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.

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**CORRELATION OF VEDOLIZUMAB TROUGH LEVELS WITH CLINICAL AND BIOCHEMICAL MARKERS IN INFLAMMATORY BOWEL DISEASE**

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**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