Of all patients with clinically active disease at baseline (n=20), 5 achieved clinical response (25%), an additional 4 achieved clinical remission (20%).

Abstract PWE-005 Figure 1

Conclusions In a real life setting, increasing dosing frequency in patients with sub-optimal response to VDZ is effective in approximately half of patients and should be considered as an intervention.

PWE-006 SMOKING IN UC IS ASSOCIATED WITH DECREASED THIOPURINE USE BUT NOT STEROID DEPENDENCY OR COLECTOMY

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Introduction Whilst smoking is established as a protective modifiable environmental risk factor for the development of Ulcerative Colitis (UC), the evidence for its impact on subsequent disease activity is conflicting. We therefore aimed to investigate the impact of smoking on clinical outcomes in the disease course of UC.

Methods Using a nationally representative clinical practice research database (CPRD), we identified incident cases of UC diagnosed between 2005 and 2014. Patients were grouped as: smokers, never-smokers or ex-smokers at UC diagnosis based on medical record codes for smoking status in the two years preceding UC diagnosis. Medical record codes were also examined to determine change in smoking status following diagnosis. We compared corticosteroid dependency (as defined in ECCO guidelines), thiopurine use and colectomy rates between these defined groups. Survival analysis, Cox proportional hazards analysis and logistic regression were used determine the risk of first thiopurine use, corticosteroid dependency and colectomy given smoking status.

Abstract PWE-006 Table 1 Univariate and multivariate Cox regression analysis for risk of Thiopurine use in patients with Ulcerative Colitis

Abstract PWE-006 Figure 1 Kaplan Meier Curve: Progression to Thiopurine Use in Smokers and Never Smokers in Ulcerative Colitis
Result We identified 4069 cases of UC over the study period. There were 1678 never smokers (41%), 329 smokers (8%), 1541 ex-smokers (38%) and 521 patients whose follow-up smoking status changed (13%). Multivariate regression analysis, adjusting for all covariates listed in table 1, demonstrated smokers had a significantly lower risk of thiopurine use compared to both never smokers (HR 0.52, 95% CI 0.27–0.97, p=0.04) and ex-smokers (HR 0.51, 95% CI 0.27–0.98, p=0.04). In contrast there was no difference in corticosteroid dependency (OR 0.83, 95% CI 0.44–1.75) or rates of colectomy (HR 0.4, 95% CI 0.53–3.02) in a multivariate analysis.

Conclusions Smoking is associated with a decreased requirement for thiopurines however it does not impact on the risk of corticosteroid dependency or colectomy. The risks associated with smoking outweigh any benefits and smoking cessation should be encouraged.

PWE-007 A SYSTEMATIC REVIEW OF OUTCOMES AND ADVERSE EVENTS FOR RANDOMISED CONTROLLED TRIALS IN CROHN’S DISEASE

Method We searched MEDLINE, EMBASE, CINAHl and Cochrane Library from their inception to November 2015, for RCTs of adult CD patients with treated with medical or surgical therapies. We extracted information on efficacy and safety outcomes, definitions of end-points, and measurement instruments. To explore temporal trends studies were stratified by publication date (pre-2009 and 2009-onwards).

Results 181 RCTs comprising 23 850 patients. Trial focus: Induction of remission, 110 trials (60.8%), 104 medical and 6 surgical interventions. Maintenance of remission, 71 trials (39.2%). Biologics were intervention of interest in 35.4% of trials and reporting increased from 32.8% to 40.6% of trials. Patient-reported outcome measures (PROMs) were reported in 41.4% of trials with growth in reporting from 39.2% to 46.4%. Safety outcomes were reported explicitly in 35.4% of trials and reporting increased from 32.8% to 41.1%.

Conclusions As expected, the CDAI was the dominant composite index reported but there was significant variation in the selection and definition of clinical trial end-points in RCTs for CD between studies, and over time. Despite growth in reporting of objective measures of inflammation and in PROMs, there is much heterogeneity and lack of standardisation. This highlights the need for international researchers and clinicians to develop a COS for comparative effectiveness research in CD.