

THE GLP-2 ANALOG APRAGLUTIDE IMPROVES COLONIC BARRIER FUNCTION IN PATIENTS WITH SHORT BOWEL SYNDROME AND CHRONIC INTESTINAL FAILURE

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Poster

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A 52-week phase 2 study found that weekly apraglutide, a long-acting GLP-2 analog, significantly improved colonic permeability in adult patients with short bowel syndrome-intestinal failure and colon-in-continuity.

KEY POINTS

- The study enrolled 9 adult patients with SBS-IF and colon-in-continuity (7 from Leuven, 2 from Paris) who received weekly subcutaneous apraglutide injections for 52 weeks.
- Colonic transepithelial electrical resistance significantly increased from baseline $21.56 \Omega \cdot \text{cm}^2$ to $27.22 \Omega \cdot \text{cm}^2$ at 48 weeks ($p=0.0156$), indicating improved barrier function.
- Fluorescent dextran flux significantly decreased from baseline 34.75 pmol to 17.42 pmol at 48 weeks ($p=0.0469$), demonstrating reduced intestinal permeability.
- No significant changes in gene expression for tight junction or intercellular adhesion proteins were detected in duodenal or sigmoid colon biopsies.
- This open-label phase 2 study provides evidence for apraglutide's effect on colonic barrier function in SBS-IF patients with colon-in-continuity.

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