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Summary

# A new treatment paradigm – addressing fibro-inflammation in IBD (Agomab) (Complete Session)

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UEG Week Barcelona 2026 | Presentation

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**Satellite symposium addressed intestinal fibrosis as an unmet need in inflammatory bowel disease, presenting the concept of fibroinflammation where inflammation and fibrosis coexist in strictures and discussing obefazimod, an investigational gut-restricted ALK5 inhibitor, as a potential anti-fibrotic therapy.**

## KEY POINTS

- The speaker stated that all intestinal strictures contain both inflammation and fibrosis with no purely inflammatory or purely fibrotic strictures observed, and their severity correlates with one another.
- The speaker reported phase 2a trial data for obefazimod in symptomatic ileal Crohn's strictures showing 31.8% of strictures in the high-dose group became endoscopically passable at 12 weeks versus 6% with placebo, with trends toward improvement in stricture length, prestenotic dilatation, and wall thickness.
- The speaker stated that suppressing inflammation does not successfully treat stricturing disease long term because fibrosis can progress even when inflammation is controlled.
- The speaker presented observational data showing 100% of ulcerative colitis colectomy specimens contain significant submucosal fibrosis with a proximal-to-distal gradient, consisting of oedema, fat cells, and myofibroblasts.
- The speaker stated that current treatment options for established strictures include optimized anti-inflammatory therapy, balloon dilation for strictures under 5 cm, and surgery, with no approved anti-fibrotic therapies available.
- The speaker disclosed that the symposium was funded by Agama and that obefazimod is investigational and not yet approved for any indication.

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