

CO-003 - FROM GUIDELINES TO UNIFORM PAN-HEALTHCARE PROFESSIONAL PRACTICE: DEVELOPMENT OF AN INTERNATIONAL CONSENSUS CARE PATHWAY FOR THE DIAGNOSIS AND MANAGEMENT OF PRIMARY BILIARY CHOLANGITIS

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### **Background**

Primary biliary cholangitis (PBC) is an infrequent but important, lifelong autoimmune cholestatic liver disease. Patient management is frequently shared across primary and secondary care, and between physicians, nurse specialists and physician assistants. EASL treatment guidelines recommend the development of a Care Pathway, to facilitate standardized approaches to management based on current practice, in order to translate into a patient care flow. The objective was to leverage clinical expertise to develop this practical translation of guidelines to a Patient Care Pathway.

### **Methods**

Twelve PBC specialists convened (with transparent financial support from industry) with the aim of drafting a Care Pathway to support all clinicians in the day-to-day management of patients with PBC. The experts discussed the information needs of clinicians who have varying experience treating PBC. It was concluded that the Care Pathway should give practical advice on: confirming a PBC diagnosis, performing baseline clinical and risk assessments, initiating first-line treatment, performing on-treatment risk stratification at 6–12 months based on response to first-line treatment, and identifying patients who require second-line treatment and/or further assessments. The experts debated the assessments and criteria that should be included, and formed subsequent consensus.

### **Results**

Based on the consensus, a working group of six of the experts further developed and completed the Care Pathway. The working group reached added-consensus on a five-part structure and content for the Care Pathway based on EASL guidelines alongside their clinical experience (**Figure 1**).

### **Conclusions**

As an exemplar for all clinicians involved in the care of patients with chronic liver disease, this consensus Care Pathway for the management of PBC, builds on recently-published guidelines to support patient care. It provides an opportunity for more uniform practice, and for safe and timely adoption of varied models of care provision to patients with PBC, which go beyond classical physician-lead only management.