Methods Data was collected for patients started on ustekinumab for CD from September 2015 to May 2018 at 3 tertiary London centres. Clinical endpoints were (i) remission (Harvey Bradshaw Index (HBI) ≤4 points) and (ii) response (reduction in HBI of ≥3 points or sustained HBI≤4 points) at week 8 and 32. Biological endpoints were (i) remission (CRP < 5 mg/L in patients with a baseline CRP >5 mg/L) and (ii) response (50% reduction in CRP) at weeks 8 and 32.

Results Baseline characteristics of the 149 patients analysed are shown in table 1. The majority (146 (98%)) had failed anti TNF therapy. All patients received i.v. induction and 147 (99%) received a s.c. dose at week 8. At week 32, 91 (75.8%) patients were on 8 weekly dosing. Discontinuation occurred in 24 (16.1%) patients due to: primary nonresponse (14 (9.4%)), drug reactions (2 (1.3%)), side effects (2 (1.3%)), and other causes (6 (4.0%)). Followup to week 32 was available for 125 (83.8%) patients.

Adverse events occurred in 16 (10.7%) patients. Dosing schedule did not impact clinical and biological outcome at week 32. Where paired data was available, mean (SD) HBI decreased significantly from baseline (6.2(4.9)) to week 8 (4.6 (4.4), n=99, p=0.016) and was sustained at week 32 (4.7 (4.1), n=56, p<0.001). Mean (SD) CRP decreased significantly from baseline (18.1 mg/L(21.9)) to week 8 (11.9 mg/L (17.2), n=122, p=0.002), but did not sustain significant improvement at wk 32 (12.9 mg/L(17.4), n=93, p=0.158).

At weeks 8 and 32, clinical rates of (i) response, (ii) remission, and (iii) steroid-free remission were (i) 68 and 63%, (ii) 53 and 38%, (iii) 45 and 36% respectively. At weeks 8 and 32, biological rates of (i) response and (ii) remission were (i) 45 and 34%, (ii) 24 and 20% respectively.

Clinical remission at week 8 was significantly associated with remission at week 32: clinical remission (n=34, p=0.013, RR 3.16, 95%CI 1.238.13), and biological remission (n=56, p=0.027, RR1.95, 95% CI 1.213.13). Biological remission at week 8 was significantly associated with outcome at week 32: biological response (n=62, p=0.003, RR 4.72, 95%CI 0.65 – 13.51), and biological remission (n=62, p=0.003, RR 4.41, 95%CI 1.78–10.87).

Conclusions Ustekinumab is effective in a realworld cohort with response sustained at 6 months. Clinical and biological remission at week 8 predicted both clinical and biological outcomes at week 32.

PTH-085 USTEKINUMAB FOR REFRACTORY CROHN'S DISEASE (CD) IN ADOLESCENTS: EXPERIENCE FROM TWO UK IBD CENTRES

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10.1136/gutjnl-2019-BSGAbstracts.144

Introduction The incidence of CD in adolescents and young persons (AYP) is increasing. Whilst antiTNF use in AYP is well established, little is known about the efficacy and safety of ustekinumab. We report our multicentre experience.

Methods Data was retrospectively collected on 14–23yr olds starting ustekinumab at University College London Hospital (UCLH) and The Royal London Hospital (RLH) from September 2017–18. Endpoints were: clinical (i) response (reduction in Harvey Bradshaw Index (HBI) of ≥3 or sustained HBI ≤4 points) and (ii) remission (HBI ≤4 points) and biological (i) response (50% reduction in CRP) and (ii) remission (CRP <5 mg/L where baseline CRP >5 mg/L) after 1st, 2nd and 3rd doses.

Results Table 1 summarises the baseline characteristics of 33 AYP commenced on ustekinumab.

All patients received i.v. drug at baseline, s.c. second dose at week 8, and 8–12 weekly s.c. doses thereafter. Treatment was stopped in 5 patients prior to week 16 (one for drug reaction; three for primary non-response, two of whom required intestinal resection). Three patients experienced other adverse events (two related to perianal disease, one due to pain and vomiting) but did not discontinue treatment.

After the 1st, 2nd, and 3rd doses, clinical rates of (i) response and (ii) remission were (i) 40, 38 and 43% and (ii) 50, 36 and 29% respectively. After the 1st, 2nd and 3rd doses, biological rates of (i) response and (ii) remission were (i) 24, 27, 33% and (ii) 10, 19, 11% respectively.

Conclusions We report on the use of ustekinumab in AYP at 2 tertiary IBD centres. Baseline characteristics reflect early onset CD in antiTNF experienced patients with a high proportion of upper GI involvement and previous instestinal resection. Ustekinumab is efficacious in this cohort, with early clinical endpoints comparable to trial and real-world literature seen in older populations.

Abstract PTH-085 Table 1

Characteristic		Total N=33
Gender(%)	M	16 (48.5)
	F	17 (51.5)
Tertiary Centre(%)	RLH	12 (36.4)
	UCLH	21 (63.6)
Median age(IQR), yr		20.7 (18.4–22.8)
Median disease duration(IQR), yr		8.3 (5.6–10.5)
Smoking Status(%)	Current	3 (9.1)
	Never/Former	30 (90.9)
Montreal Class.(%)		
Age at diagnosis	A1	27 (81.8)
	A2	6 (18.2)
Location	L1	6 (18.2)
	L2	10 (30.3)
	L3	17 (51.5)
	+ L4	3 (9.1)
Behaviour	B1	14 (42.4)
	B2	9 (27.3)
	B3	10 (30.3)
Perianal disease		13 (39.4)
Prior biologic(%)	Anti-TNF	33 (100)
	Two anti-TNF experienced	24 (72.7)
	Vedolizumab experienced	11 (33.3)
Prior surgery		10 (43.5) (n=23)
Concomitant DHx(%)	Aza/6 MP/MTX	17 (51.5)
	Steroids	7 (21.9) (n=32)
Data at baseline, Mean(sd)	HBI	6.8 (5.0) (n=26)
	CRP	25.1 (24.1) (n=31)
	FCP	746 (536) (n=6)
	BMI	21.23 (4.1) (n=19)