inaccessible stricture (treated with balloon dilatation) and 1 had no apparent luminal stenosis. Fifteen SEMS were placed for 14 patients. Stented patients had median 1 (range 0 to 6) prior surgery. Eleven patients had had prior right hemicolectomy, while 3 had ileal resection only. Attempted SEMS placement was successful in 100% of cases but could not be attempted in one case. Three adverse events were noted. There were 2 patients admitted for abdominal pain, with pain resolving upon stent removal. There was a single asymptomatic stent migration. There were no bleeding events, perforations or any need for emergency surgery. On extended follow up (n=11) 9 of 11 patients reported symptom resolution or improvement. To date none of the patients (n=14) has required surgical intervention during follow up, with a single patient electing for re-stenting. (Ref. Figure 1)

Conclusions In this series, removable SEMS therapy for Crohn's ileocolonic strictures was effective both endoscopically and in relieving symptoms. The absence of perforations appears favourable when compared to rates reported with endoscopic balloon dilatation though a larger controlled study would be needed to test this finding. Observed long term benefit, a low re-intervention rate and no need for surgery during follow up in this series is notable. Safety and comparative efficacy against EBD should be further established with Randomised Control Trial evidence.

Abstract OTU-007 Figure 1

OTU-008 GROWTH IN PARTICIPATION, REGISTRATIONS AND DATA MATURITY IN THE UK IBD REGISTRY: FOCUS ON BIOLOGICS

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Introduction The UK IBD Registry (IBD-R) provides a standardised dataset and alternative methods for local teams to record structured electronic data in routine care. The infrastructure enables collection of data for local use and upload of anonymized data centrally (each quarter). Registry participation allows sites to demonstrate engagement with national audit (e.g. Biologics Audit, listed on the NHS Quality Accounts) and access to centrally-developed analytics and reporting.

Methods To evaluate growth in establishment of local biologics registers using the IBD-R, we analysed three uploads of data (March, June and Sept 2017) with a focus on key data items

required for producing site-level reports for patients treated with these agents (from a basic to more granular-level detail, using the 'biologics events' dataset). We generated Quarterly Reports and distributed to centres, seeking feedback to inform future iterations.

Results Participating centres grew by 59% (32 to 51) and number of sites contributing biologics events more than doubled (16 to 37). Total registered patients in the IBD-R increased from 24 633 to 31 613.

Biologics Events For adults with CD, submitted initiation events increased >6 fold (472 to 3126 patients), post-induction review ~3 fold (709 to 2,022) and 12 month review >19 fold (22 to 437). Agents used for adult CD [UC]: Remicade 1423 [450]; Humira 1675 [311]; Inflectra 345 [236]; Remsima 398 [225]; Vedolizumab 186 [201]; Ustekinumab 16 [0]. Data completeness varied by item, e.g. recording of 'naïve' status (y or n) was static at ~50%; categorization of clinical indication consistently high at >80% of cases.

Outcome measures By Sept 17, Physician Global Assessment (PGA) was reported at 1053 initiation events for CD (62%) and UC 940 (66%); and at 1537 (97%) and 1248 (80%) post-induction reviews showing rapid adoption, but data for disease activity indices (HBI or SCCAI) remained static at around 10%. The next upload (Feb 2018) contains almost 40 000 records from 63 sites and confirms continuing growth (analysis in progress).

Conclusions There has been significant increase in participation and in the breadth and depth of data being submitted to the UK IBD-R, particularly for biological therapies. Patterns of outcome data collection suggest clinical teams favour simple global outcome measures to formal activity indices – likely reflecting the added burden of administering and recording the data. However, the feasibility of site-level reporting to support local biologics registries is now established.

Funded by Crohn's and Colitis UK

OTU-009 MODELLING CASELOAD STANDARDS FOR IBD SPECIALIST NURSES IN THE UK

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Introduction The national standards for IBD care defined the numbers of nurse specialists required as 1.5 FTE per 2 50 000 population. The aim was to publish a new, robust, validated national standard and caseload.

Methods A consensus workshop of 15 IBD nurse specialists from across the UK met to check assumptions regarding workload and activity of this group. A 24-item questionnaire, exploring demographic data, caseload, workload and experience was developed. This was distributed through the RCN IBD Nursing Network. Data was modelled using descriptive statistics and pattern recognition.

Results 164 responses were received (55% response rate). 76% were from England. Responses were received from all four countries of the U.K. Most respondents covered a single (60%) or two (25%) hospital sites. 38% of respondents had less than 3 years experience working with IBD patients. 62% having four years plus experience. 32% had over ten years' experience. 90% of the responding CNS were working solely in IBD. 82% reported spending 80% to 100% of their time on IBD. 51% worked with adult and transition patients. 72%

of respondents worked full time. 84% of respondents regularly carried out unpaid overtime. The amount of unpaid overtime carried out equalled 17.6 FTE per week. Most common title was 'Clinical Nurse Specialist'. Grade 7 most common grade for respondents (65%). 61% received either no admin support or support for clinic letters only. The number of unfilled posts was estimated to be equivalent to 24.5 FTE. No respondents reported frozen posts. 43% of respondents had a prescribing qualification. 82% reported participation in CPD/education within the last 12 months. 63% of respondents had a higher caseload than the recommended level. Caseloads as high as 2000 patients plus were reported. Respondents generally had a positive experience of working in an MDT.

Conclusions This study recommends a caseload of 2.5 Full Time Equivalent (FTE) IBD specialist nurse per 2 50 000 population (a static caseload of 500 per FTE).

The original recommended caseload for IBD specialist nurses is 666 patients (or 1.5 FTE per 2 50 000 population) per FTE nurse. This does not allow for proactive management, advancing practice, cover arrangements and is not optimal for care.

There is a shortfall in the UK. 63% have much higher caseloads than the original recommended standard.

Compared to other specialties IBD specialist nurses have been working in specialist practice for less time (for example 52% had less than 7 years' experience vs 25% of prostate cancer specialist nurses).

Considerable amount of unpaid overtime (4.13 hours per week each on average, equal to 17.6 FTE per week in total in this group). Worsened where administrative support is limited.

43% of respondents have a prescribing qualification only 14% have a Masters in advanced practice. To achieve a greater number of advanced practice nurses, this is an issue which needs to be addressed in light of the reduction in funding for continuing professional development nationally.

IBD specialist nurses generally have a positive experience of Multidisciplinary Team working (MDT) and feel able to fully contribute and advocate for patients within the MDT

The role of the IBD specialist nurse is a complex case managing role involving interacting with many other specialties to deliver care for the patient population over their entire treatment pathway from pre diagnosis to continuing care.

OWE-008 PATIENTS' PERCEPTION OF FAECAL CALPROTECTIN TESTING IN INFLAMMATORY BOWEL DISEASE: A MULTI-CENTRE PROSPECTIVE SURVEY

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Introduction Faecal Calprotectin is an established biomarker in the investigation and management of Inflammatory Bowel Disease (IBD). Despite its success, there appears to be practical issues with FC testing in clinical practice, including sample collection, sample delivery and processing delays. There are no studies exploring patients' perception of faecal testing in

IBD. We investigate patients' perception of FC testing in clinical practice across centres in UK, Europe and Australia.

Methods A prospective patient survey was undertaken in an IBD unit in England from 12/2016 to 2/2017 and extended to 3 centres (Spain, Australia and Norway) from 07/2017 until 11/2017. Patients were asked to complete a 9-point based questionnaire in clinic which included diagnosis, patient demographics, previous FC testing, FC sample collection difficulty rating score (0–4) and preference to alternative methods of disease monitoring including blood tests and endoscopy. Predictors of FC testing difficulty were derived using multivariable logistic regression analysis. Continuous variables were categorised using integer cut points guided by the ROC curves and their relationship to the FC rating score.

Results A total of 585 patients with IBD completed the survey. There were 306 males (52%) with a median age of 43 years (IQR: 31–54). A total of 299, 279, and 7 patients had a diagnosis of CD, UC, IBDU respectively. Median disease duration of the entire cohort was 36 months (IQR 22–66 months). There were 446 patients (76%) who had prior FC testing experience. Of these, 37% (n=165) rated FC testing either moderately difficult (score 2), difficult (score 3) or very difficult (score 4). The reasons included 'dropping FC sample' (n=14; 9%), 'sample collection' (n=106; 67%) or 'both' (n=39; 25%). In these patients, 80% (n=130) patients would rather have a blood test over faecal testing. Categorical multivariable regression analysis was performed to identify factors that predict a high FC difficulty rating score. Using age, gender, disease duration, disease subtype, use of collection kits and geographical location as covariates, age <49 years (OR 2.9, CI: 1.9–4.7), disease duration <35 months (OR 1.4, CI: 0.9–2.1) and testing in the UK centre (OR 1.9, CI: 1.2–3.1) were predictors of a high difficulty rating score.

Conclusions Our study is the first to explore patients' perception of FC testing as a routine biomarker in IBD across Europe and Australia. A significant 37% find FC testing challenging, in particular those aged <49 years with disease duration <35 months. Further qualitative studies understanding and addressing these practical issues may aid higher FC uptake in clinic.

OWE-009 DEVELOPING A CORE OUTCOME SET FOR FISTULISING PERIANAL CROHN'S DISEASE

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Introduction Lack of standardised outcomes hampers effective analysis and comparison of data when comparing treatments in fistulising perianal Crohn's disease (pCD). Development of a standardised set of outcomes would resolve these issues. This study provides the definitive core outcome set (COS) for fistulising pCD.

Methods Candidate outcomes were generated through a systematic review and patient interviews. Consensus was established via a three-round Delphi process using a nine-point Likert scale