Measuring the benefits and mitigating the risks of Revestive®▼ (teduglutide)

Revestive®▼
powder and solvent for solution for injection
teduglutide

A guide to help you understand Revestive in the treatment of adult patients with Short Bowel Syndrome with Intestinal Failure (SBS-IF)

The information provided in this infographic is for healthcare professionals in the UK only. Prescribing information for Revestive and adverse event reporting details can be found at the bottom of the page.

WHO CAN BE PRESCRIBED REVESTIVE?

Revestive is indicated for the treatment of patients four months (corrected gestational age) and above with Short Bowel Syndrome (SBS)—patients should be stable following a period of intestinal adaptation after surgery.[1]

Revestive is contraindicated in patients who have hypersensitivity to the active substance, any of the excipients, or trace residues of tetracycline.[1] Revestive is also contraindicated in patients with active/suspected malignancy, or a history of malignancies in the gastrointestinal tract (including the hepatobiliary system and pancreas) within the last five years.[1]

WHAT BENEFITS MAY SOMEONE EXPERIENCE FROM USING REVESTIVE?

/ Treatments for SBS-IF are limited, and whilst anti-motility, anti-secretory, and anti-diarrhoeal agents are recommended by the American Gastroenterological Association (AGA) to control stool output, they may have long-term adverse effects on nutritional absorption and the gut microbiome.[2-4]

/ **Revestive is a GLP-2 (glucagon-like peptide-2) analogue** that has been shown (in several non-clinical studies) to preserve mucosal integrity by **promoting repair and normal growth of the intestine through an increase of villus height and crypt depth.**[1-4] In clinical studies, increased fluid, electrolyte, and macronutrient absorption has been observed.[1]

/ **Revestive could reduce parenteral support (PS) needs**—clinical trials and real-world studies have shown that treatment with Revestive could decrease the overall volume of PS and increase the number of PS-free days[5–14]

/ **Some patients could achieve complete enteral autonomy when using Revestive**[5,8–12]

/ **The clinical effects of Revestive could improve QoL,** reduce sleep disturbances, reduce the frequency of passing stool, and improve stool consistency[5,15,16]

WHAT POTENTIAL RISKS ARE THERE WITH USING REVESTIVE?

The information below is not an extensive list of the potential risks of using Revestive, and prescribers should refer to the Summary of Product Characteristics (SmPC) for complete details[1]

/ Across clinical studies, the most common AEs reported were abdominal pain and distension (45%), respiratory tract infections (28%), and nausea (26%)—please refer to the SmPC for the full safety profile[1]

- 45% Abdominal pain and distension
- 28% Respiratory tract infections
- 26% Nausea
- 26% Injection site reactions
- 16% Headache
- 14% Vomiting
- 38% Gastrointestinal stoma complications (in treated patients with a stoma)

/ Whilst Revestive promotes intestinal epithelium growth to increase nutritional absorption, the same MoA could cause hyperplastic changes in the intestine, leading to neoplasia[3,17]

1. In pre-clinical studies, benign tumours were found in the small bowel and extra-hepatic bile ducts of rats[1]
2. Small intestinal polyps have also been observed in patients with SBS within several months of initiating Revestive, leading to concerns around the risk of developing cancer when using Revestive[18]

/ There are risks of fluid overload, electrolyte imbalance, and dehydration with patients being treated with Revestive, especially within the first four weeks of treatment[1]

/ Patients need to comply with the requirements of Revestive, which includes self-administering or allowing carer administration of Revestive daily, monitoring fluid intake, and undergoing regular assessments[19,21]

HOW CAN THESE RISKS BE MITIGATED AGAINST?

/ It is important that patients understand that **AEs cannot be completely avoided, but precautions are made** when treating with Revestive.

/ Treatment with Revestive should be initiated under the **supervision of a medical professional** with experience in the treatment of SBS.[1]

/ **Efficacy and safety** in all patients should be **monitored closely** on an ongoing basis according to clinical treatment guidelines.[1]

/ **Rotating between the abdominal quadrants for injection** may help avoid adverse reactions such as pain.[1] **If it is not possible** to inject into the abdomen (due to injection site reactions such as pain or hardening of the skin), **Revestive may be administered into the upper thighs**, alternating between each thigh.[1]

/ **Clinical studies could neither exclude nor confirm an increased risk of cancer** following exposure to Revestive.[1] Several cases of benign colorectal polyps occurred during the course of the trials, however, the frequency was not increased compared to placebo-treated patients.[1]

/ Long-term, real-world studies have investigated whether cancer rates are increased in **patients exposed to Revestive** (N=761 across two studies) vs **people with SBS-IF and no exposure to Revestive** (N=826 across two studies)—whilst there were reports of cancer events in both populations, there was **no statistically significant difference in cancer rates** between the two.[17,20] Colorectal cancer events occurred in patients with pre-existing risk factors[17]

1. **Revestive is contraindicated in patients with an active malignancy, currently suspected malignancy**, or history of malignancy in the GI tract (including the hepatobiliary system and pancreas) within the last five years[1]
   a. **If malignancy is detected** at any time during treatment with Revestive, **Revestive therapy must be discontinued**[1]
2. **Patients must be screened for any neoplasms** in the upper GI tract (through endoscopy or any other imaging method) or colorectal polyps (through colonoscopy) prior to starting treatment with Revestive, and **follow-up assessments are recommended**[1]
   a. If any **polyps are found** during the pre-treatment colonoscopy, **they should be removed**[1]
   b. During the first two years of treatment with Revestive, **colonoscopies** (or an alternative imaging method) are recommended **once a year**, with subsequent **follow-up colonoscopies** (or alternative imaging) occurring at a minimum of **five year intervals**[1]
   c. Increased **frequency of surveillance** may be performed **following assessment of patient characteristics** (e.g., age or underlying disease)[1]

/ Throughout the treatment period, **fluid status, electrolyte balance, and PS needs should be monitored**, with focus during the first four weeks of treatment.[1] PS volume should be adjusted as required.[1]

/ **Patients with cardiovascular disease should be monitored** with regard to fluid overload, especially during initiation of therapy.[1]

/ **All patients should be advised to contact their physician in cases of sudden weight gain, face swelling, swollen ankles, and/or dyspnoea.**[1]

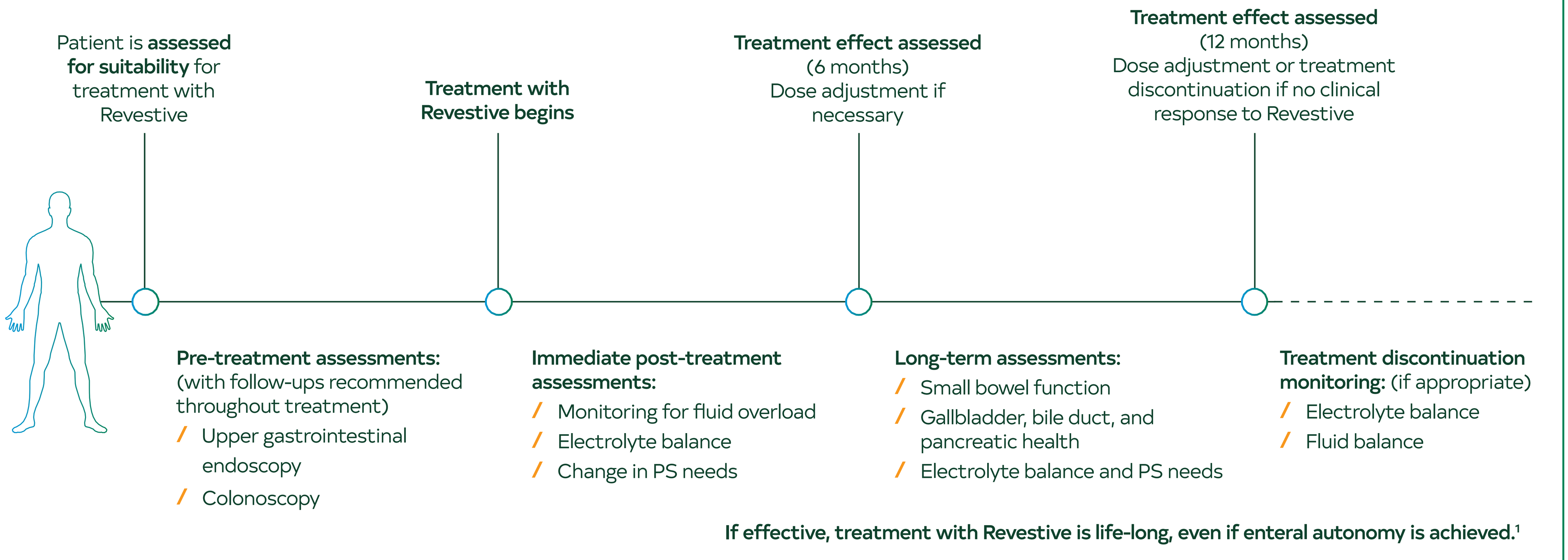
/ Generally, **fluid overload can be prevented by appropriate assessment and adjustment of PS needs**; assessments should be conducted more frequently within the first months of treatment.[1]

/ Prior to starting treatment with Revestive, patients should be given information regarding the **potential risks, benefits, and monitoring requirements of Revestive.**[19] Takeda has a number of patient support materials which can help with understanding Revestive and keeping track of monitoring requirements on its webpage, sbs-ifhub.co.uk

WHAT MIGHT A TYPICAL TREATMENT PLAN FOR AN ADULT USING REVESTIVE LOOK LIKE?

This visual timeline summarises the main assessments, which take place prior to and during treatment with Revestive, helping you mentally prepare your patient for treatment with Revestive.[1]

Whilst details of these assessments are given in the table above, it is recommended that you refer to the SmPC for full information on the precautions for use.[1]



If effective, treatment with Revestive is life-long, even if enteral autonomy is achieved.[1]

Long-term assessments are also life-long, although the frequency at which they occur should depend on each patient's individual circumstances (e.g., age, concomitant health issues, etc.)[1]

AE, adverse event; **GLP-2**, glucagon-like peptide 2; **GI**, gastrointestinal; **MoA**, mechanism of action; **PS**, parenteral support; **QoL**, quality of life; **SBS**, Short Bowel Syndrome; **SBS-IF**, Short Bowel Syndrome with Intestinal Failure.

1. Revestive (teduglutide) 5 mg Summary of Product Characteristics; **2.** Iyer K, DiBaise J, and Rubio-Tapia A. *Clin Gastroenterol Hepatol* 2022;20:2185–2194.e2; **3.** Reiner J, et al. *Dig Dis Sci* 2020;65:3521–3537; **4.** Jeppesen P. *Therap Adv Gastroenterol* 2012;5:159–171; **5.** Greif S, et al. *Clin Nutr ESPEN* 2022;51:222–230; **6.** Vipperla K and O'Keefe S. *Expert Rev Gastroenterol Hepatol* 2013;7:683–687; **7.** Jeppesen P, et al. *Gastroenterology* 2012;143:1473–1481; **8.** Carter B, et al. *J Pediatr* 2017;181:102–111; **9.** Puello F, et al. *J Parenter and Enter Nutr* 2020;42:318–322; **10.** Joly F, et al. *Clin Nutr* 2020;39:2856–2862; **11.** Martin A, et al. *Am J Clin Nutr* 2021;113:1343–1350; **12.** Daoud D, et al. *J Parenter and Enter Nutr* 2023;47:878–887; **13.** Pape U, et al. *Clin Nutr ESPEN* 2023;54:572; **14.** Stevens P et al. *Frontl Gastroenterol* 2025;16:214–226; **15.** Blüthner E, et al. *Nutrients* 2023;15:1949; **16.** Chen K, et al. *JPEN J Parenter Enter Nutr* 2020;44:119–128; **17.** Jeppesen P, et al. *Presented at the 19th Congress of the International Intestinal Rehabilitation and Transplantation Association* 2025. 10th–13th September 2025, Gothenburg, Sweden; **18.** Armstrong D, et al. *Clin Nutr* 2020;39:1774–1777; **19.** Pironi L, et al. *Nutr Clin Prac* 2024;39:141–153; **20.** Abu Tair K and Hakimian D. *Intestinal Failure* 2025;6:100081; **21.** Revestive (teduglutide) Package leaflet: Information for the patient.

Scan or click the QR code to access the prescribing information for Revestive

Adverse events should be reported. Reporting forms and information can be found at: www.mhra.gov.uk/yellowcard.
Adverse events should also be reported to Takeda at: AE.GBR-IRL@takeda.com.

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