

Supporting Statement from American Association for the Study of Liver Diseases (AASLD): Regarding the New AASLD Guidance for Primary Sclerosing Cholangitis (PSC) and Cholangiocarcinoma

AASLD follows a well-defined process for the development of evidence-based Practice Guidelines that is in agreement with recommendations from the National Academy of Medicine. AASLD also publishes guidances on aspects of a topic that lack sufficient data to perform systematic reviews; however, these guidances remain based on a comprehensive review and analysis of relevant published data. Guidances are put forward to help clinicians understand and implement the most recent evidence. To maintain the highest possible level of evidence, and to ensure scientific rigor is appropriately applied, Guidances and Guidelines do not rely on anecdotal experience or limited case series. The paucity of large, appropriately powered, well-designed randomized controlled clinical trials hampered AASLD's ability to generate systematic reviews necessary to elevate this document into a Practice Guideline.

During the final stages of the development of the Practice Guidance for PSC and Cholangiocarcinoma, AASLD received communication from a number of people from the patient community expressing concerns regarding the specific language on the use of vancomycin in PSC and inflammatory bowel disease (IBD). We greatly appreciate and acknowledge the advocacy and valuable input from the patient community. These concerns were carefully considered and weighed by both the writing group and AASLD's Governing Board. As a result, clarifications were made to the Guidance language to address these concerns. It should be noted, however, that recommendations related to oral vancomycin use for the treatment of IBD are outside the scope of this document and is so noted in the Guidance itself.

For this Practice Guidance, the writing group performed an extensive review of the literature available on the use of oral vancomycin for the treatment of PSC, most of which is referenced in the Practice Guidance document. In general, literature that includes meta-analyses, randomized trials, large real world data sets, and to a lesser extent case control studies are the basis for guidance recommendations, especially in the setting of a treatment recommendation.

While oral vancomycin is often used off-label for the treatment of PSC, available data remain insufficient to make a formal recommendation regarding its long-term use. The Guidance notes the insufficiency of the evidence and accordingly does not make a recommendation for or against the use of oral vancomycin for the treatment of PSC. In the absence of a definitive clinical trial, the decision to use an off-label medication should remain between the doctor and the patient. Larger clinical trials or studies are needed to conclusively assess the efficacy and safety of vancomycin in PSC. Although there is not sufficient evidence to make a formal recommendation regarding the use of vancomycin for PSC, it should not be used as justification to restrict coverage of this treatment if a physician feels it is the right course of action.

To ensure patients and patient advocates have the opportunity to participate in the Guidance development process, AASLD is exploring mechanisms to offer a period for commentary, similar to what is currently provided for Practice Guidelines. We look forward to continuing to work with our patient community as dedicated allies in the quest for effective treatments and cures for all liver diseases, and we remain committed to engaging with and supporting the patient community to ensure they receive the care and treatment they need and deserve