analysis, tumour size >2 cm (odds ratio: 49.1, 95% CI: 1.2 to 1990.1, $p=0.04$) and irregular border (odds ratio: 27.5, 95% CI: 1.0 to 747.0, $p=0.05$) were independent factors of malignant GISTs.

Conclusions Tumour size >2 cm and irregular border on EUS can be used to predict the malignant gastric GISTs.

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EFFICACY OF FAECAL MICROBIOTA THERAPY IN PATIENTS WITH STEROID DEPENDENT ACTIVE ULCERATIVE COLITIS

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Background Faecal microbiota transplantation (FMT) has been shown to be effective in active ulcerative colitis (UC) by targeting gut dysbiosis. We assessed the role of FMT in steroid-dependent UC patients.

Methods In this trial, patients with steroid-dependent active UC were treated with FMT using random unrelated donors, by the colonoscopic approach, at weeks 0, 2, 6, 10, 14, 18 and 22. Patients with steroid-dependent UC treated who were treated without FMT in past, with azathioprine as a steroid-sparing agent were taken as historical controls. The primary outcome was the achievement of steroid-free clinical remission (Mayo score=30% and ≥ 3 points compared to baseline) and endoscopic remission (Mayo score 0 or 1). 16 s rRNA gene sequencing was done for analysing changes in microbial composition after FMT.

Abstract IDDF2018-ABS-0218 Figure 1 Patient flow diagram uc ulcerative colitis aza azathioprine fmt faecal microbiota transplantation

Results Between September 2015 – September 2017, 41 patients with steroid-dependent UC underwent FMT, 33 completed seven sessions over 22 weeks while 8 discontinued treatment (non-response: 5, lost to follow up: 2, fear of side effects: 1) (figure 1). At week 22, the primary endpoint (steroid-free clinical remission) was achieved in 46.3% (19/41)

patients treated with FMT compared to 26.3% (10/38) in historical controls treated with azathioprine ($p=0.065$). Clinical response (31/41, 75.6%) and endoscopic remission (26/41, 63.4%) with FMT were significantly higher than controls (55.3% and 39.5% respectively, $p=0.005$) (IDDF2018-ABS-0218 Figure 2). Adverse events necessitating discontinuation were noted in 3/38 (7.89%) controls treated with azathioprine, but not with FMT.

Conclusions A multi-session FMT by a colonoscopic route is a promising therapeutic option for steroid-dependent UC patients, as it induces clinical remission and withdrawal of steroids in 46.3% and 75.6% patients respectively.

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MAINTENANCE WITH FAECAL MICROBIOTA TRANSPLANTATION ENHANCES DEEP REMISSION IN PATIENTS WITH ULCERATIVE COLITIS IN CLINICAL REMISSION

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Background Faecal microbiota transplantation (FMT) is beneficial in patients with active ulcerative colitis (UC), but its role in the maintenance of clinical remission and mucosal healing has not been assessed.

Methods This was a prospective, double-blind, randomised placebo-controlled trial conducted at Dayanand Medical College and Hospital, India. Twenty-eight patients with UC in clinical remission (Mayo Score=1) and histological remission (Nancy grade 0, 1) at 48 weeks.

Results Twenty-eight patients (50% males, aged 37.21 ± 15.25 years) with UC in clinical remission were randomised to groups A and B. At the end of 48 weeks, none of the patients in either group suffered a clinical relapse ($p=1$). Deep remission was noted in significantly higher number of patients with FMT ($n=12$, 85.71%) when compared with placebo ($n=4$, 28.57%) ($p=0.002$). Histological remission was twice as high in patients treated with FMT ($n=8$, 57.14% vs placebo, $n=4$, 28.57%; $p=0.13$). Rate of endoscopic response was also higher with FMT ($n=8$, 57.14%) when compared to placebo ($n=0$, zero%) ($p=0.001$). No serious adverse events were noted.

Conclusions Maintenance with FMT can enhance achievement of deep remission and histological remission in patients with UC in clinical remission.

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USE OF MAGNETIC RESONANCE IMAGING TO EVALUATE THE EFFECTIVENESS OF TREATMENT FOR PERIANAL FISTULIZING CROHN'S DISEASE

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Background Data on the radiologic evaluation of perianal fistulizing Crohn's disease (PFCD) naive to anti-tumour necrosis