Result 25 patients (mean age 53.2 years (SD 20.8), 11 (44%) female) were identified that matched the selection criteria post-intervention, compared to 54 patients (mean age 43.7 years (SD 19.6), 30 (55.6%) female) pre-intervention. The median length of stay was 5 days (interquartile range 3 to 11). 14 had Crohn's disease and 11 had ulcerative colitis. There was no significant difference in age, diagnosis nor gender pre- and post-intervention. In anaemic patients with ferritin values under 100 µg/L, more patients had an iron infusion prescribed (33.3% vs 16.7%) and iron deficiency anaemia was more commonly mentioned on discharge summaries (66.7% vs 33.3%) compared to the pre-guideline population, but this did not reach significance ($p=0.519$ and 0.292 respectively). No improvement was seen in whether ferritin was checked during admission ($p=0.111$). Hb negatively correlated with length of stay ($p=0.006$), corroborating findings from the pre-intervention cohort.

Conclusion Since adopting European guidelines on the investigation and management of anaemia in IBD practice at our Trust has improved, but not significantly so – clearly there is more work to do. Our findings will be reviewed at local clinical governance meetings. This will be accompanied by further clinician education and a review of our electronic 'order set' so necessary investigations can be requested on IBD patients at the front door.

REFERENCES

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PWE-032 GOLIMUMAB IN ULCERATIVE COLITIS: A MULTI-CENTRE REAL WORLD EXPERIENCE

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Introduction Golimumab (Simponi) is a TNF α inhibitor approved for patients with ulcerative colitis (UC) since 2013. Pre-clinical work showed superiority to both infliximab and adalimumab in mechanism of action. Initial trial data showed 51% achieved clinical remission by week 6 and 47% by week 54. However there is no real world data to correlate these findings. We aimed to assess the effectiveness of golimumab in a real world setting.

Methods A retrospective multicentre study was conducted between 2014 to date. Data was obtained from 5 hospitals around the West Midlands, UK. Inclusion criteria included patients with a diagnosis of moderate to severe ulcerative colitis (endoscopic Mayo score ≥ 2). Dosing was weight dependent (≤ 80 kg=50 mg 4-weekly; >80 kg=100 mg 4-weekly following an induction dose). Data was collected using patient notes and endoscopy reports. Fisher's exact test was used for statistical significance.

Results There were a total of 56 patients with a mean age of 39.2 years (M=39; F=17). The majority of patients had left sided disease (48%; n=27) followed by pancolitis (45%; n=25) and proctitis (7%; n=4). 64% were on concurrent immunosuppressants. The mean duration of golimumab treatment was 12 months. One patient developed deranged liver function tests on golimumab. They were switched to vedolizumab. Twenty-two patients (39%) showed endoscopic and clinical remission (proctitis n=3; left sided n=9; pancolitis n=10).

There was no statistically significant difference between disease extent and remission ($p=1.00$). Of these 22 patients, 17 patients were on the higher dose of 100 mg, with a statistical significance between the dosing ($p=0.03$). Three patients who were initially on 50 mg and relapsed had their dose increased to 100 mg. They remain in remission. Of the 50% (n=28) who switched biologic therapy, 23 were to vedolizumab, 1 to infliximab and 4 to adalimumab. Despite changing to vedolizumab, 3 (13%) patients still required surgery. Patients switched to adalimumab and infliximab are currently in remission. In total, 14% (n=8) required surgery, of which 3 patients had emergency surgery.

Conclusion Golimumab has not proven as effective in our real world data. Two important inferences were made from this study. Firstly, of those patients that went into remission, 75% were on the higher dose of golimumab. This may be secondary to higher trough levels; however therapeutic drug monitoring is currently unavailable in the UK for golimumab. Secondly, 5 patients who were switched to an alternative anti-TNF, where drug monitoring is available, had a good clinical response. This leads us to propose that drug-monitoring is of clinical importance and should be available for golimumab in the UK to help maintain clinical remission.

PWE-033 THE OUTCOMES OF THERAPEUTIC DRUG MONITORING (TDM) IN A NON-TERTIARY SETTING

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Introduction Biological therapy is now well established for the treatment of inflammatory bowel disease (IBD). Even though the majority of patients respond to treatment, up to 46% of patients will lose response within twelve months of initiating therapy. TDM has become increasingly beneficial and cost effective in altering management of patients.

Methods We performed a retrospective study of all patients with IBD at the Dudley Group NHS Trust UK who were on either infliximab or adalimumab and had TDM carried out from 2015 onwards during the course of their disease. Patient notes, blood tests, endoscopy reports and clinic letters were used for data collection.

Results 99 patients had TDM carried out at least once whilst on biological therapy. The levels were done either as a routine check or due to patient symptoms (reactive check). 84 patients had Crohn's disease and 15 had ulcerative colitis. The majority of patients were on adalimumab (n=70, 71%). Of the levels that were taken, 16 (16%) had loss of response due to antibody formation, which resulted in 12 (12%) patients changing within class of biologic therapy and 4 (4%) who were switched to out of class. 5 (5%) patients had below therapeutic levels and all had their doses escalated appropriately. 1 patient had a raised level, which led to dose reduction. Of the 77 patients whose levels were therapeutic, 4 patients had their dose escalated due to patient symptoms, 8 patients switched drug (4 had ongoing disease on endoscopic or radiological assessment and 4 had persistent symptoms) and 4 were initiated to step-down therapy. 61 patients continued on the drug and dose they were initiated on. As a result of TDM 38% of patients had an alteration to their treatment, with 16% of these patients receiving biological therapy with no benefit due to antibody formation.