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NIH Chooses Miller School for Multicenter Liver Cirrhosis Network

In a new National Institutes of Health (NIH) initiative, the University of Miami Miller School of Medicine was selected for a nationwide Liver Cirrhosis Network. Researchers in the network's 10 academic medical centers will share patient data and launch clinical trials of a class of medications that could prevent progression of the disease, which causes irreversible scarring of the liver, and complications such as liver cancer.

David Goldberg, M.D.

"Our selection reflects the strength of our multidisciplinary research program, and our commitment to delivering clinical care to South Florida's highly diverse population," said David

Goldberg, M.D., associate professor of medicine in the Division of Digestive Health and Liver Diseases.

Dr. Goldberg is the principal investigator of the five-year grant from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), part of the National Institutes of Health. Like the other nine centers, the Miller School will be conducting a long-term study on patients with liver disease to identify potential risk and protective factors, such as genetic variations. Each of the 10 centers will also develop a clinical trial using statins, lipid-lowering medications now used primarily for cardiovascular disease.

Looking to Genetics

Dr. Goldberg said the UM liver disease researchers plan to tap the expertise of the Hussman Institute for Human Genomics to study whether variations in ancestry affect cirrhosis progression as well as response to statins.

“Most of the data on the progression of liver disease in Hispanics now comes from patients in California and Texas,” he said. “However, a Cuban-American whose ancestors came from Africa will have a very different genetic background than a Mexican-American whose grandparents came from Spain.”

Dr. Goldberg noted that cirrhosis can be caused by a wide range of conditions, but is one of the most common disease-related causes of death in U.S. adults, and the incidence appears to be rising.

“Liver transplantation is the only viable avenue for reversing end-stage liver disease and cirrhosis but this resource-intensive intervention is not available to all persons who

need a new organ," he said.

By establishing the Liver Cirrhosis Network to investigate the effects of statins, the NIH hopes to improve care of patients with progressive liver disease, and potentially provide an alternative to transplantation, added Dr. Goldberg.

"The results from the 10-center study should provide important insights on the prevention, diagnosis and treatment of patients with this serious progressive disease," he said.

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