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Summary

Upcoming therapies in coeliac disease

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UEG Week Berlin 2025 | Presentation

Digestive Oncology | Hepatobiliary | Immunology | Mechanisms & Personalised Medicine | Small Intestine & Nutrition

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The speaker reviewed emerging pharmacological treatments for coeliac disease beyond gluten-free diet, including endopeptidases, transglutaminase inhibitors, tolerizing nanoparticles, and epithelial modulators, with several agents in phase 2/3 trials.

KEY POINTS

- The speaker stated that substantial numbers of coeliac patients have persistent villous atrophy on follow-up biopsy despite gluten-free diet, associated with complications, providing rationale for additional therapies.
- The speaker reported that the drug Z 1227, a tissue transglutaminase inhibitor, reversed villus-crypt ratio (reflecting atrophy) with increasing doses in a study, with follow-up trials underway including one adding daily gluten exposure.
- The speaker stated that Takeda's endopeptidase, designed to digest gluten peptides (requiring 99% detoxification), will not be further developed by the company, though data are being presented and other endopeptidases remain under study.
- The speaker described tolerizing nanoparticle approaches (IV-administered gliadins) that reduced cytokine secretion in phase 2a but did not reach histological significance, with further studies expected.
- The speaker noted that biomarkers including blood cytokines, patient-reported outcomes, and gliadin-specific T cells using tetramers may help stratify which patients benefit from which interventions.
- The speaker stated the expectation that a new drug for coeliac disease will be available within the next 2 to 3 years.

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