expression was significantly increased in tumours compared to adjacent normal tissue (figure 1A). Mice treated with CD5-2 + anti-PD1 antibody had significantly smaller tumours (50% reduction) compared to mice treated with either agent alone, controls, or untreated mice (figure 1B). Histologically, tumours in the CD5-2 + anti-PD1 group exhibited a more favourable immune infiltrate (significantly higher CD3+ and CD8+ T-cells and lower Ly6G+ neutrophils) compared to tumours in other groups (figure 1C). Tumours in CD5-2-treated mice had less leaky vasculature (as measured by Dextran beads extravasation) and less tumour hypoxia (carbonic anhydrase IX staining) compared to non-CD5-2-treated mice (figure 1D).

Conclusions In the DEN model, CD5-2 normalised tumour vasculature and reduced tumour hypoxia. CD5-2 plus anti-PD1 antibody reduced tumour size possibly by altering immune infiltrate to being immunosupportive. The combination of vascular normalisation by targeting VE-Cadherin and immunotherapy is a promising novel approach to treat HCC.

**Clinical gastroenterology**

**IDDF2020-ABS-0033 THE EFFECT OF IMMUNOMODULATORS AND OTHER FACTORS ON THE PERSISTENCE OF BIOLOGICAL AGENTS FOR CROHN’S DISEASE AND ULCERATIVE COLITIS: DATA FROM THE AUSTRALIAN POPULATION-BASED REGISTRY**

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Background Treatment persistence (duration of medication use) provides real-world evidence on therapeutic effectiveness, tolerability and prescriber and patient preferences. Biological agent persistence in Crohn’s disease (CD) and ulcerative colitis (UC) was compared from the national population-based registry with no hierarchical prescribing order. We hypothesized immunotherapy co-therapy would increase persistence through decreased immunogenicity.

Methods A randomly selected ten percent subgroup of the prospectively collected population-based registry from the Australian Pharmaceutical Benefits Scheme between June 2005-June 2019 was analysed. Treatment persistence of adalimumab (ADA), infliximab (IFX), vedolizumab (VDZ) and ustekinumab (UST) was compared.

Results 2499 patients were included consisting of 3713 lines of therapy (2864 CD, 849 UC) which equated to 7470 per-person-years of follow-up. In CD, UST had the highest overall persistence rate (median persistence rate >74.6% where 24.6 months is the maximum follow up time recorded), followed by VDZ, IFX and ADA (p=0.03) (figure 1). In UC, VDZ had