

The Long & Short of It: Optimizing Patient Care in Short Bowel Syndrome

#2: Tweetorial: Pharmacologic Treatment



References

1/ 🏆 Navigating tx for pts w #ShortBowelSyndrome is hard

@ValCohranMD saves the day w #MedTweetorial 📖

👉 Get best practice ⓘ 4 adults & peds w @DCharabaty & @BonumCe

🏆 #CME ⓘ bit.ly/3Hgncpf

Supported by an edu grant from @TakedaPharma

CME Info ⓘ

bit.ly/3Hgncpf

2/ #TumorBoardTuesday #BonumCE #RenalCell #OncTwitter #NephTwitter

🆓 #CME info + full ref list 📄 👉 bit.ly/3VDaK81

✳️ The critical elements 📌

The Long & Short of It: Optimizing Patient Care in Short Bowel Syndrome

Disclosures & CME Information



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Disclosures

Consultant, Advisor, Speaker: AbbVie, Bristol Myers-Squibb, Eli Lilly, Janssen, Pfizer, Takeda



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Disclosures

Consultant, Advisor, Speaker: Abbott Nutrition, Nutricia, Takeda

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In support of improving patient care, this activity has been planned and implemented by Partners for Advancing Clinical Education (PACE) and Bonum CE. PACE is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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PACE designates this enduring material for a maximum of 0.5 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



3/#MondayNightIBD

💊📌 Meds = important 🛠️ in mgmt of #ShortBowelSyndrome

💠 Antimotility & antisecretory agents frequently used to control stool loss

💠 Incl loperamide, diphenoxylate w atropine, codeine, & tincture of opium

💠 Most effective ~30 min B4 meals & @ bedtime 📖

Ref #

2

Physician Continuing Medical Education: This activity has been approved for 0.25 AMA PRA Category 1 Credit. This activity is jointly provided by Partners for Advancing Clinical Education (PACE) and Bonum CE in partnership with Monday Night IBD. Supported by an educational grant from Takeda Pharmaceuticals U.S.A. Inc.

#2: Tweetorial: Pharmacologic Treatment

4/Growth factors also available for

#ShortBowelSyndrome

- 🟡 Somatropin (rhGH) approved in SBS
- 🔴 Use largely discontinued due to unacceptable toxicity & modest long-term efficacy

Ref #

1, 2, 6

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5/#Teduglutide @US_FDA approved in 2012 for pts w SBS

Ref #

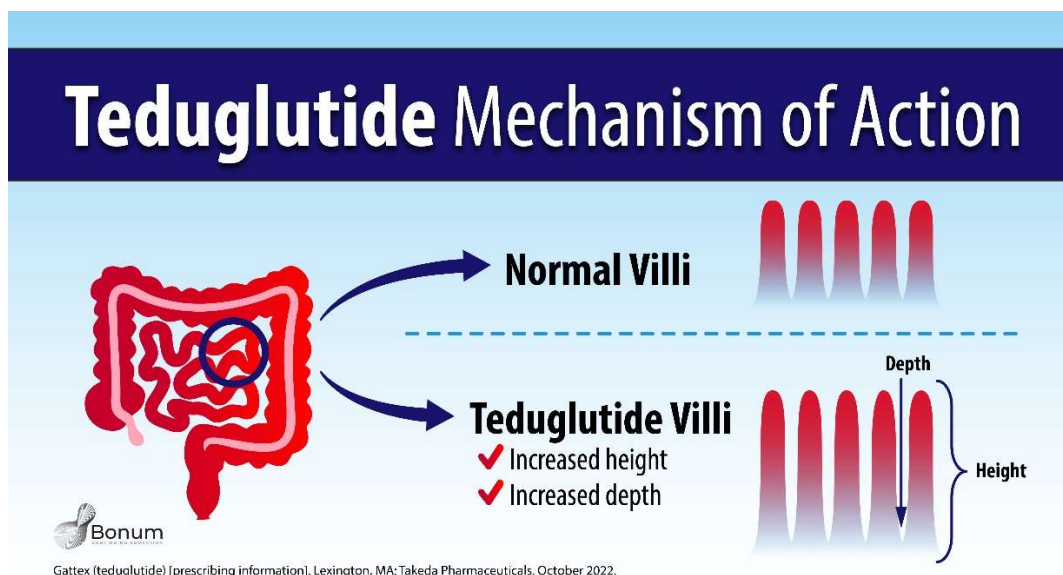
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💎 Analog of GLP-2, peptide hormone secreted by L-cells

💎 In intestinal lining, teduglutide ⬆️ villi height & depth between each villus

💎 Leads to ⬆️ intestinal surface area for optimal nutrient absorption

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6/🔗 By binding to GLP-2 receptors, teduglutide results in several actions w/in the intestines of pts w

#ShortBowelSyndrome

- ⬇️ Reduces gastric secretions
- ⬇️ Slows movement of food
- ⬆️ Increases Intestinal blood flow

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Ref #

1

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7/Teduglutide FDA indication:

- ✓ Approved in adult & pediatric patients (≥ 1 year of age) w/ [#ShortBowelSyndrome](#) who are dependent on [#ParenteralNutrition](#)
- ✓ Approval in adults based on STEPS trial

Ref #

1

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8/ Phase 3 STEPS trial: double-blind, randomized study

Ref #

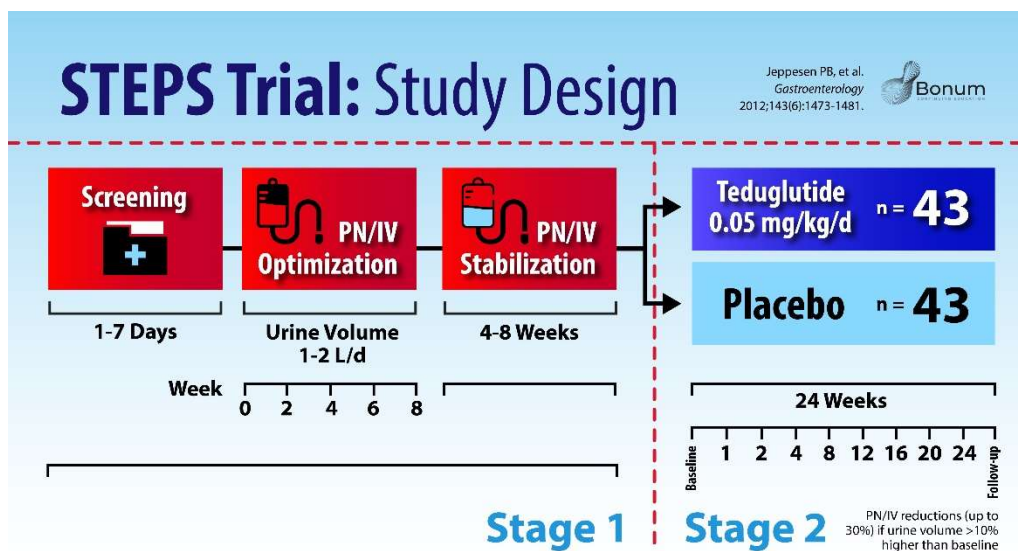
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✍ Evaluated if teduglutide ↓ reduces [#ParenteralNutrition](#) requirement in adult pts w SBS-IF

📄 Eligibility criteria

- ✓ ≥ 12 m PN dependency
- ✓ Requiring ≥ 3 x weekly to meet caloric, fluid, or electrolyte needs

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#2: Tweetorial: Pharmacologic Treatment

9/STEPS trial: Pts achieving primary endpt of responder rate (>20% ↓ from BL in PN volume @ wks 20&24):

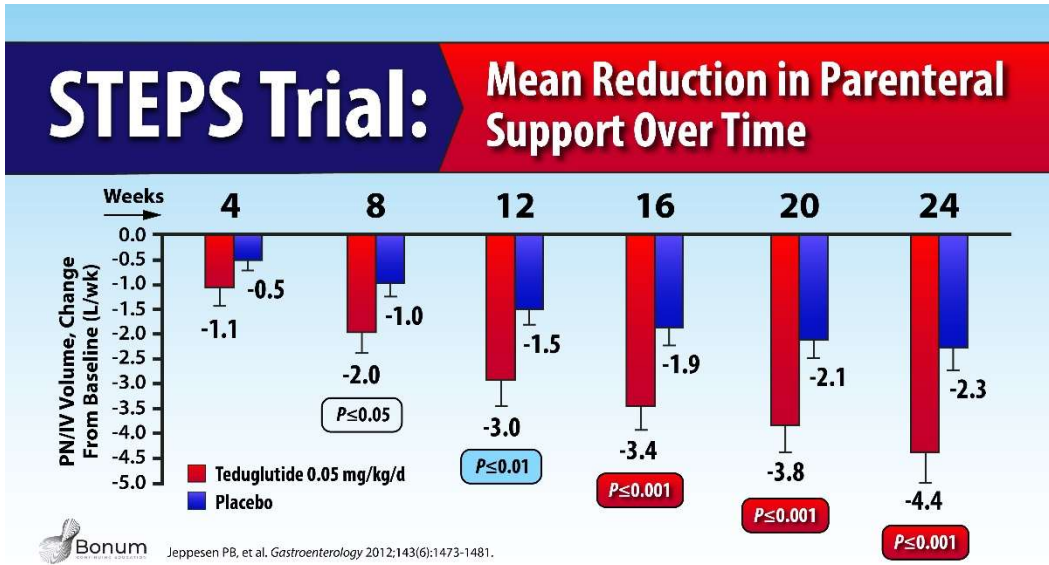
Ref #

👉 Respd rate: 63% w teduglutide vs 30% w PBO (P = 0.002)

3

🚫 significant impact by sml bowel length or colon continuity

greater magnitude change from BL in PN volume w TDG @ all f/u's



10/ STEPS trial

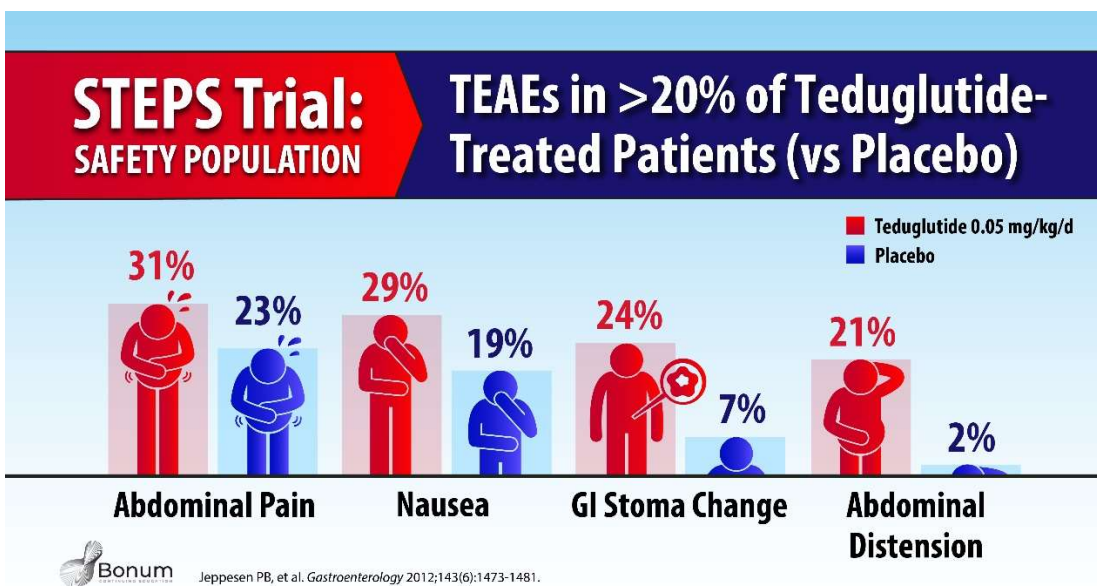
Ref #

⚖ Incidence of AEs was similar w/ teduglutide vs placebo

3

📄 Most AEs were GI-related

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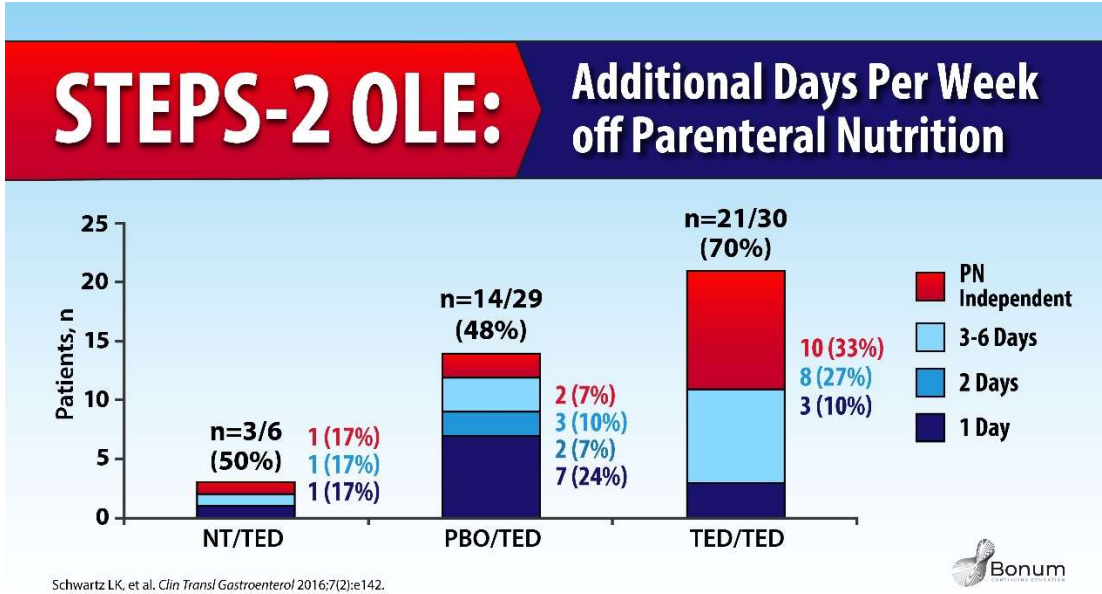
#2: Tweetorial: Pharmacologic Treatment



11/ STEPS-2 open-label extension trial
In 65 pts → reductions in #ParenteralNutrition
volumes translated to days off per wk 📅
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Ref #

5



12/Efficacy/safety of teduglutide in #pediatric pts w SBS-IF also demonstrated in a 24wk Ph3 trial

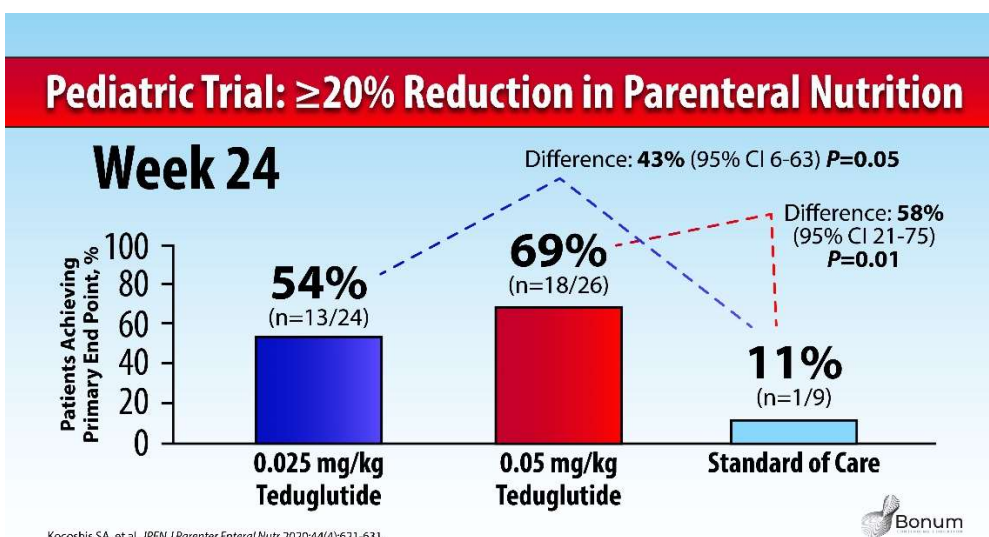
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4

💠 TDG assoc'd w significantly more ped pts achieving PE w no new safety signals


💠 Both TDG dose groups also showed clin significant

- ↓ PN volume
- ↓ PN calories
- ↓ PN days/hrs req'd




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13/  Teduglutide is administered SC

Ref #



 Can be self-administered in adults

1

 Recommended dosage is 0.05 mg/kg once daily

 Recommended dose adjustment to 0.025 mg/kg once daily in pts w mod/severe renal impairment



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14/  Teduglutide Warning 

Ref #

 Potential 4 neoplastic growth acceleration

1


 Pts who develop GI malignancy  discontinue teduglutide

 Pts who dvlp non-GI malignancy, clin decision of risk/benefit to continue teduglutide

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15/  Teduglutide Warning 


Ref #

 risk for neoplastic growth cont...

1


CLN recommendations

 Adults: after 1yr of tx, then every 5yrs unless polyp is found


 Children: annual FOBT; CLN/sigmoidoscopy after 1yr of tx, then every 5yrs or w any new/unexplained GI bleeding

16/  Teduglutide warning/precaution 4 biliary & pancreatic disease 

Ref #

 Cholecystitis, cholangitis, cholelithiasis, & pancreatitis reported in trials

1

 Obtain bilirubin, alk phosphatase, lipase, & amylase labs w/in 6m prior to tx, then @ least every 6m while on tx

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17/Thanks for joining me & #MondayNightIBD

🚀 Before you take off 🚀

Answer the post-polls below 🙋

FREE #CME bit.ly/3kmxQC5

#IBDPoll 1

Teduglutide, an FDA-approved tx for pts w SBS, works by binding to GLP-2 receptors to result in which of the following?

- ↓ Gastric secretions
- ↑ Movement of food
- ↓ Intestinal blood flow
- ↓ Intestinal surface area

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#IBDPoll 2

47yo/M w 2yr history of SBS (cancer-caused resection). At last f/u, frustrated due to impact of current PN routine on daily QoL; asks for way to reduce his PN dependency. Which is an appropriate response based on primary endpoint of STEPS trial?

- ↓ PN volume requirement
- ↓ PN time requirement
- ↑ PN days off
- ↑ health-related QoL

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#IBDPoll 3

FREE #CME bit.ly/3kmxQC5

In a pediatric trial, teduglutide (0.05 mg/kg) was associated with a $\geq 20\%$ parenteral nutrition reduction at week 24 in what percentage of patients?

- 49%
- 59%
- 69%
- 79%

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#IBDPoll 4

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Teduglutide carries a warning/precaution regarding which of the following?

- Worsening of HTN
- Neoplastic growth accelrtn
- Rapid and sev dehydration
- Hepatic toxicity

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#IBDPoll 5

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Antimotility & antisecretory agents are best administered...

- First thing in the AM
- Every 6 hours
- 30m following meals
- 30m before meals

Claim your CME credit by completing the post-survey and evaluation. Link provided



bit.ly/3VDaK81

References

1. Gattex (teduglutide) [prescribing information]. Lexington, MA: Takeda Pharmaceuticals. October 2022.
2. Iyer K, DiBaise JK, Rubio-Tapia A. AGA Clinical Practice Update on management of short bowel syndrome: expert review. Clin Gastroenterol Hepatol. 2022;20(10):2185-2194.
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5. Schwartz LK, O'Keefe SJ, Fujioka K, et al. Long-term teduglutide for the treatment of patients with intestinal failure associated with short bowel syndrome. Clin Transl Gastroenterol. 2016;7(2):e142.
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