

INTESTINAL MICROBIOTA OF PATIENTS WITH SHORT BOWEL SYNDROME BEFORE AND AFTER TREATMENT WITH GLEPAGLUTIDE, A LONG-ACTING GLP-2 ANALOGUE

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Poster

Colorectal

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In a phase 3b study of 10 patients with short bowel syndrome, 24 weeks of treatment with the GLP-2 analogue glepaglutide increased intestinal absorption without altering gut microbiota load or composition.

KEY POINTS

- Glepaglutide 10 mg subcutaneous once weekly for 24 weeks did not significantly change bacterial load or composition of the intestinal microbiota in patients with short bowel syndrome.
- The study demonstrated increased intestinal wet weight and energy absorption with glepaglutide treatment, as assessed by metabolic balance studies.
- Bacterial load and composition were strongly influenced by intestinal anatomy, with patients having a colon-in-continuity showing bacterial loads of 10^{10} to 10^{11} cells per gram (within the physiological range of healthy individuals) compared to below 10^9 cells per gram in patients without a colon.
- Patients without a colon-in-continuity had higher abundances of upper gastrointestinal tract genera such as Streptococcus, while those with a colon had greater abundance of lower gastrointestinal tract genera including Bifidobacterium.
- The findings indicate that glepaglutide-induced pro-absorptive effects are not mediated by changes in the intestinal microbiota.

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