possibility that some patients are not CRP producers[1,2,3]. In this retrospective observational study, we have assessed if patients consistently produce a low or high CRP level in response to a flare in IBD.
Methods 31 patients were identified, over a 5 year period across 3 centres, with endoscopic mucosal assessments of two consecutive exacerbations of IBD which were at least 3 months apart. Patients were included if they had a CRP measurement within 7 days of each endoscopic examination (colonoscopy or flexible-sigmoidoscopy), and if they had active inflammatory colitis confirmed on mucosal biopsy. A CRP non-producer was defined as a CRP level of less than 10mg/L as according to the laboratory reference range used in the centres.
Results In the cohort of 31 patients, 19 had biopsy proven UC, 3 had Crohn's disease, 6 were unclassified, and 3 had differing classifications of Crohn's disease and UC on successive endoscopies. There was an overall mean period of 11.3 months between successive endoscopies. 17 patients were CRP non-producers and 9 were CRP producers during successive IBD flares. The table below shows the disease classification in different CRP response groups.

Abstract PTH-095 Table 1

	Total number of patients	UC	Crohn's disease	Unclassified	Differing histological classification
CRP non-producer	17	8	3	4	3
CRP producer	9	6	0	3	0
Variable CRP response	5	5	0	0	0

Disease extent was defined in both flares in 97% of patients. In the CRP non-producer group, 10 out of 17 (59%) patients had left sided disease or proctitis compared to 4 out of 8 (50%) in the CRP producer group. This difference in proportion did not reach statistical significance as assessed by Fisher's exact test. Three of the five patients with a variable CRP response had more extensive disease at the time of the higher CRP level.
Conclusion
Most patients (84%) in this study had a consistent CRP response; but this was not universal. Disease extent appears to contribute to CRP, but patient specific factors also appear to play a role.
Disclosure of Interest None Declared.

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PTH-096 ORAL CICLOPSORIN IN STEROID REFRACTORY, ACUTE, SEVERE ULCERATIVE COLITIS

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Introduction Ciclosporin (CsA) has been shown to be effective in treatment of steroid refractory severe ulcerative colitis and reducing the need for colectomy[1]. Most published evidence concerns intravenous infusions; however oral microemulsion ciclosporin (Neoral®) is well absorbed, more convenient and potentially less toxic. We report our experience with oral ciclosporin for treatment of steroid refractory severe ulcerative colitis.
Methods 30 consecutive patients receiving oral Ciclosporin for steroid refractory acute severe ulcerative colitis from October 2001 till July 2012 were retrieved from our clinical and pathology database. One patient received therapy twice. Hence, 31 episodes were analysed for this study.
Results 19/31 patients were males. The median age at diagnosis and at the time of starting CsA was 39 years and 42 years respectively. 19 patients had pancolitis and 11 patients had left sided colitis. 4 patients were not on any treatment at the time of acute flare up. 28 patients were treated as inpatients. CsA was started after a median of 5 days after treatment with intravenous hydrocortisone in admitted patients (range 2–13 days). The mean CsA dose was 7.31 mg/kg on admission (range 5 to 8). The mean ciclosporin trough levels at 48–72hours and days 5–7 were 167ng/ml and 254ng/ml respectively. The mean length of treatment was 23.6 weeks (range 1–123). 50% had no side effects. One patient developed pyrexia of unknown origin necessitating stoppage of CsA. 26/31 (84%) had initial clinical response. 5/31 had colectomies during the same admission while 15/31 (48%) had colectomies within one year of starting ciclosporin treatment. 14/31 (46%) have had no surgery till date after a mean follow up of 46 months (range 2–131). 14/26 who had initial response to CsA were started on azathioprine. Eleven were thiopurine naïve and out of these, 8/11 (72%) are colectomy free till date. 12/26 were on thiopurines in the past. Only 4 of these 12 patients (33%) are colectomy free till date.
Conclusion 84% of the cohort of patients having steroid refractory severe ulcerative colitis responded to CsA and 52% retained their colon after 1 year. Our experience confirms CsA to be a safe drug with few side effects and should be used as a bridging therapy to azathioprine. Patients who are azathioprine naïve prior to CsA appear to have lower colectomy rates.
Disclosure of Interest None Declared.

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PTH-097 DEFINING PATIENT-CENTRED PROFESSIONALISM IN GASTROENTEROLOGY

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Introduction The UK IBD audit 3rd round (RCP,2011)shows that there has been sustained improvement in patient-centred care in terms of clinician commitment to improved quality of care and the provision of specialist IBD nursing and patient education for patients with IBD. This study explores the meaning of the concept 'patient-centred professionalism' in gastroenterology. The objectives of this study are:

1. To clarify the meaning of patient-centred professionalism in terms of how it relates to professional practise and patient-professional interaction in gastroenterological outpatient clinic consultations
2. To define the concept according to the views and experiences of healthcare professionals, stakeholders and IBD patients.
3. To create materials which may support and enhance optimal professional practise in outpatient clinics for patients with IBD

Methods A qualitative study using observation and semi-structured interviews. Ethnographic observation was conducted in 8 outpatient clinics from within one local health board (Abertawe Bro Morgannwg University Health Board). Clinics were led by consultant physician gastroenterologists; surgeons, specialist nurses and

joint colorectal MDT clinics. A total of 31 consultations were observed with IBD patients aged between 18–70 years old.

A total of 40 in-depth qualitative interviews were conducted with IBD patients; healthcare professionals and eminent stakeholders in gastroenterology. Ethnographic fieldnotes from observation and transcripts from interviews were analysed using a thematic analysis approach.

Results Key characteristics of patient-centred professionalism in gastroenterology have been elicited and categorised into thematic areas including shared decision making; transparency, openness and honesty; information and knowledge transfer and integrated approaches to care. Patients' descriptions of experiences of consultations with healthcare professionals are vivid and reveal both best practise in gastroenterological practises in secondary care as well as unexpected views about encounters with the medical profession. An output from this study involves the creation of materials to support gastroenterological outpatient clinic consultations to enhance the optimal professional practise and patient-professional communication.

Conclusion Patients' understandings of patient-centred professionalism, coupled with healthcare professionals and stakeholder understandings of the concept, offer the opportunity to develop enhanced consultations in gastroenterological outpatient clinics.

Disclosure of Interest None Declared.

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PTH-098 ARE OUTCOMES FOLLOWING LAPAROSCOPIC RESECTION FOR INFLAMMATORY BOWEL DISEASE IN ADULTS AND CHILDREN COMPARABLE?

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Introduction Inflammatory bowel disease (IBD) has prevalence in Europe of approximately 2.2 million, with evidence of increasing incidence in the paediatric population. Up to 40% of patients will require surgery for their disease, the majority within the first year of diagnosis. Since 2007, a single surgeon whose main practise is in adults has performed laparoscopic resectional surgery for IBD in adults and children within separate dedicated adult and paediatric IBD multidisciplinary teams in a tertiary referral centre. Our aim was to assess short-term outcomes for adults and children following laparoscopic resectional surgery for IBD.

Methods Analysis of a prospectively collected database was carried out to include all patients who had undergone a laparoscopic resection for IBD (excluding stoma formation alone and ileoanal pouch surgery) under the care of one surgeon between December 2007 and July2012.

Results Fifty-nine patients underwent laparoscopic resections (28 children and 31 adults). Median age for children was 14 years (range 8–16 years) and adults 32 years (range 21–63 years). The median BMI for adults was 23 (range 18–38) and 19.5 for children (range 13–29.5). Operative times for adults and children were similar with a median of 210 and 165 minutes respectively ($p = 0.09$). Postoperative complication rates were not significantly different: 6 (19%) in the adult population and 4 (14%) in children ($p = 0.73$). There was 1 anastomotic leak (in the adult group). Median length of stay was 5 days in adults vs 6 days in children ($p = 0.09$).

Conclusion Laparoscopic surgery in children is safe when performed by an experienced surgeon whose normal practise is in adults, with acceptable outcomes when compared to adults.

Disclosure of Interest None Declared.

PTH-099 DISTINCTIVE GENE EXPRESSION PROFILES IN THE WHOLE BLOOD OF PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS AND CROHN'S DISEASE

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Introduction The aim of this study was to define whole blood (WB) gene expression profiles in moderate to severe ulcerative colitis (UC) and Crohn's disease (CD) patients, and to elucidate modulated genes and pathways that are shared by and also unique to each disease. Gene expression profiling of UC and CD WB has not been compared in a study of this size, and the subset of non-overlapping genes identified could potentially lead to a means to discriminate between these two forms of IBD. A molecular diagnostic assay based on gene expression from readily accessible tissue (WB) would have great utility in differentiating between UC and CD, a common diagnostic dilemma.

Methods WB samples were collected from a subset of patients in one of two clinical trials: PURSUIT-SC, a study to evaluate safety and efficacy of induction therapy with SC golimumab in patients with moderate to severe UC, and CERTIFI, a study to evaluate safety and efficacy of ustekinumab therapy in patients with moderate to severe CD. In both studies, samples (n = 69 UC, 204 CD) were collected at baseline for mRNA expression profiling using Affymetrix HG-U133+ PM arrays. Samples from healthy volunteers were obtained independently of the trials. Changes in gene expression of > 1.5-fold and false detection rate (FDR) p-value < 0.05 were considered significant.

Results There was overlap in the significant changes in gene expression observed in the WB of UC and CD patients compared to normal controls. Of the 1229 differentially expressed transcripts in UC, 63% (45% relative to CD) overlapped with those in CD WB. Over-expressed genes in UC and CD included CD177, IL1R1, IL17RA, MMPs, and other genes involved in systemic inflammation, cellular cytotoxicity, and lymphocyte migration. However, significant proportions of genes (37% of UC gene changes, or 55% of CD) were uniquely expressed in either disease. Genes expressed specifically in UC included regulators of cell death and survival, eg BCL2A1, and several integrin isoforms. Differentially expressed genes specific to CD included IL23A, genes involved in ubiquitination and autophagy, eg ATG9B, and several chemokines. Pathways unique to CD involved B-cell receptor signalling and protein degradation, while oncogenic mechanisms were more predominant in pathways uniquely upregulated in UC.

Conclusion Despite sharing many of the same upregulated transcripts, WB of CD and UC patients also demonstrated significant proportions of differentially expressed genes. Transcriptional profiles in circulating immune cells found in WB may serve as a surrogate for relaying the state of less-accessible luminal tissues in UC and CD patients, and have the potential to aid in differential diagnosis of these diseases.

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

PTH-100 PSYCHOLOGICAL MORBIDITY AND PROVISION OF PSYCHOLOGICAL SUPPORT IN THE INFLAMMATORY BOWEL DISEASE CLINIC

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