

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
НАЦІОНАЛЬНИЙ ФАРМАЦЕВТИЧНИЙ УНІВЕРСИТЕТ  
КАФЕДРА ФІЗИЧНОЇ РЕАБІЛІТАЦІЇ І ЗДОРОВ'Я**



**VIII науково-практична конференція  
студентів та молодих вчених з міжнародною участю**

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**15 травня 2026 р.  
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**VIII scientific and practical conference**

**of students and young scientists with international participation**

**«FROM EXPERIMENTAL AND CLINICAL PATHOPHYSIOLOGY TO THE  
ACHIEVEMENTS OF MODERN MEDICINE AND PHARMACY»**

**May 15, 2026  
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Collected papers includes the materials of VII<sup>th</sup> scientific and practical conference of students and young scientists with international participation «From experimental and clinical pathophysiology to the achievements of modern medicine and pharmacy». The modern problems of pathophysiology were considered the materials of the Conference: molecular basis of pathology, cellular and humoral mechanisms of disease development; role of genetic factors in the pathogenesis of diseases; mechanisms of pathological processes and diseases development; age-related pathophysiology; problematic aspects of the diseases of civilization; clinical pathophysiology; interventional methods of diagnosis and treatment; issues of pathophysiology teaching; experimental therapy of the most common diseases; pharmacological correction of pathological processes; problems and prospects for the development of medicines with different orientation of action (medical and cosmetic, homeopathic, veterinary, and extemporaneous preparation); development of nutraceutical drugs and medical products; nanotechnology in pharmacy; targeted therapy of human diseases; translational medicine; the latest diagnostic and treatment technologies; biomedical technologies; impact of modern technologies on human health; physical therapy and recreational health technologies; mental health and innovations in medical and psychological rehabilitation of military personnel under martial law; global public health issues.

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## SEMAGLUTIDE IN THE TREATMENT OF NON-CIRRHOTIC METABOLIC DYSFUNCTION-ASSOCIATED STEATOHEPATITIS WITH F2–F3 FIBROSIS: CURRENT EVIDENCE AND IMPLICATIONS FOR UKRAINIAN CLINICAL PRACTICE

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**Introduction.** Metabolic dysfunction-associated steatotic liver disease (MASLD) is the most common chronic liver disease and is closely associated with obesity, type 2 diabetes mellitus, and other cardiometabolic risk factors. Metabolic dysfunction-associated steatohepatitis (MASH) is regarded as a progressive phenotype of MASLD characterised by inflammation, hepatocellular injury, fibrosis progression, and an increased risk of cirrhosis and hepatocellular carcinoma. In this context, semaglutide has moved beyond the role of a purely antihyperglycemic agent and anti-obesity therapy and is now considered one of the most promising pharmacological approaches to pathogenetically oriented treatment of non-cirrhotic MASH.

**Objective.** To summarise current evidence on the efficacy of semaglutide in non-cirrhotic MASH with F2–F3 fibrosis (moderate/advanced fibrosis), to define its place in the contemporary therapeutic strategy, and to outline clinical approaches to patient selection and monitoring of treatment response.

**Materials and methods.** An analytical review was conducted of the current recommendations of the European Association for the Study of the Liver (EASL), the European Association for the Study of Diabetes (EASD), and the European Association for the Study of Obesity (EASO) regarding the management of patients with MASLD/MASH, the results of the phase III ESSENCE trial, the updated guidance of the American Association for the Study of Liver Diseases (AASLD) on semaglutide therapy for MASH, as well as regulatory decisions of the Food and Drug Administration (FDA), the European Medicines Agency (EMA), and the Committee for Medicinal Products for Human Use (CHMP) published in 2025–2026.

**Results.** Semaglutide, a glucagon-like peptide-1 (GLP-1) receptor agonist, has demonstrated a clinically significant effect on key pathogenetic mechanisms of MASH, primarily through body weight reduction, improvements in carbohydrate and lipid metabolism, attenuation of systemic inflammation, and reduced hepatic steatosis. In the ESSENCE trial, in patients with biopsy-confirmed non-cirrhotic MASH and F2–F3 fibrosis, semaglutide administered at a dose of 2.4 mg once weekly for 72 weeks achieved resolution of steatohepatitis without worsening of fibrosis in 62.9% of patients versus 34.3% in the placebo group; improvement of fibrosis without worsening of MASH in 36.8% versus 22.4%; and simultaneous attainment of both histological endpoints in 32.7% versus 16.1%, respectively. Pronounced body weight reduction was also observed, whereas the safety profile was characterised predominantly by gastrointestinal adverse reactions. The high strength of the evidence obtained led to substantial regulatory changes: in August 2025, the FDA granted accelerated approval of semaglutide for the treatment of non-cirrhotic MASH with moderate or advanced

fibrosis, while in 2025–2026 the AASLD and EMA/CHMP established updated approaches to its clinical positioning in patients with F2–F3 fibrosis.

For Ukraine, these data are particularly relevant, given the high prevalence of cardiometabolic risk factors closely associated with the development of MASLD/MASH. According to the STEPS study, 59.0% of the adult population of Ukraine is overweight, and 24.8% have obesity. As of November 2025, more than 1.3 million patients with diabetes mellitus had been registered in the electronic healthcare system (EHCS), and as of March 2026, 1,001,240 patients in Ukraine had been registered with a diagnosis of “obesity” or “overweight.” Under such circumstances, implementation of a contemporary model for early identification of patients with MASLD/MASH, particularly among individuals with obesity and type 2 diabetes mellitus, becomes especially important. In view of the EASL–EASD–EASO recommendations, a stepwise approach to fibrosis risk stratification using the Fibrosis-4 (FIB-4) index, followed by transient elastography to stratify risk of significant fibrosis and to clinically justify the selection of patients for pharmacotherapy, appears appropriate for Ukrainian clinical practice.

**Conclusions.** At present, semaglutide should be regarded not only as a drug for body weight or glycemic control, but also as one of the most evidence-based pharmacological approaches to the treatment of non-cirrhotic MASH with F2–F3 fibrosis. Its clinical value is determined by its proven effect on histological endpoints, an acceptable safety profile, and integration into contemporary international guidelines and regulatory decisions. For the healthcare system of Ukraine, a shift from a general concept of fatty liver disease to a phenotype-oriented model of patient management, with identification of individuals with non-cirrhotic MASH, significant fibrosis, and high cardiometabolic risk, is particularly important. Such an approach provides a basis for the timely initiation of contemporary therapy, personalisation of patient management, and reduction of the risk of liver disease progression and related cardiometabolic complications.

**Keywords:** semaglutide, metabolic dysfunction-associated steatotic liver disease, metabolic dysfunction-associated steatohepatitis, liver fibrosis, glucagon-like peptide-1 receptor agonists.

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