of underweight (7/9 (78%) of healthy (28/46 (61%)), overweight (14/23 (61%)) and obese (6/12 (50%) p=0.642). Patients with >5% weight loss (13/101 (13%)) or suboptimal HGS (56/101 (55%)) were significantly more likely to be at nutrition risk using IBD-NST, MUST and SGA. Patients with suboptimal MAMC (10/66 (15%)) were not significantly more likely to be at nutrition risk using IBD-NST or MUST.

Conclusion

The IBD-NST identifies more patients with high nutrition risk and places less importance on BMI than SGA or MUST. Finally, we confirm that BMI is a poor indicator of HGS in IBD supporting a reduced importance in identifying nutrition risk. Further work is underway to test the repeatability the IBD-NST.

PHT-137 PHOSPHARE STUDIES: IMPORTANT CHANGES IN PHOSPHATE HOMEOSTASIS AND BONE METABOLISM AFTER IV IRON

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Introduction

Iron deficiency anaemia (IDA) is the most common extraintestinal complication of inflammatory bowel disease (IBD), and IV iron is commonly used to treat IDA in IBD. Of the two commonly used IV iron preparations, ferric carboxymaltose (FCM) and iron isomaltoside IIM, there is evidence that FCM can cause hypophosphatemia due to FGF23 mediated renal phosphate wasting, which has been associated with osteomalacia; the comparative effects of IIM are unknown.

Methods

In two identical, open-label trials, 245 adults with IDA randomly received (1:1) IIM (1×1000 mg; 1 week apart). We compared the incidence, severity and duration of hypophosphatemia, and effects on fractional phosphate urinary excretion (FEPO4), FGF23, parathyroid hormone (PTH), vitamin D (VitD), and bone turnover biomarkers in blood and urine.

Results

In a pooled analysis, the incidence of hypophosphatemia <2 mg/dL occurred in 11.3% of FCM patients compared to 0.0% of IIM-treated patients (p<0.0001). FCM-induced high rates of hypophosphatemia were significantly more common in FCM compared to IIM: FGF23 after FCM rose from 49.9 pg/mL at baseline to 149.5 pg/mL one day post-infusion; and to 327.9 pg/ml by day 8. The corresponding figures for IIM was 59.9 pg/mL at baseline, 58.3 pg/mL by day 1 and 66.9 pg/mL by day 8. Compared to treatment with IIM, FCM significantly increased FEPO4; decreased serum 1,25-(OH)2 vitD; decreased ionized calcium; and increased PTH, which persisted through day 35. Post-FCM changes were accompanied by significant increases in total and bone specific alkaline phosphatase that persisted through day 35. Correction of IDA was comparable between the two treatments. Significantly fewer adverse drug reactions occurred with IIM compared to FCM. Serious or severe hypersensitivity reactions occurred in 0.8% in the IIM group and 1.7% in the FCM group.

Conclusion

Compared to IIM, FCM-induced high rates of FGF23-mediated hypophosphatemia, which was frequently...