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Summary

LONG-TERM EFFECTIVENESS OF TEDUGLUTIDE AND PREDICTORS OF LONG-TERM PARENTERAL NUTRITION REQUIREMENTS IN ADULTS WITH SHORT BOWEL SYNDROME AND INTESTINAL FAILURE: INTERIM ANALYSIS OF THE SBS REGISTRY

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UEG Week Barcelona 2026 | Presentation

Small Intestine & Nutrition | Endoscopy

October 19, 2026

Ten-year interim analysis of the global SBS Registry demonstrates that teduglutide treatment significantly reduces parenteral nutrition requirements in adults with short bowel syndrome and intestinal failure, with colon-in-continuity and higher baseline parenteral support volume predicting greater reductions.

KEY POINTS

- Among 1,404 adults (692 ever-treated, 712 never-treated), teduglutide-treated patients had significantly greater reductions in parenteral nutrition/intravenous fluid volume and frequency (both P<0.0001) and shorter time to enteral autonomy (P<0.0001) compared with never-treated patients over a median exposure of 40.67 months.
- In multivariate analysis, teduglutide treatment predicted greater reductions in parenteral support volume (–3.765 L/week, P<0.0001), and longer duration of teduglutide exposure predicted greater reductions in frequency (□0.009 days/week per unit time, P=0.0008).
- Colon-in-continuity predicted greater reductions in both parenteral support volume (–1.068 L/week, P=0.0134) and frequency (–0.533 days/week, P=0.0018) in the overall cohort, with this effect observed in never-treated but not ever-treated patients when analysed separately.
- Higher baseline parenteral support volume and frequency predicted greater reductions in the corresponding outcome measures (both P<0.0001).
- Treatment at US versus non-US sites predicted greater reductions in parenteral support volume (–1.157 L/week, P=0.0077), which may reflect differences in clinical practice between countries.

– Data collection is ongoing in this Takeda-funded registry study evaluating long-term safety and effectiveness of teduglutide in short bowel syndrome intestinal failure.

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