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

AZA were included. The incidence of side effects, initial and maximum dose tolerated and discontinuation time was noted.

Blood sample (at-80C) of these patients were retrieved from the biorepository. Age and sex matched group of healthy volunteers served as the control group. DNA was isolated (Qiagen) (n=729 AZA;179 controls). Genotyping of NUDT15C415T(rs116855232;p.R139C) carried out employing Taq-man probes on Real-time PCR(Step one-Life tech).

The association of presence of risk variant of NUDT15 with the development of leucopenia, other side effects and maximum tolerated dosage was evaluated.

Results 711/729 patients were included in the analysis (18 inadequate DNA). (IDDF2018-ABS-0269 Table1)

There was no significant differences in the frequency of C/C, C/T and T/T genotypes of NUDT15p.R139C between AZA group (82.28%, 15.75%–1.97%) and control group (88.27%,11.73%–0%).

79/711 patients developed leucopenia (26/585 C/C; 42/112C/T; 11/14 T/T). Development of leucopenia was significantly higher in C/T and T/T compared to C/C (OR 15.609; CI 9.198–26.490) (table 1). The sensitivity (67.08%) and specificity (88.45%) for predicting AZA-induced leucopenia. C/T group discontinued treatment significantly earlier than C/C genotype.

There was no incidence of hepatitis/pancreatitis in C/T and T/T groups and no significant difference in the mean dose tolerated wild (C/C) vs risk variant (C/T,T/T) carriers(1.33 mg/kg vs 1.196 mg/kg;p=0.014).

Abstract IDDF2018-ABS-0269 Table 1 Base line characteristics of study population results

Age at onset (Median±SD)	28±14.589
Gender (M/F)	1.54: 1
UC: CD: IBDU	358 (50.35%): 323 (45.42%): 30(4.22%)
Extent of involvement (UC)	E1:50(13.97%); E2:197 (55.03%); E3: 111 (31%)
Disease location (CD)	L1: 117 (36.22%); L2:69 (21.36%); L3:130(40.2%); L4: 7 (2.16%)
Disease behaviour (CD)	B1: 197 (60.99%); B2:91 (28.17%); B3: 35 (10.8%)
Smoking	59 (8.29%)
Age at start of AZA (Median±SD)	35±13
Duration of AZA therapy in months	21.52±18.20 (1–145)
Aza induced side effects	
GI intolerance	22
pancreatitis	5
Leukopenia	79
skin allergy	9
Headache	9
Hepatitis	5

Conclusions NUDT15 risk genotype frequency is around 15% in Indian population and can predict the development of leucopenia. The results suggest thiopurines should be avoided in homozygous T/T and low dose for C/T heterozygous genotypes. This has important implications for clinical practice and is a step towards personalised management of IBD.

Clinical Hepatology

IDDF2018-ABS-0011 USE OF ACOUSTIC RADIATION FORCE IMPULSE (ARFI) IMAGING FOR THE DIAGNOSIS OF MALIGNANT LIVER TUMOUR AMONG PATIENTS WITH LIVER TUMOURS: A CROSS-SECTIONAL STUDY

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Background Acoustic Radiation Force Impulse (ARFI) imaging is an elastography method to evaluate tissue stiffness. This study aims to evaluate the use of ARFI to non-invasively determine if a liver mass is benign or malignant.

Methods This is a two-year cross-sectional study of patients with liver tumours who underwent liver elastography using ARFI at SLMC Quezon City (QC) and Global City (GC). All cases were diagnosed using histopathology, CT, MRI or ultrasound. Liver masses were grouped to either benign or malignant according to their aetiology, and the mean ARFI value per group were computed. Receiver operating characteristic (ROC) analysis was performed to evaluate the diagnostic accuracy of the ARFI measurement. The optimal cut-off value was chosen to maximise the sensitivity and specificity. A p value less than 0.05 was considered statistically significant.

Results Ninety cases of patients with liver mass with definite aetiology and who underwent ARFI were included. 23.3% of the patients had a history of other malignancy, and 35.5% had cirrhosis. 81.1% of the patients had malignant liver masses. Average ARFI value of malignant masses was 2.24 m/s while that of benign is 1.88 m/s (p=0.113). Based on the ROC curve, a cut off ARFI value of 1.965 m/s has the highest sensitivity and specificity to distinguish malignant from benign liver masses at 65.8% and 58.8%, respectively. Using a cut off ARFI value of 1.02 m/s, the sensitivity and specificity of diagnosing a liver mass to be malignant are 90.4% and 23.5%, respectively. The calculated positive likelihood ratio is 1.18 and negative likelihood ratio of 0.41.

Conclusions ARFI imaging is a promising method to characterise a liver mass as benign or malignant. It can accurately and objectively assess the stiffness of the liver mass in a non-invasive way. Any liver mass with an ARFI value of.

IDDF2018-ABS-0025 THE EFFECT OF VITAMIN E (MIXED TOCOTRIENOL) ON THE LIVER STIFFNESS MEASUREMENT MEASURED BY TRANSIENT ELASTOGRAPHY (FIBROSCAN) AMONG NAFLD PATIENTS

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Background Vitamin E has been shown to slow down progression or cause regression of fibrosis stage among NAFLD patients. Transient Elastography (FibroScan) is a non-invasive tool that has been used to determine the stage of fibrosis based on Liver Stiffness Measurement (LSM) among NAFLD patients and may be used for treatment monitoring. This