need for dose escalation. It appears to be more effective, better tolerated and safer (less haematological disturbance) than FDA. These results will serve to allay the fear of toxicity of LDAA and question the need for thiopurine metabolite level profiling prior to using this apparently superior therapeutic approach.

Disclosure of Interest None Declared.

OC-007 HAEMOPOETIC STEM CELL TRANSPLANTATION FOR SEVERE RESISTANT CROHN'S DISEASE: PRELIMINARY EVIDENCE FOR DURABLE BENEFIT

C Hawkey* on behalf of The ASTIC Trialists (listed at http://www.nottingham.ac.uk/research/groups/giandliverdiseases/nddc-clinical-trials/astic-trial/centres-and-members.asp). *Nottingham Digestive Diseases Centre, University of Nottingham, Nottingham, UK*

10.1136/gutjnl-2014-307263.7

Introduction The Autologous Stem Cell Transplantation International Crohn's Disease (ASTIC) Trial shows haemopoetic stem cell transplantation (HSCT) to be effective over one year in Crohn's disease, but its durability remains to be established.

Methods ASTIC is a multicentre parallel group randomised controlled trial in patients with impaired quality of life due to Crohn's Disease that is resistant to established treatments. All patients undergo stem cell mobilisation before HSCT given immediately (one month: early HSCT) or after a delay of thirteen months (late HSCT). This abstracts describes currently available data over 2 years and includes the first report of changes occurring in the first year transplantation in the late HSCT group.

Results A full analysis of progress over one year has shown a reduction in Crohn's Disease Activity Index (CDAI) from 326 (range 163–512) to 162 (12–506) and in the SES-CD endoscopic score from 13 (5–33) to 3 (0–200) in patients following early HSCT (n = 23) compared to 354 (91–581) to 298 (70–589, active vs control p = 0.01) and 13.5 (0–36) to 7 (1–27, active vs control p = 0.02) respectively in the control group prior to transplantation (n = 22). The Table shows data for those patients (approximately 50%) with full data currently available to two years (one year after transplantation in the control group).

Scores for the IBD-Q quality of life index improved from 123 (103–144) to 165 (125–206) following early HSCT and were maintained at 157 (126–213). Scores rose from 108 (79–136) to 147 (108–188) in the year following delayed HSCT.

Conclusion If full data (available June 2014) confirm these preliminary results, it would support the notion that improvements in CDAI, endoscopic appearances and quality of life benefit persist and may possibly increase over the second year following transplantation. One year data in the delayed group show a similar magnitude of effect to that seen in patients undergoing early transplantation.

Disclosure of Interest None Declared.

Endoscopy section free papers

OC-008 ENDOSCOPIC SUBMUCOSAL DISSECTION CAN TRANSFORM THE MANAGEMENT OF PATIENTS WITH UPPER GASTROINTESTINAL SUBMUCOSAL TUMOURS: RESULTS FROM A UK SERIES

R Bhattacharyya*, P Bhandari on behalf of Portsmouth research group. *Gastroenterology, Portsmouth Hospitals NHS Trust, Cosham, Portsmouth, UK*

10.1136/gutjnl-2014-307263.8

Introduction It is very difficult to establish an accurate diagnosis for upper GI submucosal tumours. Biopsy during endoscopy cannot go deep enough. EUS is unable to give a tissue diagnosis. The risks of surgical resection are higher than the benefits as the lesion may very well be benign. As a result most of these patients keep having endoscopic surveillance as 'possible' GISTs.

Methods A retrospective cohort study of patients undergoing ESD for upper GI submucosal tumours. They were all referred to us as possible GISTs that were found to be growing in size on surveillance. ESD was carried out in all these cases. As these lesions are mostly bulky, gravity and patient positioning were utilised as traction during ESD to achieve deroofing and enucleation of these tumours. Any complications were recorded. Endoscopic follow up was performed to assess for incomplete resection or recurrence.

Results 21 submucosal lesions were resected by ESD between 2007 and 2013. 7 were oesophageal, 10 gastric and 4 duodenal. Sizes ranged from 10 to 35mm. Endoscopic clearance was achieved in all cases. Histology showed a wide range of diagnoses, mostly benign (table). There was 1 complication; a microperforation which was identified and clipped intraprocedurally, giving a complication rate of 4.7%. On follow up, there was 1 recurrence (recurrence rate 4.7%) which was managed

Abstract OC-008 Table 1 Histological diagnosis of submucosal tumours resected by ESD

Diagnosis	Number
Granular cell tumour	3
GIST	2
Leiomyoma	2
Pancreatic acinar tissue	1
Carcinoid	6
Lipoma	2
Inflammatory fibroid polyp, hyperplastic polyp	1+1
Synovial sarcoma	1
Gangliocytic paraganglioma	1

Abstract OC-007 Table 1

	CDAI (n = 12 and 14)		SES-CD (n = 13 and 13)		EQ5D VAS (n = 9 and 10)	
	Early HSCT	Late HSCT	Early HSCT	Late HSCT	Early HSCT	Late HSCT
Baseline	338 (264–473)	354 (264–473)	13 (8.5–25)	14 (4.5–19.5)	56 (39–65)	35 (29–60)
1 year	**162 (73–280)***	288 (209–368)	**3 (1.5–10)***	6 (3–20)	**80 (68–88)***	50 (21–70)
2 year	**90 (36–231)***	**155 (84–300)***	**3 (0–10.5)***	**2 (0–6.5)***	**87 (64–91)***	**74 (43–83)***

Values shown are median and interquartile range.
Asterisked data*: Post HSCT