

The 2026 Hellenic and Italian position statements on primary biliary cholangitis

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Within a few months of each other, 2 neighboring countries, Greece and Italy, issued updated position statements on primary biliary cholangitis (PBC). The Hellenic Autoimmune Liver Diseases Study Group (HALDSG) published consensus statements on PBC diagnosis and management in February 2026 [1], while the Associazione Italiana per lo Studio del Fegato (AISF) published its practice guidance on PBC treatment in July [2]. Both were based on the same evidence, but where they differ is educational (Table 1).

HALDSG framed 10 key questions in PICO format, graded every statement by Oxford criteria, as in the group's autoimmune hepatitis guidelines in the *Annals of Gastroenterology* [3], and

submitted the draft to a Delphi round of 32 national experts, reporting the agreement for each statement. AISF produced an expert narrative without formal grading or voting. The Greek document is therefore easier to audit and covers the diagnosis and autoantibody methodology, neither of which AISF addresses, and it also uses Greek cohort and PBC-40 validation data [4,5].

One difference might favor AISF: HALDSG recommends applying Baveno VII for clinically significant portal hypertension, while AISF cautions that with alkaline phosphatase (ALP) at least 1.5× the upper limit of normal (ULN), high-risk varices were missed in roughly 1/7 patients using Baveno VI, whereas the Rete Sicilia Selezione Terapia criteria performed considerably better [6].

Concerning treatment, HALDSG adopts deep response, normal ALP with bilirubin <0.6× ULN, for all patients [1,7]. Instead, AISF accepts an adequate response in asymptomatic patients over 60 years with liver stiffness <10 kPa [2]. A single target is harder to misread, although its bilirubin component was not confirmed as independently prognostic [8].

In my opinion, a comment from Dalekos *et al* on where the Italian guidance departs from the Greek one would be of significant value to readers.

Table 1 Main differences between the 2026 HALDSG consensus statements [1] and the 2026 AISF practice guidance [2]

Parameter	HALDSG (Greece) [1]	AISF (Italy) [2]
Date of publication	February 2026	July 2026
Method	10 PICO questions, Oxford grading, Delphi vote by 32 experts, agreement reported	Expert narrative, no formal grading or voting
Remit	Diagnosis through transplantation	Treatment and comorbidities
Diagnostic criteria and autoantibody testing	Detailed (IIF, ELISA, immunoblotting, PBC-specific ANA)	Not addressed
National cohort data	Greek geoepidemiology and PBC-40 validation [4,5]	Italian PBC Registry
Response target	Deep response (normal ALP and bilirubin <0.6×ULN) in all patients	Adequate response accepted if >60 years, asymptomatic, LSM <10 kPa
Response timepoint	12 months (strong); 6 months (weak)	6 months if high-risk or symptomatic; otherwise, 12 months
Baseline high-risk age	<45-50 years	≤60 years for escalation
Bezafibrate	Off-label alternative when PPAR agonists are unavailable; advocacy for access	Restricted to patients already established on it
Portal hypertension	Apply Baveno VII	Baveno VI/VII underperform if ALP ≥1.5×ULN; consider RESIST criteria
Pruritus	9-step algorithm, PPAR agonists at step 8	Early PPAR agonist, seladelpar preferred
Pregnancy	Dedicated PICO question, 6 graded statements	Brief section, defers to EASL/AASLD guidance
PBC-AIH variant	Referred to dedicated guidelines	Covered in detail

AISF, Associazione Italiana per lo Studio del Fegato; ALP, alkaline phosphatase; ANA, antinuclear antibodies; ELISA, enzyme-linked immunosorbent assay; HALDSG, Hellenic Autoimmune Liver Diseases Study Group; IIF, indirect immunofluorescence; LSM, liver stiffness measurement; PBC, primary biliary cholangitis; PBC-AIH, primary biliary cholangitis-autoimmune hepatitis; PICO, patient-intervention-comparison-outcome; PPAR, peroxisome proliferator-activated receptor; RESIST, Rete Sicilia Selezione Terapia; ULN, upper limit of normal

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Conflict of Interest: None

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