1a. UC of 93.9%, 99.2%, 99.3%, 93.6% and 96.4% and 93.5%, 98.0%, 98.1%, 93.1% and 95.6% in CD respectively.

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.

Abstract P157 Figure 1 Self-organising map discriminant index of healing (blue) vs. non-healing (red) in UC (a) and CD (b) demonstrating extracted spectral features

UC of 93.9%, 99.2%, 99.3%, 93.6% and 96.4% and 93.5%, 98.0%, 98.1%, 93.1% and 95.6% in CD respectively.

1a.

1b. 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.

Abstract P158 Figure 1 Self-organising map discriminant index of pre-and post-biological spectra of UC (a) and CD (b) demonstrating extracted spectral features

Abstract P157 Figure 1 Self-organising map discriminant index of healing (blue) vs. non-healing (red) in UC (a) and CD (b) demonstrating extracted spectral features

Abstract P158 Figure 1 Self-organising map discriminant index of pre-and post-biological spectra of UC (a) and CD (b) demonstrating extracted spectral features

Abstracts
were included in this study. Before enrolment into the study, the patients were explained about the study and informed consent was obtained. The patients with unidentified colitis were excluded. The data on demographics, disease characteristics, FI (Vaizey score), and quality of life (IBD-Q) were collected. Data were analyzed using SPSS version 21.

**Results**

There were 184 patients (women = 101, 54.9%; UC = 153, 83.2%) with a female preponderance for UC (male/female ratio = 1:1.5) and a male preponderance for CD (male/female = 2:1). Forty-eight (26%) patients reported symptoms of FI. Among the patients with FI, 70.8% were women (n = 34) and 29.2% were men (n = 14) with an average age of 52.7 years (range, 20–78 years). Average age of onset of FI was 48.6 (range, 22–74) years. Ten percent (n = 5) reported regular FI. Incontinence to flatus was seen in 33.3% (n = 16), to liquid faeces in 56.2% (n = 27), to solid faeces in 6.2% (n = 3) and to all three in 4.1% (n = 2). Twenty-one percent (n = 10) complained of disruption of stool pattern. Twenty percent (n = 10) patients had symptoms of FI. Among the patients with FI, 70.8% were women (male/female ratio = 2:1). Forty-eight (26%) patients reported regular FI. Incontinence to flatus was seen in 33.3% (n = 16), to liquid faeces in 56.2% (n = 27), to solid faeces in 6.2% (n = 3) and to all three in 4.1% (n = 2). Twenty-one percent (n = 10) complained of disruption of stool pattern.

### PRE-BIOLOGIC SCREENING IN A HIGH RISK AREA: ARE WE ADHERING TO GUIDELINES?

Eilis Kempley, Rajan Pooni, Cheh Kuan Tai*, Noor Jawad. Newham University Hospital, London, UK

10.1136/gutjnl-2020-bsgcampus.235

**Introduction**

Newham University Hospital, Bart’s NHS Trust, serves the London Borough of Newham which had the highest incidence of tuberculosis in the UK at 78.0 per 100,000 in 2014. Newham also has the highest average annual rate of new reported acute hepatitis B infection in the UK. There have been clear guidelines on pre-biologic screening for opportunistic infections since 2014. Our aim is to assess whether patients who are on biologic therapy have been appropriately screened prior to initiation of biologic therapy.

**Methods**

A retrospective review of all IBD patients on the biologic database was performed in November 2019. Patients who were initiated on biologics prior to the publication of guidelines in June 2014 were excluded.

**Results**

The total number of patients was 63. 31 patients (49.2%) had latent tuberculosis testing with Interferon-gamma release assay (IGRA) testing and 2 were positive. Screening with Chest XR (CXR) was better with 58.9% concordance. 36 patients had normal CXRs and 1 had an appearance of a granuloma.

In comparison, viral screening had higher completion rates. Hepatitis B Surface Antigen (HbsAg) was sent in 53 patients (84%) and all were negative. Hepatitis B Core Antibody (HbcAb) was sent in 23 patients (36.5%) and 1 was positive. 1 patient was HbcAb positive but HbsAg negative. In terms of Hepatitis C, 51 patients (80.9%) had Hepatitis C IgG sent and all were negative. All 50 patients (79.3%) who were tested for Human immunodeficiency virus (HIV 1+II antibody) were negative. Elstein Bar Virus IgG was sent in 20 patients (31.7%), out of which, 15 were negative. Varicella-Zoster Virus IgG was sent in 39 patients (61.9%) and 2 were positive.

An infection history was not taken, for either bacterial, fungal or viral infections and Bacille Calmette-Guerin vaccination status was not documented. No documentation was present regarding measles status. Routine vaccination status was not confirmed for diphtheria, poliomyelitis, pertussis, tetanus or Human Papilloma Virus. Prior to initiation of immunomodulation, vaccination was not considered for pneumococcal or influenza infections.

**Conclusions**

Despite suboptimal pre biologics screening in this high risk region of East London for Tuberculosis and Hepatitis B, no cases of reactivation of either Tuberculosis or Hepatitis B have been identified to date. The results suggest that clinicians are requesting some tests but not all. Following on from these results, we will be streamlining the process for ensuring all tests are performed prior to biologic initiation with a checklist proforma for the patients notes and our biologics database for all prescribing gastroenterologists, as per ECCO guidelines.

**P161**

**IKKα AS A POTENTIAL THERAPEUTIC TARGET FOR THE PREVENTION OF INFLAMMATORY BOWEL DISEASE**

1Joseph Tang*, 1Stamatia Papoutsopoulou, 2Andrew Paul, 2Professor Simon MacKay, 1Carrie Duckworth, 1Mark Pritchard. 1University Of Liverpool, Liverpool, UK; 2University of Strathclyde, Glasgow, UK

10.1136/gutjnl-2020-bsgcampus.236

**Introduction**

Current treatment options for inflammatory bowel disease (IBD) are primarily designed to suppress an established inflammatory response, but they do not prevent the initiation of the inflammatory cascade. We have previously demonstrated that the NF-kB signalling pathways play a pivotal role in murine experimental models of IBD. In particular, we showed that nfkbi2-/- mice were protected against LPS-induced cell shedding and DSS-induced colitis compared to wild-type mice. Specifically, our data suggested that NF-κB signalling in intestinal epithelial cells played a more important role in murine experimental models of IBD. In particular, we showed that nfkbi2-/- mice were protected against LPS-induced cell shedding and DSS-induced colitis compared to wild-type mice. Specifically, our data suggested that NF-κB signalling in intestinal epithelial cells played a more important role in murine experimental models of IBD.