Primary Biliary Cholangitis (PBC) in the U.S.: Clinical Characteristics of Patients Enrolled in TARGET–PBC

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INTRODUCTION

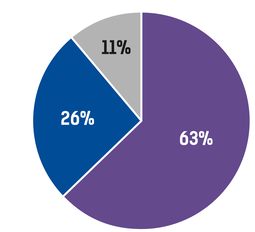
- Primary biliary cholangitis (PBC) is an uncommon autoimmune cholestatic liver disease.
- Up to 40% of PBC patients have an incomplete biochemical response to ursodeoxycholic acid (UDCA).
- Obeticholic acid (OCA) was approved by the FDA in 2016 for PBC patients not responding or intolerant to UDCA.
- This current analysis describes the baseline characteristics of consecutive participants enrolled to date in TARGET–PBC

METHODS

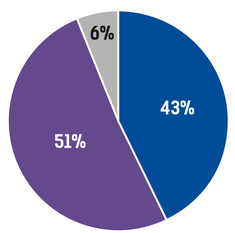
- TARGET–PBC is an observational study, initiated in 2016, of adult PBC patients managed at 19 academic and 6 community Hepatology and Gastroenterology practices.
- Patient management will follow each site's local standard of care and no specific treatments, clinical assessments, or laboratory tests will be dictated by enrollment in the study.
- Cirrhosis is derived based on any of the following: stage 4 fibrosis on biopsy, stage 3 fibrosis on biopsy and one secondary condition, two secondary conditions, or stiffness >= 17 on FibroScan
  - Secondary conditions include portal hypertension, ascites, varices or collaterals, platelets < 140, cirrhosis on other imaging, and splenomegaly.
- Decompensated requires ascites, encephalopathy, variceal bleeding, or Child–Pugh B or C.
- Enrollment after May 2017 was enriched to include only those with elevated serum alkaline phosphatase (ALP) despite UDCA therapy or those treated with OCA or fenofibrate (47% of current enrollment).

DISEASE SCORES AT STUDY ENTRY

GLOBE Score



APRI Score



Scores are calculated based on available data in the redacted medical records. Disease scores cannot be calculated for any participant if one of the data points is not present in the redacted medical records.

DEMOGRAPHICS

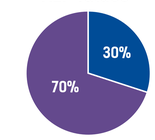
Participant Characteristics at Study Entry	
Median Age at Study Entry	62 (range 20 – 92)
Female	90.4% (n=338)
Caucasian	83.6% (n=312)
Hispanic	16% (n=60)
AMA Positive	84.5% (n=283)
Mean Duration of Disease	5.0 years (range 0 – 37 years)
Cirrhosis	38.5% (n=144)
Mean Child Pugh Score	6.7 (range 5 – 13)
Decompensated Cirrhosis	19.8% (n=74)
Autoimmune Hepatitis Overlap	15.5% (n=58)
Pruritus	43.0% (n=161)
Fatigue	45.5% (n=170)
Sicca Syndrome	29.4% (n=110)
Hypothyroidism	45.5% (n=170)
Hyperlipidemia	29.4% (n=110)
Osteopenia on DEXA scan[1]	45.5% (n=170)
Osteoporosis on DEXA scan[1]	29.4% (n=110)

Total enrollment to date is 413 with evaluable data from 374 participants currently available.

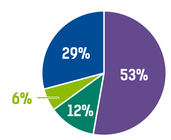
[1]23.5% (n=88) of participants had an available DEXA scan

LABORATORY VALUES AT STUDY ENTRY

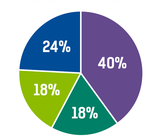
ALP Values[1]



Breakdown of ALP> ULN



Total Bilirubin

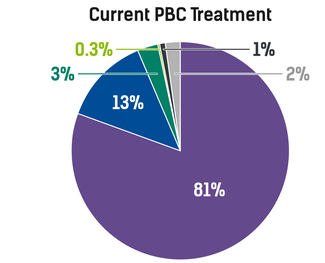


Laboratory Values	Median Values
Alkaline Phosphatase (ALP)	162.0 U/L (range 38 – 1583 U/L)
Alanine Aminotransferase (ALT)	30.0 U/L (range 4 – 279 U/L)
Aspartate Aminotransferase (AST)	33.0 U/L (range 12 – 211 U/L)
Total Bilirubin (TB)	0.70 mg/dL (range 0.2 – 19.2 mg/dL) 18% of participants had abnormal TB at study entry
Platelets	219.5 10^3/uL (range 33 – 609 10^3/uL)
Albumin	4.00 g/dL (range 2.1 – 7.7 g/dL) 18.1% of participants had abnormal
INR	1.00 (range 0.8 – 9.1)

[1]ULN for ALP is obtained from participant medical record and is site dependent. If no ULN is provided, 126 U/L is assumed.

CURRENT PBC TREATMENT

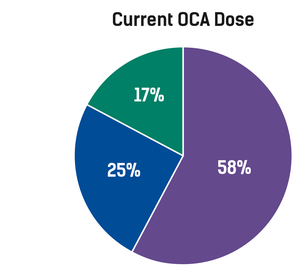
Current PBC Treatment



Median UDCA Dose – 14.6 mg/day

Median OCA Dose – 5 mg/day

Current OCA Dose



Reasons for alternative OCA dosing include participants undergoing dose titration (6.3%, n=3) and patients with moderate to severe liver impairment (10.4%, n=5).

CONCLUSIONS

- Participants enrolled in TARGET–PBC include special populations, such as patients with cirrhosis and autoimmune hepatitis, not widely represented in clinical trials.
- The characteristics of participants enrolled in TARGET–PBC reproduce previously described cohorts of well–defined PBC cases.
- About two–thirds of participants still had abnormal ALP despite being on UDCA, with almost half having ALP > 1.50X ULN. Increased awareness about the role of adjuvant therapies is needed.
- TARGET–PBC will be an important source of real world patient oriented outcome data.

STATEMENT & DISCLOSURES

TARGET–PBC is a collaboration among academic & community investigators, the pharmaceutical industry, and PBC patient community advocates. TARGET–PBC is sponsored by TARGET PharmaSolutions, Inc. TARGET thanks the study staff, nurses, health care providers and patients at each study center for their contributions to this work. Listings of Principal Investigators and Industry Partners are available upon request by emailing info@targetpharmasolutions.com.

Cynthia Levy, MD Disclosures: Consultant for Intercept, Novartis, GSK, Cara Therapeutics, TARGET PharmaSolutions; Research Grants from Intercept, Novartis, GSK, Gilead, Genfit, CymaBay, Durect, HighTide, Alnylan, Enanta, Genkyotek.

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