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**Combination of carvedilol with variceal band ligation in prevention of first variceal bleed in Child-Turcotte-Pugh B and C cirrhosis with high-risk oesophageal varices**

*Tevethia H, Pande A, Vijayaraghavan R, et al. Combination of carvedilol with variceal band ligation in prevention of first variceal bleed in Child-Turcotte-Pugh B and C cirrhosis with high-risk oesophageal varices: the ‘CAVARLY TRIAL’. Gut 2024; 73: 1844-1853. doi: 10.1136/gutjnl-2023-331181.*

The CAVARLY randomised control trial assessed the efficacy of carvedilol, variceal band ligation (VBL), and their combination for preventing first variceal bleeding in patients with advanced cirrhosis (Child Pugh B and C) and high-risk varices. Results showed that combination therapy significantly reduced the incidence of first bleeding events at one year, by 62.9% compared to VBL alone and by 69.3% compared to carvedilol alone. Combination therapy also conferred a survival benefit, with notably lower overall and bleed-related mortality rates than either monotherapy.

Portal pressure, measured via hepatic venous pressure gradient (HVPG), showed meaningful reductions in both the carvedilol and combination groups, with minimal change in the VBL-only group. HVPG reductions were similar between the carvedilol and combination arms, affirming the effectiveness of beta-blockade in reducing portal hypertension.

The trial's robust design addressed immortal time bias through multiple analyses, with consistent results across landmark time points. Safety profiles were favourable, with transient adverse effects such as dysphagia after VBL and mild fatigue with carvedilol. No significant difference was noted in new-onset ascites or renal complications among treatment groups.

This study is the first to show that combined carvedilol and VBL therapy is significantly more effective than monotherapy in preventing initial variceal bleeding and improving survival in high-risk cirrhotic patients. Tevethia *et al.,* recommend considering this combination approach for patients with high-risk varices, particularly in NASH (non-alcoholic steatohepatitis) cirrhosis, where greater HVPG reduction is needed. Further studies are encouraged to optimise dosing and validate these findings across diverse cirrhosis aetiologies.