Introduction Ustekinumab (UST) is a human monoclonal antibody which targets interleukin-12 and interleukin-23, thus acting as a cytokine inhibitor. UST is approved for use in patients with moderate to severe Crohn’s disease in whom conventional or anti-TNF therapies have failed or are contraindicated. We retrospectively evaluated patients with Crohn’s disease at our IBD tertiary referral centre to monitor real life response to, and side effects of, UST.

Methods We used a prospectively collated database held by the IBD team to identify patients with Crohn’s disease who had commenced on UST between 1st January 2017 and 31st June 2019. Data was collected retrospectively using electronic case notes. The Harvey Bradshaw Index (HBI), faecal calprotectin, endoscopic investigations and cross sectional imaging results were collected at baseline, after 12 weeks of treatment and after 12 months of treatment. Response was defined as a decrease in HBI by 3 or more and/or an objective improvement in Crohn’s disease activity on imaging or endoscopy. Clinical remission was defined as a HBI of <3.

Results 51 patients with Crohn’s disease were commenced on UST at our institute (22 males, median age 37 (18–79). 48 patients had been on at least one biological agent previously, with 10 patients having been treated with 3 previous biologics. Median duration on UST was 9 months (one dose-32 months), with 27 patients on UST for >12 months and 7 patients on UST for >2 years. 40 patients had an HBI score calculated at baseline and at 12 weeks. Of these patients, 16/40 on UST for >2 years. 40 patients had an HBI score calculated at baseline and at 12 weeks. Of these patients, 16/40 had a dose escalation to Q8W dosing, 10 patients stopped UST due to loss of response (6) or side effects (4). Of these patients, 16/40 had a dose escalation to Q8W dosing, 10 patients stopped UST due to loss of response (6) or side effects (4). Of these patients, 16/40 had a dose escalation to Q8W dosing, 10 patients stopped UST due to loss of response (6) or side effects (4).

Overall, of the 36 patients that had been on UST for at least 6 months, 30 had a subjective (HBI at 12 month review) or objective (abdominal imaging or endoscopy) measure of their disease activity. 15/30 showed an improvement, as defined by reduction in PGA, was observed for male sex. 21/68 (31%) received dose escalation to Q8W dosing, and 3/68 (4%) underwent IV re-induction. All patients receiving re-induction achieved clinical response at follow up. Median time to drug failure/cessation was 274d (IQR 115–377). Clinical improvement, as defined by reduction in PGA, was achieved in 43% at 1 year. Adverse events were observed in 10/68 (15%) including CD-related surgery (n=4), malignancy (n=1). Rates of AEs did not correlate with higher dosing.

Conclusions Ustekinumab demonstrated both early clinical and biochemical efficacy in this complex real-world cohort, with no unexpected safety signals seen.

P128 OUTCOMES OF USTEKINUMAB IN CROHN’S DISEASE: THE REAL-WORLD EXPERIENCE OF A TERTIARY IBD CENTRE

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Conclusions Ustekinumab demonstrated both early clinical and biochemical efficacy in this complex real-world cohort, with no unexpected safety signals seen.

P127 REAL WORLD EFFECTIVENESS OF USTEKINUMAB FOR REFRACTORY CROHN’S DISEASE: A REGIONAL EXPERIENCE

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Conclusion 51 patients commenced on UST at our institute. 16/40 patients had an initial response to UST, as shown by an improvement HBI by ≥ 3 at 12 weeks. After at least 6 months of treatment, 15/30 patients had a subjective or objective improvement in Crohn’s disease activity. UST appears to be a safe and effective in our cohort of patients with Crohn’s disease. Further ‘real-life’ studies are required to assess the longer-term use of UST in clinical practice.

**P129** EFFICACY AND SAFETY OF VEDOLIZUMAB FOR INFLAMMATORY BOWEL DISEASE IN THE UK POPULATION: SINGLE CENTRE EXPERIENCE

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10.1136/gutjnl-2020-bsgcampus.204

**Introduction** Vedolizumab is a fully humanised monoclonal IgG-1 antibody. It selectively inhibits the interaction between α4β7 integrin and mucosal addressin cell adhesion molecule-1 (MAdCAM-1). Vedolizumab is approved for the treatment of moderate to severely active IBD. This study aimed to provide real-world data on drug effectiveness in the anti-TNF exposed population with high disease burden.

**Methods** A retrospective cohort study of all patients commenced on Vedolizumab at Good Hope Hospital, Birmingham, UK was conducted. Clinical disease activity was assessed at baseline, week 12 and week 52 using the Harvey Bradshaw Index (HBI) for Crohn’s Disease (CD) and Mayo score for Ulcerative Colitis (UC). Clinical response was defined as a reduction in activity score by ≥ 3, or Mayo score reduction of ≥ 2. Clinical remission was defined as HBI < 4 and Mayo < 2. Adverse events were recorded.

**Results** 65 patients were included (41 CD and 24 UC). All had failed anti-TNF therapy. Median pre-treatment Mayo score in UC was 8, median HBI in CD was 9. 56% with UC had pancolitis and 26% of CD patients had perianal involvement. 26/41 (63.4%) CD patients and 20/24 (83.3%) UC patients demonstrated a clinical response to Vedolizumab at week 12. There was a statistically significant reduction in activity score with increasing weeks on treatment for both groups (figure 1), but clinical remission at 52 weeks was low, particularly in the UC group: 36% in CD and 17% in UC.

No serious adverse events were reported. 3 developed paraesthesia, 2 recurrent infections and 1 had serum sickness.

**Conclusions** Vedolizumab was safe in the treatment of this anti-TNF exposed group of IBD patients with highly active disease burden. Impressive clinical response was demonstrated at 12 weeks, however prolonged clinical remission was low, particularly in the UC group. These results reflect real-world data from Europe and North America.

**P130** EFFICACY AND SAFETY OF USTEKINUMAB IN CROHN’S DISEASE: A REAL-WORLD STUDY FROM THE WEST MIDLANDS

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10.1136/gutjnl-2020-bsgcampus.205

**Introduction** Ustekinumab (UST), a human anti-IL12/23p40 monoclonal antibody, was approved in the United Kingdom for the treatment of moderate to severe Crohn’s disease (CD) in 2017 as it has demonstrated effectiveness in clinical trials. Yet often, large international trial data does not concord with regional or even national experience. This retrospective dual centre study aims to assess the efficacy and safety of UST in a real-world, multi-ethnic and anti-TNF exposed CD cohort.

**Methods** All patients commenced on UST were included in the study from two sites of The University of Birmingham NHS Trust. Detailed data on demographics, previous treatment and disease phenotype were recorded. UST was given as an infusion (6 mg/kg) at week 0 followed by 90 mg subcutaneous injection at week 8 and 90 mg SC every 8 weeks as...