

CURRENT DIAGNOSTIC Criteria for PBC



You know something just isn't right. Maybe it's the unbearable itching. Maybe it's the debilitating fatigue. Maybe it's abdominal discomfort or frequent urinary infections. Or maybe it's a combination of these.

Perhaps you've been referred to a dermatologist, an allergist, or another specialist – with little or no relief.

But now... at last... after you've made it clear your symptoms are not getting any better, you are being tested for primary biliary cholangitis, commonly referred to as PBC.

Here's what to expect along your diagnostic journey

1. Your doctor will discuss your symptoms. Itching and fatigue are two of the more common symptoms that suggest PBC.
2. A few blood tests will be done to see if you have any of the following markers of PBC:
 - a. AMA (antimitochondrial antibodies) – these show up in almost all patients with PBC.
 - b. Elevated ALP (alkaline phosphatase) – an enzyme present in many parts of the body, a raised ALP can indicate bile duct injury – a classic sign of PBC
3. A PBC diagnosis can usually be made quickly if both of these blood tests are elevated, but if not – your doctor may explore further by investigating these additional markers:
 - a. Reduced bile flow
 - b. Raised immunoglobulin concentrations, especially immunoglobulin M (IgM)
 - c. Elevated liver transaminase enzymes (AST and ALT) – if these levels are elevated it could mean you have inflamed or injured liver cells
 - d. Elevated bilirubin levels – this is the pigment in blood that can cause yellowing of the skin and/or eyes (jaundice)
 - e. Specific antinuclear antibodies (ANA) – these are present in nearly 30% of patients with PBC
 - f. Specific immunoassays that can be detected in patients with symptoms, including anti-gp210 and anti-sp100

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4. Imaging: While abdominal imaging cannot diagnose PBC, it is useful to rule out other causes of your symptoms. In advanced PBC, liver imaging can help see if your liver has become scarred or otherwise damaged (cirrhotic).
5. Once PBC is diagnosed, your medical team will “stage” the disease to pinpoint where it stands on the PBC disease continuum. This will help in determining a treatment plan and help to stave off the development of new or worsening liver cirrhosis.
6. Although not usually needed, a liver biopsy might be ordered if the blood tests, listed above, are inconclusive.
7. Once diagnosed, your doctor may order an “elastography” (also known as vibration-controlled transient elastography, or VCTE) to determine the stiffness of your liver. This is a non-invasive, painless test that can be performed within 10 minutes.

While there is still no cure for PBC, once you are diagnosed there are treatments that can slow the progression of PBC disease, help control symptoms and improve your quality of life.

1. Faisal MS, et al. Primary biliary cholangitis: epidemiology, diagnosis, and presentation. *Clin Liver Dis.* 2024;28(1):63-77.
2. Leighton J, et al. Patient ownership of primary biliary cholangitis long-term management. *Frontline Gastroenterol.* 2020;12(5):370-373.
3. Levy C, et al. New treatment paradigms in primary biliary cholangitis. *Clin Gastroenterol Hepatol.* 2023;21(8):2076-2087.