Methods We randomised consecutive patients diagnosed with ASUC (modified Truelove and Witt's classification) to receive placebo infusions or combination antibiotics (intravenous ceftriaxone and metronidazole) groups. Response as defined by oxford criteria was used to assess response on day three. We also assessed changes in partial Mayo score, CRP levels and reduction in fecal calprotectin at day three. Also, we assessed the need for second line drug therapy, colectomy, length of hospital stay and mortality by day 28.

Results Fifty patients were randomised: 25 in each arm (Median age: 33, IQR 25–45, 23(46%) males). Twenty-two patients had extensive disease, while the median disease duration was 24 months. Sixteen patients (64%) in antibiotic arm responded (complete and partial response) at day three while 18 (72%) in the placebo arm responded. Three patients from the antibiotic group underwent colectomy. Three patients in the antibiotic arm received intravenous cyclosporine, whereas four patients in the placebo group received cyclosporine ($p=0.725$). There was no significant difference in change in CRP, Partial Mayo and fecal calprotectin between the two groups on day three.

Conclusions Combination of intravenous ceftriaxone and metronidazole in patients with ASUC neither improved the day 3 response nor reduced the need for second line therapy.

IDDF2020-ABS-0146 USE OF ANTIBIOTICS IN ULCERATIVE COLITIS: SYSTEMATIC REVIEW AND META-ANALYSIS

DayaKrishna Jha*, Shubhra Mishra, Anupam K Singh, Praveen Kumar-M, Amol Patil, Vishal Sharma. *Postgraduate Institute of Medical Education and Research, India*

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Background Antibiotics have a proven role in the induction of remission in Crohn disease and treatment of pouchitis. However, the role of antibiotics for disease activity and remission maintenance in ulcerative colitis (UC) is uncertain.

Methods We searched electronic databases (Pubmed, Embase and CENTRAL) for randomised trials using various search terms to identify studies reporting on the use of antibiotics for induction or maintenance of remission in ulcerative colitis. The outcomes assessed were a clinical response, need for second line therapy, colectomy and adverse effects. Subgroup analysis to clarify the mode of administration (oral or intravenous), number of antibiotics (single or combination) or the setting of use (acute severe UC or active non-severe UC) were also done.

Results Eventually, 13 trials including 785 patients were included. The pooled odds ratio of achieving clinical response with antibiotic use was 1.74 (95% CI, 1.17- 2.58). No differences were noted in the relapse rates, need for second line therapy, colectomy or adverse effects with the use of antibiotics. Subgroup analysis showed no differences with use of single or combination of antibiotics. The use of oral antibiotics in the setting of non-severe active UC could have some benefit in clinical response. No benefit of intravenous antibiotics in setting of acute severe ulcerative colitis was noted. The included studies were heterogeneous because of different included populations, type and duration of antibiotics use and differences in definitions and time of assessment of clinical response.

Conclusions The results suggest a lack of benefit of intravenous antibiotics in the setting of acute severe UC. The use of oral antibiotics for induction of maintenance needs further evaluation

IDDF2020-ABS-0147 DEVELOPMENT OF A VALIDATED NOMOGRAM TO PREDICT AGGRESSIVE CROHN'S DISEASE: A RETROSPECTIVE COHORT STUDY

¹Jiayin Yao*, ¹Junzhang Zhao, ²Bang Hu, ¹Min Zhi. ¹Department of Gastroenterology, Guangdong Provincial Key Laboratory of Colorectal and Pelvic Floor Disease, The Sixth Affiliated Hospital of Sun Yat-Sen University, China; ²Department of Colorectal Surgery, Guangdong Provincial Key Laboratory of Colorectal and Pelvic Floor Disease, The Sixth Affiliated Hospital of Sun Yat-Sen University, China

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Background Predicting aggressive Crohn's disease (CD) is crucial for determining therapeutic strategies. We aimed to develop a prognostic model to predict disease-related complications leading to early-onset surgery within 1 year after diagnosis of CD and to create a nomogram to facilitate clinical decision-making.

Methods This retrospective study was conducted from January 1, 2012, to December 31, 2016, in a single tertiary referral center, using data from patients newly diagnosed with CD and showing B1 behavior according to Montreal classification. The model was established using multivariable logistic regression analysis with evaluation of the receiver operating characteristic (ROC) curves and areas under the curve (AUC). The model was calibrated and assessed for discrimination. Further, a user-friendly nomogram was created.

A

$$P_{1\text{-year complication}} = \frac{e^{\text{index}}}{1 + e^{\text{index}}}$$

Where prognostic index

$$= -3.892 + 0.984 \times x_1 - 0.090 \times x_2 + 2.773 \times x_3 + 1.295 \times x_4 + 2.031 \times x_5$$

(x_1 = disease duration [year]; x_2 = age [year]; x_3 = perianal disease [0: no, 1: yes]; x_4 = previous surgery [0: no, 1: yes]; x_5 = extraintestinal manifestations [0: no, 1: yes]).

Abstract IDDF2020-ABS-0147 Figure 1A

B

Abstract IDDF2020-ABS-0147 Figure 1B

Abstract IDDF2020-ABS-0147 Figure 1C

Results The mean follow-up period was 53.45 ± 12.81 months. Of 614 eligible patients, 13.5% developed surgery-related complications, including stenosis, perforation, and severe gastrointestinal bleeding. We identified age (OR 0.914, $P=0.004$), disease duration (OR 2.675, $P<0.001$), perianal disease (OR 16.013, $P<0.001$), previous surgery (OR 3.652, $P=0.003$), and extraintestinal manifestations (OR 7.625, $P=0.001$) as significant independent factors associated with early-onset complications and developed a prognostic model (figure 1A), A Prognostic model predicting complications leading to surgery within 1 year after diagnosis, whose predictive ability was appraised with AUC of 0.965, specificity of 96.71%, and sensitivity of 67.24%. This model was validated with good discrimination (AUC of 0.933), and excellent calibration was demonstrated using the Hosmer-Lemeshow goodness-of-fit test (figure 1B), Hosmer-Lemeshow goodness-of-fit test demonstrating a good fit of

this model). A nomogram was created to facilitate clinical bedside practice (figure 1C) A nomogram predicting complications leading to surgery within 1 year after diagnosis in Crohn's disease patients).

Conclusions This validated prognostic model can effectively predict early-onset complications leading to surgery and screen aggressive CD, enabling physicians to customize therapeutic strategies and monitor the intensive disease.

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PROGNOSTIC SIGNIFICANCE OF SIGNET RING CELL IN GASTRIC CANCER: THE LOWER PROPORTION, THE POORER SURVIVAL

Yang Li*, Yantao Tian. Dept. of Pancreatic and Gastric Surgery, National Cancer Center/ National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, China

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Background The incidence rate of gastric cancer (GC) has been changed with decreasing intestinal-type GC and increasing of diffuse-type GC, including signet-ring cell (SRC) type. The carcinoma with SRC component more than 50% is defined as SRC carcinoma according to the pathological definition of WHO in 2010. However, the definition of gastric SRC is still controversial in past decades. And the prognosis affected by the proportion of SRC in GC is uncertain. This study compared the clinicopathological features and prognosis of gastric SRC with the various proportions of SRC.

Methods 1,069 patients who underwent gastrectomy for gastric signet ring cell cancer from 2011 to 2018 at the Chinese

Abstract IDDF2020-ABS-0148 Figure 1 Survival plot for all patients before and after PSM