The therapeutic effect of UDCA is a factor in determining the prognosis of primary biliary cirrhosis

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It has been noted worldwide that the administration of ursodeoxycholic acid (UDCA) improves biochemical parameters in primary biliary cirrhosis (PBC). Administration of UDCA is a standard treatment for PBC recommended by the guidelines of the American Association for the Study of Liver Diseases (AASLD), European Association for the Study of the Liver (EASL) [1], and the Japan Society of Hepatology (JSH) [2]. It is naturally presumed that improved biochemical findings result in an improved prognosis; however, objective facts need to be collected by a Cochrane-based meta-analysis [3] to confirm the present status. Genda et al. reported that PBC patients had a significantly higher risk of waiting list mortality compared with patients with other etiologies in the Japan Organ Transplant Network (JOT) registry [4]. Shi et al. [5] reported that UDCA administration prolonged the time to liver transplant, which was confirmed by an epidemiological study in Japan. However, clarifying the evaluation of the clinical efficacy of UDCA is also important for evaluating its efficacy in improving the prognosis and prolonging time to liver transplant. Lammert et al. [6] showed that prolonged time to transplant for PBC could be predicted from the evaluation of the therapeutic efficacy of UDCA based on the Toronto criteria [7]. This set of criteria, which has the advantage of easy clinical application compared to other advocated criteria such as the Paris criteria [8] and Barcelona criteria [9], can be considered in many cases. We should pay attention to the fact that

Lammert et al. also showed that even patients with advanced PBC were expected to show an improvement in prognosis with less frequent complications if the therapeutic efficacy of UDCA was favorable. It was revealed that the evaluation of the therapeutic efficacy of UDCA was important in the course of PBC. However, it is also a fact that UDCA administration is not a causal therapy, and some patients are refractory to it. It is important to examine measures for the evaluation of the therapeutic efficacy and prognosis of combination therapy with bezafibrate reported in Japan or new medications such as obeticholic acid and nor-UDCA in the future.

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