MAGNETIC RESONANCE IMAGING (MRI) SHOWS CHANGES IN BOWEL MORPHOLOGY AND MOTILITY IN SHORT BOWEL SYNDROME WITH INTESTINAL FAILURE (SBS-IF) AND COLON-IN-CONTINUITY (CIC) AFTER TREATMENT WITH THE LONG-ACTING GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOG APRAGLUTIDE

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UEG Week Vienna 2024 | Presentation

Mechanisms & Personalised Medicine | Neurogastroenterology & Motility | Radiology & Imaging | Small Intestine & Nutrition

October 15, 2024

Apraglutide treatment for 48 weeks in short bowel syndrome with colon-in-continuity was associated with significant small bowel lengthening (29.7 to 40.7 cm, p=0.012) and increased duodenal wall thickness (0.8 mm, p=0.020) on MRI, suggesting an intestinotrophic effect.

KEY POINTS

- Small bowel length increased significantly from 29.7 to 40.7 cm (p=0.012) at 48 weeks of apraglutide treatment in nine adult patients with short bowel syndrome and colon-in-continuity.
- Duodenal wall thickness increased by 0.8 (0.2;1.2) mm (p=0.020), suggesting intestinal mucosal growth that may increase surface area for absorption.
- Motility in the proximal colon was significantly reduced at 48 weeks, which may reduce transit time and allow more time for absorption of nutrients, fluids and electrolytes.
- No significant diameter changes were observed in the small bowel or colon during the 48-week treatment period.
- STARS Nutrition was a 52-week, open-label, phase 2 study using MRI with oral mannitol and cine sequences to assess morphology and motility at baseline, 4, 24, and 48 weeks.

– Whether bowel lengthening results from a direct effect of apraglutide versus changes in motility with passive elongation is subject of further investigation.

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