Conclusion 51 patients commenced on UST at our institute. 16/40 patients had an initial response to UST, as shown by an improvement HBI by ≥3 at 12 weeks. After at least 6 months of treatment, 15/30 patients had a subjective or objective improvement in Crohn's disease activity. UST appears to be a safe and effective in our cohort of patients with Crohn's disease. Further 'real-life' studies are required to assess the longer-term use of UST in clinical practice.

P129 EFFICACY AND SAFETY OF VEDOLIZUMAB FOR INFLAMMATORY BOWEL DISEASE IN THE UK POPULATION:SINGLE CENTRE EXPERIENCE

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Introduction Vedolizumab is a fully humanised monoclonal IgG-1 antibody. It selectively inhibits the interaction between α4β7 integrin and mucosal addressin cell adhesion molecule-1 (MAdCAM-1). Vedolizumab is approved for the treatment of moderate to severely active IBD. This study aimed to provide real-world data on drug effectiveness in the anti-TNF exposed population with high disease burden.
Methods A retrospective cohort study of all patients commenced on Vedolizumab at Good Hope Hospital, Birmingham, UK was conducted. Clinical disease activity was assessed at baseline, week 12 and week 52 using the Harvey Bradshaw Index (HBI) for Crohn's Disease (CD) and Mayo score for Ulcerative Colitis (UC). Clinical response was defined as a reduction in HBI by≥ 3, or Mayo score reduction of≥ 2. Clinical remission was defined as HBI < 4 and Mayo <2. Adverse events were recorded.
Results 65 patients were included (41 CD and 24 UC). All had failed anti-TNF therapy. Median pre-treatment Mayo score in UC was 8, median HBI in CD was 9. 56% with UC had pancolitis and 26% of CD patients had perianal involvement.

26/41 (63.4%) CD patients and 20/24 (83.3%) UC patients demonstrated a clinical response to Vedolizumab at week 12. There was a statistically significant reduction in activity score with increasing weeks on treatment for both groups (figure 1), but clinical remission at 52 weeks was low, particularly in the UC group: 36% in CD and 17% in UC.

No serious adverse events were reported. 3 developed paraesthesia, 2 recurrent infections and 1 had serum sickness.
Conclusions Vedolizumab was safe in the treatment of this anti-TNF exposed group of IBD patients with highly active disease burden. Impressive clinical response was demonstrated at 12 weeks, however prolonged clinical remission was low, particularly in the UC group. These results reflect real-world data from Europe and North America.

P130 EFFICACY AND SAFETY OF USTEKINUMAB IN CROHN'S DISEASE: A REAL-WORLD STUDY FROM THE WEST MIDLANDS

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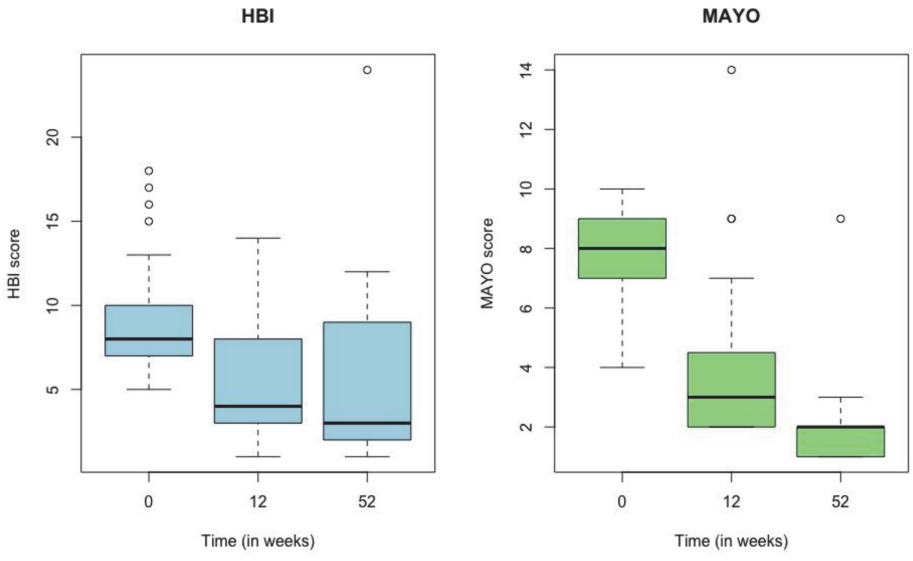
Introduction Ustekinumab (UST), a human anti-IL12/23p40 monoclonal antibody, was approved in the United Kingdom for the treatment of moderate to severe Crohn's disease (CD) in 2017 as it has demonstrated effectiveness in clinical trials. Yet often, large international trial data does not concord with regional or even national experience. This retrospective dual centre study aims to assess the efficacy and safety of UST in a real-world, multi-ethnic and anti-TNF exposed CD cohort.
Methods All patients commenced on UST were included in the study from two sites of The University of Birmingham NHS Trust. Detailed data on demographics, previous treatment and disease phenotype were recorded. UST was given as an infusion (6 mg/kg) at week 0 followed by 90 mg subcutaneous injection at week 8 and 90 mg SC every 8 weeks as



Abstract P129 Figure 1 Disease severity score for CD (HBI) and Mayo (UC) with length of treatment. The coloured blocks represent upper and lower interquartile ranges, the bold horizontal lines across coloured blocks are median values.