assistance from a physician in order to benefit their patient. However, studies support that in only 23% of consultations was the patient allowed to complete their opening statement of concern, and in 69% of cases the physician interrupted the patient’s statement to re-direct the enquiry to the physician’s agenda. This IBD service recognised the paradigm in its approach to patient consultation. An innovative patient centred agenda sheet was developed In order to redesign the consultation model to allow patients the opportunity to put forward their concerns to be addressed during the consultation.

Methods A patient agenda sheet was developed. Page one included; an objective, rapid assessment tool, utilising the Bristol stool chart alongside an amalgamation of the Harvey Bradshaw index and Simple Clinical Colitis Activity Index. This allows the clinician to quickly establish disease activity and severity.

Page two is a free text section which includes suggestions for discussion points during the consultation which prompts the patient to address their concerns.

Patient agenda sheets were distributed when patients arrived in clinics to be completed in the waiting room. The sheets were used by the clinicians as a prompt during the consultation.

An audit of 100 clinic letters and patient agenda sheets was undertaken to establish emerging themes. The clinician perspective regarding the use of the patient agenda sheet was also analysed.

Results Uptake was positive with a 94% completion rate.

There were six main themes identified included; medication issues, managing flare ups, fertility, travel, surveillance colonoscopy and general check-ups.

The agenda sheet reduced clinician time spent establishing disease activity and focused the consultation on addressing the patient’s agenda.

Conclusion We successfully changed the consultation model from a physician’s agenda to a patient centred approach. As well as empowering patients to discuss the issues that concern them, the patient agenda sheet has allowed clinicians to identify topics within the consultation which may not have previously addressed such as pregnancy and fertility. Furthermore it has facilitated rapid signposting to appropriate clinics such as Guided Self Management.

**Abstract PTH-091 Table 1** Changes in IBDQ from baseline to Week 52

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Baseline (Week 0)</th>
<th>Week 52</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>127.2 (34.1) [55]</td>
<td>169.2 (35.3) [56]</td>
</tr>
<tr>
<td>Endoscopic remission - Yes</td>
<td>120.1 (35.2) [16]</td>
<td>182.8 (29.1) [16]</td>
</tr>
<tr>
<td>Endoscopic remission - No</td>
<td>130.1 (33.7) [39]</td>
<td>163.7 (36.5) [40]</td>
</tr>
<tr>
<td>Prior anti-TNFα use -Yes</td>
<td>128.9 (35.5) [24]</td>
<td>157.1 (39.1) [24]</td>
</tr>
<tr>
<td>Prior anti-TNFα use - No</td>
<td>125.8 (33.6) [31]</td>
<td>178.3 (29.7) [32]</td>
</tr>
</tbody>
</table>

**PTH-092** EARLY ‘REAL WORLD’ EXPERIENCE WITH TOFACITINIB FOR MODERATE TO SEVERE ULCERATIVE COLITIS

Sailish Honap*, Esha Sharma, Shuvra Ray, Georgina Cunningham, Arawind Tamilarasan, Joel Mawdsley, Simon Anderson, Jeremy Sanderson, Peter Irving, Guy’s and St. Thomas’ Hospitals NHS Foundation Trust, London, UK

Introduction Tofacitinib is an oral, small molecule Janus kinase inhibitor, which recently received NICE approval for the treatment of moderate to severe treatment refractory ulcerative colitis. We present early clinical and biochemical outcome data for a small group of new starters in a tertiary IBD referral centre.
Methods A retrospective cohort analysis of patients was undertaken using prospectively maintained records. Patients commenced on tofacitinib through the patient access scheme between October 2018 to February 2019 were included. Clinical disease activity was measured at baseline, at four and eight weeks using the Simple Clinical Colitis Activity Index (SCCAI). Faecal calprotectin and C-reactive protein were measured at baseline and eight weeks.

Results At the time of submission, 16 patients had commenced tofacitinib, with outcome data available for 8 patients who had reached at least four weeks of treatment. All 8 patients (median age 46) with Mayo 2–3 colitis demonstrated on pre-induction endoscopy, were previously exposed to an anti-TNF agent, of which 6 had also failed vedolizumab. Median baseline SCCAI (n=8) fell from 8 (range 2–14) to 3 (1–5) after four weeks and remained stable at eight weeks. Median baseline faecal calprotectin (n=5) fell from 364 (131–645) to 95 (30–289). One patient reaching week 16 was in endoscopic remission. Tofacitinib was well tolerated with only one patient reporting a mild headache and diarrhoea, which self-resolved in under a week. No haematological or biochemical abnormalities were noted.

Conclusions Our early experience with tofacitinib for moderate to severe ulcerative colitis is encouraging, with an improvement in SCCAI and faecal calprotectin in all our patients. Oral dosing and a quicker onset of action are other advantages, which may enable positioning above vedolizumab. Further real life data is necessary in this setting to demonstrate effectiveness and a longer term safety profile.

Thiopurines can be effective in producing durable remission, particularly in UC. Pharmacogenetic studies will follow. The IBD BioResource is open to all investigators for recall of well characterised patient cohorts.

Abstract PTH-093 Figure 1 Time (years) from diagnosis to thiopurine initiation

Conclusion Thiopurines can be effective in producing durable remission, particularly in UC. Pharmacogenetic studies will follow. The IBD BioResource is open to all investigators for recall of well characterised patient cohorts.

Abstract PTH-094 Figure 1

Conclusion The Inflammatory Bowel Disease (IBD) BioResource is recruiting patients with Crohn’s Disease (CD), Ulcerative Colitis (UC) or IBD type Unclassified (IBDU) from 89 hospitals UK-wide. >19,000 subjects have been recruited to