

Clostridium difficile infection, leukocytoclastic vasculitis, renal cell carcinoma and post-transplant lymphoproliferative disorder (PTLD) in the colon. 5 patients had cholangitis prior to and post VDZ. None of these complications were felt to be related to VDZ and therapy was continued long term in IBD responders.

2 patients have died, 1 due to cholangiocarcinoma and the cause is unknown for the other. 18 patients have stopped VDZ due to: primary non response in 13 cases, cancer in 3 (cholangiocarcinoma, rectal cancer, PTLD), remission in 1 and failure to attend appointments in 1.

**Conclusion** Our experience of VDZ use in IBD-AILD pre and post LT has demonstrated VDZ is a safe treatment option in this cohort. Complications including infections were treatable and patients continued on VDZ. The cessation of VDZ was predominantly due to lack of response and the causal relationship between the cancers and VDZ is not established in this observational study. Prospective multicentre studies would help elucidate further on the use of VDZ in this cohort.

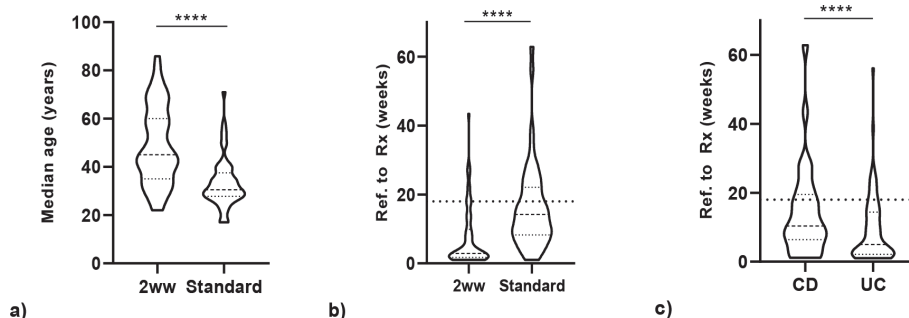
### P95 INFLAMMATORY BOWEL DISEASE DIAGNOSIS: CHOOSING THE RIGHT PATH

<sup>1,2</sup>Jennie Clough\*, <sup>1</sup>Joel Mawdsley, <sup>1,2</sup>Peter Irving. <sup>1</sup>Guy's And St Thomas' Nhs Trust, UK; <sup>2</sup>King's College London, UK

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**Introduction** Patients presenting to their GP with symptoms of undiagnosed inflammatory bowel disease (IBD) frequently meet criteria for secondary care referral on a two week wait (2ww) cancer pathway. IBD patient outcomes are improved when treatment is commenced early in the course of disease (Berg *et al*, 2019), and NHS operational standards recommended that 92% of routine GP referrals to secondary care should receive treatment within 18 weeks. Our aims were to determine the volume of new IBD diagnoses made following 2ww referral, and to understand whether this cohort were effectively triaged to initiate therapy in a timely manner.

**Methods** Details of adult (>18 years) patients with a new IBD diagnosis made at Guy's and St Thomas' NHS Trust (GSTT) were collected prospectively between 1st January 2019 and 31st December 2020. Patient demographics, IBD subtype, date of referral, referral pathway, and date of IBD treatment initiation were documented. Patients were excluded if they had an IBD diagnosis made elsewhere, or if they were diagnosed during inpatient admission. Data were analysed in Prism (version 8.0) using the Wilcoxon signed rank test.



Abstract P95 Figure 1

**Results** 114 diagnoses of IBD were made during the study period, of which 60 were via 2ww referral (52.6%). 52.6% were male, with a median age of 45.0 years. 76 patients were diagnosed with ulcerative colitis (UC, 66.7%), 34 with Crohn's disease (CD, 29.8%), and four with IBD unclassified (IBDU, 3.5%). Patients referred on the 2ww pathway were significantly older than those diagnosed via routine GP referral (figure 1a, median age 45.0 vs. 30.5 years,  $p < 0.0001$ ). Treatment was commenced earlier for patients referred on the 2ww pathway than those referred routinely (figure 1b, median 2.9 vs. 13.2 weeks,  $p < 0.0001$ ). This was accounted for exclusively by the longer time between referral and colonoscopy in the standard vs. the 2ww cohorts (median 10.6 vs. 2.0 weeks). Time from referral to treatment initiation was greater for patients diagnosed with CD than those diagnosed with UC (median 10.4 vs. 5.0 weeks,  $p < 0.0001$ ). Of patients referred on a 2ww pathway, 85.0% commenced treatment within 18 weeks of referral, compared to 61.1% of those referred routinely.

**Conclusions** Most IBD diagnoses were made following 2ww pathway referral. Despite uncertainty about whether this would permit access to the most appropriate specialist, patients on the 2ww pathway had a shorter referral to treatment time than those referred routinely due to access to earlier diagnostic colonoscopy. The longer wait for treatment in Crohn's disease may reflect a reluctance or difficulty in starting steroids or immunomodulators in this cohort. A substantial proportion of patients referred on both pathways are not being treated within the recommended 18 week window.

### P96 FACTORS INFLUENCING TREATMENT PREFERENCES IN STEROID RESISTANT ULCERATIVE COLITIS – A QUALITATIVE INTERVIEW STUDY

<sup>1</sup>Amy Barr\*, <sup>1</sup>Elizabeth Coates, <sup>1</sup>Nyantara Wickramasekera, <sup>1</sup>Daniel Hind, <sup>1</sup>Phil Shackley, <sup>2</sup>Sue Blackwell, <sup>2</sup>Nicola Dames, <sup>2</sup>Hugh Bedford, <sup>1,3</sup>Matthew Lee, <sup>4</sup>Shaji Sebastian, <sup>5</sup>Christopher Probert, <sup>3</sup>Alan Lobo. <sup>1</sup>University of Sheffield, Sheffield, UK; <sup>2</sup>Patient Representative, UK; <sup>3</sup>Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK; <sup>4</sup>Hull University Teaching Hospitals NHS Trust, Hull, UK; <sup>5</sup>University of Liverpool, Liverpool, UK

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**Background** The best treatment option for people whose ulcerative colitis (UC) is resistant to steroids is not clear. Importantly, understanding of patient preferences for available treatments in this setting is also limited. Therefore, the objective of this study was to explore patient experiences of different treatment options, their approaches to decision making, and preferences for available treatments for steroid resistant UC.