IDDF2018-ABS-0056

LONG TERM OUTCOMES OF INITIAL INFLIXIMAB THERAPY FOR INFLAMMATORY POUCH PATHOLOGY: A MULTI-CENTRE RETROSPECTIVE STUDY

¹Jonathan Segal*, ¹Lawrence Penez, ²Soad Elkady, ¹Guy Worley, ³Simon McLaughlin, ⁴Benjamin Mullish, ⁵Mohammed Quraishi, ⁶Nik Ding, ⁶Tamara Glyn, ⁷Kesavan Kandiah, ⁸Mark Samaan, ⁸Peter Irving, ¹Omar Faiz, ¹Susan Clark, ¹Ailsa Hart. ¹St Mark's Hospital, Harrow, UK; ²Department of Gastroenterology, Faculty of Medicine, University of Alexandria, Egypt; ³Department of Gastroenterology, The Royal Bournemouth and Christchurch Hospitals, Bournemouth, UK; ⁴Division of Digestive Diseases, St Mary's Hospital Campus, Imperial College London, UK; ⁵Institute of Translational Medicine, University of Birmingham, Department of Gastroenterology, University Hospital, Birmingham, UK; ⁶Department of Gastroenterology, St Vincent's Hospital Melbourne, Australia; ⁷Department of Gastroenterology, Queen Alexandra Hospital, Portsmouth, UK; ⁸Department of Gastroenterology, Guy's and St Thomas' NHS Foundation Trust, London, UK

10.1136/gutjnl-2018-IDDFabstracts.89

Background Restorative proctocolectomy is considered the procedure of choice in patients with UC refractory to medical therapy. Inflammation of the pouch is a common complication and in some cases fails to respond to antibiotics, the mainstay of treatment. In such cases, corticosteroid, immunomodulatory or biologic treatments are an option. However, our understanding of the effectiveness of IFX for both chronic pouchitis and Crohn's-like inflammation are based on small studies.

Methods This was an observational, retrospective, multi-centre study to assess the effectiveness IFX for inflammatory disorders related to the pouch. The primary outcome was the development IFX failure defined by primary non-response or secondary loss of response to IFX.

Abstract IDDF2018-ABS-0056 Figure 1 Kaplan-Meier graph showing 10-year cumulative incidence of ileostomy free survival

Results 38 patients were included. 20/38 (53%) who were initiated on IFX for inflammatory disorders of the pouch had IFX failure, 4/38 (11%) had primary non-response, and 16/38 (42%) had secondary loss of response with a median follow-up of 265 days (range 82–2119). Of those that had IFX failure 10/20 (50%) avoided an ileostomy by switching to an alternative biologic. In total, 28/38 (74%) avoided an ileostomy, of these, 17/38 (45%) continued on their IFX after a median follow-up of 311 days (42–3968), 5/38 (13%) were changed to Adalimumab after a median follow-up of 498 days

(1–1544), 4/38 (11%) were changed to Vedolizumab after a median follow-up of 569 (251–1138), 1 achieved histological remission and stopped all treatments at 251 days and 1 was maintained on methotrexate and multiple antibiotics after 3968 days.

Conclusions After initial IFX therapy over half will fail first line IFX, of those that fail half can avoid an ileostomy by switching to an alternative biologic. Patients should be counselled about a high incidence of failure and alternatives should be considered.

IDDF2018-ABS-0057

BIOFEEDBACK IN PATIENTS WITH ILEOANAL POUCH DYSFUNCTION: A SPECIALIST CENTRE EXPERIENCE

Jonathan Segal*, Heyson Chan, Brigitte Collins, Omar Faiz, Susan Clark, Ailsa Hart. St Mark's Hospital Harrow, UK

10.1136/gutjnl-2018-IDDFabstracts.90

Background Restorative proctocolectomy is performed in patients with UC refractory to medical therapy, UC related neoplasia, and in some patients with familial adenomatous polyposis. Incontinence can occur in up to 12%–31% of patients with an ileoanal pouch. Incontinence and evacuatory disorders associated with the ileoanal pouch can be particularly problematic and difficult to treat using conventional therapies.

Biofeedback therapy is a behavioural treatment which is non-invasive and offers a non-surgical approach as an alternative or adjunct for patients with functional bowel disorders. The theoretical basis for biofeedback is 'learning through reinforcement' or 'operant conditioning'.

Methods This was a retrospective single centre study. All patients attending for biofeedback at our institution between Jan 2012 and Oct 2017 were identified to include all those that attended for a pouch related problems. We recorded patient reported subjective improvements following biofeedback. The validated International Consultation on Incontinence Questionnaire was used to assess improvement in incontinent symptoms, and the evacuatory disorder questionnaire was used to assess improvement in evacuatory disorders.

Results n=26. Based on patients' feedback at next clinical encounter following biofeedback, nine reported much improvement, 11 reported some improvement and six reported no improvement. In the group treated for incontinence, quality of life improved significantly from a median pre-treatment score of 80 to a post-treatment score of 41 (p=0.01) (table 1). Biofeedback reduced pain, bloating, straining and laxative use in patients with evacuatory disorders.

Abstract IDDF2018-ABS-0057 Table 1 Incontinence disorder using objective scoring system (n=5) ICIQb Scores

Domain	Pre-biofeedback score (median, range)	Post biofeedback score (median, range)	P value
Bowel pattern	62 (49–62)	46 (39–62)	0.12
Bowel control	82 (33–102)	53 (11–76)	0.21
Non-scored	22 (17–35)	29 (12–29)	0.35
Quality of life	80 (62–98)	41 (30–55)	0.01