Abstract PMO-21 Table 1

	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
No. of tests with complete prescribing data	66	67	70	66	72	71	45	55	71	56
No. on CI	30	38	36	35	33	33	20	31	35	16
% of tests	45.5%	56.7%	51.4%	53.0%	45.8%	46.5%	44.4%	56.4%	49.3%	28.6%
Thiopurine specifically	24	24	26	24	22	25	17	22	27	14
% of tests	36.4%	35.8%	37.1%	36.4%	30.6%	35.2%	37.8%	40.0%	38.0%	25.0%
Non standard dosing	33	30	37	37	34	39	19	32	43	28
% of tests	50.0%	44.8%	52.9%	56.1%	47.2%	54.9%	42.2%	58.2%	60.6%	50.0%
Proactive TDM	42	50	39	42	43	48	31	34	40	31

Results 639 TDM tests fulfilled the inclusion criteria. Comparing data after March 2020 to data before March 2020; no clear change was observed in the prescribing of CI or thiopurine, or the use of proactive TDM strategies. Early indications may suggest an increase in non-standard dosing after March 2020. This data is expanded in table 1.

Conclusions Our data suggests prescribing practices remain largely static. However July 2020's drop in CI prescribing may be an early indicator of decreased use. The small rise in non-standard dosing may be due to COVID-19 strategies employed to reduce hospital attendances and requires further review. While the nature of our data will not convey the complete COVID-19 impact, it highlights the need for stringent review of post-COVID-19 clinical practices, patient outcomes, and updated clinical guidance as our understanding of the COVID-19 impact on IBD develops.

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PMO-22 INVESTIGATING IRON DEFICIENCY ANAEMIA IN THE INFLAMMATORY BOWEL DISEASE POPULATION IN LOTHIAN, SCOTLAND

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Introduction Iron deficiency anaemia (IDA) negatively impacts the quality of life of patients with Inflammatory Bowel Disease (IBD) and is commonly undertreated. Many patients with IBD do not attend secondary care and the frequency of IDA in this group is unknown. We aimed to investigate the incidence of anaemia and IDA amongst the Lothian IBD population comparing those known to secondary care (IFU) and those not (NIFU).

Methods The Lothian IBD registry is a rigorously validated prevalent IBD cohort that has been shown to be c95% complete for the ~1 million population of Lothian, Scotland. Data were extracted on prevalent IBD patients for the period 01/01/15 – 31/12/18. Anaemia was defined as a reduced sex-age appropriate haemoglobin and IDA if anaemia with a corresponding ferritin <20mg/dL within 4 weeks was recorded.

Secondary Care follow-up (IFU) was defined by attendance at a secondary care outpatient appointment between 01/01/15 – 31/12/18, with those not categorised not in follow-up (NIFU). Median age was calculated on 01/01/2017; the midpoint of the study. Data were analysed in SPSS, using *Levene's test* ($p>0.05$) to detect equality of variance, followed by an independent sample *t* test ($p<0.05$) or Welch's *t* test ($p<0.05$). Cohen's *d* effect size was also calculated.

Results Of the 7396 prevalent IBD patients, 1289 (17.43%) did not have a full blood count (FBC), equating to 19.58% of total patients IFU (632/3228) and 15.67% of total patients NIFU (657/4168).

2607 (1425 male, 1182 female) of the 6107 patients (42.69%) with at least one FBC were diagnosed with anaemia at least once in the study period. 1394 patients had Ulcerative Colitis (UC), whilst 1107 had Crohn's Disease and 106 had another IBD sub-type. Median age was 55. 1443 (55.35%) were IFU. 1439 of the 3228 patients IFU (44.56%) had at least one episode of anaemia, compared to 1165 of the 4168 NIFU (27.95%).

1466 of the 2607 anaemic patients (56.23%) had a corresponding ferritin, with 926 (63.17%) IFU. 564 (264 male, 300 female) patients with a corresponding ferritin (38.47%) were diagnosed with IDA. 281 patients had UC, whilst 237 had CD and 46 had another IBD sub-type. Median age was 48. 424 (75.18%) were IFU. 424 of the 3228 patients IFU (13.10%) had at least one episode of IDA, compared to 140 of the 4168 NIFU (3.36%).

Conclusions We report that IDA is common in the Lothian IBD population. The frequency is higher in patients IFU, although IDA is still present in those NIFU; indicative of ongoing active IBD. Assessment of IDA remains inadequate. As a result, IDA amongst the IBD population in Lothian is likely underestimated and further work should be performed to identify patients that are living with undetected IDA.

PMO-23 TREATMENT PERSISTENCE RATES WITH TOFACITINIB IN A REAL-WORLD COHORT OF ANTI-TNF REFRACTORY ULCERATIVE COLITIS PATIENTS

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Introduction Tofacitinib is a pan-Janus kinase (JAK) inhibitor that is approved for the treatment of both biologic naïve and

Abstract PMO-23 Figure 1 Treatment persistence with tofacitinib at 12 months

refractory ulcerative colitis (UC). Registrational trials suggested lower efficacy among patients exposed to prior anti-tumour necrosis factor (TNF) agents. We aimed to examine the real-world treatment persistence, biomarker trends, corticosteroid use, and colectomy-free survival in anti-TNF refractory patients treated with tofacitinib.

Methods 20 patients with anti-TNF refractory UC commencing tofacitinib between January 2019 and May 2020 were retrospectively identified across 3 NHS Trusts. Baseline demographic and clinical parameters including treatment persistence, reasons for discontinuation, inflammatory biomarkers (faecal calprotectin [FC] and C-reactive protein [CRP]), corticosteroid use, and colectomy were recorded. Data were collected from tofacitinib initiation until discontinuation or the study end point, May 2021. Fisher's Exact test was used to appraise the relationship between corticosteroid requirement and treatment persistence. An independent t-test was used to compare biomarker trends.

Results Of 20 patients with a median age of 37 years (range 19-74), 55% were male. Median baseline simple clinical colitis activity index was 7. Mean (SD) CRP was 17.4mg/L and FC was 1034µg/g (SD). All patients were exposed to 1 anti-TNF agent, 6 patients (30%) to 2 anti-TNF's, and 7 patients (35%) to vedolizumab. Treatment persistence rate was 45% (9/20) at 12-months (Figure 1). 9 of the 20 patients (45%) required corticosteroids after commencing tofacitinib; of these, 67% did not achieve treatment persistence at 12 months. The need for additional corticosteroids was not associated with treatment persistence ($p=0.406$). There was no significant difference in 2-month FC ($p=0.401$) or CRP ($p=0.498$) in those who persisted with therapy at 12 months compared with those who did not. There were no emergency colectomies. 4 patients underwent elective sub-total colectomy, all of whom discontinued tofacitinib therapy. Those who persisted with therapy at 12-months remained colectomy-free. Adverse events occurred in 10%: 1 patient discontinued treatment due to

herpes zoster and another suffered a pulmonary embolus (both aged 49).

Conclusion Tofacitinib can be an effective therapy in those with anti-TNF refractory UC with 45% of patients in our cohort demonstrating treatment persistence at 12-months. Neither early normalisation of inflammatory biomarkers nor need for further steroid therapy were associated with treatment persistence but it is likely our study was under-powered. Colectomy-free survival was observed in all patients persisting with therapy at 12 months.

PMO-24 **INTESTINAL ULTRASOUND INSTEAD OF MAGNETIC RESONANCE ENTEROGRAPHY: LARGE POTENTIAL COST SAVINGS WITH LIMITED CLINICAL DOWNSIDES**

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Introduction Intestinal ultrasound (IUS) is a non-invasive imaging modality capable of detecting intestinal inflammation & associated complications. It has comparable sensitivity & specificity to magnetic resonance enterography (MRE) in detecting ileocolonic disease, however it is less expensive (£24 vs £180) & can be performed at point of care.

We aimed to establish the proportion of MREs that could have been performed as IUS at a tertiary inflammatory bowel disease (IBD) unit, the potential cost savings, & the predicted pathology miss-rates.

Methods All MREs performed in January 2018 were retrospectively reviewed. Demographics, scan indication, IBD characteristics, surgical history, & gastrointestinal & non-gastrointestinal findings were collected. Indications deemed suitable for IUS included: assessment of disease activity of