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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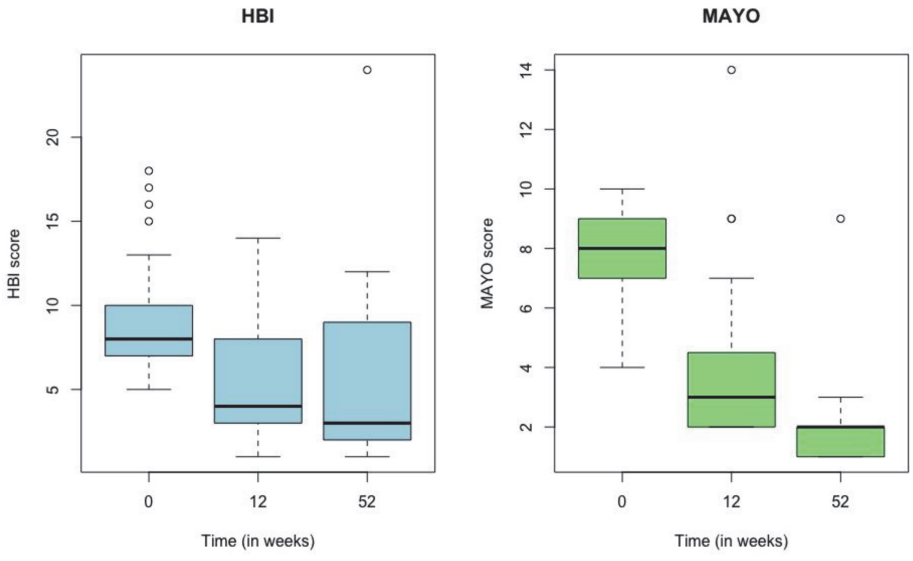
Introduction Ustekinumab (UST), a human anti-IL12/23p40 monoclonal antibody, was approved in the United Kingdom for the treatment of moderate to severe Crohn's disease (CD) in 2017 as it has demonstrated effectiveness in clinical trials. Yet often, large international trial data does not concord with 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.

Abstract P130 Table 1 Baseline characteristics

Characteristic		N (total =62)
Gender	Male	30 (48%)
	Female	32 (52%)
Ethnicity	Caucasian	48 (78%)
	Asian	12 (19%)
	Other	2 (3%)
Montreal Classification:		
Age at diagnosis, years:	A1 (<16)	18 (29%)
	A2 (16–40)	38 (61%)
	A3 (>40)	6 (10%)
Disease location:	L1 (Ileal)	19 !31%)
	L2 (Colonic)	16 (26%)
	L3 (Ileocolonic)	27 (43%)
	L4 (Isolated upper GI)	0
Disease behaviour:	B1 (Inflammatory)	25 (40%)
	B2 (Stricturing)	30 (49%)
	B3 (Penetrating)	7 (11%)
Perianal involvement:		14 (23%)
Total number of previous biologics:	1	16 (26%)
	2	32 (52%)
	3	12 (19%)
	Biologic naive	2 (3%)
Concomitant medications:	Thiopurine	16 (26%)
	Methotrexate	3 (5%)
Baseline data:	Mean HBI	9 (s.d. 4.08)

maintenance. Clinical endpoints were 1) remission (Harvey Bradshaw Index (HBI) ≤ 4) 2) response (reduction in HBI of ≥3 or sustained HBI ≤4 points) at 12, 24 and 52 weeks. Adverse events were recorded.

Results 62 patients (table 1) were included of whom 60 (97%) were biologic exposed and 44 (71%) had failed >1 previous biologic. 12-week clinical response was 69%, 24-week and 52-week remission rates were 52% and 69% respectively. 18 (29%) were on concurrent immunomodulation (IM). The 12-week response rate with concurrent IM was 78% versus 65% in non IM group. Clinical remission was higher in those not on IM (56% not on IM versus 42% on IM)) Clinical response rates were not significantly different in those with perianal disease versus without. Adverse events occurred in 8 (13%), 3 (5%) were considered major (suicidal ideation, severe headache, hypotension).

Conclusions In this treatment resistant CD group, Ustekinumab is effective with a low side effect profile. Concurrent IM therapy improved clinical response rate, but this was not sustained in longer term remission rates and reflects international trial data. CD phenotype did not affect outcomes.

P131 INCIDENCE AND PREVALENCE OF INFLAMMATORY BOWEL DISEASE IN UK PRIMARY CARE: A COHORT STUDY

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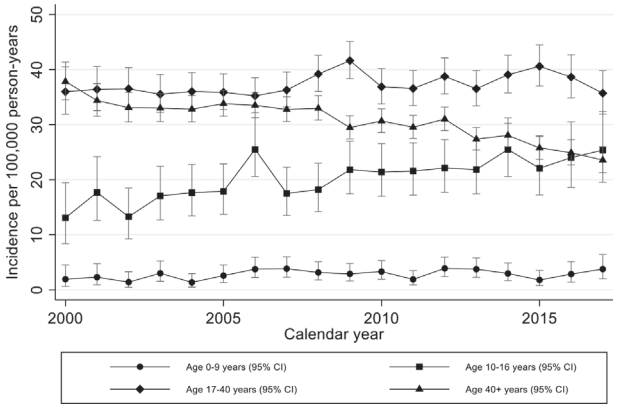

Abstract P131 Figure 1 Incidence of IBD over time stratified by age group

Introduction Studies describing the epidemiology of inflammatory bowel disease (IBD) in the UK have been limited by small sample size and low generalisability. We describe temporal trends in the recorded incidence of IBD in UK primary care patients between 2000 and 2018.

Methods Cohort study of all individuals contributing to the IQVIA Medical Research data (IMRD) primary care database during the period 01/01/2000–31/12/2018. The primary outcome was the recorded diagnosis of IBD. Crude incidence estimates per 100,000 person-years at risk with 95% confidence intervals (CI) were calculated assuming a Poisson distribution. Mixed multivariable Poisson regression was used to estimate incidence rate ratios adjusting for birth gender, age, calendar year, social deprivation and geographical location. Point prevalence was calculated on the last day of the study period. Stata™ 15 was used for all analyses.

Results 11,325,025 individuals contributed data and 65,700 IBD cases were identified. Overall, there were 8,077 incident cases of Crohn's disease (CD) and 12,369 incident cases of ulcerative colitis (UC) during study follow up. Crude incidence estimates of 'any IBD', CD and UC were 28.6 (95% CI 28.2–28.9), 10.2 (95% CI 10.0–10.5) and 15.7 (95% CI 15.4–15.9) per 100,000 person-years respectively. During the study period, incidence of UC fell from 18.8 (95% CI 17.0–20.7) to 13.3 (95% CI 12.1–14.5) per 100,000 person years (adjusted average decrease 1.5% (95% CI 1.0–1.9%) per year ($p<0.0001$)) whereas incidence of CD remained relatively stable. No change in IBD incidence was observed for adults aged 17–40 years and children aged 0–9 years. However, for adults aged over 40 years, incidence fell from 37.8 (95% CI 34.5–41.4) to 23.6 (95% CI 21.3–26.0) per 100,000 person-years (adjusted average decrease 2.3% (95% CI 1.9–2.7) per year ($p<0.0001$)). In adolescents aged 10–16 years, incidence rose from 13.1 (95% CI 8.4–19.5) to 25.4 (95% CI 19.5–32.4) per 100,000 person-years (adjusted average increase 3.0% (95% CI 1.7–4.3) per year ($p<0.0001$)) (figure 1). Point prevalence estimates on 31/12/2018 for 'any IBD', CD and UC were 725, 276 and 397 per 100,000 people respectively.

Conclusions This is one of the largest studies ever undertaken to investigate trends in IBD epidemiology. We observed stable or falling incidence of IBD in adults, but incidence rose by 94% in the adolescent population. Further investigation is required to understand the aetiological drivers.