Methods IF proteins were extracted from individual biopsies in patients with long-standing pan-colitis (LSPC) in clinical, endoscopic and histological remission (n = 10) and with recent onset ulcerative colitis (ROUC) also in remission (n = 8). Each sample was dot-blotted on a membrane followed by immunoblotting for identification and quantification of keratins (8, 18 and 19) sequentially. MCF-7 cell line was used as control in each experiment. Relative Keratins concentration for each dot-blot sample was inferred by determining its signal intensity relative to the MCF-7 keratins signal intensity measured in turn by densitometry. Statistical analysis to compare the two groups was made separately for K8, K18, K19 using Mann-Whitney U test.

Results Median relative IF protein levels in patients with LSPC were 1.54, 0.41 and 2.12 for K8, K18 and K19, respectively were significantly higher than those with ROUC: 0.03, 0.05 and 0.07 for K8 (p = 0.001), K18 (p = 0.002) and K19 (p = 0.021), respectively. Median Baron’s endoscopy score in patients with LSPC and ROUC were 0 (range 0–1) and 1 (range 0–1), respectively. Median histological activity index in both groups were 0 (range 0–1).

Conclusion This study confirms increased expression of insoluble Keratins concentration for each dot- blotted sample was inferred by determining its signal intensity relative to the MCF-7 keratins signal intensity measured in turn by densitometry. Statistical analysis to compare the two groups was made separately for K8, K18, K19 using Mann-Whitney U test.

Disclosure of Interest None Declared.

PTU-065 IS THERE A ROLE FOR FAECAL CALPROTECTIN IN THE INVESTIGATION OF DIARRHOEA IN PATIENTS WITH HIV?

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Introduction Diarrhoea is one of the most common gastrointestinal symptom in patients with HIV. Faecal calprotectin (FCP) is a useful test in the investigation of chronic diarrhoea in the general population. The sensitivity of this test in HIV-patients with chronic diarrhoea is unknown.

Methods HIV-positive patients undergoing investigation for CD between January 2011 and August 2013 were identified. Demographics and clinical data including measurement of FCP and endoscopy findings were taken from the patients medical records

Results 60 patients were referred by the HIV team to Gastroenterology clinic for investigation of CD. There were 55 (92%) males, mean age was 44 years. All were receiving antiretroviral therapy. No patients had a previous history of Inflammatory Bowel Disease (IBD), 59/60 had negative stool cultures. One patient was diagnosed with giardiasis and excluded from the study. Of the remaining, 54/59 (92%) patients had FCP measured, of which 36 (67%) demonstrated inflammation. Of these 31/36 (87%) patients with elevated FCP underwent lower GI endoscopy, 9/31 (30%) patients had abnormal macroscopic findings including mild non-specific inflammatory changes (4/31), polyps (2/31), threadworms (1/31) and ileitis (2/31). None had evidence of IBD.

Conclusion In HIV positive individuals receiving antiretroviral therapy 30% patients with elevated FCP had macroscopic disease. No patients had a diagnosis of IBD. No cause beyond anti-retroviral medication was found. FCP is not a useful test to investigate chronic diarrhoea in this patient cohort.

Disclosure of Interest None Declared.
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 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 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

Disclosure of Interest None Declared.

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

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Disclosure of Interest None Declared.

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

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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 (A) 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.