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Summary

CHANGES IN THE MUCOSA-ASSOCIATED AND LUMINAL MICROBIOTA WITH THE NOVEL LONG-ACTING GLP-2 ANALOG APRAGLUTIDE IN SHORT BOWEL SYNDROME WITH INTESTINAL FAILURE AND COLON-IN-CONTINUITY

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A phase 2 study examined the effects of apraglutide, a novel GLP-2 analog, on mucosa-associated and fecal microbiota in 9 adult patients with short bowel syndrome with intestinal failure and colon-in-continuity over 48 weeks of treatment.

KEY POINTS

- At baseline, patients with short bowel syndrome with intestinal failure and colon-in-continuity showed enrichment of Lactobacillus in distal small bowel, sigmoid colon, and stool, with significantly lower sigmoid colonic richness and diversity compared to 10 control patients.
- Apraglutide treatment did not significantly change alpha-diversity, fecal pH, moisture, or calprotectin, but a trend toward increased microbial load was observed at 24 weeks.
- During apraglutide treatment, Bifidobacterium abundance decreased significantly in sigmoid colon and feces, while Prevotella was significantly enriched in stool and correlated negatively with fecal pH.
- Inter-subject variation decreased over time in sigmoid colon and stool, and some subjects showed an early shift toward more mature microbiota, though Lactobacillus remained the dominant taxon throughout treatment.
- This material is relevant to gastroenterologists and researchers studying short bowel syndrome, intestinal failure, and the microbiome effects of GLP-2 analog therapies.

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