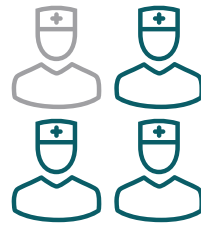


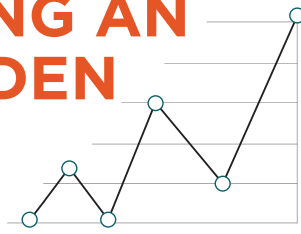
3/4+ OF HCPs agree that there is a **LACK OF CONSENSUS ON HOW TO PROPERLY DIAGNOSE NASH** and **9 out of 10 HCPs** believe **NASH IS OFTEN MISSED OR MISDIAGNOSED.**



ONLY 54% OF LIVER SPECIALISTS SAID THEY FEEL VERY CONFIDENT DIAGNOSING NASH. Among generalists, confidence drops to 17%.

Major risk factors for NASH include **T2D, insulin resistance, obesity, high cholesterol and high blood pressure.**¹

NASH IS BECOMING AN INCREASING BURDEN on patients and the medical community.



2 OUT OF 3 PATIENTS WISH THEIR DOCTOR HAD GIVEN THEM MORE INFORMATION about what to expect living with NASH.

! NASH is the second leading cause of liver transplant in the US. **BY 2020, IT IS EXPECTED TO BE THE FIRST.**^{2,3}

MORE THAN 90% OF ALL HCPs agreed that **AMERICANS ARE NOT AWARE THAT OBESITY AND TYPE 2 DIABETES ARE RISK FACTORS FOR NASH.**



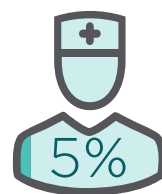
PCPs ARE ~2X MORE KNOWLEDGEABLE ABOUT OBESITY AND HYPERTENSION THAN NASH.



1 IN 4 patients worry that they will need a **liver transplant**—as for those with advanced stage NASH, it's **currently the only hope.**



Currently, lifestyle changes like **diet and exercise ARE THE ONLY VIABLE OPTIONS** for slowing disease progression.⁴



New therapies are being studied, **but fewer than 20% of NASH patients AND 5% OF GENERALISTS ARE AWARE OF CURRENT CLINICAL TRIALS.**

T2D = Type 2 Diabetes
PCP = Primary Care Physician

HCP = Healthcare Professional
NP = Nurse Practitioner

NASH = Nonalcoholic Steatohepatitis
PA = Physician Assistant

IT'S TIME TO GET REAL – ABOUT – LIVER HEALTH

Based on results from the NASH TRUTH Survey