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.

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.
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.

**PHT-095** DECISION DRIVERS IN CROHN’S DISEASE MANAGEMENT WITH BIOLOGICS IN THE NHS: A NATIONAL CONSENSUS VIEW

1Sami Hoque*, 2Sue Jones, 3Simon Gwynn, 4Tim Warren, 5Pritash Patel. 6Barts Health NHS Trust, London, UK; 7Huddersfield Royal Infirmary, Huddersfield, UK; 8Triducive Ltd, Tunbridge Wells, UK; 9Epsom and St Heliers University Hospital NHS Trust, Epsom, UK

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**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 biological 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).

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

1,2Misha Kabir*, 1,2Syan Thomas-Gibson, 1,2Ailsa Hart, 1,2Ana Wilson. 1St Mark’s Hospital; 2Imperial College London

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**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.