provide input into areas such as VTE prophylaxis, delivery method and folic acid dosing. IBD indications for caesarean section seem to be poorly understood by a sizable minority. A basic framework to inform service set-up, and better education on the available clincial guidance for clinicians, is required to ensure consistent identification and review of patients and high quality care.

P147 SAFETY AND EFFICACY OF USTEKINUMAB FOR CROHN'S DISEASE (CD): THE CROSS PENNINE EXPERIENCE

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Background Ustekinumab was approved by NICE in 2016 for adults with moderate to severe CD. Real world data are required to establish effectiveness of therapy where restrictive inclusion and exclusion criteria from trials are not routinely applied.

Methods This retrospective audit of clinical data included all patients treated with Ustekinumab for CD at 8 North West England and Yorkshire hospitals that form the Cross Pennine IBD Initiative. The dataset included medical history, treatment history, phenotype and disease activity (at 3 and 12 months). Remission was defined as Physician Global Assessment (PGA) of 0 and response by PGA of 1.

Results The cohort comprised of 259 patients (160 females, mean age 39.99, mean disease duration 11.78 years) with active Crohn's Disease. The majority (n=137) had ileocolonic, 65 colonic and 57 ileal disease distribution. Eighty six (33.2%) had inflammatory, 78 (30.1%) stricturing and 95 (36.7%) penetrating disease behaviour. Perianal disease was noted in 32.1% and 46% had had a previous bowel resection. Previous treatment history included Infliximab in 73%, Adalimumab in 80.7% and Vedolizumab in 30.1% with 35.5% having been exposed to 1, 40.5% to 2 and 22.4% to 3 previous biologics. Steroid exposure at baseline was 36.7%.

At 3 months 89 (34.4%) had achieved remission and 84 (32.4%) had a clinical response. By 12 months 65 (25%) patients had discontinued Ustekinumab, 63 (24.3%) were in remission and 34 (13.1%) in response (outcomes not available for 37.6%). Bowel resections were required in 20 and perianal surgery in 6 cases. 84% of patients were given 8-weekly sc ustekinumab.

Adverse events included headaches (8), joint pains/arthralgia (8), body rashes/urticaria (6) and flu type symptoms (5). Serious adverse events included hospitalisations with infection (17), gastrointestinal operations (26), CD flare (46), abdominal pain (6), medical admissions (8). There was one death from a pre-existing primary malignant melanoma, 3 cases of newly diagnosed cancers (1 small bowel adenocarcinoma, 1 breast cancer, 1 hepatocellular carcinoma), and 2 recurrences of previous known cancers (1 basal cell carcinoma of the skin, 1 bladder transitional cell carcinoma).

Conclusion In this large real-world study of patients with long disease duration and highly refractory CD we found that Ustekinumab was clinically effective and safe in line with expectations from clinical trials. Further analysis of predictors of response may help clinicians' decision making on biologic choices for CD.

P148 AN INTERVENTION BUNDLE LEADS TO QUALITY IMPROVEMENT IN ENDOSCOPIC REPORTING OF ULCERATIVE COLITIS

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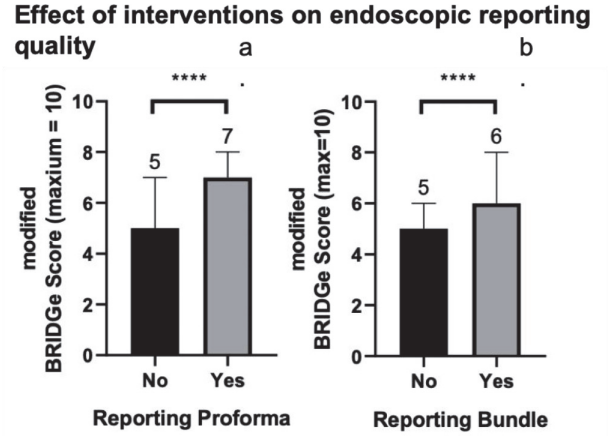
Introduction Macroscopic mucosal healing is an established therapeutic target in ulcerative colitis (UC) and can be objectively measured using endoscopic indices. The Mayo Endoscopic Subscore (MES) and UC Endoscopic Index Score (UCEIS) are validated scores that can guide clinical decision making and prognostication. This multi-centre study aimed to assess the use of these indices in the endoscopic assessment of UC and whether an intervention bundle impacts reporting quality.

Methods We retrospectively reviewed 1160 endoscopy reports for UC patients across 7 London centres (April-October 2019), evaluating the use of 10 reporting elements recommended by the *Building Research in Inflammatory Bowel Disease Globally* (BRIDGe) group. In addition to the MES (recommended by BRIDGe), we included the UCEIS as an alternative index.

We segregated endoscopists according to specialty, level of training and interest in inflammatory bowel disease (IBD) and compared the number of BRIDGe elements in reports between groups. We then implemented an intervention bundle at a single centre and compared index use pre- and post-intervention. The bundle included integrating a proforma into reporting software, training on endoscopic indices (online and face-to-face) and posters in endoscopy suites. Statistics: Chi squared for categorical variables and Mann-Whitney U for continuous variables.

Results The use of endoscopic indices was higher in centres with a pre-existing reporting proforma compared to centres without (77.7% (202/260) vs 44.4% (400/900), p<0.0001), and after implementing an intervention bundle at a single centre (110/190 (57.9%) pre-intervention vs 117/168 (69.6%) post-intervention, p=0.03). Both the proforma and bundle



Abstract P148 Figure 1 Modified BRIDGe score at a multiple sites without and with a reporting proforma and b. single site before and after implementation of a reporting bundle (median, inter-quartile range) **** p<0.0001

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