

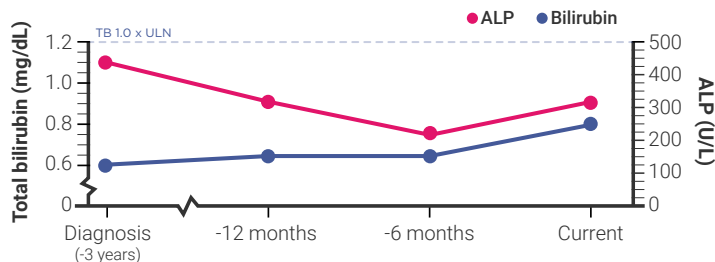


Betty

Age 65

Betty started second-line therapy 12 months ago due to inadequate response to UDCA and evidence of fibrosis. While her ALP decreased, she had to discontinue her second-line treatment after 6 months due to emergent symptoms.

ALP¹ and Bilirubin²



Time since diagnosis: 3 years

Risk factors^{3,4}: Fibrosis

Symptoms: Fatigue, treatment-emergent pruritus

Current treatment: UDCA 950 mg daily (15 mg/kg/day)

Time on treatment: 2 years on UDCA, 6 months on UDCA + 2L 6 months on UDCA



If not closely monitored after a change in treatment, what could Betty's rise in bilirubin mean for her long-term outcomes?

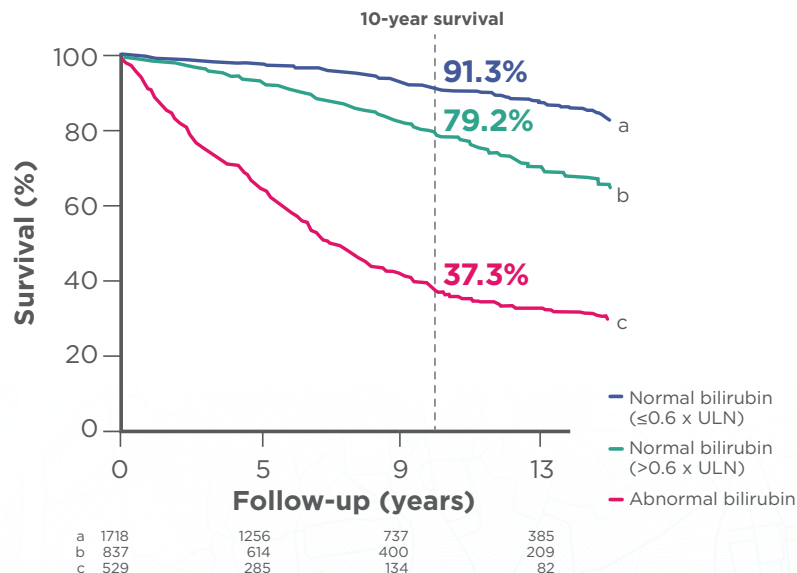
Betty is at risk of disease progression given her biochemical levels⁵

Lower bilirubin is associated with greater long-term survival⁵

An analysis of the Global PBC Study Group database concluded the risk of liver transplant or death is increased with bilirubin levels $>0.6 \times \text{ULN}$.⁵

Closely monitor patients' liver function test results after treatment adjustments are made.^{3,6}

Survival estimates in patients with normal and abnormal bilirubin⁵



Adapted with permission from Wolters Kluwer Health, Inc.: Murillo Perez CF, et al; Global PBC Study Group. Goals of treatment for improved survival in primary biliary cholangitis: treatment target should be bilirubin within the normal range and normalization of alkaline phosphatase. *Am J Gastroenterol*. 115(7):1066-1074. https://journals.lww.com/ajg/abstract/2020/07000/goals_of_treatment_for_improved_survival_in.20.aspx

2L=second line; ALP=alkaline phosphatase; PBC=primary biliary cholangitis; TB=total bilirubin; UDCA=ursodeoxycholic acid; ULN=upper limit of normal.

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