factor therapy are scarce, especially in Asian populations. We assessed the effectiveness of infliximab (IFX) and azathioprine on PFCD and explored predictors of ‘deep remission’ based on clinical and radiologic assessments.

Methods Patients with Crohn’s disease and active anal fistulas attending our centre for IFX therapy were prospectively enrolled. Each patient underwent clinical examination according to the Fistula Drainage Assessment Index, magnetic resonance imaging (MRI) to determine Van Assche score, Ng score, and main fistula length, endoscopy, assessment of Crohn’s disease activity index (CDAI) and perianal Crohn’s disease activity index (PCDAI), and laboratory tests up to 2 weeks prior to the start of and up to 2 weeks after the sixth IFX therapy (Week 32). Patients with PFCD treated with other medicines such as FK 506 or mesalazine and evaluated by two MRIs were retrospectively enrolled.

Results Of 38 patients treated with IFX, 52.6% achieved clinical remission, and 42.1% achieved deep remission. The only predictor of deep remission was simple fistula (p=0.004, odds ratio=3.802, 95% confidence interval: 1.541–9.383). Van Assche score (from 14.5±4.26 to 7.36±7.53; figure 1), CDAI (from 170±92 to 71±69), and PCDAI (from 7.45±2.65 to 2.44±3.2) decreased significantly after six IFX treatments. Our findings suggest that Van Assche score has some limitations.

Conclusions IFX is effective for the treatment of PFCD. MRI is the gold standard for evaluating PFCD, but Van Assche score has some limitations.

Abstract IDDF2018-ABS-0222 Figure 1 Van assche scores were significantly reduced after six infliximab treatments

Background Inflammatory bowel disease (IBD) may impair patients’ health-related quality of life (HRQOL) and impose burdens on caregivers. We aim to survey HRQOL including demographic characteristics of IBD patients and to evaluate the disease-related perception of their caregivers in East China.

Methods Patients above 18 years old with established Crohn’s disease (CD) or ulcerative colitis (UC) from 5 medical centres in East China between December 2016 and July 2017 were enrolled. Patients’ detailed demographic and clinical information were documented. Demographic data of the investigated regions were extracted from China Population and Employment Statistics Yearbook 2016 for comparison. Patients’ HRQOL was assessed by short IBD questionnaire (SIBDQ) and patient-reported 0–10 score (IBD-10). The major caregiver of each patient was surveyed by IBD-10 to estimate patient’s condition from caregiver’s viewpoint.

Results A total of 601 IBD patients were included in this study. The proportion of post-secondary school education (51.4% vs 28.1%, p<0.0001) and the unemployment rate (31.8% vs 2.9%–4.0%, p<0.0001) was significantly higher in IBD cohort than in general population. Patients in active phase had remarkably lower SIBDQ and IBD-10 scores than those in remission, meanwhile, the scores declined along with the illness severity (table 1). Long disease duration, illness activity, unemployment and corticosteroid treatment were risk factors for poor HRQOL while high BMI provided a
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Conclusions Higher educational attainment and unemployment rate exist among IBD patients in East China. Patients' HRQOL declines and correlates with multiple negative factors. Caregivers may form similar disease-related perception just as patients do.

Background High-Risk Factors Questionnaire (HRFQ) has been widely applied in Chinese organised colorectal cancer (CRC) screening programmes since the 1990s. It served as a screening test to identify the possibly missing high-risk population whose faecal occult blood test result was negative. Never-thless, its performance to stratify CRC and advanced colorectal polyps, and other required variables were collected by self-reported questionnaires. Experienced colonoscopists performed all the colonoscopy, while pathologists who were blinded to the survey findings, reported the histology based on standard diagnostic criteria. The sensitivity, specificity, positive/negative predictive value (PPV/NPV), and the C-statistics were calculated to evaluate the discriminatory value of HRFQ for CRC and ACN. We also examined the above parameters when APCS scoring system was used, using a score of 4–7 points as ‘high-risk’.

Results Among all 2813 enrolled individuals (mean age 58.7 ± 8.4 years, male 52.0%), 142 cases (5.0%) had ACN and 29 patients (1.0%) had invasive cancers. The proportion of high-risk population identified by HRFQ and APCS were 46.9% (n=1,318) and 31.8% (n=894), respectively. For CRC the difference between HRFQ and APCS was not significant in C-statistics. However, for ACN the performance of APCS with respect to sensitivity, specificity, PPV, NPV and C-statistics, were significantly superior to that of HRFQ (table 1).

Conclusions These findings implied that the use of HRFQ might need to be re-examined to attain a satisfactory predictive capability. Due to the current limited CRC case number, we recommend future studies in other population groups to enhance its generalizability.