multivariate regression results to select the one with a highest odds ratio (OR) as the best predictor. The risk scores of all predictors and C-statistics was reported for the regression model with obesity index having the highest OR.

**Results** A total of 2813 subjects were enrolled (mean age $58.7\pm8.4$ years, 52.0% male), of which 142 (5.0%) was diagnosed with ACN. In univariate regression, several BMI/WC criteria were significant, with age, gender, family history, smoking status and diabetes (table 1). The Asian criteria for overweight (BMI $\geq 23$) attained the highest adjusted OR (1.60, 95% confidence interval (CI) 1.08, 2.36), when compared with international criteria for overweight (BMI $\geq 25$) (OR 1.46, 95% CI 1.01, 2.10) and Asian criteria for abdominal obesity (male $\geq 85$ cm, female $\geq 80$ cm) (OR 1.52, 95% CI 1.03, 2.24) (table 2). The C-statistics of the new model with BMI $\geq 23$ as the predictor for ACN was 0.648 (95% CI 0.600, 0.696).

**Conclusions** The Asian criteria for obesity had the most discriminatory performance to predict ACN as compared to other obesity measures in this asymptomatic Chinese cohort. These findings imply BMI $\geq 23$ may be most suitable ‘obesity-predictor’ of ACN in risk algorithms.

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AN ANALYSIS OF THE EFFICACY AND SAFETY OF INFliximab IN THE MANAGEMENT OF REFRACTORY ULCERATIVE COLITIS AND ULCERATIVE COLITIS WITH EXTRA-ENTERINAL MANIFESTATIONS

Hui Su*, Yan Jia, Yuanming Fan, Xiaojian Lu, Ruiping Fan, Xin Fan, Yilin Wang, Shirong Li, Jianju Sheng. Department of Gastroenterology, PLA Army General Hospital, Beijing, China
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**Background** To evaluate the efficacy and safety of Infliximab (IFX) in the management of refractory ulcerative colitis (UC) and UC with extra-intestinal manifestations.

**Methods** The clinical data for 36 cases including refractory UC patients and UC patients with special extra-intestinal manifestations, who all accepted treatment with IFX, were analysed retrospectively.

**Results** Among all the 36 cases, 33 were refractory UC (5 with extra-intestinal manifestations) and another 3 with special extra-intestinal manifestations (2 with perianal abscess and 1 with ankylosing spondylitis). After treatment with IFX, 13 patients achieved clinical remission, of whom 3 achieved mucosal healing, 15 achieved clinical response and 8 failed to respond. The total effective rate of IFX treatment was 77.78%, remission rate 36.11%; Among 8 cases with extra-intestinal manifestations, 5 patients’ extra-intestinal manifestations improved and the efficacy rate was 62.5%. No serious adverse events occurred during observation.

**Conclusions** IFX is effective and safe in the management of refractory UC and extra-intestinal manifestations.