Abstract PMO-39 Table 1

Baseline characteristics	N (%)
Female	105 (54)
IBD diagnosis	
Crohn's Disease	127 (62)
Ulcerative Colitis	74 (36)
IBD-unclassified	3 (1)
Prior biologic	68 (33)
MDT prior to decision	57 (28)
Corticosteroid at decision	63 (32)
Corticosteroid while awaiting initiation	87 (43)

Conclusions We noted that many patients experience a delay in biologic initiation after a clinical decision to treat. Delay was more likely with a SC route, likely attributable to drug delivery and healthcare at home availability. With the ever-increasing demand for biologic therapy in IBD, streamlining the initiation process is imperative to minimise delay in starting effective therapy.

PMO-40 COMPARISON OF THE PARTIAL MAYO AND PUCAI SEVERITY SCORES IN ULCERATIVE COLITIS

^{1,2}Stephanie Shields*, ²Konstantinos Gerasimidis, ^{1,2}Jonathan Macdonald, ³Allan Dunlop, ³Peter Galloway, ²Vaios Svolos, ²Mr Konstantinos Gkikas, ⁴Richard Hansen, ^{1,2}John Paul Seenan. ¹Department of Gastroenterology, Queen Elizabeth University Hospital, Glasgow, UK; ²School of Medicine, Dentistry and Nursing, University of Glasgow, Glasgow, UK; ³Department of Biochemistry, Queen Elizabeth University Hospital, Glasgow, UK; ⁴Royal Hospital for Children, Glasgow, UK

10.1136/gutjnl-2021-BSG.179

Introduction To assess disease severity in Ulcerative Colitis, the Partial Mayo (P-Mayo) score is used in adults and the Paediatric Ulcerative Colitis Activity Index (PUCAI) score is used for paediatric patients. The P-Mayo score uses an assessment of bowel frequency, rectal bleeding and a physician's global assessment to provide a score. The PUCAI score uses bowel frequency and rectal bleeding, but also incorporates abdominal pain, nocturnal rising, stool consistency and activity levels, arguably providing a more detailed overview. To our knowledge, the scores have never been directly compared. Our aim was to investigate how the scoring systems correlated with each other, and with biomarkers of disease activity.

Methods P-Mayo and PUCAI score, stool and serum samples were collected prospectively from 20 patients at set timepoints between day 0 and 42 after initiation of infliximab therapy. Albumin results were extracted from electronic patient records. Faecal Calprotectin (FC) was measured using a commercially available ELISA assay (CALP0170, Calpro AS). P-Mayo and PUCAI scores were classified as remission, mild, moderate or severe disease activity. R Studio was used to perform Pearson's correlation and agreement was assessed with Cohen's κ tests.

Results 134 P-Mayo and 133 PUCAI scores, 131 albumin and 117 FC samples were included from 20 Patients (10 requiring infliximab as rescue therapy having met Travis criteria as inpatients), aged 14-70 (median 38) years. A strong correlation was seen between P-Mayo and PUCAI ($r=0.85$, $P<0.0001$, CI 95%: 0.80, 0.89). Better correlations were seen between PUCAI scores with FC and albumin, when compared to the P-Mayo Score (Table 1). Interclass agreement was moderate

Abstract PMO-40 Table 1

Dataset 1	Dataset 2	Correlation	95% CI	P-Value
P-Mayo	FC	0.46	0.30, 0.59	<0.0001
PUCAI	FC	0.57	0.43, 0.68	<0.0001
P-Mayo	Albumin	-0.35	-0.50, -0.19	<0.0001
PUCAI	Albumin	-0.49	-0.62, -0.35	<0.0001
Mayo	PUCAI	0.85	0.80, 0.89	<0.0001

between P-Mayo and PUCAI scores ($\kappa=0.44$); this improved slightly when mild and moderate disease activity was combined ($\kappa=0.51$).

Conclusions In this small cohort of mostly adults, P-Mayo and PUCAI correlated strongly with moderate interclass agreement. PUCAI presented stronger correlations than P-Mayo score with blood and colonic disease biomarkers. External validation and evaluation against endoscopy is warranted.

PMO-41 INCORPORATING HLADQA1*05 IN PRE-BIOLOGIC SCREENING IN IBD PATIENTS INITIATING BIOLOGIC THERAPIES

Haidee Aleman Gonzalez*, Sankaranarayanan Ramachandran, Emma Whitehead, Alison Pattinson, Katie Stamp, Jack Turnbull, Sally Myers, Alison Talbot, Shaji Sebastian. Hull University Teaching Hospitals NHS Trust, Hull, UK

10.1136/gutjnl-2021-BSG.180

Introduction The PANTS study reported high risk of immunogenicity and loss of response in anti Tumor Necrosis Factor (anti-TNFs) treated Crohn's disease (CD) patients carrying HLADQA1*05 allele. The proposed biomarker stratified trial to evaluate the usefulness of HLA testing prior to initiation of anti-TNFs is not yet available.

Aim To evaluate the use of HLADQA1*05 as part of pre-biologic screening in IBD patients initiating biologics on MDT decision on drug choice and disease outcomes

Methods We prospectively included all IBD patients who had HLADQA1*05 tested prior to initiation of biologics over a period of 12 months. Patients with definitive indication for one class of drug or drug strategy (perianal fistula, acute severe colitis, contraindications to infliximab, co-existent EIMs) were excluded. Primary outcome was treatment persistence at 6 and 12 months. Secondary outcomes were steroid free remission at 6 and 12 months, use concomitant immunosuppression and proportion needing dose escalation.

Results Seventy-six patients were included in analysis (UC=32, CD=43, IBD-U=1). HLADQA1*05 was positive in 46.7% of patients. The therapy class choice was as recorded in figure 1. Concomitant immunosuppression was used in 44% of the whole cohort and in 100% of HLADQA1*05 positive patients started on anti-TNF agents. Primary non-response was recorded in 8 patients and secondary loss of response in 3 patients. Among patients started on anti-TNFs, anti-drug antibodies were detected in 10 (15.6%) patients