alterations in medical therapy and assessing response to treatment in our Crohn's cohort.

We recommend that SB US should be more widely utilised in such patients as it correlates well with gold standard investigation and is able to provide complementary information to aid decision-making.

PWE-013 FERACCRU® REAL WORLD EFFECTIVENESS STUDY IN HOSPITAL PRACTICE (FRESH): AN INTERIM ANALYSIS

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Introduction Many patients with inflammatory bowel disease (IBD) experience iron deficiency anaemia (IDA), which can impact significantly on quality of life (QoL). Oral ferric maltol (Feraccru) is a novel iron complex licensed in the UK for the treatment of IDA in patients with IBD. The aim of this study is to understand the early experiences of Feraccru in patients with IBD and IDA in the UK, including treatment effectiveness, patterns of use and tolerability.

Methods FRESH is an ongoing observational cohort study conducted in 5 secondary care gastroenterology centres in the UK (up to 8 centres planned). Data were collected from hospital medical records for consenting adult patients (≥ 18 years) with Crohn's disease (CD), ulcerative colitis (UC) or unspecified IBD who were also diagnosed with mild or moderate IDA and initiated on Feraccru since June 2016. Patients with an IBD flare at time of study recruitment, and/or requiring corticosteroids to treat flares at time of Feraccru initiation were not eligible for the study. Interim data for the first 30 patients recruited to the study are presented.

Results The mean (SD) age of 30 patients at initiation of Feraccru was 42.2 (15.8) years and 37% (n=11) of patients were male. Of these patients, 50% (n=15) had CD, 43% (n=13) had UC and 7% (n=2) had IBD of unspecified type. The mean haemoglobin (Hb) level at initiation was 10.7 g/dL (standard deviation 12.1 g/dL).

At 12 weeks after initiation of Feraccru (permitting a measurement window from 10 to 16 weeks), 62% (n=8) of 13 patients with a measurement recorded had normalised Hb levels (defined as Hb ≥ 12.0 g/dL for females and ≥ 13.0 g/dL for males).

Out of 30 patients who received Feraccru, 10% (n=3) discontinued by week 4 (+1 week) and 23% (n=7) by week 12 (+4 weeks). No patients discontinued Feraccru due to lack of efficacy.

Conclusions The first results from a study of the use and outcomes of Feraccru in UK clinical practice show that in the small sample less than half of patients had a recorded Hb measurement at 12 weeks after initiation of Feraccru. Of those who did, 62% had normalised Hb. This is comparable

to results from the AEGIS phase III study where 66% patients achieved normalised Hb by 12 weeks.

PWE-014 THE IMPACT OF THERAPEUTIC DRUG MONITORING DURING BIOSIMILAR INFlixIMAB SWITCH IN INFLAMMATORY BOWEL DISEASE

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Introduction Therapeutic Drug and antibody monitoring (TDM) is now an established strategy to manage patients with Inflammatory Bowel disease being treated with Biologic agents. Biosimilar switching of Originator Infliximab (IFX) is recommended by ECCO and BSG. The role of TDM during biosimilar infliximab switch is not well studied. This study aimed to analyse and compare IFX drug and antibody levels before and after switch.

Aims To study the impact of TDM on Biosimilar infliximab switching by detecting the proportion of patients who have sub-therapeutic drug levels and/or anti-IFX antibodies either before or 3 months after the switch, who would be considered as secondary loss of response (LOR).

Methods All patients with either Crohn's disease (CD) or Ulcerative Colitis (UC) who were switched to Remicade, a biosimilar Infliximab in 2017 at the two hospital sites were included. Disease activity was assessed using Harvey-Bradshaw Index (HBI) or Simple Clinical Colitis Activity Index (SCAI). The most recent colonoscopy/radiological imaging and faecal calprotectin (FCP) was recorded. Pre and post-switch Infliximab and antibody levels were obtained. Concomitant use of immunomodulators (Azathioprine, Mercaptopurine or Methotrexate) was noted.

Results 119 patients had IFX Remicade switch to Biosimilar Inflectra or Remicade. 86 pts had CD and 32 had UC. 110 patients had pre-switch therapeutic drug and antibody monitoring, and 115 had post switch monitoring as well within 3 months. 67 pts had sub-therapeutic but detectable IFX drug levels prior to the switch with either mild or inactive clinical scores for both CD and UC. 19 patients had undetectable IFX drug levels, and post switch continued to have undetectable levels. 16 of these 19 patients had high anti-IFX antibodies suggesting that these patients were secondary loss of response who needed a change of their biologic to another agent. 11/86 patients had dose escalation to 10 mg/kg and then attained therapeutic levels. SCAI ranged between 0–9, mean 1.433, and HBI ranged between 0–12, mean 2, indicating that majority of patients were in remission. Post switch matched FCP showed 60 pts in remission with FCP < 200 ug/g and 22 pts with FCP > 250 ug/g.

Conclusions Therapeutic drug and antibody monitoring before and 3 months after Biosimilar switch detects secondary loss of response in patients maintained on scheduled IFX treatment in clinical and biochemical remission. It should be recommended over blanket switching as it may prevent unnecessary switching for some patients who are no longer responding to the IFX or those who may merit a drug withdrawal.