relevant contemporary data on this subject and provide an algorithm for the management of early PRSC.

**Method** A systematic review was undertaken in accordance with PRISMA guidelines. Studies published between 2000 and 2017 describing the clinical management of PRSC in patients with UC within 30 days of primary ileoanal pouch surgery were included. A qualitative analysis was undertaken due to the heterogeneity and quality of studies included.

**Results** 1157 abstracts and 266 full text articles were screened. Twelve studies were included for analysis involving a total of 207 patients. The studies described a range of techniques including image-guided, endoscopic, surgical and endovacuational vacuum methods. Based on the evidence from these studies, an algorithm was created to guide the management of early PRSC.

**Conclusion** Although the rate of successful salvage following early PRSC has improved over time there is a paucity of research correlating the method used with functional outcome. Short course Endo-SPONGE® therapy with early surgical closure seems to offer increased chance of salvage. We present an algorithm for the management of early PRSC.

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**PTU-064** IMMUNE CHECKPOINT INHIBITOR COLITIS- A REVIEW OF CURRENT MANAGEMENT TRENDS

1Mirashini Swaminathan*, 2Anna Olsson-Brown, 3Sreedhar Subramaniam, 4Mark Pritchard.

**Introduction** Immune checkpoint inhibitors (CPIs) are novel agents that work by boosting the body’s immune system to fight tumour cells and are transforming cancer therapy. They are generally well tolerated but can cause side effects that mimic various autoimmune diseases. With its rising use across many tumour types, the prevalence of immune related adverse events such as colitis is fast becoming an issue encountered by many gastroenterologists. This review aims to characterise the current trends in management of CPI-induced colitis.

**Methods** An electronic database search was conducted on Pubmed and Embase. A total of 48 papers were identified for final analysis. This included 29 case reports and 19 case series describing the management of patients with CPI-induced colitis.

**Results** 48 papers containing 294 patients were included in the review. Of these, 264 were treated with CTLA-4 inhibitors, 18 with PD-1 inhibitors, 1 with PDL-1 inhibitors and 10 with combination therapy. Majority of patients (196) received treatment for melanoma. Other malignancy types included non-small cell lung cancer, urothelial malignancy and prostate cancer. A total of 226 patients with CPI-induced colitis were treated with steroids (oral or intravenous). Of these 61% responded to steroids alone whilst 47% required further treatment with infliximab. 94% of patients treated with infliximab had resolution of colitis. 8 patients were treated with vedolizumab after steroid failure and all of these patients had resolution. 20 patients required surgery due to complications such as perforation or ischaemia, 3 had infliximab prior to surgery.

Patients required a median of 2 doses of infliximab to attain resolution of colitis and where follow up data was available, there was no symptom relapse post treatment with infliximab.

**Conclusions** This review highlights that a step wise approach similar to the management of inflammatory bowel disease should be used to manage patients with CPI-induced colitis. However there should be an early consideration for use of biologic therapy. Protocols including a multi-disciplinary approach should be developed to ensure that gastroenterologists are aware of treatment modalities should these patients present to them.