

WHAT HAPPENS IN PBC?

Primary Biliary Cholangitis (PBC) is a rare, chronic, autoimmune disease that causes inflammation and damage to the small bile ducts in the liver



Bile acids travel from the liver to the intestine through a series of ducts.



In people living with PBC, however, these ducts are damaged or even destroyed by the overactive immune system.



Bile acids are then trapped in the liver, and can become toxic at high concentrations.

In some people, as bile acids build up in the liver, this can lead to inflammation, scarring, cirrhosis, and ultimately to transplant or death.

SIGNS AND SYMPTOMS†

PBC can progress slowly and many people do not have symptoms, particularly in the early stages of the disease



FATIGUE



Intense, constant
ITCHING,
called pruritus



ABDOMINAL PAIN



YELLOWING
of the skin (jaundice)



DARKENING
of the skin

PRIMARY BILIARY CHOLANGITIS*

ALSO KNOWN AS PRIMARY BILIARY CIRRHOSIS

BY THE NUMBERS



Women are more susceptible than men, at a ratio of 10 to 1¹ and 1 in 1000 women over the age of 40 are affected by PBC.²

35-60 YEARS

The most common age at diagnosis.^{3, 4, 5, 6}

6%

of all liver transplants in Europe are caused by PBC.⁷ It is a leading cause of liver transplant among women in the United States.⁸

50%

of liver transplants due to cholestatic diseases in Europe are a result of PBC.⁷



More than half of people with PBC have at least one other autoimmune condition.^{9, 10}

FUTURE FOR PEOPLE WITH PBC



For many people living with PBC, there is an unmet treatment need.¹¹



Adhering to medication regimens and maintaining a healthy lifestyle are keys to slowing the progression of PBC.



As early detection, management, and treatment of PBC are improved, there is growing hope that many people living with PBC will never progress to the later stages of liver disease.

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*Members of the PBC Community are promoting a name change from Primary Biliary Cirrhosis to Primary Biliary Cholangitis. The majority of people with PBC do not have cirrhosis, and the term has led to stigmatization as it is often associated with other causes of liver diseases with social implications.

†Not all-inclusive

1. Parikh-Patel et al. *Hepatology*. 2001 January; 33(1):16-21. 2. Al-Harthy et al. *Hepatic Medicine: Evidence and Research*. 2012 December; 4:61-71. 3. Hirschfield et al. *Best Prac & Research Clin Gastro*. 2011; 25:701-712. 4. Gershwin et al. *Hepatology*. 2005;42(5):1194-1202. 5. Prince M and Jones D. *Postgrad Med J*. 2000;76:199-206. 6. Kim et al. *Gastro*. 2000; 119:1631-1636. 7. Adam et al. *Journal of Hepatology*. 2012 September; 57(3): 675-88. 8. Lasker et al. *British Journal of Health Psychology*. 2011 September; 16(3):502-527. 9. Watt et al. *QJM*. 2004 July; 97(7):397-406. 10. Somers et al. *American Journal of Epidemiology*. 2009 February; 169 (6):749-755. 11. Lammers et al. *Gastroenterology*. 2014 December; 147(6):1338-49.

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