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Summary

UEG Journal Best Paper Award

Mathias Cook

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Endoscopy | IBD

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Naldemedine, a peripheral mu opioid receptor antagonist, showed a 46% lower hazard of recurrent acute pancreatitis in a randomised placebo-controlled trial, with the effect reaching 67% risk reduction in patients with the highest pre-treatment attack rates.

KEY POINTS

- The speaker reported 19 acute pancreatitis events in the naldemedine group versus 35 in the placebo group over approximately 12,000 days of follow-up, corresponding to a 46% lower hazard that was just above the threshold for statistical significance in the primary analysis.
- In the per-protocol analysis of patients completing a full year of treatment, the effect was slightly higher and statistically significant.
- Subgroup analysis showed patients with the highest pre-treatment event rates responded most, with a 67% lower hazard of recurrence during follow-up when receiving naldemedine.
- The trial enrolled 74 patients with at least two prior verified acute pancreatitis episodes, predominantly male with mean age around 45 years and mainly idiopathic etiology, treated for up to one year at four Danish tertiary centres.
- Naldemedine demonstrated a great safety profile with no significant adverse events reported.
- Patient-reported outcomes showed no significant changes, which the speaker speculated might reflect the disease pattern of long silent periods between acute flare-ups.

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