Sun Pharma Science Foundation will be proud to enrol Dr. Abhijit Chowdhury as an awardee. It is not common that a clinician who practices in India has conducted research of such depth that the research has shaken up prevailing notions about a disease, stimulated global clinical research interest, and provided solutions to its effective management, treatment and control policy. My nominee, Dr. Abhijit Chowdhury, has done just that.

Dr. Chowdhury's most impactful contribution is the identification of *Lean* non-alcoholic fatty liver disease (NAFLD) as a clinical phenotype. Lean NAFLD is prevalent not only in India, but in most global regions. Based on Abhijit's work, the most prestigious journal on liver research – *Hepatology* – published an editorial (https://doi.org/10.1002/hep.23659) titled *Fatty liver: Think globally* that concluded "*The work highlights (that) … NAFL is prevalent among individuals … who, at cursory glance, may not appear to harbor the typical metabolic risk factors for NAFL and may, therefore, be inappropriately perceived to not be at risk for the condition*." A Consensus Statement published in *Nature Reviews* (https://doi.org/10.1038/s41575-021-00523-4), based primarily on Dr. Chowdhury's studies, affirms "*Although strongly associated with obesity, NAFLD also occurs in individuals with normal weight, especially in Asian populations*." Dr. Chowdhury's epidemiological and clinical characterization of Lean NAFLD has changed the modalities of clinical management of NAFLD.

NAFLD has a significant genetic component. Polymorphisms in the *PNPLA3* gene robustly associate with NAFLD, but are not the only genetic markers. Dr. Chowdhury and colleagues have identified (i) three other genes to independently associate with NAFLD risk (doi: 10.1371/journal.pone.0149843. eCollection 2016), and (ii) a transcriptomics signature that associates with early risk of NAFLD (doi:https://doi.org/10.1016/ j.aohep.2020.06.009). These findings have empowered clinicians to estimate risk of NAFLD in individuals with likely predisposition. He has validated the risk-estimates in a large population cohort in which he has established a health and population surveillance system (doi: 10.1093/ije/dyu228).

In addition to his path-breaking work on NAFLD, Dr. Chowdhury has done significant and impactful work on liver disease caused by Hepatitis B and C virus infections in India (doi: 10.1111/j.1440-1746.2005.04070.x) that have helped frame and operationalize an Indian national control policy on these infections.

Dr. Chowdhury has been concerned with improvement of health care in rural areas. The findings of a study led by him showed that people in the informal sector with prior multitopic training can be effective in providing quality public health care; the results and recommendations published in *Science* (DOI: 10.1126/ science.aaf7384) are now being implemented on priority.

Dr. Chowdhury's untiring efforts to establish a hospital for treatment of liver disease in a rural area to cater to the needs of patients with financial handicap has resulted in the creation of the Indian Institute of Liver and Digestive Sciences (IILDS), in Sonarpur, about 25 km from the centre of Kolkata. This Institute is simultaneously a hospital, a training centre and a research institution. Impressed by Dr. Chowdhury's pioneering and innovative work, John C. Martin – who discovered drugs for treatment of HIV/AIDS and Hepatitis C, and was the CEO of the American biotechnology Gilead Sciences – made a large philanthropic donation that resulted in the creation of the R&D arm of IILDS.

My statements and observations above are based on personal knowledge. I have known, collaborated and have jointly published with Dr. Abhijit Chowdhury.

I reiterate: Sun Pharma Science Foundation will be proud to enrol Dr. Abhijit Chowdhury as one of its awardees.

PARTHA PRATIM MAJUMDER

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