AGA SECTION

Changing Nomenclature for PBC: From ‘Cirrhosis’ to ‘Cholangitis’

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Keywords: Cholestasis; Cholangiopathy; Primary biliary cirrhosis.

The disease entity today widely called ‘primary biliary cirrhosis’ was first described by Addison & Gull in 18511 and Hanot in 1876.2 One hundred years after its first description, MacMahon & Thannhauser proposed the term ‘xanthomatous biliary cirrhosis’ for this disease based on the typical xanthoma formation with accumulation of cholesterol esters in the skin around the eyes in association with inflammatory destruction of small intrahepatic bile ductules leading to a biliary type cirrhosis.3 Xanthoma formation, however, is not a very common sign in this disorder. This may be the reason why the term ‘primary biliary cirrhosis’, proposed one year later for the same disorder by Ahrens et al.,4 gained wider acceptance when most patients were presenting with advanced liver disease.

Dame Sheila Sherlock, already in 1959, opposed the term ‘primary biliary cirrhosis’ as many of her patients were free of cirrhosis at the time of diagnosis and the mean survival was 5 and a half years (3–11) even for the fatal cases, whereas many asymptomatic patients would survive more than 10 years.5 The term ‘primary biliary cirrhosis’ remained an issue of concern as reflected by the name change proposal of Rubin, Schaffner and Popper in 1965 with their paper ‘Primary biliary cirrhosis – Chronic nonsuppurative destructive cholangitis’.6 S. Sherlock wisely commented on this new name: “...a better one, although it is unlikely that it will replace the more popular, although inaccurate, one of primary biliary cirrhosis”.7 She was right, again. And even 40 years later, the European8 and American9 Clinical Practice Guidelines still used the term ‘primary biliary cirrhosis’ even though it was an anachronism and did not accurately reflect the natural history of disease in the vast majority of patients as it is today.

The early diagnosis of primary biliary cirrhosis has dramatically improved with the more accurate measurements of markers of cholestasis and improvements in the detection of the classic serologic hallmark, anti-mitochondrial antibodies. Furthermore, the prognosis has dramatically improved with the introduction of orthotopic liver transplantation in the 1970s and 1980s, and of ursodeoxycholic acid (UDCA, 13–15 mg/kg daily) treatment in the 1980s and 1990s. Today, two out of three patients diagnosed with primary biliary cirrhosis and treated with UDCA have an expected survival not different from the general population and only a minority will ever develop cirrhosis.

The pathogenesis of primary biliary cirrhosis remains enigmatic although enormous progress has been made in unravelling genetic, immunological and pathophysiological molecular mechanisms involved.10–12 This has also led to new therapeutic approaches which are now under evaluation.13–15

On 23–24 May, 2014, the 2nd European Association for the Study of the Liver (EASL) Monothematic Conference on Primary Biliary Cirrhosis took place in Milan, Italy. On this occasion, patient representatives from the UK and Germany, Robert Mitchell-Thain and Ingo van Thiel, representing numerous national patient groups from different parts of the world requested to change the name of ‘primary biliary cirrhosis’ to ‘correct the inaccuracy’ and “remove the cirrhosis stigma” as well as all the misunderstanding, disadvantages and discriminations emanating from this misnomer in daily life of the patients. This initiative was based on former discussions at a meeting with international patient advocates and medical experts led by Raoul Poupon of France during the EASL International Liver Congress 2014 in London, and based in part on worldwide survey by patient support groups performed among >1200 patients with primary biliary cirrhosis.
E-mail discussions among experts in the field before the meeting, as well as intense discussions during the EASL Monothematic Conference in Milan with continual e-mail exchanges after the meeting has led to the widespread view among the vast majority of worldwide experts that; (1) the name ‘primary biliary cirrhosis’ should be changed [as advocated by Dame Sheila Sherlock in 1959]. In addition, the following proposals found broad support among the discussants; (2) the acronym ‘PBC’ should be kept if possible; (3) a simple and short term should be used (imperfection acceptable) as long as the exact pathogenesis of primary biliary cirrhosis remained undefined and, therefore, an ‘ideal’ replacement is not available.

In parallel with the growing patient support from Europe and the U.S., several surveys were performed among international experts in the field. Among EASL-selected committee members and senior reviewers of the EASL Guidelines for management of cholestatic liver diseases (n = 15), 100% agreed to a name change for primary biliary cirrhosis and 100% voted to keep the abbreviation ‘PBC’. 60% preferred ‘primary biliary cholangitis’, 20% ‘primary biliary cholangiopathy’, and 20% various other names. Among international experts from the American Association for the Study of Liver Disease (AASLD), Asian Pacific Association for the Study of the Liver (APASL) and EASL [outside the EASL committees] (n = 16), 88% agreed to a name change for primary biliary cirrhosis and 88% voted to keep the abbreviation ‘PBC’. 56% preferred ‘primary biliary cholangitis’, 13% ‘primary biliary cholangiopathy’, and 38% various other names. Among Japanese experts (n = 18), 100% agreed to a name change for primary biliary cirrhosis and 78% voted to keep the abbreviation PBC. 61% preferred ‘primary biliary cholangitis’, 28% ‘primary biliary cholangiopathy’, and 11% various other names. Thus, considering that improvement was acceptable in name finding, ‘primary biliary cholangitis’ found the broadest support as the new name for PBC among experts worldwide.

Our goal, as physicians, is to help and heal our patients both actively at the bedside but also passively in everyday social lives. Thus, we sincerely call on all medical professionals and all patients and their families that they are living with this syndrome, not dying of it. Its removal improves their opportunities in the workplace and in their everyday social lives. Thus, we call on all medical professionals as well as patient groups to draw more attention to immune-mediated biliary diseases like PBC or PSC and, ultimately, their early correct diagnosis and treatment.

We are aware of the imperfection of the new simple name and agree that alternative proposals like primary bile duct cholangitis, primary intrahepatic cholangitis, primary small bile duct cholangiopathy, and primary biliary/cholangiopathy may come somewhat closer to what we think this inflammatory liver disorder is about. However, we would kindly remind all critics of the fate of Hans Popper’s carefully chosen ‘chronic non-suppurative destructive cholangitis’ – too difficult according to the late Dame Sheila Sherlock. It failed to reach sufficient support.

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From ‘cirrhosis’ to ‘cholangitis’ – the change has critical implications for patients. It removes the stigma of cirrhosis and its implications of alcohol abuse. It removes the stigmata of a poor prognosis. Its removal reminds patients that they are living with this syndrome, not dying of it. Its removal improves their opportunities in the workplace and in their everyday social lives. Thus, we sincerely call on all medical professionals and all patients and their families and friends worldwide to use from this moment on the name “primary biliary cholangitis” for the disease known by its abbreviation PBC! We owe this to our patients and to further our role as caring physicians.

References


Received June 19, 2015. Accepted June 26, 2015.

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