the impact of activation by DC on homing profile was not identical to RAR blockade: DC-activated T cells expressed significantly higher levels of integrins α4, β7 and β1.

Dual tropic β7+CLA+ cells were present in blood at low frequency amongst antigen experienced T-cells in from both healthy donors and patients with active IBD. This population were enriched for cells producing pro-inflammatory cytokines (IFNγ, IL-17, TNFα) compared with β7-CLA-, β7+CLA- and β7-CLA+ cells.

Conclusion DC derived signals promote CLA expression to generate dual tropic T-cells in vitro, likely in part by attenuating RARα signalling. Dual tropic cells were also identified in blood. The pro-inflammatory nature of this population supports a possible role in intestinal or cutaneous IBD.

Introduction The management of ASC needs early characterisation of factors predictive of outcome to allow appropriate patient counselling and stratification for second-line therapy or surgery. Travis et al (1996) predicted colectomy rates during same admission on basis of Day 3 stool frequency and CRP. Dinesen et al (2010) suggested that the number of additional Truelove and Witts’ (TW) criteria (fever, tachycardia, anaemia or CRP elevation) on admission predict colectomy rates. Following this Corte et al (2015) shown that UCEIS at baseline predict adverse outcomes (need for rescue therapy, Colectomy and readmissions). We compared the predictive accuracy of TW criteria on admission with a validated endoscopic scoring system (UCEIS), and with accepted Day 3 criteria.

Methods Cases of ASC were retrospectively evaluated. Number of TW criteria, UCEIS, inpatient medical therapy, same admission outcome and follow up were recorded. Pre-specified endpoints included rescue therapy, colectomy during same admission and colectomy within 1 year of follow up.

Results Consecutive 131 admissions (117 patients) between 2015–9 were analysed. All satisfied modified TW definition of ASUC. Sixty-eight patients (58%) were female, index presentation 38 (29%), median age at presentation 40 years (16–76), median disease duration 1 year (1–43), median follow up 23 months (1–49). Seventy-one (54%) received rescue therapy (ciclosporin 35/71 and anti-TNF 36/71). Colectomy rates were 15% (19/131) during same admission and 26% (30/117) within 1 year of follow up. Outcomes were stratified...
according to UCEIS score and additional TW criteria on day 0 (figure 1).

UCEIS score > 6 predicted higher need for rescue therapy (Chi square, p = 0.01) but not colectomy during same admission (p = 0.68) or within 1 year (p = 0.41). In logistic regression analysis, UCEIS predicted rescue therapy (p = 0.01) but not colectomy during same admission (p = 0.68) or within 1 year (p = 0.55); whereas day 0 TW criteria predicted need for rescue therapy (p = 0.02), colectomy during admission (p = 0.04) and within 1 year (p = 0.03). D3 response predicted colectomy during same admission (p = 0.001) and within 1 year (p = 0.0002).

Conclusion Endoscopic severity predicts use of rescue therapy but not colectomy rates (During same admission and at 1 year) whereas biological severity predicts use of rescue therapy, colectomy during same admission and at 1 year. Clinical criteria assessed by D3 response are the strongest predictors of colectomy on that admission or within 1 year.

P107 CHANGING OUTCOMES IN ACUTE SEVERE ULCERATIVE COLITIS AT OXFORD IN LAST SEVEN DECADES

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Introduction Acute severe ulcerative colitis (ASUC) is a common medical emergency, with up to 25% of patients with ulcerative colitis experiencing at least one severe attack in their life-time. Since first Randomized control of efficacy of intravenous steroids published in 1954, many drugs have been discovered and used in management of acute severe colitis either as rescue therapy (Ciclosporin/Infliximab) or maintenance agents (5-ASA, Immunosmodulator (Azathioprine/6-Mercaptopurine), Biological (Infliximab/Adalimumab/Vedolizumab) and small molecules (Tofacitinib). What is not known if these drugs have materialized into better outcomes in acute severe colitis.


Results Consecutive 131 admissions (117 patients) between 2015–9 were analysed. All satisfied modified TW definition of ASUC. Sixty-eight patients (58%) were female, index presentation 38 (29%), median age at presentation 40 years (16–76), median disease duration 1 year (1–43), median follow up 23 months (1–49). Seventy-one (54%) received rescue therapy (Ciclosporin 35/71 and anti-TNF 36/71). Colectomy rates were 15% (19/131) during same admission and 26% (30/117) within 1 year of follow up.

We compared the outcomes in different cohorts. We observed that colectomy rates have been decreasing significantly with better treatment (Image 1). We also observed that readmissions with acute severe colitis have also reduced (better maintenance) with only 12% patients requiring readmission in first year. Seventy percent of patients in current cohort have been maintained on biologic or Tofacitinib leading to colectomy free survival for median follow up of 2 years.

Conclusion Availability of multiple drug options and improvement in healthcare have led to improved outcomes in acute severe colitis justifying the cost associated with these drugs.

P108 NATIONAL MICROSCOPIC COLITIS DISEASE REGISTRY: VARIATIONS IN PATIENT JOURNEY

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Introduction Microscopic colitis (MC) is still perceived to be an ‘uncommon’ condition. Despite significant impact on quality of life, many aspects of the patient journey remain unclear.

A National MC Disease Registry is being developed with the aim of gathering data on epidemiology, variations in clinical practice and patient journey. The secondary aim is to generate academic and clinical data to help create more streamlined MC Services, improving patient care and outcomes.

Methods Retrospective data was collected across 6 Scottish (2 DGHs/4 University teaching) units. Once identified from Pathology databases, further data was collected from electronic records.