Clinical data is recorded at all sample collection time-points and at 12, 24 and 36 months post diagnosis.

**Results** Inception has been up and running fully since March 2018 and >60 hospital sites have been trained to identify and recruit patients to this cohort. Recruitment has reached ~35% of the 1,000 patient target with the panel currently consisting of 40% Crohn’s, 49% ulcerative colitis and 11% as IBDU or under further investigation. Of the patients recruited 34% have returned a baseline stool sample and 16% have had a biopsy collected at the time of diagnosis. Of all the patients recruited 23% have gone on to have samples collected at first remission and 3% at first flare. There is 92% clinical data entry at baseline. Due to the complexity of this cohort, recruitment to Inception has been challenging. Issues include staff time and capacity at recruiting sites, identifying recruitment paths and recruiting patients at the right time, capturing patients at remission and flare, involvement of clinicians to aid with the interpretation and capture of the required clinical information and patient compliance with the longitudinal protocol.

**Conclusion** Progress with the Inception cohort of the IBD BioResource continues and recruitment is gaining momentum. The use of this valuable resource must be the next phase of its life and the lessons and skills learnt along the way transferred to benefit the set-up of other complex and large scale common disease cohorts.
We have demonstrated that Raman Spectroscopy can accurately differentiate MH from active inflammation in UC and CD and might be a future tool to direct precise therapeutic management in IBD.

Conclusions We have demonstrated that Raman Spectroscopy can accurately differentiate MH from active inflammation in UC and CD and might be a future tool to direct precise therapeutic management in IBD.