

Reaching a secure diagnosis of PBC

Patient with suspected PBC

- Persistent cholestatic abnormalities in serum biochemistry: elevated ALP/GGT/AST/ALT and/or conjugated bilirubin
- Symptoms including pruritus, sicca, arthralgias or fatigue

Initial assessment

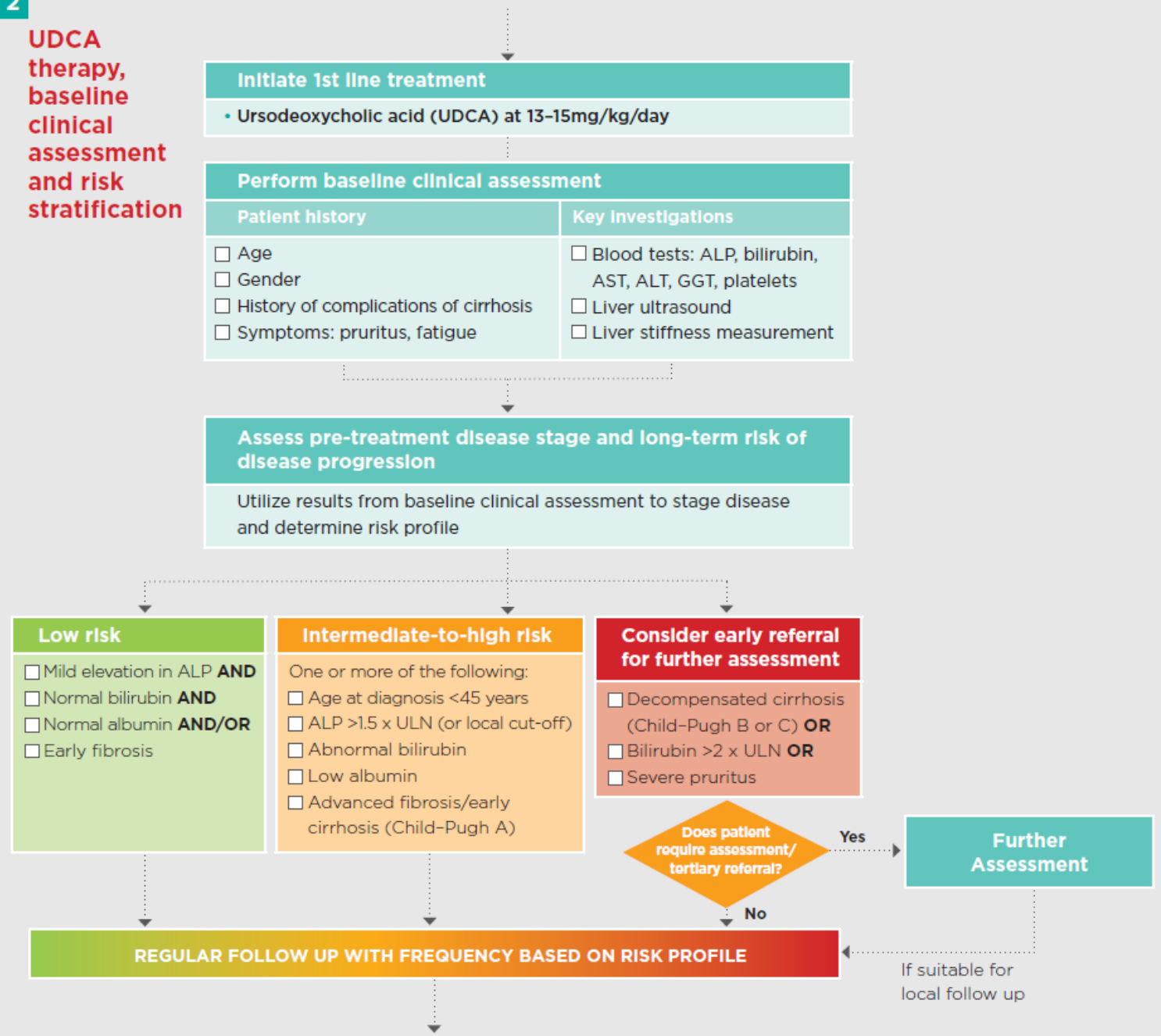
- History, physical examination, abdominal ultrasound
- Serum biochemistry: ALP
- Serology: serum AMA and/or PBC-specific ANA

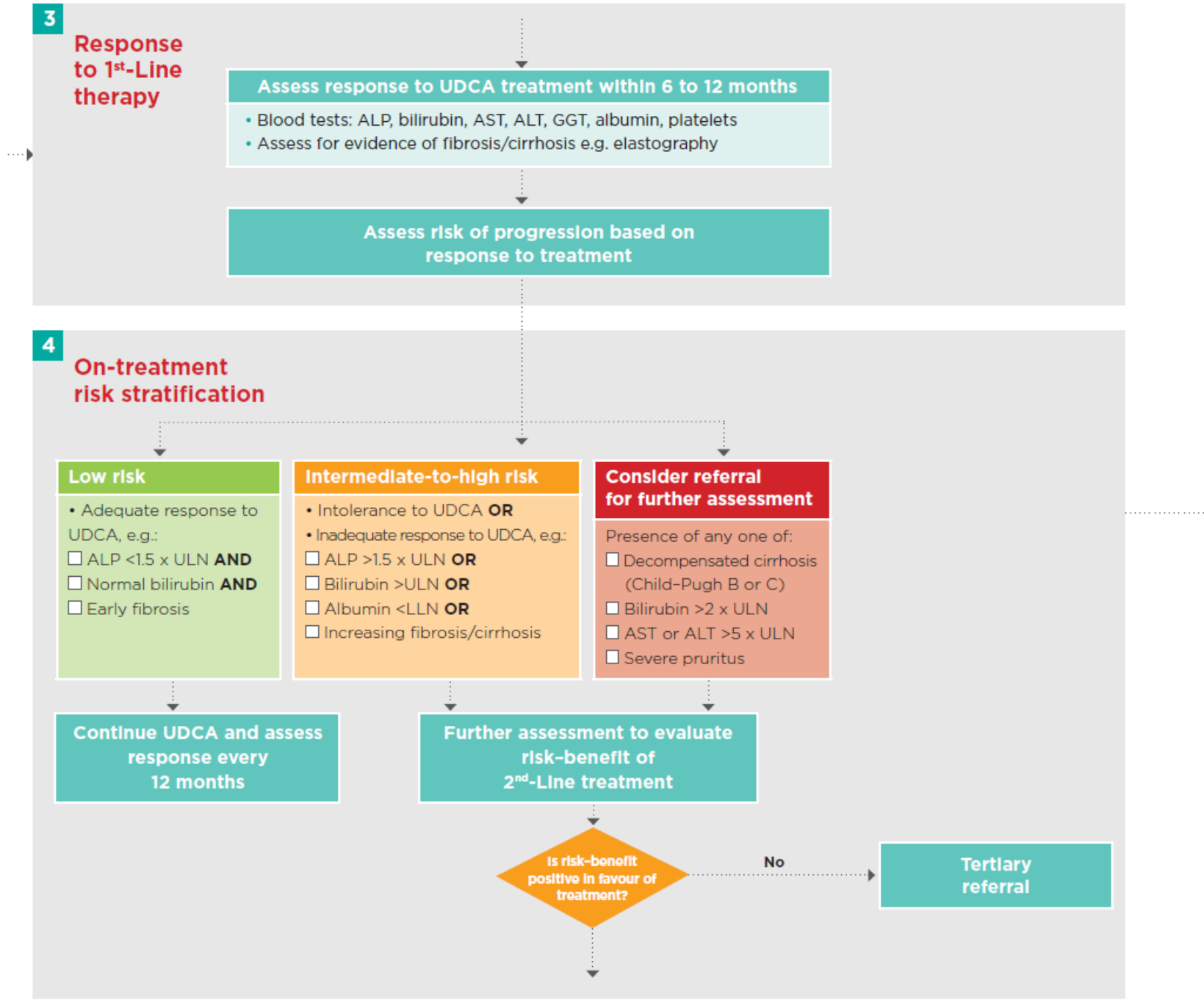
Establish a secure diagnosis of PBC

- Elevated ALP
- AMA-positive (>1/40) or anti-gp210/anti-sp100-positive

Confirmed PBC

UDCA therapy, baseline clinical assessment and risk stratification





AASLD 2018- International consensus Care Pathway for the diagnosis and management of Primary Biliary Cholangitis

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2nd-Line treatment

Initiate 2nd-Line therapy In consultation with patient

- Licensed therapy: Obeticholic acid (OCALIVA®)
- OR
- Off-label therapies (e.g. fibrates, budesonide)

On-treatment assessment and regular follow-up

- Monitor blood tests every 3–6 months (depending on patient risk profile): ALP, bilirubin, AST, ALT, GGT, albumin, platelets
- Monitor evolution of fibrosis yearly using elastography

Continue therapy if
treatment response
is adequate

Evidence of
disease
progression?

No

Yes

Further
assessment