

covers a large geographical area and differing population sizes. Despite now existing within the same directorate services have maintained their historical ways of working. (3) This assessment has provided a catalyst for joint working and improved care for patients.

Domain	Question	Heart lands and Solihull	Good Hope
PATIENT EXPERIENCE	Information on the IBD Service	C	B
	Rapid access to specialist advice	A	A
	Provision of information and supporting patients to exercise choice between treatments	B	D
	Involvement of patients in service improvement	D	D
	Education of patients	A	A
CLINICAL QUALITY	Information and support for patient organisations	D	C
	The IBD team	C	C
	Inpatient monitoring	A	B
	Mental health services	D	D
	Sexual and reproductive health	B	D
	Multidisciplinary working	A	C
	Access to Nutritional support and therapy	A	D
	Arrangements for use of immunosuppressives	C	C
	Surgery for IBD	D	A
	Inpatient facilities	D	B
ORGANISATION AND CHOICE OF CARE	Access to diagnostic services	D	D
	Inpatient care	C	D
	Referral of suspected IBD patients	B	D
	Supporting patients to exercise choice between care strategies for outpatient management	D	D
	Outpatient care	C	B
RESEARCH, EDUCATION AND AUDIT	Transitional care	D	D
	Arrangements for shared care	B	A
	Register of patients under the care of the IBD service	C	C
	Participation in audit	C	C
	Training and education	C	C
	Research	B	C
	Service development	D	A

Abstract PMO-254 Figure 1

Competing interests None declared.

REFERENCE

- Quality Service standards for the healthcare of people who have Inflammatory Bowel Disease <http://www.ibdstandards.org.uk/>

**PMO-255 THE EXPRESSION OF INTERLEUKIN 2 RECEPTOR IN INTESTINAL RESECTION SPECIMENS FROM PATIENTS WITH CROHN'S DISEASE AS ASSESSED BY IMMUNOHISTOCHEMISTRY**

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**Introduction** Interleukin-2 (IL-2) is a key cytokine in inflammatory pathways involving T-cells. Several studies assess the potential of IL-2 scintigraphy to quantify T-cell infiltrates in conditions such as diabetes, coeliac and Crohn's Disease (CD). To assess the potential utility of IL-2-based Positron Emission Tomography (PET) radioligands that target the IL-2 receptor (IL-2R) in Crohn's disease imaging, we examined the differential expression of the  $\alpha$ -subunit of the IL-2R (CD25) in intestinal resection specimens from patients with CD.

**Methods** Stored, formalin-fixed paraffin-embedded blocks from Crohn's intestinal resection specimens were retrieved. Four 1 $\mu$ m-thick consecutive sections from each block were stained with H&E and CD25 (CD25 1:100, Leica NCL-CD25:305). A pathologist carried out a semi-quantitative grading of acute and chronic inflammation from H&E stained slides attributing a score of 0–3 for each of the two components. Their sum represented the Global Inflammatory Score (GIS). Specimens were subcategorised on the basis of GIS into Group A (GIS 0–1, no or mild inflammation), Group B (GIS 2–4, moderate) and Group C (GIS 5–6, severe). While blinded to the GIS, the pathologist quantified CD25 expression by counting CD25+ve cells in 1mm-wide full thickness regions of bowel wall on slides containing complete, well-orientated mucosa, submucosa and muscularis propria. Results were expressed as CD25

+ve cells/mm<sup>2</sup>. Groups were compared using the Mann–Whitney test. In addition, qualitative co-localisation studies of CD25 and CD3 (CD3 1:50 Leica NCL-L-CD3-565) or CD45 (CD45 1:100 Dako M0701) were performed on a sub-selection of six slides.

**Results** 12 sets of slides were produced from five resection specimens. A median of 3 (range 2–6) 1 mm wide well orientated bowel wall regions were scored on each slide (total 41). Of these, 15 (37%) were in Group A, 12 (29%) in Group B and 14 (34%) in Group C (see above). Median CD25+ve cell count per mm<sup>2</sup> was 2.04 (range 0.32–6.94), 2.74 (range 0.97–13.86) and 8.89 (range 2.14–59.66) respectively. CD25 was significantly more abundant in Group C than in Group A (p=0.0005) and Group B (p=0.019). The difference in CD25 expression between Groups A and B did not reach statistical significance (p=0.08). Co-localisation studies of CD25 and CD3 or CD45 suggest that the majority, but not all CD25 expression occurs on leucocytes (CD45 positive cells) and specifically T-lymphocytes (CD3 positive cells).

**Conclusion** IL2R was significantly more abundant in areas with a severe inflammatory infiltrate, therefore 18F-IL2 PET scanning could be useful in delineating such areas. CD25 appears predominantly but not exclusively expressed on T-cells.

Competing interests None declared.

**PMO-256 THE REALITY OF THE TOLERANCE AND EFFICACY OF ORAL IRON IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE (IBD)**

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**Introduction** Iron deficiency anaemia (IDA) is the most common complication of Inflammatory Bowel Disease (IBD) and impacts negatively on patients' quality of life. The aim of this audit was to explore the use and tolerability of oral iron supplementation in IBD practice.

**Methods** We used a patient directed questionnaire aimed at adult IBD outpatients over a 7-week period at the Queen Elizabeth Hospital. The use of oral iron therapy was ascertained in patients treated over 20 years. Patients were asked about the type of iron taken, dosing frequency, duration, side-effects and completion of therapy. We calculated the number of patients whose anaemia had resolved and where the data were available, the efficacy of treatment was determined by the mean change in haemoglobin (Hb) from baseline.

**Results** 91 IBD patients who received iron were surveyed, (62 Crohn's disease, 27 ulcerative, 2 microscopic colitis). All received oral iron (73 ferrous sulphate, 15 ferrous fumarate and 3 ferrous gluconate) and 17 also received intravenous (IV) iron. There were 56 females and 35 males. Variable dosing regimens were followed: 31.5% taking iron once, 37% twice and 31.5% three times daily. Although 69% patients were able to complete the course of oral iron, 31% had to abort treatment due to intolerance, which was unrelated to dose frequency. Only 35 patients (38%) were able to complete their intended course of oral iron without any side effects. Of these patients, the baseline Hb (mean 11.1 g/dl, range 8.9–13.3) returned to reference baseline in only 51% patients, with average Hb change 1.43 (range -0.7–4.7). Side effects were reported in 52% patients who received oral iron, including nausea and vomiting (21%), abdominal pain (19%), constipation (19%) and diarrhoea (18%). However, despite side effects the average duration of treatment in this cohort was 10.3 months (range 0.03–156), 19.3 months (range 1–240) in patients without side effects and 5.2 months (range 0.03–36) in intolerant patients who had to cease treatment. No adverse effects were reported in the 17 who received IV iron.