(for pts with an average baseline score ≥ 3 out of 10 for each respective parameter) 1) % of days with $\geq 30\%$ improvement in either abdominal pain, discomfort, bloating, cramping or fullness and 2) % of days with a spontaneous BM (SBM) or a complete SBM (CSBM).

Results The pooled ITT population included 797 PBO- and 805 LIN-treated pts. During the 2-wk Baseline Period, pts had an SBM on a mean of 24% of days and a CSBM on a mean of 3% of days. Pts in subgroups with an average baseline abdominal symptom score ≥ 3 experienced $\geq 30\%$ improvement in the specific abdominal symptom on a significantly greater % of days for LIN vs PBO (Table). LIN-treated pts had $\geq 30\%$ improvement in abdominal pain for 55% of days vs 41% for PBO ($p < 0.0001$). Results were similar for other abdominal symptoms, with LIN-treated pts achieving $\geq 30\%$ improvement for $\sim 50\%$ of days during the Treatment Period; PBO pts met the threshold on 33–42% of days. LIN also significantly increased the % of days with SBM/CSBM vs PBO (Table).

Abstract PWE-025 Table

	n	PBO	LIN	Δ	P-value ^a
% of days with $\geq 30\%$ improvement in abdominal symptoms					
Pain ^b	1602	41	55	13	<0.0001
Discomfort ^c	1589	38	52	14	<0.0001
Bloating ^c	1574	33	48	15	<0.0001
Cramping ^c	1457	42	55	13	<0.0001
Fullness ^c	1583	33	49	15	<0.0001
% of days with SBM/CSBM					
SBM	1602	37	54	17	<0.0001
CSBM	1602	12	26	14	<0.0001

SBM, spontaneous bowel movement; CSBM, complete SBM ^aWilcoxon Rank Sum test;

^bmean abdominal pain score ≥ 3 during the Baseline Period; ^caverage baseline score ≥ 3 for that symptom

Conclusion LIN improved abdominal symptoms (pain, discomfort, bloating, fullness and cramping) by $\geq 30\%$ on $\sim 50\%$ of treatment days and significantly increased the % of days with SBM/CSBM. Thus, LIN relieved key IBS-C symptoms and increased the % of days with symptom improvement. These data provide estimates for results of treatment with LIN that clinicians and pts may anticipate. Supported by Ironwood Pharmaceuticals Inc and by Forest Laboratories, Inc. Editing assistance was provided by Complete Medical Communications, funded by Almirall

Disclosure of Interest S. Rao Grant/Research Support from: SmartPill Corporation, Forest Laboratories and Ironwood Pharmaceuticals, Conflict with: Advisory board for Forest Laboratories and Ironwood Pharmaceuticals. Sits on Advisory Board Smart Pill Corporation, AMS, AstraZeneca and Asubio Pharmaceuticals, L. Chang Grant/Research Support from: Ironwood Pharmaceuticals and Forest Laboratories, Consultant for: Ironwood Pharmaceuticals and Forest Laboratories, X. Hao Shareholder of: Ironwood Pharmaceuticals, Employee of: Ironwood Pharmaceuticals, B. Lavins Shareholder of: Ironwood Pharmaceuticals, Employee of: Ironwood Pharmaceuticals, S. Shiff Shareholder of: Forest Laboratories, Employee of: Forest Laboratories, X. Cao Employee of: Forest Laboratories, H. Schneider Shareholder of: Forest Laboratories, Employee of: Forest Laboratories, M. Currie Shareholder of: Ironwood Pharmaceuticals, Employee of: Ironwood Pharmaceuticals, J. Johnston Shareholder of: Ironwood Pharmaceuticals, Employee of: Ironwood Pharmaceuticals

PWE-026 EFFECTS OF 26 WEEKS OF LINACLOTIDE TREATMENT ON ADEQUATE RELIEF AND IBS SEVERITY IN PATIENTS WITH IRRITABLE BOWEL SYNDROME WITH CONSTIPATION (IBS-C)

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Introduction There have been few long-term studies evaluating treatments for IBS. Linaclotide (LIN), a 14 amino acid, minimally absorbed, guanylate cyclase C agonist (GCCA), was evaluated in 2 Phase 3 trials in patients (pts) with IBS-C, including a double-blind trial with an extended 26 wk Treatment Period, in which statistically significant improvements in abdominal pain and complete spontaneous bowel movement (CSBM) frequency were sustained for up to 26 wks. In a subsequent analysis of this study, we assessed the effects of 26 wks of LIN treatment on adequate relief and IBS severity and the relationship between long-term improvement in adequate relief with improvements in abdominal pain and CSBM frequency.

Methods Adult pts with IBS-C (Rome II criteria) were randomised to LIN 290 μ g or placebo (PBO) qd po for 26 wks. Endpoints included daily pt rating of abdominal pain at its worst during the previous 24 h on an 11-point scale (0 = none, 10 = very severe) and CSBM frequency. Pts also rated adequate relief of IBS symptoms (yes/no) and IBS severity (5-point scale: 1 = none, 5 = very severe) weekly. An Adequate Relief Responder was defined as a pt with adequate relief of IBS symptoms for ≥ 13 of the 26 wks of the Treatment Period. Spearman correlations were performed for Adequate Relief Responders and individual symptom improvement.

Results The study included 401 LIN- and 403 PBO-treated pts. With LIN, 49% of pts were Adequate Relief Responders vs 25% of PBO pts (difference 24.1; $p < 0.0001$; No. needed to treat 4.2). For 26 Wk IBS severity: 48% of LIN pts rated IBS severity as "none/mild" vs 26% of PBO pts (Table). In all pts, Adequate Relief Responders had a 26-wk mean decrease in abdominal pain of 52% vs 18% for nonresponders and an increase from baseline in 26-wk mean CSBM frequency of 3.0/wk vs 0.8/wk for nonresponders. Improvements in abdominal pain ($r = 0.48$) and CSBM frequency ($r = 0.53$) correlated with adequate relief.

Abstract PWE-026 Table

IBS severity, % pts (Wk 26, LOCF)	Pretreatment Period	Treatment Period	
		LIN (n = 401)	PBO (n = 403)
None/Mild	2.1	48.1	25.8
Moderate	24.3	31.7	38.7
Severe/very severe	73.6	20.2	35.5

ITT population; LOCF, last observation carried forward

Conclusion Significantly more LIN pts vs PBO pts reported adequate relief of IBS symptoms and improvement of IBS severity during 26 wks of treatment. Gains in the % of pts reporting adequate relief correlated strongly with improvements in abdominal pain and CSBM frequency.

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Disclosure of Interest E. Quigley Speaker bureau with: Danone, Janssen, Procter and Gamble, sanofi-aventis, Shire and Yakult, Conflict with: Advisory boards for Almirall, Ironwood, Janssen, Norgine, Salix and Shire/Movetis, W. Chey Consultant for: Ironwood Pharmaceuticals and Forest Research Institute, B. Lavins Shareholder of: Ironwood Pharmaceuticals, Employee of: Ironwood Pharmaceuticals, M. Baird Shareholder of: Ironwood Pharmaceuticals, Employee of: Ironwood Pharmaceuticals, D. Fitch Shareholder of: Ironwood Pharmaceuticals, Employee of: Ironwood Pharmaceuticals, X. Hao Shareholder of: Ironwood Pharmaceuticals, Employee of: Ironwood Pharmaceuticals, K. Shi Employee of: Forest