Introduction The natural history of low-grade dysplasia (LGD) found during colonoscopic surveillance of ulcerative colitis is not clear. The optimum strategy, either continued surveillance or immediate colectomy, is debated. The rate of progression of LGD to more advanced neoplasia has been reported to be as low as 0% after 10 years and as high as 53% after a mean follow-up of 5 years.^{1,2}

Methods All cases of LGD detected at colonoscopy in patients with ulcerative colitis performed between May 1995 and May 2010 were identified, retrospectively, from the pathology database at a single tertiary centre. Endoscopy records and case notes were reviewed and the outcomes for patients undergoing either immediate colectomy or further surveillance endoscopy were included.

Results 22 patients with LGD were identified. 9 patients had endoscopically resectable adenoma-like lesions, and were excluded from further analysis. 13 patients were identified as having unifocal, flat, LGD. The median age was 68 (range 44–87). The median time from diagnosis of ulcerative colitis was 14 years (range 1 to 29 years). All patients were on 5-ASA's throughout the time period sampled.

8 patients elected to have an immediate colectomy. 5 of 8 resection specimens were negative of LGD, with features of the underlying Ulcerative Colitis. Unifocal LGD was identified in 3 of 8 patients. No advanced neoplasia (HGD or cancer) was identified.

4 patients continued surveillance with a median follow-up of 6.5 years (range 5–9) and a median number of colonoscopies of 5 (range 3–7). LGD was identified on further colonoscopy in 1 patient. This patient then opted for colectomy, but no LGD was identified in the resected specimen. 3 patients had further LGD identified during surveillance endoscopy. The remaining patients had LGD identified at colonoscopies performed outside their scheduled surveillance interval. To date those undergoing surveillance have had no subsequent LGD, HGD or carcinoma.

Conclusion The finding of LGD in patients with ulcerative colitis is associated with a low risk of synchronous or subsequent advanced neoplasia. Continued surveillance may be a reasonable option in this group of patients.

REFERENCES

- 1 Befrits R et al. *Dis Colon Rectum*. 2002;45:615–20
- 2 Ullman TA et al. *Am J Gastroenterol*. 2002;97:922–7

Disclosure of Interest None Declared.

PTU-068 EFFICACY AND SAFETY OF GRANULOCYTE, MONOCYTE/MACROPHAGE ADSORPTIVE APHERESIS IN STEROID-DEPENDENT ACTIVE UC WITH INSUFFICIENT RESPONSE OR INTOLERANCE TO IMMUNOSUPPRESSANTS AND/OR BIOLOGICAL THERAPIES (THE ART TRIAL): WEEK 12 RESULTS

¹A Akbar*, ²A Dignass, ³B Bonaz, ⁴P Premchand, ⁵S Subramanian, ⁶R Makins, ⁷D Baumgart. ¹Gastroenterology, St Mark's Hospital, London, UK; ²Agaplesion Markus Krankenhaus, Frankfurt, Germany; ³Grenoble Faculty of Medicine, Grenoble, France; ⁴Queen's Hospital, Romford; ⁵Royal Liverpool Hospital, Liverpool; ⁶Gloucestershire Hospitals NHS Trust, Cheltenham, UK; ⁷Charité Medical Center – Virchow Hospital, Berlin, Germany

10.1136/gutjnl-2014-307263.142

Introduction Current medical options for patients with refractory steroid-dependent, chronic-active ulcerative colitis (UC) are limited. Immunosuppressants (IS) and biologics carry risks of severe side effects and patients may not respond. The efficacy of

of Granulocyte, Monocyte/Macrophage adsorptive (GMA) apheresis with Adacolumn® is supported by an increasing number of randomised controlled trials. The present study intended to generate further data to document efficacy and identify subpopulations of refractory UC that may benefit from GMA apheresis.

Methods This was an uncontrolled, open-label, multicenter trial conducted in the UK, France and Germany. Consecutive eligible patients (age >18 <75 years) with steroid-dependent active UC, a Rachmilewitz (CAI) index ≥6, an Endoscopic Activity Index (EAI) ≥4, and insufficient response or intolerance to IS and/or biologicals were included. Patients received at least 5 weekly GMA aphereses. Evaluation visits were planned at Week 12, 24 and 48. The primary endpoint was the remission rate (CAI ≤4) at Week 12 in the Intention-to-treat (ITT) population.

Results We report interim results from the 12 Week visit. The ITT population comprised 84 enrolled and treated patients at cutoff date. At Week 12, 33 (39.3%) subjects had achieved remission. For 30 patients with prior failure of IS and/or biologicals, the remission rate was 30%. Secondary efficacy parameters were clinical response with reduction in CAI of ≥3 (47 or 55.9%), steroid-free remission (23%) and steroid-free response (36%). In remitters, EAI dropped from 8.2 to 4.4; in responders from 8.6 to 5.3. Quality of Life improved in parallel. Most subjects had Adverse Events (AEs) of mild or moderate intensity. Six (7.1%) of 85 subjects in the Safety Population experienced serious (SAEs), all in the treatment-emergent period; however none was considered related to study treatment. No new safety signals were seen.

Conclusion This study describes a larger cohort of steroid-dependent moderate-severe active UC patients intolerant or refractory to IS and/or biologicals treated with GMA apheresis. Apheresis was safe and showed benefit in over half of these patients and remission in 39.3% at week 12. Leukocyte aphaeresis (Adacolumn) for IBD has been reviewed by NICE as suitable for carefully selected patients with IBD, and these results help define this sub-group. Further controlled studies are needed.

Disclosure of Interest None Declared.

PTU-069 740 PATIENT YEARS OF ANTI-TNF SAFETY DATA IN CROHN'S DISEASE PATIENTS

B Miller*, R Kalla, M Daghem, S Campbell. *Gastroenterology, Central Manchester University Hospitals, Manchester, UK*

10.1136/gutjnl-2014-307263.143

Introduction Anti-Tumour Necrosis Factor alpha antibodies (anti-TNFs) are widely used for the treatment of severe and fistulising Crohn's Disease (CD). They are, however, associated with a number of adverse events (AEs) including infections, neutropenia, malignancy, demyelinating disease and infusion reactions. We aimed to evaluate the safety profiles Adalimumab (AI) and Infliximab (Ifx) amongst patients with CD at Central Manchester University Hospitals.

Methods 217 CD pts were identified retrospectively from our anti-TNF database; data was retrieved from clinic letters. A probit regression was used to correlate AEs and pt characteristics.

Abstract PTU-069 Table 1

	Mild	Moderate	Severe
Ifx	30 (22.6%)	23 (17.3%)	7 (5.2%)
AI	40 (28.3%)	18 (12.8%)	2 (1.4%)