

Profile

Aleksander Krag: transforming the outlook for chronic liver disease



As a hepatologist, Aleksander Krag has always sought to improve the prognosis of patients with liver disease, whom, he tells *The Lancet*, he often thinks of as a fictional patient he calls “Henry”. His research over more than two decades has left patients with much brighter prospects. Krag is Professor of Liver Diseases and Head of Centre, Head of Research, and Chair of Health Sciences at the Research Unit and Department of Gastroenterology and Hepatology, Odense University Hospital (OUH)/University of Southern Denmark, Odense, Denmark.

Both his father and grandfather were physicians; Krag found them inspiring and only ever wanted to be a doctor. “But dad taught me the human side early on”, Krag says. “Treatment is one part, but learning about the patient’s life and gaining their confidence is the best part of medicine.” It was while he was completing his medical studies at the University of Copenhagen that Krag saw the devastating effects of liver disease. He clearly remembers a patient with decompensated liver disease facing death without an immediate transplant. His interest in hepatology led to his PhD in how liver failure affected organs such as the heart and kidney. Krag found himself asking “What about the window of decades where patients are asymptomatic and intervening while the course of disease can be changed?” Helping patients earlier in the disease process then became the centre of his research.

Krag’s PhD gave him the opportunity to work in a hepatology team at Hvidovre University Hospital with early mentors Flemming Bendtsen, Søren Møller, and Jens Henrik Henriksen. Krag worked with patients with advanced liver disease and renal failure and on invasive haemodynamic studies. Hungry to do his own research, he secured a position at the University of Copenhagen, and then at OUH, where he became one of Denmark’s youngest full professors aged just 40 years—he was specifically recruited to build research capacity in hepatology. “It could have been an overwhelming time, but I saw this huge runway ahead of me and a chance to do large, highly powered studies to answer key questions in the field”, he explains. Krag’s first major grant came from the Danish National Advanced Technology Foundation and included compulsory time learning leadership skills at Harvard University Business School in Boston, MA, USA. “To get the best out of any team, including researchers, you have to effectively act like a CEO”, he says. Today Krag leads a team of 40 who work together as partners in a stimulating, friendly environment, all motivated to improve outcomes for “Henry”.

Among the questions guiding this work are “At a basic level, can we find Henry earlier? Are patients sick, yes or no? What biomarkers decide this? Are we in the window of opportunity or could the disease be fatal? What treatments are available?” To help answer these questions it was back in 2013 that Krag

began a study of people with early asymptomatic alcohol-related liver diseases, which now includes 10 000 patients, more than 1000 liver biopsies, and 300 000 biobank samples. This research has helped answer many questions, such as identifying and validating ProC3, a fragment of type 3 collagen, quantifiable in blood that reflects fibrosis burden. His team also proved that available biomarkers, such as the enhanced liver fibrosis (ELF) test and transient elastography, have diagnostic and prognostic value in people with alcohol-related liver disease. Additionally, Krag has co-founded a spinoff company with colleagues to develop simple blood test biomarkers to screen for asymptomatic liver disease in high-risk patients. Other key work by Krag’s team includes a study of 3000 people on the biomarker PETH, which acts as a marker for alcohol consumption; “it tells us the truth about a person’s alcohol consumption”, he says. He is part of the LiverScreen Consortium project, whose study of 30 000 Europeans showed almost 5% have clinically defined liver stiffness. And in end-stage liver disease, his team is running a trial to see which patients will benefit from albumin substitution by developing a biomarker to determine this.

Krag is also a Co-Chair of the second European Association for the Study of the Liver (EASL)–*Lancet* Liver Commission. It updates the work of the first 2021 Commission and places greater emphasis on alcohol as one of the leading causes of liver morbidity and mortality. “In this second Commission, we provide novel data on burden of liver disease in Europe and summarise the proven actions that can reduce morbidity and mortality. We focus in particular on the social, structural, and commercial determinants of health, and we aim to turn science into action through clear recommendations on what can be done today to improve liver health tomorrow,” he says.

Advocacy is important in advancing liver health and during the past 5 years, heading into and during his tenure as Secretary General of EASL, Krag has made great strides in advocacy by working with WHO to formally recognise steatotic liver disease as a non-communicable disease. He also co-founded the European Health Alliance on Alcohol, joining EASL with WHO and scientific societies to make the health effects of dangerous alcohol consumption clear.

Krag’s research has been recognised by the Danish Society of Internal Medicine and he was awarded the Novo Nordisk Foundation Hagedorn Prize 2026 for his pioneering work on early detection of chronic liver disease. When he is not in the clinic or leading research, Krag loves to be with his family, mostly outdoors spending time skiing, hiking, and climbing, especially in Chamonix in the French Alps—an annual destination since 1994, the year he climbed Mount Blanc.

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