including demographics, clinical characteristics, infection screening, drug initiations, clinical review visits and disease activity scores. Eligible cases for audit require a record of drug start date and baseline visit. Algorithmic analysis identifies most relevant review visit and associated disease score if recorded (time-windows: post-induction, 8–16 wks; 12-month review, 44–60 wks). The rolling audit focuses on seven key performance indicators (KPIs). Cumulative results are presented, focused on each patient's first biologic initiation (April 2016 – Present).

Results 3,617 eligible cases (CD: 61%; UC: 35%; IBD-U: 3%). Humira 36%; Remsima 24%; Inflectra 18%; Vedolizumab 14%; Remicade 3%; Golimumab 2%; Ustekinumab 2%; Not specified 1%.

Table 1 shows mean KPIs (%) across all sites, and sub-divided by eligible cases. Across the seven KPIs, 20–45% of hospitals had results below the registry-wide mean value (arbitrary benchmark).

Conclusions The UK IBD Registry is supporting a growing network of hospitals with participation in continuous biologics audit, providing benchmarking reports to drive local and registry-wide quality improvement. Although incomplete case ascertainment and missing data are inevitable challenges, the biologics data is maturing as sites establish live registers. Results highlight an ongoing need for most centres to improve biologics monitoring through better-organised and documented review visits with objective recording of standardised outcomes.

PTH-127 THE LIVED EXPERIENCES OF BRITISH SOUTH ASIAN WOMEN WITH INFLAMMATORY BOWEL DISEASE: A QUALITATIVE STUDY

¹Angela Ford, ¹Hilary Paniagua, ²Matthew Brookes, ²Helen Steed*, ¹Satvinder Purewal.
¹The University of Wolverhampton, Wolverhampton, UK; ²The Royal Wolverhampton NHS Trust, Wolverhampton, UK

10.1136/gutjnl-2019-BSGAbstracts.186

Introduction The rates of inflammatory bowel disease (IBD) amongst the British South Asian (SA) populations is growing, with some evidence indicating British SA are disproportionately more likely to suffer from IBD than White European. There is a limited understanding of the experience of SA women with IBD, where high rates of infertility, voluntary childlessness and fewer children are common compared to the general population. The objective of this study is to explore how South Asian women with IBD experience living with their chronic illness within dominant SA culture, where childbearing and parenthood are considered culturally mandatory.

Methods A qualitative methodology was adopted using Critical Discursive Psychology (CDP). A total of eight SA women, aged between 19–50, were recruited through two IBD clinics in West Midlands hospitals. Unstructured one to one interviews were audio recorded and analysed using CDP methods.

Results Data analysis revealed that SA culture and IBD is seen as a hindrance to female worth, marriage and parenthood prospects. Further, there is a limited awareness of IBD that leads to secrecy and stigmatisation. Many SA women find coping with IBD difficult due to the perceived stigma regarding IBD and 'disease', lack of understanding about IBD (by patients before diagnosis, family and wider community), pressures regarding cultural mandatory marriage and parenthood,

and the role of food (particularly spicy food) in health and illness.

Conclusion This study has shown how IBD in SA women create significant personal and social challenges, which deviates from normative expectations of women in this community. It has raised awareness of the emotional and social impact of IBD, which is critical for service provision that suitably meets the needs of this population. This study has highlighted the need for sensitive and culturally-appropriate intervention for SA patients with IBD.

PTH-128 CORRELATION OF VEDOLIZUMAB TROUGH LEVELS WITH CLINICAL AND BIOCHEMICAL MARKERS IN INFLAMMATORY BOWEL DISEASE

¹Aravind Gokul Tamilarasan*, ¹Antonio Guerrero, ¹Laura Arias, ¹Megan Burns, ²Zehra Arkir, ¹Peter Irving. ¹Guy's and St Thomas' NHS Foundation Trust, London, UK; ²Viapath Laboratories, London, UK

10.1136/gutjnl-2019-BSGAbstracts.187

Introduction The clinical utility of vedolizumab (VDZ) trough levels (VTLs) is not well established. The aim of this study is to determine if there is a correlation between VTLs and clinical and biochemical outcome.

Methods We performed a prospective, cross-sectional study to examine the association between VTLs and clinical and biochemical outcomes. VTLs immediately prior to VDZ infusion were collected simultaneously with CRP and Harvey Bradshaw index (HBI)/Simple Clinical Colitis Activity index (SCCAI) (for Crohn's disease, CD, and ulcerative colitis, UC, respectively). Biochemical remission was defined as CRP ≤ 5 mg/L and clinical remission was defined as HBI ≤ 4 or SCCAI ≤ 2 . Combined remission was defined as those meeting criteria for both

Abstract PTH-128 Figure 1 Combined remission graph