(FC = –1.64, p = 0.0011). Outlier analysis showed that *FAM5C* was also grossly under-expressed in the ascending colon in 37.5% of UC patients, demonstrating that its expression is abnormal throughout the colon in a significant proportion of individuals. Expression levels were not abnormal in CD. Expression of *FAM5C* in UC did not correlate with the known markers of inflammation, *IL-8*, *S100A8*, *DEFA5* and *DEFA6*, or with treatment. The under-expression of *FAM5C* in UC was confirmed in biopsies of non-inflamed rectal mucosa from an independent cohort of patients (FC = –1.68, p = 0.0073) and by qPCR (p < 0.001).

Conclusion This is the first description of the under-expression of *FAM5C* in UC. As these observations were made in non-inflamed mucosa, low levels of this protein might be involved in the pathogenesis of the disease. Indications that *FAM5C* may function as tumour suppressor [1], could link to the observed predisposition to colonic malignancy in UC.

Disclosure of Interest None Declared.

REFERENCE

1. Kuriowa T *et al.* (2009) Oncol Rep, 1005–11.

PTH-088 INCIDENTAL DIAGNOSIS OF INFLAMMATORY BOWEL DISEASE IN A BRITISH BOWEL CANCER SCREENING COHORT: A MULTI-CENTRE STUDY

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Introduction The UK Bowel Cancer Screening Programme (BCSP) was launched in 2006 to cover the entire population of England and Wales. It screens individuals aged 60–69 years with a Faecal Occult Blood test (FOBt) followed by a screening colonoscopy if FOBt positive. We aimed to quantify the incidental diagnosis of Inflammatory Bowel Disease (IBD) and patient outcome in this cohort.

Methods A retrospective review of BCSP outcomes was conducted from launch in February 2007 to August 2012. Screening data included patients invited, number screened (FOBt "normal" or "abnormal") and colonoscopies performed. In those diagnosed with IBD at colonoscopy confirmed on histology, clinical data (demographics, disease characteristics, treatment and outcome) were obtained from case note and electronic record review.

Results Of 477,553 patients invited, 219,705 were screened, representing an uptake of 46.01% and FOBt positivity of 2.35%. Colonoscopy was performed in 5350 patients (female 2287). Polyps were detected in 2344 (39.86%), cancer in 339 (5.77%) and 1383 (23.52%) had a normal examination. Endoscopic appearance suggestive of IBD in 112 patients was confirmed at histology in 66. Eleven patients were excluded as the diagnosis of IBD preceded screening. Twenty-one of 55 incidental cases were female. Median age at diagnosis was 64. Sixteen patients had Crohn's disease (CD), 33 ulcerative colitis (UC) and 6 had IBD-type unclassified (IBDU). Follow-up data was available in 42 patients (mean follow-up 23.9 months). Twenty patients (47.6%) were asymptomatic at diagnosis. Seven (35.0%) of the asymptomatic patients became symptomatic during the follow-up period. Treatment included steroids (11), 5-ASA (34), immunomodulators (azathioprine 6; methotrexate 1) and anti- TNF (infliximab 2; adalimumab 1). None required surgery. In those requiring escalation of therapy (14.3%) the median time to immunomodulation was 21 months (range 5–30 months). Those requiring immunomodulators and/or anti-TNF therapy (male 4; female 2) had asymptomatic extensive UC, symptomatic left-sided UC, symptomatic left- sided IBDU, symptomatic Crohn's colitis and symptomatic stricturing terminal ileal CD (2) at diagnosis.

Conclusion An incidental diagnosis of IBD is not uncommon. With the advent of bowel cancer screening this number is set to increase. A proportion of these patients demonstrate rapid disease progression. Such patients may present an important model for study of early disease with novel insights and evolving treatment paradigms.

Disclosure of Interest None Declared.

PTH-089 IMPACT OF SEASONAL VARIATION ON COURSE OF INFLAMMATORY BOWEL DISEASE AND EFFECT OF DATE OF BIRTHS ON THE ONSET OF DISEASE: A FACT OR A MYTH!

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Introduction Effect of seasonal variation on the natural history of the inflammatory bowel disease (IBD) is now well known. Also births in certain time of the year may have an impact on the onset of inflammatory bowel disease later in life. We reviewed our cohort with inflammatory bowel disease over the last four years to look for any such association.

Methods Data collection was retrospective over the last 4 years using IBD database and medical records. Clinical and demographic details of newly diagnosed patients with IBD were recorded.

Aims Our aim was to identify any evidence of seasonal variability on natural history of IBD and to identify any link between the onset of IBD symptoms and the date of births.

Results We had 279 newly diagnosed cases of inflammatory bowel disease during the last 4 years (2008–2011). There was incremental rise in the incidence of disease during this period and majority of the cases had UC (70% UC, 30% CD).

There was no consistent correlation of incidence of IBD in any particular season over the last four years (*p value* = 0.065). Furthermore, there was no consistency in the data for the birth dates pattern and the onset of disease symptoms in our cohort.

Conclusion In our retrospective cohort study we could not demonstrate seasonal variability or impact of date of birth on disease onset but ongoing prospective data collection over a longer period of time may help explore this association.

Disclosure of Interest None Declared.

REFERENCES

Lewis JD, Aberra FN, Lichtenstein GR, Bilker WB, Brensinger C, Strom BL. Seasonal variation in flares of inflammatory bowel disease.Gastroenterology. 2004 Mar; 126(3):665–73.

Haslam N, Mayberry JF, Hawthorne AB, Newcombe RG, Holmes GK, Probert CS. Measles, month of birth, and Crohn's disease. Gut. 2000 Dec; 47(6):801–3.

PTH-090 EFFICACY AND SAFETY OF DOUBLE-DOSING OR DECREASING THE INTERVAL OF ANTI-TNF THERAPY IN CROHN'S DISEASE WHO HAVE SHOWN LOSS OF RESPONSE TO STANDARD ANTI-TNF DOSING REGIMEN - A DGH EXPERIENCE

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Introduction Loss of response to Infliximab or Adalimumab therapy is commonly encountered during the course of treatment in patients with refractory Crohn's disease (CD). The aim of this study was to evaluate the safety and efficacy of dose intensification; defined as either double-dosing or decreasing interval of anti-tumour