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**Serum ferritin levels can predict long-term outcomes in patients with metabolic dysfunction-associated steatotic liver disease**

*Armandi A, Sanavia T, Younes R,*et al.[*Serum ferritin levels can predict long-term outcomes in patients with metabolic dysfunction-associated steatotic liver disease.*](https://gut.bmj.com/content/73/5/825)Gut*2024; 73(5): 825-834. doi:   10.1136/gutjnl-2023-330815*

Hyperferritinaemia in absence of iron overload is common in metabolic dysfunction-associated steatotic liver disease (MASLD) affecting over one-third of patients. It reflects underlying inflammatory processes and oxidative stress. While associated with liver fibrosis severity, its predictive role in long-term outcomes remains uncertain. In this study, Armandi et al., evaluated the performance of baseline ferritin in predicting long-term outcomes for MASLD in a multicentre cohort of 1342 patients. They applied four survival models, including ferritin levels and confounders or non-invasive scoring systems, using Harrell’s C-index. During a median follow-up of 96 months, occurrences of liver-related events were noted in 7.7% (103/1332) of patients, hepatocellular carcinoma in 1.9% (25/1330), cardiovascular events in 10.9% (139/1265), extrahepatic cancers in 8.3% (92/1109), and all-cause mortality in 5.8% (70/1342). Elevated ferritin levels were linked to a 50% increased risk of liver-related events and a 27% increased risk of all-cause mortality. Notably, liver-related event risk significantly escalated for ferritin level ≥215.5 µg/L, with a median hazard ratio of 1.71 (2.5-97.5% CI: 1.08-2.7) and a C-index of 0.71. Similarly, the risk of overall mortality increased for ferritin level ≥272 µg/L, with a median hazard ratio of 1.49 (2.5-97.5% CI: 0.83-2.67) and a C-index of 0.70. Furthermore, integrating serum ferritin thresholds into predictive models enhanced the performance of existing scoring systems such as Fibrosis-4 and Non-Alcoholic Fatty Liver Disease Fibrosis Scores.

Armandi et al., concluded that serum ferritin levels could serve as valuable predictors for long-term prognosis in MASLD patients but would require further prospective validation to integrate into routine clinical practice.