Conclusions Extra Gastrointestinal Stromal Tumour is a rare disease, and no standard treatment guideline is available. Imatinib forms. The backbone of treatment and surgery is indicated for localised disease. In our case, aggressive surgery after a good response to Imatinib has resulted in longer survival. Although more data is required aggressive surgery with Targeted therapy seems promising.

IDDF2018-ABS-0267 **AZATHIOPRINE FOR MAINTENANCE OF STEROID-FREE REMISSION: EVEN A LOW DOSE IS EFFECTIVE IN INDIAN INFLAMMATORY BOWEL DISEASE (IBD) PATIENTS**

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Background Azathioprine is widely in the Asia Pacific region for patients with steroid-resistant and dependent IBD. However, the predictors of efficacy and optimal dosing of Azathioprine (AZA) has not been evaluated in this region. We aimed to investigate the optimal dosing and the predictors of efficacy of AZA in maintaining steroid-free remission in a well defined Indian IBD cohort.

Methods Prospectively collected data of patients on AZA from the IBD registry, at Asian Institute of Gastroenterology, Hyderabad was analysed. The relapse rate, time to relapse and reasons for stopping treatment were included. An age and a sex-matched historical cohort of patients not on AZA were used as a control. Median relapse-free interval was estimated using Kaplan-Meier survival analysis. The impact of treatment with azathioprine on the risk of relapse was assessed using Cox proportional hazards model.

Results 396 patients [Mean age 37 years, 59% men, 208 (52%) with CD] on AZA were identified. AZA was effective in preventing relapse in both Crohn's disease (CD) and Ulcerative colitis (UC) compared to patients not on AZA ($p < 0.001$) (table 1). The mean dose of AZA was 1.48 mg/kg (Range 0.59–3.77). Only 23.2% patients had to discontinue AZA for lack of effectiveness, pregnancy and side effects. Patients with CD on AZA took a longer time to their relapse than with UC on AZA (Log-Rank Test- $p = 0.072$) (figure 1). In the multivariate Cox proportional hazards model, UC patients had 80% higher chance of having a relapse compared to CD patients adjusting other variables (Hazard ratio- 1.8, 95% CI-1.2–2.7, $p = 0.007$).

Abstract IDDF2018-ABS-0267 Figure 1

Abstract IDDF2018-ABS-0267 Table 1

	Non-AZA (n=434)	AZA (n=396)	P-value (Fisher's Exact Test)
Number with Relapse	60.4% (262/434)	25.5% (101/ 396)	<0.001
CD	64.9% (98/151)	20.2% (42/208)	<0.001
UC	58.0% (164/283)	31.4% (59/188)	<0.001

Conclusions Low dose AZA appears to be a safe and effective drug for maintaining steroid-free remission in Indian IBD patients. AZA is more efficacious in preventing a relapse in CD compared to UC.

IDDF2018-ABS-0268 **FAMILIAL AGGREGATION OF INFLAMMATORY BOWEL DISEASE IN INDIA: PREVALENCE, RISKS AND IMPACT ON DISEASE BEHAVIOUR**

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Background Positive family history is considered the strongest risk factor for the development of Inflammatory Bowel Disease (IBD). However, information about familial aggregation of IBD in Asia is limited.

We aimed to analyse the prevalence and risk of familial IBD in an ethnically distinct Indian population and the differences in disease behaviour and severity between familial and sporadic cases.

Methods Familial aggregation was assessed in a large well established and prospectively maintained IBD database of 3553 patients (UC 2053, CD1500). The prevalence and relative risk of IBD in first and second-degree relatives of the index cases were evaluated. The disease behaviour and severity were compared to sporadic cases.

Results 4.13% of CD and 4.34% of UC patients had a family history of IBD. Positive family history was more common in the paediatric age group (<18 years at diagnosis) compared with adults (>18 years) ($p = 0.0002$, OR-2.8, 95% CI 1.6–4.8) (figure 1). Patients with a family history were more likely to have an affected family member on the paternal side (67.4% UC and 70.9% CD). Concordance of disease type in affected relatives was significantly higher in UC (79.7%) compared to CD (37.1%). Pan-colitis was higher in

Abstract IDDF2018-ABS-0268 Figure 1 Prevalence of any family history by age of onset

familial UC (41.57%) than sporadic UC (27.65%). Fistulizing disease was more common in familial CD compared to sporadic CD ($p=0.041$, OR-2.044, 95% CI-1.030–4.056) (IDDF2018-ABS-0268 table 1).

Conclusions The prevalence of family history of IBD in India is comparable to rest of Asia but lower than west. Overall familial IBD has a younger age of onset and is associated with a significantly higher incidence of pan-colitis in UC and fistulizing disease in CD compared to sporadic IBD. The results suggest that the presence of family history of IBD has important prognostic implications and could be a risk factor for severe disease.

Abstract IDDF2018-ABS-0268 Table 1 Comparison of familial and sporadic IBD

	Familial (n=62)		Sporadic (n=1438)		P-value
CD	(n=62)	%	(n=1438)	%	
Fistulizing (B3)	11	17.74	134	9.32	0.028
UC	(n=89)	%	(n=1964)	%	
Proctosigmoiditis (E2)	32	36	997	50.7	0.004
Pancolitis (E3)	37	41.57	543	27.65	0.003

IDDF2018-ABS-0269 **NUDT15 VARIANT CAN PREDICT THE DEVELOPMENT OF AZATHIOPRINE INDUCED LEUKOPENIA AND ALLOW OPTIMAL DOSING IN INDIAN PATIENTS WITH INFLAMMATORY BOWEL DISEASE (IBD)**

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Background Azathioprine (AZA) is a widely used cost-effective option for maintenance of steroid-free remission of IBD. Leucopenia is a common complication. Recent GWAS studies have identified a strong association between NUDT15 C415T variant and thiopurine-induced leucopenia in Asia.

We assessed the prevalence of NUDT variant and its association with leucopenia and dosing of AZA in an Indian IBD cohort.

Methods Prospectively collected data from our IBD Clinic Registry was analysed. 729 consecutive patients treated with

Abstract IDDF2018-ABS-0269 Table 2

	Patients with CC genotype		Patients with risk genotype		Odd's Ratio	95% CI	P value
	Normal	Leukopenia	Normal	Leukopenia			
CC vs CT and TT	559	26	73	53	15.609	9.198 to 26.490	<0.0001
CC vs TT	559	26	3	11	78.833	20.728 to 299.809	<0.0001