



How Confident Are You in

Diagnosing Primary Biliary

Cholangitis (PBC)?

- PBC is an autoimmune cholestatic condition that is a significant cause of chronic liver disease¹
- In PBC, immune-mediated biliary epithelial cell damage, cholestasis and progressive fibrosis can lead to end-stage liver disease¹
- It is most prevalent in women and individuals over 50 years of age¹⁻³

Early diagnosis of PBC is essential to improve patient outcomes¹

- Earlier diagnosis and initiation of disease management has led to an improvement in PBC prognosis in recent years, although it remains a significant cause of liver-related morbidity
- While improved detection of serologic markers facilitates earlier diagnosis, varying patient presentation and non-specific symptoms mean that diagnosis remains difficult

What are the signs of PBC?

~ 40% of people with PBC are symptomatic at the time of diagnosis⁷

Those with **asymptomatic PBC** are usually diagnosed by chance with **laboratory findings** from a routine health check or during the course of an unrelated illness⁸

Clinical symptoms may include:

- Fatigue²
- Pruritus²
- Autoimmune disease⁹
- Jaundice²
- Cognitive impairment¹⁰
- Abdominal pain¹¹
- Nausea, bloating or diarrhea⁶

Common symptoms

Other reported symptoms

Abnormal liver function tests may include:

- Elevated ALP12
- Elevated GGT¹
- Elevated ALT and/or AST12
- Elevated serum total bilirubin¹³
- Increased levels of IgM and/or IgG12
- AMA positive¹²
- Anti-gp210 and/or anti-sp100 positive¹²

ALP, alkaline phosphatase; ALT, alanine aminotransferase; AMA, antimitochondrial autoantibody; AST, aspartate aminotransferase; gp210, 210 kDA glycoprotein; lgG, immunoglobulin G; lgM, immunoglobulin M; sp100, speckled 100 kDA protein.

1. Hirschfield GM et al. Gut 2018;67:1568–1594; 2. Dahlqvist G et al. Hepatology 2017;65:152–163; 3. Kim WR et al. Gastroenterol 2000;119:1631–1636; 4. Prince MI and James OFW. Clin Liver Dis 2003;7:795–819; 5. Beuers U et al. Am J Gastroenterol 2015;110:1536–1538; 6. PBCers Organization. Available at: www.pbcers.org/symptoms/. Accessed June 2024; 7. Prince MI et al. Gut 2004;53:865–870; 8. Kurtovic J et al. Q J Med 2005; 98:331–336; 9. Liu Y et al. Can J Gastroenterol Hepatol 2021;5557814; 10. Newton JL et al. Hepatology 2008;48:541–549;13; 11. Laurin JM et al. J Gastroenterol 1994;89:1840–1843; 12. Lindor KD et al. Hepatology 2019;69:394–420: ; 13. Lammers WJ et al. Gastroenterology 2014;147(6):1338–1349



Diagnosis of PBC is confirmed with tests for autoantibodies:1

AMA

AMA is the hallmark serologic signature of PBC,² present in ~95% of patients^{3,4}

ANA

PBC-specific ANA may be present in
>50% of patients with PBC,⁵ including those who are AMA negative⁶

A diagnosis of PBC can be established when two out of the three criteria below are met:¹

- Biochemical evidence of cholestasis based on ALP elevation
- Presence of AMA or other PBC-specific autoantibodies, including anti-sp100 and/or anti-gp210
- Histologic evidence of nonsuppurative destructive cholangitis and destruction of interlobular bile ducts



Usually, PBC meets the first two criteria and can be diagnosed without the need for a liver biopsy.

A liver biopsy is only required if laboratory tests are inconclusive¹

ALP, alkaline phosphatase; **AMA**, antimitochondrial autoantibody; **ANA**, antinuclear antibodies; **gp210**, 210 kDA glycoprotein; **PBC**, primary biliary cholangitis; **sp100**, speckled 100 kDA protein.

1. Lindor KD et al. Hepatology 2019;69:394–420; 2. Hirschfield GM et al. Gut 2018;67:1568–1594; 3. Walker JG et al. Lancet 1965;1:827–831; 4. Kaplan MM and Gershwin ME. New Eng J Med 2005;353:1261–1273;

5. Rigopoulou El et al. Gut 2005;54:528–532; 6. Granito A et al. Aliment Pharm Ther 2006;24:1575–1583.

