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, Immunomodulator (Azathioprine/6-Mercaptopurine), Biologic(Infliximab/Adalimumab/Vedolizumab) and small molecules(Tofacitinib).What is not known if these drugs have materialized into better outcomes in acute severe colitis.

Methods We analysed outcomes from different papers from Oxford representing different cohorts of different era i.e Dinesen et al(1953–2007), Travis et al(1996) and Corte et al(2015).We compared the outcomes with most recent cohort from 2015–2019.

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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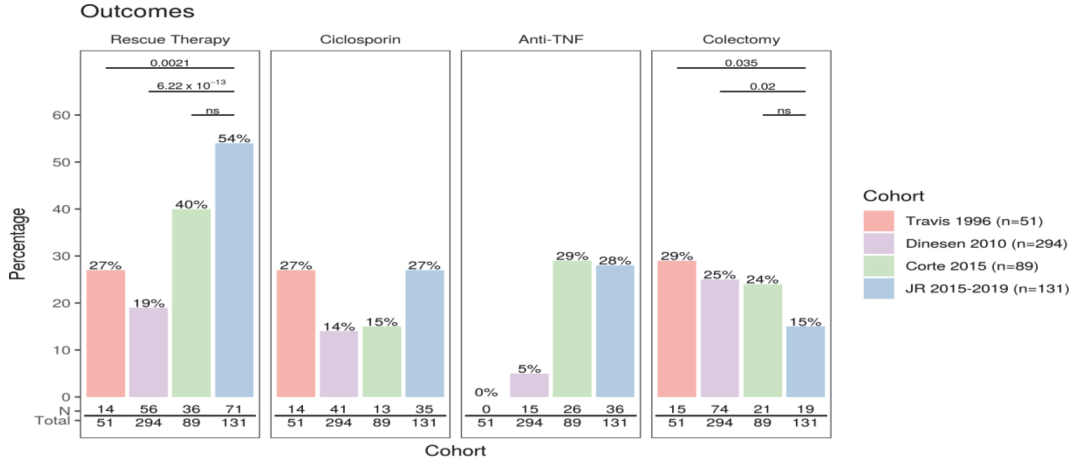
Introduction Microscopic colitis (MC) is still perceived to be an 'uncommon' condition[1]. Despite significant impact on quality of life[1], many aspects of the patient journey remain unclear.

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.



Abstract P107 Figure 1

Results In total, 527 patients were enrolled on the registry; of whom, 54 were excluded due to incomplete information. Out of 473 patients [Collagenous colitis 328(69%), Lymphocytic colitis 127(27%), 18 unspecified (4%)] included in the analysis, 358(76%) were female, aged 20–96 (median 67) years. Watery diarrhoea (463, 98%) and abdominal pain (111, 23%) were predominant symptoms. Weight loss was noted in 115 (24%).

Eight (2%) patients developed complications; 2 adverse drug reactions, 1 colorectal malignancy and 3 required surgical intervention for intractable symptoms related to MC.

Variations were noted in the following areas:

1. **Patient journey:** Whilst 230(49%) were referred directly to Gastroenterology, 109(23%) were referred initially to Surgery– with subsequent referral to Gastroenterology following colonoscopy. This led to delay in therapy initiation in a proportion of patients. In one unit, average length of symptoms at diagnosis was 5.7 months, with an average length of 9.1 months to see Gastroenterology.
2. **Medications:** There was no evidence of medication review in 121(26%) patients. Reducing-dose Budesonide was the first line treatment in 205(43%). Though 174(37%) did not require initial medical therapy; of these 18(10%) required subsequent treatment with Budesonide. There are 4(1%) patients on biologics and 4(1%) patients on immunomodulators specifically for MC– all of which were treated with budesonide first line.
3. **Follow-up:** A majority, 337(71%) were followed-up in clinic, with 260(77%) later discharged. Relapse was noted in 118 (25%) patients.

Conclusions Initial findings from the first MC Registry in the UK demonstrate variability in referral pathway, patient journey and management. Data suggests association with alarm features and significant complications.

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P109 VEDOLIZUMAB IS AN EFFECTIVE TREATMENT FOR ANTIBIOTIC REFRACTORY CHRONIC POUCHITIS

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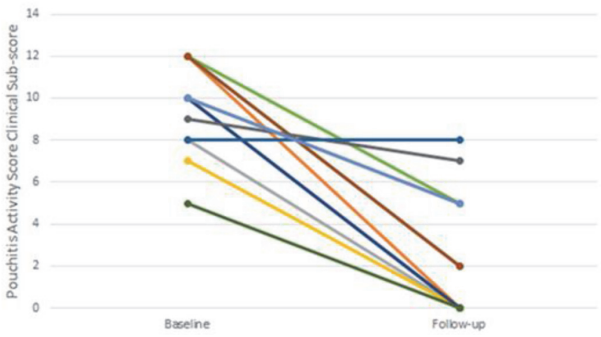
Introduction Vedolizumab is a gut selective monoclonal antibody to α4β7 integrin that can successfully treat IBD, currently licenced for the treatment of Ulcerative colitis and Crohn's disease. Chronic pouchitis is the most common complication arising following proctocolectomy, affecting 15–50% of patients after ileo-anal pouch formation. To date there is little data regarding the use of vedolizumab in pouchitis. We aim to evaluate the efficacy and safety of vedolizumab in the treatment of chronic antibiotic refractory pouchitis.

Methods This was a retrospective study that took place in the Edinburgh IBD unit between July 2015 and September 2019. Patients were included in the study who had confirmed chronic pouchitis and had failed to respond to antibiotic therapy with at least 6 months of follow up. We assessed clinical disease activity by completing the Pouchitis Activity Score clinical sub-score. We also assessed blood tests including CRP, faecal calprotectin and inflammatory activity on pouch biopsy. In our statistical analysis continuous variables were assessed with paired samples t tests, whilst changes in frequencies were asses with chi-squared tests. Adverse events were recorded quantitively.



Abstract P109 Figure 1

Results A total of 13 patients were included in the study. 6 females, median age 50 years (IQR 44.5–62). All patients underwent colectomy for failure of medical therapy. Following vedolizumab treatment, 92% of patients experienced a reduction in Pouchitis Activity Score clinical sub-score, with median score falling from 10 at baseline to 2.5 at follow up (p= <0.0001, IQR= 8–12 at baseline, 0–5 at follow up). Median faecal calprotectin fell from 390µg/g to 197µg/g at 1 year (p=0.02, IQR= 340–644 at baseline, 60–283 at follow up). Active inflammation levels on pouch biopsy decreased in 71% of participants (Baseline- 4 mild, 1 moderate, 2 severe. Follow up- 3 mild, 4 none. Chi p= 0.0008. No serious adverse events were reported and only 15% of patients reported mild adverse events (1 arthropathy, 1 rhinitis).

Conclusions In our cohort, vedolizumab is an effective and safe treatment for chronic antibiotic refractory pouchitis and produces improvements in symptoms, biochemical tests and histological inflammation. Whilst larger studies are needed, this is a treatment option for those who have failed conventional medical therapy.

P110 COST-EFFECTIVENESS OF A 17-GENE CLASSIFIER TO GUIDE TREATMENT CHOICE IN CROHN'S DISEASE IN THE UK

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Introduction This study examines the cost-effectiveness of PredictSURE in guiding the early use of biologic therapy in newly diagnosed CD patients, at high-risk of requiring early and frequent treatment escalations in the UK. PredictSURE IBD™ is a 17-gene, whole blood-based qPCR-based classifier that predicts long-term outcome in IBD, enabling early personalised treatment strategies through the early use of biologics in high-risk patients.

Methods A decision tree leading into a Markov state-transition model was constructed in MS Excel to compare two treatment approaches: 1) standard of care therapy following established