



Abstract PWE-083 Figure

Results There were similarities between 3 groups of interviews. Pts did not want to be seen when well, GPs wanted more involvement in care and there is scope for an IBD outreach nurse at interface of primary/secondary care. Discharging quiescent pts into enhanced GP care, to ensure equitable treatment, was acceptable to all, as was the concept of 'virtual' clinics. Patients would initiate self referral within the virtual arm whilst pts under GP care would be referred by GP. Pts would be referred as a rapid FU <7days and not as a new pt tariff. Complex IBD patients would remain under secondary care. Patients will move across the 3 arms depending on disease.

Conclusion This study provides an acceptable integrated model of FU for pts with IBD. It takes into account UK policy to reduce inappropriate FU, with emphasis on self management and integrating care, placing the pt closer to home, with secondary care emphasis on complex pt management.

Disclosure of Interest None Declared.

PWE-084 **WHOLE BLOOD MRNA EXPRESSION PROFILING OF CROHN'S DISEASE IN THE CERTIFI USTEKINUMAB STUDY DISCRIMINATES CLINICAL SUBTYPES**

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Introduction Objective markers of Crohn's Disease (CD) activity have been sought as diagnostic, phenotypic, prognostic and disease activity markers. Complications such as stricture and fistula and characteristics such as TNF-antagonist responsiveness have been suggested as discreet mechanistic CD subtypes. This study explored the ability of genome wide expression profiling in whole blood to differentiate CD sub-populations.

Methods In the previously reported Phase 2b ustekinumab CER-TIFI study of patients with moderate to severely active CD who had failed or were intolerant to TNF-antagonists, whole blood samples were collected from a subset for mRNA expression profiling using Affymetrix HG-U133+ PM arrays. Baseline expression profiles were compared between patient sub-groups characterised by defined baseline disease attributes; and compared with those from samples obtained independently from healthy subjects. Expression modulations of > +/-1.5x and false discovery rate (FDR) p-value < 0.05 were considered significant.

Results Patients (n = 204) with moderate to severe CD had significant expression modulations in 1725 transcripts in the whole blood compared with healthy subjects (n = 49), including genes involved in inflammatory response and connective tissue disorders. A panel of 20 transcripts (including GAB2 and IL18R1) discriminated patients with only colonic (n = 49) vs. strictly ileal (n = 60) disease involvement. Significantly different expression modulations of 169, 321, and 151 transcripts, respectively, were identified in patients with high baseline CRP (>10 mg/dL, n = 97), faecal calprotectin (>850 mg/g, n = 80) or lactoferrin (>100 mg/g, n = 89) compared with patients with low baseline CRP (<3 mg/dL, n = 45), faecal calprotectin (<250 mg/g, n = 58), or lactoferrin (< 100 mg/g, n = 107). As expected, patients with high baseline CRP, faecal calprotectin, or lactoferrin had elevated gene expressions in inflammatory pathways such as IL-6 and acute phase response signalling. In contrast, gene expression profiles did not differentiate between patients with different durations of disease (long [>15 yrs] vs. short [<5yrs]); prior treatment response (Primary responder vs. non-responder) and treatment history (number of TNFs failed); and the presence or absence of complications (stricture/stenosis, fistula).

Conclusion Genome-wide expression profiling of peripheral blood samples provides the understanding of CD at the molecular level in circulation. This is a new, non-invasive method that can be used to identify systemic markers of local pathological alterations in CD and to discriminate clinically between different CD sub-types.

Disclosure of Interest K. Li Employee of: Janssen R&D, LLC, C. Brodmerkel Employee of: Janssen R&D, LLC, S. Telesco Employee of: Janssen R&D, LLC, K. Ma Employee of: Janssen R&D, LLC, C. Gasink Employee of: Janssen R&D, LLC

PWE-085 **CT ENTEROGRAPHY REMAINS A VALUABLE TOOL FOR THE ASSESSMENT OF CROHN'S DISEASE**

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Introduction Advances in the immunopathogenesis of inflammatory bowel disease (IBD) coupled with bolder definitions of disease control have led to increasing reliance on imaging to characterise inflammation beyond the reach of the endoscope. Clinical activity