

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.

REFERENCE

The UK IBD Audit 3rd Round. The UK IBD Audit Steering Group, May 2011. RCP

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

doi:10.1136/gutjnl-2013-304907.585

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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 July 2012.

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

doi:10.1136/gutjnl-2013-304907.586

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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

doi:10.1136/gutjnl-2013-304907.587

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