**Methods**

Monoclonal antibody (MA) therapy aims to achieve this and faecal calprotectin (FC) concentration has been shown as a surrogate marker for MH.

**Aims**

Our aim was to study the profile of Crohn’s disease (CD) patients on MA therapy and evaluate whether FC levels after induction therapy with MA predicts the medium-term outcome.

**Methods**

Thirty-two CD patients: infliximab \( n = 11 \), adalimumab \( n = 21 \) were identified from our MA database. Data on demography and disease characteristics were extracted from case records. A subset of CD patients with FC levels measured both at baseline and after induction therapy were analysed further for response to therapy and disease course during follow-up \( n = 10 \). Disease activity was evaluated by modified Harvey-Bradshaw index at baseline, after induction, and at 6 and 12 months during maintenance therapy.

**Results**

Of 32 patients, 22 patients were female, mean age 39.5 (range: 19–65 year), mean age at diagnosis 30.2 (range: 16–61 year), mean disease duration prior to MA was 6.1 (range: 10–22 year) and 21.8% has family history of inflammatory bowel disease. Of these, 56.2% had history of surgery prior to MA and 71.7% had concurrent immunomodulation. Disease phenotypes are shown in table. Of the 10 patients with full FC data, 6 patients normalised FC after induction (median levels 67 mg/kg, median 64 mg/kg, range 30–72). All remained in remission during follow-up median-22 months (range 15–33 months). Four patients failed to normalise FC levels with induction therapy (median 11 months, range 6–39). Of these, 2 had operation, 2 had multiple relapses (1 treated with prolonged enteral therapy and 1 with additional oral corticosteroid courses).

**Conclusion**

MA therapy is used in CD patients with aggressive disease course who are treated/intolerant to immunomodulatory therapy. Normalisation of FC after induction therapy with MA is a useful marker to predict sustained clinical remission.

**Disclosure of Interest** None Declared.

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**Abstract PTH-085 Table 1**

<table>
<thead>
<tr>
<th>Disease Type</th>
<th>FC (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ileal</td>
<td>3.1% (1/32)</td>
</tr>
<tr>
<td>Colonic</td>
<td>34.3% (11/32)</td>
</tr>
<tr>
<td>Ileocolonic</td>
<td>59.3% (19/32)</td>
</tr>
<tr>
<td>Isolated UGI</td>
<td>3.1% (1/32)</td>
</tr>
<tr>
<td>Non stricturing</td>
<td>50% (16/32)</td>
</tr>
<tr>
<td>Stricturing</td>
<td>15.6% (5/32)</td>
</tr>
<tr>
<td>Penetrating</td>
<td>34.3% (11/32)</td>
</tr>
<tr>
<td>Perianal</td>
<td>53.1% (17/32)</td>
</tr>
</tbody>
</table>

**Conclusion**

MA therapy is used in CD patients with aggressive disease course who are treated/intolerant to immunomodulatory therapy. Normalisation of FC after induction therapy with MA is a useful marker to predict sustained clinical remission.

**Disclosure of Interest** None Declared.

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**INTRODUCTION TO THE ANTIMICROBIAL ACTIVITY OF ESSENTIAL OILS OF CULINARY AND MEDICINAL HERBS AND SPICES AGAINST SELECTED GASTROINTESTINAL PATHOGENS**

**METHODS**

Pathogenic gut microorganisms, and dysbiosis of the gastrointestinal microbiota are a significant cause of mortality and morbidity worldwide, for instance infection with *Clostridium difficile* or *Salmonella* species can prove fatal, whereas alteration of the gastrointestinal microbiota has been implicated in irritable bowel syndrome. Due to increasing resistance of gastrointestinal pathogens to conventional antibiotics, alternative antimicrobial agents are urgently needed. The aim of this study is to investigate whether essential oils (concentrated mixtures of aromatic compounds obtained by the distillation of plant tissues) have antimicrobial activity against selected gastrointestinal pathogens.

**RESULTS**

Seventeen of the 82 essential oils (aniseed, asafoetida, cinnamon, clove, oregano, thyme and winter savour) produced a strong and statistically significant inhibition of the growth of all five of the organisms tested whereas a further seven essential oils (coriander, garlic, lemon balm, lemon grass, myrrh, peppermint and rosemary) markedly inhibited the growth of three or four of the organisms (and these results were also statistically significant). Batch to batch variation was evident in the antimicrobial activity of some of the essential oils. This might correlate with variations in the profile of compounds present in the essential oils.

**DISCUSSION**

Some of the essential oils studied might be therapeutically useful against gastrointestinal pathogens. Quality control of the oils would be necessary and further work is needed to identify the active antimicrobial compounds in the oils.

**Disclosure of Interest** None Declared.
INCIDENTAL DIAGNOSIS OF INFLAMMATORY BOWEL DISEASE IN A BRITISH BOWEL CANCER SCREENING COHORT: A MULTI-CENTRE STUDY

**Reference**


**Abstract**

**Introduction**

The UK Bowel Cancer Screening Programme (BCSP) was launched in 2006 to cover the entire population of England and Wales. It screens individuals aged 60–69 years with a Faecal Occult Blood test (FOBt) followed by a screening colonoscopy if FOBt positive. We aimed to quantify the incidental diagnosis of Inflammatory Bowel Disease (IBD) and patient outcome in this cohort.

**Methods**

A retrospective review of BCSP outcomes was conducted from launch in February 2007 to August 2012. Screening data included patients invited, number screened (FOBt “normal” or abnormal) and colonoscopies performed. In those diagnosed with IBD at colonoscopy confirmed on histology, clinical data (demographics, disease characteristics, treatment and outcome) were obtained from case note and electronic record review.

**Results**

Of 477,553 patients invited, 219,705 were screened, representing an uptake of 46.01% and FOBt positivity of 2.35%. Colonoscopy was performed in 5550 patients (female 2287). Polyps were detected in 2344 (39.86%), cancer in 339 (5.77%) and 1383 (23.52%) had a normal examination. Endoscopic appearance suggestive of IBD in 112 patients was confirmed at histology in 66. Eleven patients were excluded as the diagnosis of IBD preceded screening. Twenty-one of 55 incidental cases were female. Median age at diagnosis was 64. Sixteen patients had Crohn’s disease (CD), 38 ulcerative colitis (UC) and 6 had IBD-type unclassified (IBDU). Follow-up data was available in 42 patients (mean follow-up 23.9 months). Twenty patients (47.6%) were asymptomatic during the follow-up period. Treatment included steroids (male 4; female 2) and asymptomatic extensive UC, symptomatic left-sided UC, symptomatic left-sided IBDU, symptomatic Crohn’s colitis and symptomatic stricturing terminal ileal CD (2) at diagnosis.

**Conclusion**

An incidental diagnosis of IBD is not uncommon. With the advent of bowel cancer screening this number is set to increase. A proportion of these patients demonstrate rapid disease progression. Such patients may present an important model for study of early disease with novel insights and evolving treatment paradigms.

**Disclosure of Interest**

None Declared.

**IMPACT OF SEASONAL VARIATION ON COURSE OF INFLAMMATORY BOWEL DISEASE AND EFFECT OF DATE OF BIRTHS ON THE ONSET OF DISEASE: A FACT OR A MYTH!**

**Reference**


**Introduction**

Effect of seasonal variation on the natural history of the inflammatory bowel disease (IBD) is now well known. Also births in certain time of the year may have an impact on the onset of inflammatory bowel disease later in life. We reviewed our cohort with inflammatory bowel disease over the last four years to look for any such association.

**Methods**

Data collection was retrospective over the last 4 years using IBD database and medical records. Clinical and demographic details of newly diagnosed patients with IBD were recorded.

**Aims**

Our aim was to identify any evidence of seasonal variability on natural history of IBD and to identify any link between the onset of IBD symptoms and the date of births.

**Results**

We had 279 newly diagnosed cases of inflammatory bowel disease during the last 4 years (2008–2011). There was incremental rise in the incidence of disease during this period and majority of the cases had UC (70% UC, 30% CD).

**Conclusion**

In our retrospective cohort study we could not demonstrate seasonal variability or impact of date of birth on disease onset but ongoing prospective data collection over a longer period of time may help explore this association.

**Disclosure of Interest**

None Declared.

**EFFECTIVENESS AND SAFETY OF DOUBLE DOSE OR DECREASING THE INTERVAL OF ANTI-TNF THERAPY IN CROHN’S DISEASE WHO HAVE SHOWN LOSS OF RESPONSE TO STANDARD ANTI-TNF DOSING REGIMEN: A DGH EXPERIENCE**

**Reference**

1. Saleem R, Gera A, Ackland D, Tranah H, Loganayagam A. Gastroenterology, Queen Elizabeth Hospital, Wiboolwich, London; Gastroenterology, Queen Elizabeth Hospital, Woolwich, London, UK

**Introduction**

Loss of response to Infliximab or Adalimumab therapy is commonly encountered during the course of treatment in patients with refractory Crohn’s disease (CD). The aim of this study was to evaluate the safety and efficacy of dose intensification; defined as either double-dosing or decreasing interval of anti-tumour...