/regarding the role of specific dietary components in the pathogenesis of IBD is still inconclusive. The aim of this study was to evaluate the dietary characteristics of IBD patients in comparison to healthy controls.

**Materials & Methods:** A case-control study was conducted in the Department of Gastroenterology at the University of Medicine Hospital. A total of 101 patients with ulcerative colitis (UC) and 44 with Crohn’s disease (CD), and 178 healthy controls were examined with the help of standard self-report questionnaire about daily dietary habits. Healthy controls were enrolled and evaluated in primary care centers. Body mass index was calculated for all patients in a standard way.

**Results:** There was no statistically significant difference between IBD patients and controls concerning consumption of coffee, tea, chewing gum, and type of fast food preparation, white bread, cooked potatoes and sausages, non-carbonated water. Patients with IBD statistically significantly less frequently consumed fresh milk, cheese, fish, fried potatoes, and soda drinks. Patients with CD statistically significantly less frequently consumed fresh fruits and patients with UC - fresh vegetables as compared to controls. Body mass index of patients with IBD was significantly lower compared to controls, and patients with CD had significantly lower body mass index than UC patients.

**Conclusions:** Patients with IBD have lower body mass index than healthy controls. IBD patients consume fresh milk, cheese, canned and fresh vegetables and fruits less frequently than controls; therefore, primary care physicians and IBD patients should be provided with education and more information about nutrition issues.

---

**P160**

**ENHANCED EXPRESSION FROM NON IMMUNE CELLS OF WNT5A IN ULCECITIS ASSOCIATED WITH DISEASE ACTIVITY AND NEOPLASTIC TRANSFORMATION**

A. Buda1, R. D'Inca1, D. Pizzuti2, A. Grillo3, L. Naï3, C. Davide1, I. Castagliuolo1, M. Rugge1, M. Pignatelli2, G. Sturniolo1, 1University of Padova, Padova, Italy; 2University of Bristol, Bristol, United Kingdom

**Background:** In ulcerative colitis (UC) cancer develops through an inflammation-dysplasia-carcinoma sequence. Severity of colonic inflammation is associated with an increased risk of neoplastic progression. Wnt 5a contributes to colonic tissue homeostasis and repair which are critical steps for neoplasia development. Mesenchymal cells such as intestinal subepithelial myofibroblasts play a crucial role in intestinal wound healing and carcinogenesis. We examined the expression and localisation of Wnt 5a in mild to moderate active and inactive colonic mucosa from UC patients and UC-associated dysplasia. We have also investigated the pattern of subepithelial myofibroblasts expression.

**Material and Methods:** After obtaining informed consent, biopsies were taken at routine diagnostic colonoscopies from 11 patients with UC and from 10 healthy controls. Biopsies were taken from involved and uninvolved UC areas. Archival biopsy tissue from 3 UC patients with epithelial changes in definite for dysplasia (IFD), from 6 with UC-associated low-grade epithelial dysplasia (LGD), 2 with UC-associated high grade epithelial dysplasia (HGD) were also studied. Alpha-smooth muscle actin (alpha-sm) staining was used to identify pericryptal fibroblasts. Expression of Wnt 5a was evaluated by immunohistochemistry and immunofluorescence on paraffin-embedded and frozen sections respectively.

**Results:** Wnt 5a expression was upregulated in UC patients compared to controls and correlated with inflammation activity. In active colitis Wnt 5a was expressed predominantly in stromal cells. A significant increased number of subepithelial myofibroblasts was found in active colitis. Double labelling showed Wnt 5a and alpha-sm colocalisation in the pericryptal stroma. In dysplastic tissue Wnt 5a was also upregulated with an increased epithelial labelling, mainly in IFD and LGD samples.

**Conclusion:** Wnt 5a is significantly overexpressed in both active UC and colitis-associated dysplasia compared to either inactive IBD or normal colonic mucosa, suggesting a potential role during the inflammation-dysplasia sequence. During active inflammation the source of Wnt 5a appears to be predominantly from subepithelial myofibroblasts.

---

**P161**

**PATIENTS WITH INFLAMMATORY BOWEL DISEASE ARE INSUFFICIENTLY EDUCATED ABOUT THEIR DISEASE AND ASSOCIATED RISKS**

J. E. Baars1, C.A. Siegeler1, A. van ’t Spijker1, E.J. Kuipers1, C.J. van der Woude1, 1Erasmus MC, Rotterdam, The Netherlands; 2Dartmouth Hitchcock Medical Center, Lebanon, NH, United States

**Background and aim:** Inflammatory bowel disease (IBD) patients’ knowledge of disease is important for accurate disease management. Patients need to be aware of their disease and its associated risks in order to be adherent to therapy and react adequately to relapses. We performed a study to assess patients’ knowledge of disease and their perceptions of the associated risks of colon cancer (CRC) and colonoscopy.

**Methods:** Patients (pts) with IBD were asked to anonymously complete a survey regarding their knowledge about their disease, disease associated risks and risks of colonoscopy. Patients’ anxiety and depression were assessed using the Hospital Anxiety and Depression Scale (HADS), since a (sub)clinical score might influence patients’ perception of disease associated risks. A score of ≥11 was defined as a clinical score indicating probable presence of a psychiatric diagnosis. A score of 8-10 was defined as a subclinical score, being suggestive of a mood or anxiety disorder. Statistical analysis was performed using descriptive statistics and chi-square tests.

**Results:** 118 patients completed the survey (76.3%) Ulcerative Colitis (UC), 28 (23.7%) Crohn’s disease (CD), 72% females, mean age 41 yrs old (SD 14.42). Duration of disease: < 10 yrs in 71 pts (60.2%). 96.6% of pts were able to answer which medication they used. However, 25.4% of pts seemed not well informed about localization of disease. Regarding the complication of IBD and procedures: 26 pts (22%) thought IBD did not influence the risk of CRC. 87 pts (74.5%) answered that it was unlikely for them to develop CRC. 56.7% of pts thought it was unlikely for them to need colonoscopy in the future. According to 33 patients (28%) IB patients would shorten their life expectancy and 25.4% thought a major complication was likely to occur during colonoscopy. 47 pts (39.8%) had a clinical score on the HADS, 20 pts (16.9%) had a subclinical score. Pts with a clinical score had significantly more flares of UC in their medical history (p=0.03) and more bowel movements (p=0.001) and abdominal pain (p=0.001) during the two weeks prior to completing the questionnaire. Furthermore, pts with a clinical score more often thought major complications were likely to occur during colonoscopy (p=0.030). However, a clinical score was not associated with misperception of the risk of CRC (p=0.269), nor with misperception of their life expectancy (p=0.332).

**Conclusion:** IB patients are aware of their therapy; however they are not well educated about their disease. A large group of patients with IBD scored high on the Hospital Anxiety and Depression Scale. This requires further exploration.

---

**P162**

**INFLIXIMAB RESCUE THERAPY IN ACUTE, STEROID AND CYCLOSPORIN REFRACTORY ULCECITIS**

A. Malloppi1, E. Domenech1, A. Lopez-San Roman2, E. Garcia-Planella3, G. Bastida1, J. Hinojosa1, M. Gasull1, 1Hospital Universitari Germans Trias I Pujol, Badalona, Spain; 2Hospital Ramon y Cajal, Madrid, Spain; 3Hospital de la Santa Creu i Sant Pau, Barcelona, Spain; 4Hospital La Fe, Valencia, Spain; 5Hospital de Sagunto, Sagunto, Spain

Cyclosporin (CSA) and infliximab (IFX) have been proved to be effective in avoiding colectomy in patients with steroid-refractory ulcerative colitis (UC). Data comparing both drugs are not available yet, and the question of which one of them should be used as first choice is still not answered. Moreover, only scarce data about the utility of sequential therapy have been reported.

**Aim:** To assess the clinical outcome of UC patients treated with IFX for an acute flare resistant to IV steroids and CSA. Patients and Methods: Patients with a steroid-refractory UC flare who did not respond to IV CSA and who followed rescue therapy with IFX in the 4 weeks following CSA discontinuation were identified from the database of 6 IBD referral centres in Spain. Clinical, biological, and endoscopic data were registered until colectomy or loss of follow-up.

**Results:** 13 patients (70% males) were included, median age 33 years old (21-63), and a median time from UC diagnosis of 13 months (2-150). 70% had extensive UC, 61% were on maintenance treatment with SASA and 31% with azathioprine before the current flare. 15% of patients had had a previous steroid-refractory flare that was successfully treated with CSA. IFX was started after a median of 12 days (4-36) of steroid monotherapy and a median of 14 days (3-21) of combined therapy with CSA. 85% of patients had moderate-to-severe disease activity (S2-3 by Montreal classification) at the time of start IFX. 73% of cases had an endoscopic assessment immediately before starting IFX, with severe endoscopic activity in all of them (Gomes index=3). All patients were tested for latent TB with TST, and 54% had also a booster TST. 31% completed a 3-infusion induction regimen, and 46% additional patients followed scheduled maintenance treatment. A median of 3 IFX infusions (1-9) were administered, and the median time of follow-up from the first IFX infusion was 70 days (7-515). 38% (5/13) of patients required colectomy. Median time for colectomy was 37 days (7-70). There were no septic complications.

**Conclusion:** IFX rescue therapy may avoid short-term colectomy in a proportion of steroid-refractory UC patients who do not respond to CSA without an increased risk of adverse effects.