight, lipid profile, liver enzymes, ultrasonographic steatosis grading, and serum fibrosis markers. Genitourinary infections were the most frequently reported adverse events (32%); no serious adverse events were recorded. Conclusions: Dapagliflozin was associated with significant improvements in hepatic steatosis, non-invasive fibrosis surrogate markers, metabolic parameters, and liver function in T2DM patients with MASLD over 12 months. These findings provide region-specific evidence for an Indian population and support further controlled investigation. However, these findings should be interpreted in light of the pre-specified single-arm design of this analysis, the open-label methodology, relatively small sample size, and the absence of liver biopsy confirmation.



URL: <https://www.sciencedirect.com/science/article/pii/S0168822726004328?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: 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%.



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SCHOLARLY PUBLICATIONS

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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)

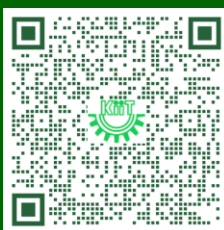
Author: Bhasker A.G.; Kapoor N.; Baig S.; Parmar C.; Shaikh S.; Wadhawan R.; Shah S.; Kotwal N.; Harikumar K.V.S.; Das S.; Baro A.; Katakwar A.; Unnikrishnan A.G.; Shaikh A.; Mithal A.; Monteiro A.S.; Shrivastava A.; Pradhan A.; Prasad A.; Vashishtha A.; Anne B.; Kulshreshtha B.; Selvan C.; Goel D.; 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

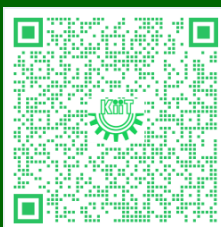
Author: Malakar S.; Kumar S.; Roy A.; Giri S.; Rungta S.; Agarwal M.; Singh A.; Bassi N.; Samanta A.; Ghoshal U.C.; Singh V.

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

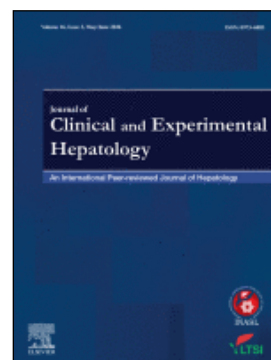
IF: 3.4

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

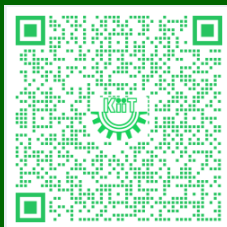
Author: Giri S.; Maheswari S.; Praharaj D.L.; Das S.; Sahu M.K.

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>





SCHOLARLY PUBLICATIONS School of Medical Sciences KIIT Deemed to be University

Journal Name: International Journal of Cardiology

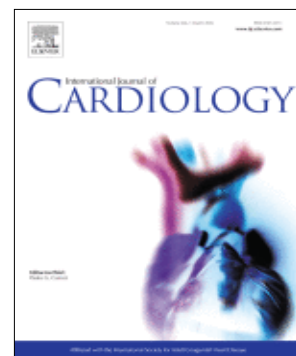
IF: 3.3

Title: The TRANSEVER registry – A prospective, open-label, multicentre, post market surveillance study of ISAR SUMMIT polymer-free Everolimus eluting stent in a real-world Indian population of patients with coronary artery disease: One-year outcomes of the first 500 enrolled patients

Author: Chandra P.; Sharma Y.P.; Kapoor R.; Singhal R.; Patel P.; Jena A.; Tiwari D.K.; Mody R.; Ali A.; Kumar S.; Bresha J.; Kastrati A.

Details: Volume-446, 1st March, 2026

Abstract: Background: Drug-eluting stents have significantly enhanced outcomes of percutaneous coronary intervention (PCI) in coronary artery disease. However, polymer coating used in conventional DES may impair endothelial healing increases the risk of late adverse events. The ISAR SUMMIT polymer-free everolimus-eluting stent, a third-generation DES, aims to address these issues by eliminating the polymer component. Methods: This multicenter, prospective registry included patients with acute or chronic coronary syndromes undergoing PCI with ISAR SUMMIT stent in routine clinical practice. We report interim results from the first 500 patients enrolled between August 2022 and September 2023 across 33 Indian centres, with 1-year follow-up. The primary endpoint was target-lesion failure (TLF) at 12 months, defined as a composite of cardiovascular death, clinically driven target-lesion revascularization, and target vessel myocardial infarction. Results: The study population was predominantly men (78 %), with a mean age of 61.0 ± 10.9 years. Most patients (87.4 %) presented with acute coronary syndromes and common risk factors included arterial hypertension (61.8 %), diabetes (46.0 %), and dyslipidemia (53.0 %). At one year, the incidence of the primary endpoint was 1.0 % (5 patients), including cardiovascular death in 0.8 %, target-vessel myocardial infarction in 0.4 % and clinically driven target-lesion revascularization in 0.2 % of the patients. Definite or probable stent thrombosis was observed in 3 patients (0.6 %). Conclusion: The one-year outcomes in this cohort of patients with a low rate of TLF and stent thrombosis support the favorable safety and efficacy profile of the polymer-free everolimus-eluting ISAR SUMMIT in a real-world Indian population with CAD. Study identifiers: CTRI/2022/07/044472.



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