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.

PTH-093 EFFICACY OF THIOPURINE MONOTHERAPY IN THE UK INFLAMMATORY BOWEL DISEASE BIORESOURCE COHORT

¹You Yi Hong*, ^{1,2}Laetitia Pele, ^{1,2}Rachel Simpkins, ^{1,2}Catherine Thorbinson, ^{1,2}Deepthy Francis, ²Rasha Shawky, ^{1,2}Miles Parkes. ¹Department of Medicine, University of Cambridge, Cambridge, UK; ²IBD Bioresource, NIHR BioResource, Cambridge, UK

10.1136/gutjnl-2019-BSGAbstracts.152

Introduction IBD BioResource is currently recruiting patients with Crohn's Disease (CD), Ulcerative Colitis (UC) and IBDU from 89 hospitals UK-wide. To date >19,000 patients have been recruited with detailed clinical phenotype data plus serum and DNA, and all will have had Genome-Wide Association Scans ± whole genome sequencing by April 2019. Subjects can be recalled by genotype or phenotype for downstream studies by any investigator.

Thiopurines play a key role in the management of IBD – used either as monotherapy or in combination with other treatments to maintain remission. However, data regarding long term effectiveness are sparse.

Aims To characterise the long term effectiveness of thiopurine monotherapy among subjects in the IBD BioResource cohort

Method IBD phenotype data were extracted by research nurses and clinicians in each hospital site following case note review and uploaded to a Redcap database. Response to treatment was empirically classified as 'effective', 'not effective', and 5 other categories ('transient', 'partial', 'intolerant' etc.). By interrogating the Redcap database and analysing the data in R we sought to identify the proportion of patients in whom thiopurine was effective as monotherapy – in whom

(1) treatment was classified as 'effective' and (2) there had been no escalation to biologic therapy or need for surgery for the duration of thiopurine therapy. Patients started on anti TNF therapy at thiopurine initiation or undergoing surgery in the 1 year prior to initiation were excluded since we could not assess effectiveness of thiopurine monotherapy in these groups.

Results Data were available on 8296 IBD BioResource subjects (48.3% male) treated with a thiopurine and meeting inclusion criteria for assessment. In 2417 patients (29.1%) thiopurine monotherapy had been deemed to be an effective maintenance treatment – meeting both criteria (1) and (2) above. Long term effectiveness was higher in UC/IBDU (1531/3485; 43.9%) compared to CD (883/4799; 18.4% - Chi Sq $P < 0.0001$). 3459/8296 (41.7%) treated with thiopurine were started within 1 year of diagnosis (Figure 1). Mean duration on drug = 5.9 years at the time of IBD BioResource recruitment (at least 78% of those in whom thiopurine monotherapy has been effective are still on this therapy).

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.

PTH-094 THIOPURINE ADVERSE EVENTS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE IN THE UK- IBD BIORESOURCE COHORT

You Yi Hong*, Achini Diana Withanachchi, Rasha Shawky, Miles Parkes. Addenbrooke's Hospital, Cambridge, UK

10.1136/gutjnl-2019-BSGAbstracts.153

Introduction 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

date. Data have been collected on disease phenotype, treatment, adverse events and treatment response.

Aim To describe the prevalence of adverse events related to thiopurine exposure among the IBD BioResource cohort

Methods A descriptive, retrospective analysis of the IBD BioResource database has been performed to determine the incidence of short and long-term adverse events related to the use of thiopurines in the treatment of inflammatory bowel disease. All patients who have had exposure to thiopurine therapy (azathioprine or 6-mercaptopurine) were included.

Results 10 092 (57.8%) patients within the IBD BioResource cohort have had some exposure to thiopurine therapy during their disease course, either as monotherapy or in combination with anti-TNF.

9480 patients (94.0%) have been treated with azathioprine (AZA) and 2335 patients (23.1%) have been treated with 6-mercaptopurine (6 MP). Of the 9480 patients who have been treated with azathioprine, 4167 patients (44.0%) remain on this therapy. 2369 patients (24.9%) ceased azathioprine due to adverse events.

1723 of the 2335 (73.8%) patients treated with 6 MP had previously been treated with AZA and been intolerant. 684 patients (29.3%) ceased 6 MP due to adverse events.

The most commonly reported adverse events were nausea and vomiting (9.6%), followed by deranged liver function tests (5.1%), non-specified patient intolerance (2.4%), flu like symptoms (2.3%) and abdominal pain (2.3%). The incidence of clinically serious side effects was low. Pancreatitis was reported in 2.2% of patients; and leukopenia (total WCC < 3 or neutrophil count < 2) was seen in 379 (3.7%). 83 (0.8%) patients developed lymphoma after a mean of 2.9 years on thiopurine treatment. 27/83 were also on anti-TNF.

Conclusion We report a large, real world series of patients with IBD treated with azathioprine or 6 MP. Thiopurines were ceased due to side effects in 25.1% of patients overall. The incidence of adverse events with 6 MP was only modestly higher than in those treated with azathioprine, despite 73.8% having been previously treated with azathioprine. Serious clinical adverse events related to thiopurine exposure were observed but at low frequency.

PTH-095 DECISION DRIVERS IN CROHN'S DISEASE MANAGEMENT WITH BIOLOGICS IN THE NHS: A NATIONAL CONSENSUS VIEW

¹Sami Hoque*, ²Sue Jones, ³Simon Gwynn, ³Tim Warren, ⁴Pritash Patel. ¹Barts Health NHS Trust, London, UK; ²Huddersfield Royal Infirmary, Huddersfield, UK; ³Triducive Ltd, Tunbridge Wells, UK; ⁴Epsom and St Heliers University Hospital NHS Trust, Epsom, UK

10.1136/gutjnl-2019-BSGAbstracts.154

Introduction Crohn's disease is an idiopathic chronic inflammatory bowel disease without a cure. About 50% of Crohn's disease is progressive, leading to intestinal complications and surgery in about 30% of cases, 20-years post-diagnosis.

Despite, existence of several guidelines, there are considerable variations in practice among practicing Gastroenterologist in the UK. In addition, the lack of reliable biomarkers prevent personalised treatment plans for complex cases of Crohn's

disease, resulting in a degree of experimentation to establish therapeutic strategy.

This project aims to gain insight from practicing gastroenterologists around the UK regarding these issues, to review variation across the UK and offer appropriate recommendations.

Methodology This group met to consider the various issues affecting the clinical management of Crohn's disease and develop of a series of 40 consensus statements that could be tested by questionnaire.

Respondents were engaged by telephone contact and screened for their specialty and involvement with the prescribing of biologics. In order to achieve consensus with the wider group, a Delphi methodology was used.

The steering group predefined the threshold of agreement for consensus at 66% and over. Consensus was defined as 'high' at ≥66% and 'very high' at ≥90%.

Results Fully completed questionnaires were received from 150 respondents.

Each response was coded as either agreement or disagreement, with 24 statements (60%) exceeding the 66% agreement threshold and 16 statements (40%) failing to meet it.

Five statements (13%) achieved agreement scores greater than 90% and indicated very strong consensus. Responses were received from across the UK, with the greatest number being from England. Clear variation was seen between respondents when the different localities were compared.

Discussion There are clear differences amongst respondent attitudes in London and other UK areas, including England.

All respondent groups strongly support the need for biologic therapy to be used first line for certain patient groups (83.3% agreement).

All respondents support the assertion that the principles for switching between originator and biosimilar should be defined by gastroenterologists (90.5% agreement) and that patients should be consulted before being switched to a different biosimilar option (74% agreement).

PTH-096 FACTORS AFFECTING PATIENT DECISION-MAKING IN INFLAMMATORY BOWEL DISEASE (IBD) DYSPLASIA MANAGEMENT: A MIXED METHODS STUDY

^{1,2}Misha Kabir*, ^{1,2}Siwan Thomas-Gibson, ^{1,2}Ailsa Hart, ^{1,2}Ana Wilson. ¹St Mark's Hospital; ²Imperial College London

10.1136/gutjnl-2019-BSGAbstracts.155

Introduction Current literature suggests that IBD patients have high thresholds to accept a colectomy for colonic dysplasia, but in-depth qualitative analysis of the factors that affect their decision-making is lacking.

Methods 100 purposively sampled IBD patients completed free text answer questionnaires and 20 went on to partake in individual semi-structured interviews. 44% of the questionnaire participants and 70% of the interview participants had previously had dysplasia. Inductive framework thematic analysis was performed. Data saturation was achieved.