IN BRIEF

CROHN'S DISEASE

The synthetic analog of glucagon-like peptide 2, teduglutide, induced remission and mucosal healing in patients with moderate to severe Crohn's disease. Buchman and colleagues conducted a pilot study across medical centers in the USA and Canada to assess the efficacy and dose of teduglutide needed to effectively treat patients with Crohn's disease. Of the 71 patients with active disease tested, patients treated with teduglutide (either 0.05, 0.10 or 0.20 mg/kg per day) for 8 weeks had increased response and remission rates with no adverse effects in comparison with control patients. Furthermore, clinical improvement was observed in patients in as little as 2 weeks after receiving the highest dose of teduglutide.

Original article Buchman, A. L. *et al.* Teduglutide, a novel mucosally active analog of glucagon-like peptide-2 (GLP-2) for the treatment of moderate to severe Crohn's disease. *Inflamm. Bowel Dis.* **16**, 962–973 (2010)

LIVER

Ursodeoxycholic acid is widely used for the treatment of primary biliary cirrhosis, but liver abnormalities persist in some patients despite long-term therapy with this drug. Bezafibrate is used to treat hyperlipidemia and has been previously shown to lower liver enzyme levels. Hazzan and Tur-Kaspa have shown that a combination therapy of ursodeoxycholic acid and bezafibrate improved the biochemical profile of eight patients with primary biliary cirrhosis who were only partially responsive to ursodeoxycholic acid treatment alone. The authors found that levels of alkaline phosphatase and γ-glutamyl transferase in the liver decreased for up to 12 months during treatment with the combination therapy.

Original article Hazzan, R. & Tur-Kaspa, R. Bezafibrate treatment of primary biliary cirrhosis following incomplete response to ursodeoxycholic acid. *J. Clin. Gastroenterol.* **44**, 371–373 (2010)

CROHN'S DISEASE

Findings from a phase IV study indicate for the first time that certolizumab pegol is effective for treatment of perianal fistulizing Crohn's disease, and that this therapy induced response and remission in nearly half of the patients with Crohn's disease who had complicated disease behaviour. Schoepfer *et al.* studied 50 patients from multiple centers in Switzerland; more than half of the patients had complicated disease or had undergone previous surgery for Crohn's disease, and all patients had previously received systemic steroids. The researchers observed a marked decrease in disease activity after 6 weeks of certolizumab pegol treatment and only 6% of patients had an adverse reaction to the drug. 80% of patients continued to receive certolizumab pegol after the end of the study.

Original article Schoepfer, A. M. *et al.* Efficacy and safety of certolizumab pegol induction therapy in an unselected Crohn's disease population: results of the FACTS survey. *Inflamm. Bowel Dis.* **16**, 933–938 (2010)