

Berkeley



# PSC Inclusion/ Exclusion Criteria Working Group

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[www.forumresearch.org](http://www.forumresearch.org)



# PSC Inclusion/ Exclusion Criteria Working Group

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- **Goal:**
  - examine inclusion/ exclusion criteria for PSC clinical trials
  - consider the evidence in support of inclusion/ exclusion criteria
  - recommend standardized criteria when appropriate



# Working Group Members

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- Gideon Hirschfield
- Kris Kowdley
- Rob Myers
- Rich Pencek
- Steve Rossi
- David Shapiro
- Regulators



# Working Group Discussion

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- Reviewed the inclusion/ exclusion criteria for the AESOP study on Obeticholic Acid (OCA) by Intercept
  - Suggested that studies use a diagnosis of PSC for at least 6 months as inclusion criteria or provide a rationale for the time period since diagnosis
  - Agreed IPSCSG definitions paper will provide clarity on inclusion/ exclusion standardization



# Future Topics for Discussion

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- Underlying inflammatory bowel disease
- Concomitant therapies:
  - Ex: Should patients on anti-TNF should be eligible for a study?
- Frequent episodes of ascending cholangitis
- UDCA:
  - Should patients taking UDCA be included in a study?
  - Should studies that include patient's taking UDCA cap that cohort at 50%?
- Therapeutic targets within PSC



# Opportunities

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- Review of protocols across Industry
  - Gilead
  - NGM
  - Intercept
- Shared forum to discuss openly real world issues



# IPSCSG Definitions

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- Delphi process
- Ongoing
- Goal is a manuscript that is a “goto” manual for PSC definitions and that aligns with forum, including working group on trial design



# IPSCSG Definitions Paper Outline

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***Introduction and unmet need***

***Methodology***

*Delphi process*

**Diagnosis**

Clinical presentation

Laboratory markers

Imaging incl. dominant stricture

Pathology

Exclusion of secondary sclerosing cholangitis

**IBD**

**Phenotypes-**

Classical

Small duct

Overlap

Paediatric - Mark

PSC no IBD

**Staging of liver disease**

**Clinical endpoints**

**Liver transplant, liver related death,  
cholangitis, cirrhosis, cholangiocarcinoma,  
CRC**

**Symptoms**

**Post-transplant recurrence**

**Definitions in Context of clinical practice  
and trials (gaps and opportunities)**





# Example

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**Cholestatic serum liver tests are a characteristic feature of primary sclerosing cholangitis, both large and small duct disease**

strongly disagree  disagree  neutral  agree  strongly agree  no opinion

**In patients with PSC, the serum liver test profile, can identify patients at greater risk of disease progression, regardless of intervention.**

strongly disagree  disagree  neutral  agree  strongly agree  no opinion

**PSC can be adequately diagnosed by cholangiography and/or liver histology, in the absence of abnormal serum liver tests.**

strongly disagree  disagree  neutral  agree  strongly agree  no opinion

**Serologic testing for ANCA reactivity is not specific for the diagnosis of PSC.**

strongly disagree  disagree  neutral  agree  strongly agree  no opinion



# Process

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- Individual leads set statements and review literature
- At least two rounds of Delphi consensus
- Face-to-face meetings
- Manuscript construction
- Aim to present to IPSCSG EASL 2018