Recognizing and Mitigating the Burden of PBC through Earlier Diagnosis and Intervention



Ensuring an Early and Accurate Diagnosis of PBC

Requires the presence of 2 out of 3 criteria

Biochemical evidence with exclusion of extrahepatic cholestasis
- ALP
- GGT

Presence of AMA or other PBC-specific ANA autoantibodies
- 90%–95% of patients are AMA positive
- PBC-specific autoantibodies—sp100 and gp210—are associated with more advanced disease and worse prognosis

Histological evidence of non-suppurative destructive cholangitis of interlobular bile ducts

Liver biopsy is not required for a diagnosis of PBC if the first 2 of 3 criteria are fulfilled.

Patients may meet diagnostic criteria for PBC but have features suggestive of MASLD or AIH overlap that warrant further evaluation with liver biopsy.

Symptom and Disease Burden Associated with PBC

- PBC is associated with worse HRQoL scores compared to other autoimmune liver diseases (e.g., AIH, PSC)

Most burdensome symptoms
- **Fatigue:** occurs in up to 80% of patients
- **Pruritus:** occurs in up to 70% of patients

Pruritus is associated with worse:
- Cognition
- Sleep
- Fatigue
- Social life
- Emotional health

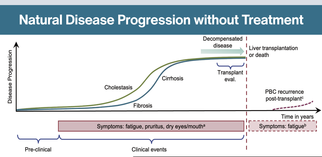


Early Diagnosis and Treatment of PBC is Critical to Optimize Long-term Outcomes

While the rate of PBC progression varies, liver fibrosis and cirrhosis usually occur if left untreated.

Introduction of UDCA has reshaped disease progression and prognosis.

Natural Disease Progression without Treatment



	Transplant-free Survival Rates		
	5 years	10 years	15 years
Untreated	79%	59%	32%
Treated with UDCA	90%	78%	66%

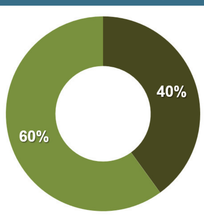
*Symptoms do not correlate with the disease stage and can occur at any point.
†Fatigue may persist after transplant.
‡Frequency of post-transplant PBC is highly variable among studies (9%–61%).

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However, up to 40% of patients with PBC have a suboptimal biochemical response.

New second-line therapies have been developed to fulfill this therapeutic need.

Estimated Biochemical Response Rates to UDCA



New Second-line Treatment Options for PBC

Two conditionally approved PPAR agonists:

Elafibranor

Seladelpar

Demonstrated improvements in:
- Biochemical response
- ALP normalization

Emerging evidence suggests PPAR agonist may improve:
- Fatigue
- Pruritus

ABBREVIATIONS

AIH: autoimmune hepatitis
ALP: alkaline phosphatase
AMA: antimitochondrial antibodies
ANA: antinuclear antibodies
GGT: gamma-glutamyl transpeptidase
HRQoL: health-related quality of life
MASLD: metabolic dysfunction–associated steatotic liver disease
PBC: primary biliary cholangitis
PPAR: peroxisome proliferator-activated receptor
PSC: primary sclerosing cholangitis
UDCA: ursodeoxycholic acid

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