

Conclusion Pts experience significant sleep problems as measured by JSEQ; magnitude of impairment correlates with disease activity. Both anchor- & distribution-based methods derive similar thresholds representative of clinically meaningful improvements in JSEQ. UST induction resulted in a greater proportion of pts achieving clinically meaningful improvements in sleep impairments.

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PTU-064 IDENTIFICATION OF SYNE1 AND FOXE1 HYPERMETHYLATION TO IMPROVE DIAGNOSIS AND MANAGEMENT OF COLORECTAL NEOPLASIA IN INFLAMMATORY BOWEL DISEASE

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Introduction Colitis-associated colorectal cancer (CAC) affects individuals with inflammatory bowel disease (IBD) more often and younger than cancer in the general population. Colonoscopy provides the surveillance gold standard. Changes to surveillance intervals have been made given data demonstrating that endoscopic appearance is an important predictor of future dysplasia or cancer, but adjuvant, non-invasive clinical tools are still warranted to improve surveillance outcomes and to assist in management and interpretation of dysplasia. Methylation markers may be able to do this. Material and methods

Methods using reexpression profiles of colon cancer cell lines, candidate genes were identified; promising markers were tested on tissue using the Base5 methylation-profiling platform. Promoter sequences were linked with gene expression to identify epigenetically silenced genes. Marker candidates were screened using methylation specific PCR assays to assess the methylation status of 2 gene promoters (FOXE1, SYNE1) in biopsies from 93 longstanding IBD patients and 30 healthy controls. Samples included colitis-associated colorectal adenocarcinomas (n = 25); IBD-associated dysplastic lesions (n = 29); adenomas arising on a background of UC (n = 8); samples from IBD patients with no neoplasia (n = 31) and healthy controls (n = 30).

Results The presence of the 2 genes significantly varied between the groups. Both were increasing likely with increased disease severity. Neither occurred in controls, whilst 60% of CAC patients had FOXE1, and 80% of CAC patients had SYNE1.

Conclusion FOXE1- SYNE1 methylation markers panel demonstrated significantly increased expression in neoplastic tissue. Syne1 was highly represented in CAC. Methylation of these promoter genes might be considered a potentially useful pathology marker of neoplasia in longstanding inflammatory bowel disease.

Disclosure of Interest None Declared

PTU-065 INFLUENZA VACCINATION UPTAKE IN INFLAMMATORY BOWEL DISEASE- IS THERE ROOM TO IMPROVE?

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Introduction The aim of our study is to assess the seasonal influenza vaccination uptake in patients with inflammatory bowel disease (IBD)

Methods We have conducted a telephonic survey of our IBD patients in February 2012 to assess the influenza vaccination uptake for winter 2011–2012.

Results 140 children had responded to this survey (61.6% of our IBD patients). 84 children had Crohn's disease, 35 had Ulcerative colitis and 21 had IBD unclassified. Majority of these children (90/140) were on immunosuppressive treatments. 61 children (44%) had received seasonal influenza vaccination in that winter. 21 of them received in October, 20 in November, 13 in December and 3 in January. Out of the 79 children who have not received the influenza vaccine, 42 were not aware of the need for vaccination and did not have the influenza vaccine in the previous winters as well. 10 children were aware of the need for the influenza vaccine; however they opted not to receive the vaccine. 14 children intended to receive the vaccine, however this was deferred due to various reasons like intercurrent illness, family bereavement and difficulties experienced the General Practice surgery. Only one IBD patient needed hospitalisation in 2011 and 2012 with Influenza infection, however this was in July before the vaccination had started.

Conclusion Department of Health advises influenza vaccination for immunosuppressed individuals and also for children with medical conditions, who may need treatment with steroids for more than a month. European Crohn's and Colitis Organisation (ECCO) recommend influenza vaccination for IBD patients on immunomodulators. Experience from Philadelphia, Boston and Poland show that good, but variable, antibody response occurs after influenza vaccination in children and better protection occurs against type A strains. Side effects, both local and systemic, are generally mild. Experience from Australia and Germany show that the seasonal flu vaccination uptake in IBD patients are generally low, 10% and 16% respectively. We would like to hear from other centres about their experience of influenza vaccination uptake in IBD patients. Further efforts need to be done to increase the awareness of influenza vaccination in patients with IBD.

Influenza vaccination uptake in our IBD patients are better than reported from other centres, however further work needs to be done both locally and nationally to improve the influenza vaccination uptake.

Disclosure of Interest None Declared

PTU-066 NEW INSIGHT INTO THE MUCOSAL PROFILE OF EICOSANOID MEDIATORS IN ULCERATIVE COLITIS

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Introduction Ulcerative colitis (UC) is a relapsing remitting disorder of the colon with a recognised role for certain eicosanoid mediators derived from polyunsaturated lipid substrates. However, a detailed characterisation of the eicosanoids involved in UC is currently lacking. Using a comprehensive lipidomics approach, we profiled eicosanoids that could exhibit both pro- and anti-inflammatory function in inflamed and non-inflamed colonic mucosal biopsies from UC patients.

Methods Biopsies were taken from inflamed and nearby non-inflamed colonic mucosa (69 patients, 54 with paired inflamed and non-inflamed mucosa) from patients with symptomatic relapses. Inflammation was scored endoscopically and histologically. Mucosal lipid mediators were determined by LC-MS/MS lipidomics analysis. Univariate and multivariate statistical analyses were used to investigate the association of lipid mediators with the disease state

as well as histologically assessed disease severity (using the Gomes scoring system).

Results Arachidonic acid (AA), but not eicosapentaenoic acid (EPA), derived eicosanoids (prostaglandin (PG)_{E₂}, PGD₂, thromboxaneB₂, 5-hydroxy-eicosatetraenoic acid (HETE), 11-HETE, 12-HETE and 15-HETE), were significantly ($p < 0.001$) higher in inflamed than non-inflamed mucosa and their concentrations correlated to histological severity.

Conclusion There is an upregulation of AA derived inflammatory mediators in UC. This research suggests new eicosanoid targets for research and therapeutic intervention.

Disclosure of Interest None Declared

PTU-067 DUAL-ENERGY X-RAY ABSORPTIOMETRY UTILITY IN INFLAMMATORY BOWEL DISEASE: BSG, FRAX, NOGG OR NICE?

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Introduction Patients with inflammatory bowel disease (IBD) have a 40% higher risk of osteoporotic fractures than the general population. In 2007 the British Society of Gastroenterology (BSG) produced Guidelines for Osteoporosis in Inflammatory Bowel Disease and Coeliac Disease. In 2008 the World Health Organization created the Fracture Risk Assessment (FRAX) tool, to assess the risk of fracture in an individual aged 40 years or over. The National Osteoporosis Guideline Group (NOGG) was subsequently established to provide guidelines for the management of patient's after assessment with FRAX. In August 2012 the National Institute for Health and Clinical Excellence (NICE) published their recommendations. This study aims to compare these guidelines in IBD patients and recommendations for dual-energy X-ray absorptiometry (DXA) scan.

Methods Over a four-month period, IBD patients attending the Gastroenterology Departments' of St. George's and Queen Mary's Hospital were identified. Convenience sampling was used; all IBD patients encountered in these clinics were asked to participate. Patients were asked to complete a questionnaire, gathering information required for the BSG, NOGG and NICE osteoporosis guidelines. The BSG and NICE guidance, were used in all patients. Additional assessment with NOGG guidance were used in patients 40 years and over. The recommendation for DXA scan or not were noted.

Results 153 patients were included in the study. 73 were men and 80 were women. The mean age was 42 years with an age range of 17 to 82 years.

The BSG guidelines were applicable to the entire patient group. 100 patients (65.3%) were recommended a DXA scan and 53 (34.6%) were not. The NICE guidelines were applicable to the whole patient group; with 37 (24.1%) recommended a DXA scan and 83 (54.2%) not.

In patients over 40 years of age there was good concurrence between all guidelines recommending a DXA scan. The BSG guidance recommended 44 patients (63.7%), NOGG recommended 42 patients (60.8%) and NICE recommended 42 patients (60.8%). In the group less than 40 years of age, the BSG guidance recommended 56 patients (66.6%) and NICE recommended 28 (33.3%) to have a DXA scan.

Conclusion There are a number of assessment tools available to assess the risk of osteoporosis in IBD patients and identify those who should have a DXA carried out. Our study has shown that in patients 40 years and over there is a reasonable concurrence between all of these assessments. For the age group less than 40 years there appeared to be less concordance. These assessment tools need to be compared further to DXA scan results, to establish the best assessment tool for IBD patients and when to commence osteoporosis treatment.

Disclosure of Interest None Declared

PTU-068 PATIENT AWARENESS OF IMMUNISATION GUIDELINES IN INFLAMMATORY BOWEL DISEASE

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Introduction Immunomodulator agents are commonly employed in the management of inflammatory bowel disease (IBD). These can increase the risk for opportunistic infections. This study aims to assess patient awareness for the need for appropriate immunisations, as outlined in published guidelines by the European Crohn's and Colitis Organisation (ECCO) [1].

Methods Over a four-month period, IBD patients attending the Gastroenterology Departments' of St. George's Hospital and Queen Mary's Hospital were identified. Convenience sampling was used; all IBD patients encountered in these clinics were asked to participate. Patients were asked to complete a questionnaire, gathering information about their disease and immunisation awareness.

Results 135 patients participated in the study. 73 patients were male. Mean age was 43 years (with the range being 19–82 years). 53 patients had ulcerative colitis, 73 had crohn's disease and 9 were unsure of their diagnosis. Mean time since diagnosis was 8 years.

18 patients (13.3%) were currently receiving no drug therapy. 34 (25.1%) were being treated with immunomodulator agents (azathioprine, 6-mercaptopurine, methotrexate or cyclosporin). 4 patients (2.9%) were solely receiving biologics (infliximab or adalimumab), and 46 patients (34.0%) were on 5-aminosalicylic acids (5-ASAs) only. 27 patients (20%) were on a combination of thiopurines and 5-ASA therapy, and 6 patients (4.4%) were on a combination of infliximab, azathioprine and 5-ASA. Prednisolone therapy had been taken at some stage of treatment by 72 patients (53.3%).

The majority of patients were not aware if they had been screened at diagnosis for the specific infections outlined by ECCO. Of the total 135 patients the following were aware that they had undergone screening: 4 (2.9%) for varicella zoster virus (VSV), 1 (1.9%) for hepatitis B virus (HBV), 3 (2.2%) for human immunodeficiency virus (HIV), 2 (1.4%) for hepatitis C virus (HCV) and 15 (11.1%) for tuberculosis (TB).

Of the 135 patients: 4 (2.9%) recalled been offered immunisation against VZV, 16 (11.8%) against HBV, 51 (37.7%) against influenza, 33 (24.4%) against pneumococcus and none against human papilloma virus.

98 (72%) patients had not had any discussions with their General Practitioner about immunisations, 45 (33%) had read the immunisation advice distributed to all IBD patients from clinic.

Conclusion Our findings show that IBD patients are largely unaware of recommendations by ECCO regarding immunisation. Patient awareness needs to be increased regarding opportunistic infections and prevention with immunisations. A patient awareness campaign to educate IBD patients has been started in our clinics.

Disclosure of Interest None Declared

REFERENCE

1. European Crohn's and Colitis Organisation (ECCO) guidelines (2009). <http://www.ecco-ibd.tv/index.php/publications/ecco-guidelines>

PTU-069 THE EFFECT OF FAECAL CALPROTECTIN ON THE USE OF COLONOSCOPY AT LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

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Introduction Faecal calprotectin is a sensitive measure of neutrophilic intestinal inflammation; use in gastroenterological screening