

Claims:

Claim 1. Use of a glucagon-like peptide 2 (GLP-2) analogue in the manufacture of a medicament for the treatment of short bowel syndrome (SBS) in a human patient receiving parenteral support (PS), wherein the GLP-2 analogue:

(a) is represented by the formula:

H-HGEGTFSSELATILDALAARDFIAWLIATKITDKKKKKK-NH₂, (1848) (SEQ ID NO: 1)

or a pharmaceutically acceptable salt thereof;

(b) is to be provided to a human patient suffering from short bowel syndrome and receiving parenteral support (PS);

(c) is to be administered by subcutaneous injection once or twice weekly as 10 mg of the GLP-2 analogue into the human patient, while the human patient continues to receive the PS; and

(d) is to be administered by subcutaneous injection once or twice weekly as 10 mg of the GLP-2 analogue to a human patient completely weaned off the PS, wherein the human patient completely weaned off the PS is to be clinically observable at week 24 from the start of the GLP-2 analogue treatment.

Claim 2. Use according to claim 1, wherein the GLP-2 analogue is to be administered for a period of time between 20 weeks and 52 weeks.

Claim 3. Use according to claim 2, wherein the GLP-2 analogue is to be administered for a period of time between 24 weeks and 36 weeks.

Claim 4. Use according to any one of claims 1 to 3, wherein the GLP-2 analogue is to be administered by subcutaneous injection once or twice weekly as 10 mg of the GLP-2 analogue into the human patient completely weaned off the PS while the human patient receives no PS.

Claim 5. Use according to any one of claims 1 to 4, wherein the GLP-2 analogue is to be administered once or twice weekly for at least 1 to 3 years.

Claim 6. Use according to any one of claims 1 to 5, wherein the patient retains
5 SBS non-PS status for at least 1 year, optionally for at least 2 years and optionally for at least 3 years or more.

Claim 7. Use according to any one of claims 1 to 6, wherein an improvement in quality of life (QoL) of the patient is to be assessed using a Patient Global Impression of Change (PGIC) status.

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Claim 8. Use according to claim 7, wherein the PGIC status uses a 7-point Likert Scale with responding patients reporting a much improved or very much improved status as compared to placebo.

10 Claim 9. Use according to claim 7 or claim 8, wherein the improved PGIC status of the patient is observable at week 24 from the start of the treatment.

Claim 10. Use according to any one of claims 1 to 9, wherein the GLP-2 analogue is to be administered once weekly 10 mg of the GLP-2 analogue into the patient.

Claim 11. Use according any one of claims 1 to 10, wherein the GLP-2 analogue is to be administered twice weekly 10 mg of the GLP-2 analogue into the patient.

Claim 12. Use according to any one of claims 1 to 11, wherein the human patient has undergone an end-jejunostomy or ileostomy.

Claim 13. Use according to any one of claims 1 to 12, wherein the human patient has undergone a jejuno-colic anastomosis.

Claim 14. Use according to any one of claims 1 to 12, wherein the human patient has undergone a jejuno-ileo-colic anastomosis.