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Summary

GLP-1 RECEPTOR AGONISTS AND EARLY COLORECTAL NEOPLASIA: DURATION-DEPENDENT RISK REDUCTION IN A MULTINATIONAL COLONOSCOPY-ANCHORED TARGET TRIAL EMULATION

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IBD | Pancreas | Gut Microbiota | Endoscopy | Digestive Oncology | Colorectal

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Sustained GLP-1 receptor agonist use was associated with a 15% lower hazard of incident colorectal neoplasia compared to SGLT2 inhibitors in a multinational colonoscopy-anchored target trial emulation.

KEY POINTS

- Among 68,605 propensity-matched participants per group, GLP-1 RA use was associated with reduced colorectal neoplasia risk (HR 0.85, 95% CI 0.84–0.87, p<0.0001) with consistent effects across 180-, 365-, and 730-day latency windows.
- In the extended ≥180-day lag analysis (59,896 patients per group), GLP-1 RA users had fewer incident neoplasia events than SGLT2 inhibitor users (5.39% vs 5.90%; RR 0.913, 95% CI 0.838–0.996, p=0.0393).
- The negative control outcome of appendicitis showed no association (HR 1.00), while urinary tract infection recapitulated the established SGLT2 inhibitor signal, supporting internal validity.
- Sensitivity analyses remained directionally concordant: persistent exposure (HR 0.86), mutually exclusive treatment groups (HR 0.90), and colonoscopy within 2 years (HR 0.94).
- The findings establish a rationale for prospective GLP-1 chemoprevention trials but do not yet constitute evidence to change prescribing for colorectal prevention, according to the presenter.

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