PBC Therapy: 2 Key Goals

Prevent Disease Progression

- Cirrhosis
- Liver decompensation
- Liver transplantation
- Liver-related death

Improve Quality of Life

- Pruritus
- Fatigue

*Symptoms warrant **separate evaluation and treatment.***

First-line PBC treatment will not improve symptoms.[1]

Start First-line Treatment[1]

Start UDCA 13-15 mg/kg/day

Measure Biochemical Response

- If *FibroScan* ≤10 kPa: aim for **ALP improvement** with or without reaching bilirubin thresholds
- If *FibroScan* >10 kPa: aim for **normal ALP** with **bilirubin <0.6x ULN**

Commentary:

In clinical trials for second-line agents, response was defined as **ALP <1.67x ULN**, ALP ≥15% decrease from baseline, and bilirubin normal at **12 months** (POISE criteria). However, there is increasing evidence for earlier and more ambitious goals such as deep response **normalization** of ALP and bilirubin <0.6x ULN at **3 months** (GLOBAL PBC criteria), especially in people with risk factors such as advanced fibrosis or younger age.[2]

If Inadequate Response or Not Tolerated, Start Second-line Treatment

Obeticholic Acid (FXR Agonist)[1]

Demonstrated to improve biochemical response

Associated with **treatment-emergent** pruritus

Elafibranor (PPAR α/δ Agonist)[3] OR **Seladelpar (PPAR δ Agonist)[4]**

Demonstrated to improve biochemical response

Demonstrated potential to **improve** pruritus

Enroll in Clinical Trial

Assess Pruritus

- Visual Analogue Scale
- Numerical Rating Scale
- 5-D Itch Scale
- PBC-40

Commentary:

Many options to measure pruritus; *how* you measure is less important than *whether* you measure.

If Present, Treat Pruritus[1]

First Line

- Bile acid resins (eg, cholestyramine)

Second Line

- Rifampin
- Naltrexone
- Sertraline

Other Options

- Gabapentin or phenobarbital
- Plasmapheresis
- Molecular absorbance recirculating system
- Nasobiliary drainage
- UV light therapy
- Topical therapy

References:

1. Lindor. Hepatology. 2019;69:394.
2. Corpechot. Hepatology. 2024;79:39.
3. Kowdley. NEJM. 2024;390:795.
4. Hirschfield. NEJM. 2024;390:783.

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