patients; the thresholds of benefit that would produce adherence were also assessed.

**Methods** Four methods of displaying information about the benefits of maintenance therapy in remission were explained to UC patients in remission, during face to face structured interviews. These were largely conventional numerical approaches: relative risk reduction [RR], absolute risk reduction [AR], number needed to treat [NNT]. The fourth was an optical representation via Cates plot [CP].

Patients understanding and preference for each approach were recorded. Patients were asked to state the minimum thresholds required to adhere to a hypothetical medication (with 5-ASA like properties) for the benefits of relapse and cancer reduction respectively. Thresholds were determined for each method of display.

**Results** Of 50 participants (mean age 50 years; 58% male) 48% preferred data presentation by RR over CP (28%), AR (20%) and NNT (4%). 94% found RR easy to understand, better than CP (74%), AR (38%) or NNT (48%). Thresholds required for adherence also differed between methods. For bowel cancer prevention, 94% indicated adherence for benefit levels of 61% RR or lower but only 57% would adhere when presented with the corresponding CP (p<0.001). For relapse prevention, 78% of patients chose a threshold of 40% or lower, but only 43% chose the corresponding CP (p<0.001). When presented with RR, adherence minimum thresholds equivalent or lower to the actual 5-ASA benefits were applied by 98% of patients for cancer reduction and 78% for flare reduction.

**Conclusion** Ulcerative colitis patients prefer RR and CP as methods to display medication benefit. NNT is poorly understood and unpopular. Patients apply significantly higher thresholds for adherence when presented with CP in comparison to RR. Presented with information in this way, most patients would choose to adhere to 5-ASA medication when offered the actual benefit profile. Reduction of cancer risk may be a stronger motivator than maintenance of remission. Interventions to improve 5-ASA adherence should use RR and convey benefits for cancer and flare prevention.


**PMO-242 THE IBD-CONTROL QUESTIONNAIRE: DEVELOPMENT AND PSYCHOMETRIC VALIDATION OF A TOOL FOR CAPTURING DISEASE CONTROL FROM THE PATIENT PERSPECTIVE WITH MEASUREMENT PROPERTIES OF USE IN ROUTINE CARE**

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C Ormerod, 1 O Shackcloth, 1 M Harrison, 1 E Brown, 2 K Bodger. 1Digestive Diseases Centre, Aintree University Hospital, Liverpool, UK; 2Department of Gastroenterology, Institute of Translational Medicine, University of Liverpool, Liverpool, UK

**Introduction** Although a range of disease activity measures and QoL questionnaires is available for IBD, none has found a place in routine practice as a decision-support tool for patients and clinicians. Patients apply significant thresholds for adherence when presented with CP in comparison to RR. Presented with information in this way, most patients would choose to adhere to 5-ASA medication when offered the actual benefit profile. Reduction of cancer risk may be a stronger motivator than maintenance of remission. Interventions to improve 5-ASA adherence should use RR and convey benefits for cancer and flare prevention.

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**PMO-243 FAECAL CALPROTECTIN ANALYSIS: DOES THE METHOD MATTER?**

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C Tomkins, 1,2 Zeino, 1 C Nwokolo, 1 S C Smith, 1,2 Arasaradnam. 1Biochemistry, University Hospitals of Coventry and Warwickshire, Coventry, UK; 2Gastroenterology, University Hospitals of Coventry and Warwickshire, Coventry, UK

**Introduction** Faecal calprotectin (FC) is a sensitive marker of intestinal inflammation and is useful to help distinguish between organic and non-organic (functional) disease. The increasing popularity of this test, with various analytical methods available, potentially leads to confusion in interpreting results. The aim of this study was to technically evaluate FC measured by different ELISA methods in secondary/tertiary care.

**Methods** 62 stool samples were collected from sequential outpatients presenting with chronic diarrhoea. All participants had a colonoscopy with biopsy, to which FC results were compared. FC was measured by ELISA assays: Immundiagnostik PhiCal (version 1) and Buhlmann EK-CAL. A subset were also measured by PhiCal (version 2). Stool was weighed and extracted, and ELISAs performed manually.

**Results** 58 patients with IBD/other organic bowel disease (mean 56 yrs, range 15–49) and 24 patients with IBS (mean 56 yrs, range 20–45) were sampled. Sensitivity and specificity for active IBD vs IBS using manufacturers’ cut-offs of 50 µg/g were: Buhlmann EK-CAL 86% (95% CI 42 to 99) and 60% (95% CI 53% to 63%), PPV 50% (95% CI 22 to 78%), NPV 90% (95% CI 54% to 99%), PhiCal 78% (95% CI 40% to 96%) and 92% (95% CI 60% to 100%), PPV 88% (95% CI 47% to 99%) and NPV 86% (95% CI 56% to 97%). Correlation across full range of results were PhiCal vs EK-CAL, R²=0.45; PhiCal2 vs PhiCal1, R²=0.54. However for results <100 µg/g by PhiCal1, correlations improved that is, R²=0.64 and R²=0.83 respectively. Intra-batch imprecision of the whole process,