Method IFX trough levels and ATI were measured in patients attending for IFX infusions from May 2016 at a tertiary referral centre. IFX and ATI trough levels were measured using drug tolerant enzyme-linked immunosorbent assays (Immunodiagnostik, UK). Positive ATI were defined as levels >10 mg/L.

Treatment failure was defined as ongoing/worsening of symptoms attributable to IBD, requiring alteration in treatment. Fisher's exact test was used to compare rates of previous IFX exposure, concomitant immunosuppression (IS) and treatment failure between those with positive and negative ATI.

Result TDM at dose 4 (week 14) was available from 50 patients (25 Crohn's disease, 24 ulcerative colitis and 1 IBD-unclassified) and is shown in table 1. 14/50 (28%) were positive for ATI. In the 10 patients that had subsequent TDM after ATI was noted to be positive, 9 remained positive-sustained ATI and 1 became negative-transient ATI. There was no significant difference in use of concomitant IS between those with positive and negative ATI. However, those with positive ATI were more likely to have received previous IFX (5/14 compared to 1/36, $p<0.01$). Of the 9 patients who developed positive ATI with no previous IFX exposure, 4 were not receiving concomitant IS.

Only 8/50 (16%) patients had a therapeutic IFX trough levels (range 3.2–21.4 mg/L); all negative for ATI. Median IFX level was significantly lower in those with positive ATI compared to those who were negative (0.9 mg/L v 1.7 mg/L; $p=0.02$).

Of those with positive ATI at first maintenance dose, 10/14 (71%) were treatment failures by second maintenance dose, compared to 10/36 (28%) in those with negative ATI ($p<0.01$).

Abstract PWE-065 Table 1 Relationship between ATI status and IFX trough levels at first maintenance dose n=50

ATI status	IFX trough level (mg/L)				Total
	Undetectable (<0.8)	Sub-therapeutic (0.8–2.9)	Therapeutic (3–7)	Supra-therapeutic (>7)	
Positive	6	8	0	0	14
Negative	7	20	8	1	36
Total (%)	13 (26)	28 (56)	8 (16)	1 (2)	50

Conclusion At first maintenance dose, nearly a third of patients had developed positive ATI. These patients have lower IFX levels and a higher risk of treatment failure by the second maintenance dose. Therefore, TDM following induction therapy may be important in identifying patients who require rapid treatment alteration.

PWE-066 MICRORNA SIGNATURES CAN DIFFERENTIATE BETWEEN INFLAMED AND NON INFLAMED COLONIC MUCOSA OF ULCERATIVE COLITIS PATIENTS

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Introduction Ulcerative colitis (UC) is a form of inflammatory bowel diseases (IBD) which are chronic, relapsing and idiopathic disorders of gastrointestinal tract. The aetiology of IBD has not been defined yet but a complex interplay of microbial, genetic and environmental factors is known to play role in its pathogenesis. Recently, microRNAs have

emerged as an epigenetic regulator of inflammation during IBD. MicroRNA target the genes involved in major signalling pathways and regulate their expression thereby affecting the overall inflammatory pathway. In this study we looked at the miRNA profile of inflamed and non inflamed regions of UC patients. We also studied the biological relevance of this dysregulated expression by looking at the potential targets of these miRNA and the biological pathways involved.

Methods To investigate the expression profile of miRNAs we collected the colonic mucosal biopsies from the endoscopically inflamed and non inflamed regions of UC patients. Colonic biopsies were also collected from control individuals. The differential expression of miRNA was studied by microarray and qRT-PCR. The potential targets of miRNA were predicted using bioinformatics tools such as TargetScan, MIRDB, DIANA-MicroT, mirorna.org and Pictar. The pathways involved were identified by mirPath v.3:DIANA TOOLS.

Results The miRNA profile of inflamed colonic mucosa was found to be significantly different from the non inflamed one in microarray. The real time analysis showed a significant upregulation in the expression of miR-125b and miR-223 in the inflamed colonic mucosa as compared to non inflamed mucosa. TRAF6 which is a potential target of miR-125b and an important signalling molecule of NFκB pathway, showed a significant downregulation in UC patients as compared to controls. Similarly, IKK alpha which is targeted by miR-223 showed a significant downregulation in its expression in UC patients.

Conclusions Our study indicates towards the spatial expression of miRNA during UC and their biological relevance. MiR-223 showed a disease independent behaviour therefore, it could be developed as a biomarker for UC. Studying these miRNA and the signalling pathways in detail, could provide better insight of disease pathogenesis and provide scope for their use in therapeutics.

PWE-067 HEALTHCARE RESOURCE UTILISATION AND QOL IN PATIENTS WITH UC BY DISEASE SEVERITY: ICONIC BASELINE DATA

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Introduction ICONIC is a prospective, multi-country (n=33) observational study, assessing cumulative burden in adult ulcerative colitis (UC) patients (pts) under routine care. Assessments of healthcare resource utilisation (HCRU), disease severity and impact on quality of life will be captured at 6 month intervals through 2 years. This analysis evaluated baseline (BL) HCRU, work productivity, and quality of life among UC pts with different level of disease severity.

Methods Pts with early UC (diagnosed ≤36 months) were enrolled irrespective of disease severity or treatment. For this analysis, we evaluated pts stratified by physician assessment of disease severity into severe, moderate, mild and remission groups. BL characteristics described: Simple Clinical Colitis Activity Index (SCCAI), UC-related HCRU measured during the 6 months prior to study enrollment (i.e., visits to treating