**Abstracts**

**HMO-2**

**Figure 1** Probability of 5-ASA discontinuation in the first year of therapy

The proportion of days covered (PDC) in the first year of treatment was calculated. Multivariable Cox and linear regressions assessed predictors associated with 5-ASA discontinuation and adherence, respectively.

**Results**

We identified 694 AYA initiated on oral 5-ASA treatment. The median time to 5-ASA discontinuation was 176 days (95% CI 153-204). A quarter of AYA stopped after a month of treatment and by a year 2 out of 3 individuals had discontinued. The proportion with continuous use of 5-ASA in the first year of treatment varied by age at initiation (10-14 years: 49%, 15-17 years: 52%, 18-24 years: 32% - Figure 1). The mean PDC was 73% (S.D 0.31) in the first year of therapy and was lowest amongst individuals aged between 18 to 24 years, at 69% (S.D 0.32), compared to 81% (S.D 0.27) in 10 to 14 year olds and 79% amongst 15 to 17 year olds (S.D 0.30). Starting treatment between 18 and 24 years of age and socioeconomic deprivation increased the risk of discontinuation and lower adherence, while early corticosteroid use, a proxy marker of disease severity, was associated with a lower risk of discontinuation and better adherence.

**Conclusion**

AYA diagnosed with UC and initiated on oral 5-ASA medication are at risk early discontinuation and poor adherence. Clinicians should be vigilant regarding the higher risk following the first month of treatment, particularly in young adults and those living in deprived postcodes. Targeted interventions are needed to improve 5-ASA adherence among these high risk groups.

**REFERENCE**


**HMO-3**

**MAPPING FIELD CANCERISATION AND CLONAL EVOLUTION IN IBD COLONS WITH DYSPLASIA AND CRC**

1/2 Mehmet Yalchin*, 1/2 Kit Curtis, 1/2 Słopie Nowinski, 2 Morgan Moorghen, 2 Chris Kimberley, 2 Kane Smith, 1/2 Ann-Marie Baker, 1/2 Ibrahim Al-Bakir, 1 Ailsa Hart, 1 Trevor Graham. 1 St. Mark’s Hospital, London, UK; 2 Centre for Genomics and Computational Biology, Barts Cancer Institute, Barts and the London School of Medicine and Dentistry, Queen Mary University of London, London, UK; 3 Division of Biomedical Informatics, Department of Medicine, University of California San Diego, San Diego, USA

Abstract HMO-3 Figure 1 Probability of 5-ASA discontinuation in the first year of therapy

**HMO-4**

**IMMUNOGENICITY TO SECOND ANTI-TNF THERAPY (IMSAT): IMPLICATIONS FOR SEQUENCING OF BIOLOGIC THERAPY**

Neil Chandhli*, Simeng Lin, Amanda Thomas, Ben Hamilton, Rachel Nice, Desmond Chee, Nick Kennedy, James Goodhand, Tariq Ahmad. Royal Devon and Exeter NHS Foundation Trust, Exeter, UK

**Introduction**

Anti-TNF treatment failure in patients with IBD is common. International guidelines recommend switching out of class when anti-TNF drug levels are therapeutic and within class with an immunomodulator when anti-TNF drug levels are suboptimal and associated with antibody development.