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Liver health testing guide

For people living with primary
biliary cholangitis (PBC)



This liver testing guide has been given to you as you have been prescribed IQIRVO® ▼ (elafibranor) by your doctor.

To help monitor and manage **PBC**, your healthcare team will arrange check-in appointments with you at regular intervals. During these appointments, your doctor or nurse may suggest some tests to better understand the health of your liver.

This resource explains the tests you may undergo, why each one is used, and what to expect.

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IQIRVO® Patient Support

Blood tests

The most common way to monitor liver health is through a **blood test**. A small tube of blood is collected and sent off to a laboratory for testing.¹

Your healthcare team will generally look for the levels of the compounds listed below to help them better understand the progression of PBC. These can fluctuate based on many factors and at different times, so ask your doctor or nurse if you have any concerns.



Alkaline phosphatase (ALP)

This is an enzyme which is found in the blood, liver, and bone; an increase in ALP levels in the blood is one of the earliest signs of PBC.^{2,3}

When measuring ALP, a high result can be indicative of cholestasis, a condition where bile accumulates in the liver and other organs.^{4,5}



Gamma-glutamyl transferase (GGT)

This is another enzyme found in the blood. There are two reasons why GGT may be measured. One is that it can be used to confirm that ALP is rising because of **changes in the liver** (instead of changes relating to bone). The other is that it may indicate liver or bile duct damage.^{3,6}



Bilirubin

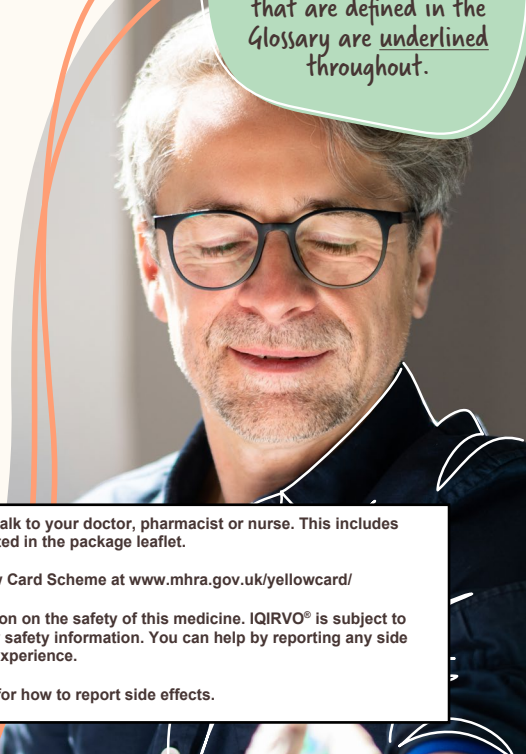
Bilirubin is a substance that is naturally produced when your body breaks down red blood cells.⁷ Blood levels of bilirubin can increase as PBC advances.



Albumin

This is a protein made by the liver that circulates in the blood and carries different substances throughout the body.⁸ Blood levels of albumin can decrease as PBC becomes more advanced.³

Please refer to the Glossary if you are unsure of any of the technical terms used in this resource. Terms that are defined in the Glossary are underlined throughout.



Reporting of side effects: If you experience any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet.

You can also report side effects directly via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard/

By reporting side effects, you can help provide more information on the safety of this medicine. IQIRVO® is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may experience.

See www.mhra.gov.uk/yellowcard/ for how to report side effects.



Aminotransferases

These **enzymes** may also be referred to by their specific names: **alanine aminotransferase (ALT)** and **aspartate aminotransferase (AST)**.⁹ If the liver becomes damaged, levels of aminotransferases in the blood may increase.⁶ An elevation in either enzyme can be used to measure inflammation in the liver.⁴



Platelet count

Platelets are small cells found in the blood.¹⁰ Their main function is to form clots to prevent bleeding.¹⁰ A lower than normal platelet count could be a sign that PBC is progressing.¹¹



AST to platelet ratio index (APRI)

Sometimes, your doctor may calculate something called an APRI score from **AST** and platelet levels. This score can be used to understand the extent of liver damage and can be used instead of a liver biopsy.¹¹

Please note that no values have been given for these laboratory tests. Whilst there are ranges that are considered 'normal', each individual and their test results will differ. If you have any concerns about your test results, please speak with your doctor or nurse.



Other tests

You may also undergo other tests, although these may occur less frequently than blood tests. Most of these tests are **non-invasive**, meaning that the process is expected to be painless.



Ultrasound

In an **ultrasound** scan, high-frequency sound waves are used to capture images of internal organs, such as the liver. A small probe is moved over your skin close to the area being examined.¹²

Ultrasound scans can help to identify the cause and extent of liver disease, which is important in the diagnosis of PBC.⁴



Transient elastography (TE)

TE is a non-invasive procedure that measures something called liver stiffness.¹³ Measuring liver stiffness can help your doctor understand how much fibrosis is present in the liver.⁴

You may also hear of TE referred to by the brand name 'FibroScan'.^{3,13}



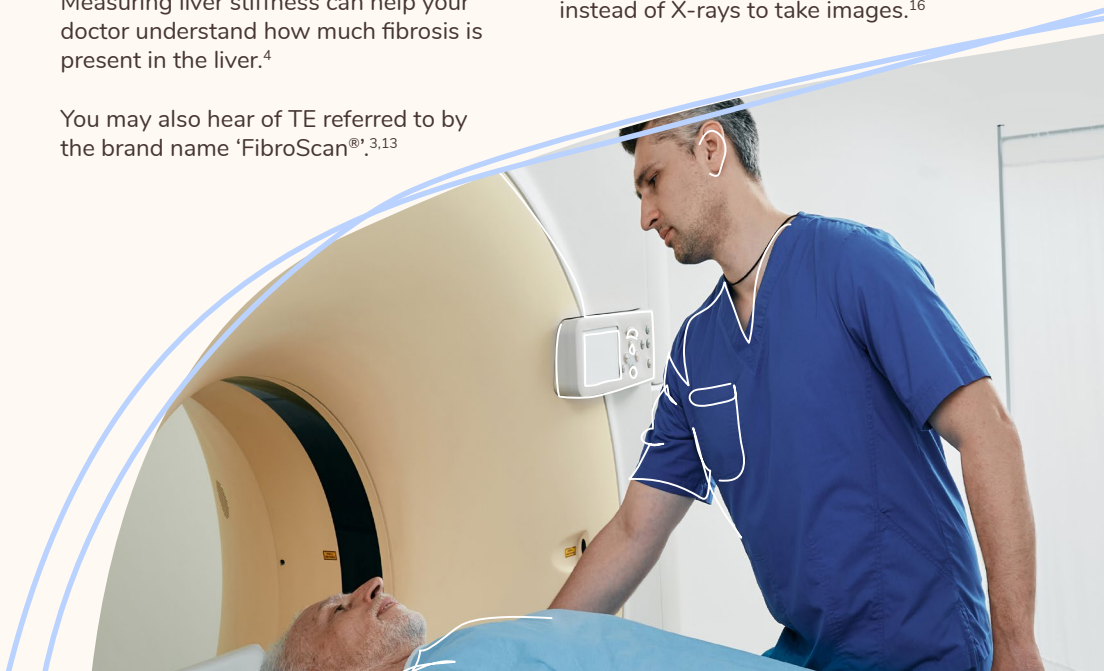
Computed tomography (CT)

CT scans use X-rays to take pictures of your body from different angles, creating a 3D image. It can be used to check for any physical changes to your liver that may be caused by PBC, such as **varices** or **cirrhosis**.¹⁴



Magnetic resonance imaging (MRI)

MRI scans are another way to capture 3D images of organs inside the body. They can be used to diagnose PBC and check for liver **fibrosis**.¹⁵ Whilst similar to CT scans, MRI scans use magnetic fields instead of X-rays to take images.¹⁶





Liver biopsy

Nowadays, liver biopsies are rarely used in PBC, as they are invasive.³ During a liver biopsy, a needle is inserted, and a small piece of liver is removed. This liver sample is then sent to a lab and checked under a microscope for signs of liver disease, such as liver **fibrosis**.¹⁷

As well as test results, symptoms that you experience are another important aspect of understanding your health. Keep track of them using the **Symptom Tracker** so you can discuss them with your doctor at your next appointment.

The tracker has also been designed to be used in conjunction with the **Making the Most of Your Appointments** resource.



References

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