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Factors associated with use of azathioprine in patients with ulcerative colitis
J. Yamamoto-Furusu1, C. Herrera-de-Guise1, A. Ayala-Chavez1. 1IBD Clinic, Instituto Nacional de Ciencias Medicas y Nutricion, Gastroenterology, Mexico, Mexico

Background: Ulcerative colitis (UC) is a chronic inflammatory bowel disease of unknown etiology characterized by diffuse mucosal inflammation limited to the colon. Azathioprine (AZA) is widely used to treat corticosteroid-dependent IBD patients but there are few studies that examine factors that could predict its use in UC patients. The aim was to investigate factors associated with azathioprine use in Mexican patients with UC.

Methods: Retrospective case-control study that included 180 patients with UC diagnosed between 1998 and 2008 and currently managed in the inflammatory bowel disease clinic. Patients were divided in two groups: (1) UC patients who currently or previously received AZA (N = 90) and (2) UC patients receiving 5-Aminosalicylic acid (5-ASA) alone (N = 90).

Medical records were reviewed and clinical, biochemical and demographic data were assessed such as age at diagnosis, tobacco use, gender, UC extent, steroid use, clinical behavior, blood count, antinuclear antibodies (ANA) and anti-neutrophil cytoplasmic antibodies (ANCA). All variables were analyzed using parametric statistics. Odds ratio (OR) and 95% confidence intervals (CI) assessing the risk of AZA use were estimated by univariate and logistic analyses. A P-value 0.05 was considered statistically significant.

Results: A total of 180 UC patients were studied, 85 female and 95 male, with a mean age at diagnosis of 34.57 ± 12.2 years. In univariate analyses eight factors correlated with AZA use: previous tobacco use (p < 0.006 OR = 2.55 95% CI 1.33–4.9); requirement of hospitalization at diagnosis (p < 0.008 OR = 2.53 95% CI 1.29–4.96); use of systemic steroids within the first 6 months of diagnosis (p < 0.001 OR = 8.93 95% CI 3.28–24.3); distal/extendive colitis (p < 0.007 OR = 4.63 95% CI 1.26–14.57); positive ANA (p < 0.03 OR = 5.86 95% CI 1.15–19.8); positive ANCA (p < 0.003 OR = 2.66 95% CI 1.42–4.99); anemia (p < 0.014 OR = 5.91 95% CI 1.32–4.60) and thrombocytosis at diagnosis (p < 0.004 OR = 3.09 95% CI 1.45–6.55).

Logistic analyses showed that previous tobacco use (p < 0.002 OR = 3.84 95% CI 1.63–9.01); hospitalization on diagnosis (p < 0.030 OR = 2.44 95% CI 1.09–5.46); use of steroids within 6 months of diagnosis (p < 0.001 OR = 13.52 95% CI 3.95–46.2) and positive ANCA (p < 0.001 OR = 4.67 95% CI 1.93–11.28) were the most significant.

Conclusions: Previous tobacco use, requirement of hospitalization at diagnosis of UC, use of steroids within the first 6 months of diagnosis and positive ANCA were associated with azathioprine use in UC patients.

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The efficacy of anti-TNF-α antibody infliximab in refractory ulcerative colitis: Its positioning among the variety of treatment options
N. Inoue1, K. Matsumoto2, T. Hisamatsu2, J. Miyoshi2, Y. Mikami2, T. Sujino2, S. Okamoto2, T. Kanai2, H. Ogata1, Y. Iwao1, T. Hibi2. 1Keio University School of Medicine, Division of Gastroenterology & Hepatology, Department of Internal Medicine, Tokyo, Japan, 2Keio University School of Medicine, Center for Diagnostic and Therapeutic Endoscopy, Tokyo, Japan

Background: Anti-TNF (tumor necrosis factor)-α antibody (infliximab: IFX) is one of rescue options for acute severe steroid-refractory ulcerative colitis (UC). In addition to tacrolimus which was already approved in Japan, IFX was recently approved for clinical use in patients with UC in Japan. In the present study, we evaluate the efficacy and safety of IFX in patients with intractable UC retrospectively.

Methods: We analysed 28 patients who were treated with infliximab at Keio University Hospital from June, 2010 through July, 2011. Infliximab (5 mg/kg body weight) was administered at 0, 2, 6 weeks and every 8 weeks thereafter. Indications for IFX were as follows: tacrolimus-failure (tacrolimus-refractory and relapse after tacrolimus therapy), steroid-refractory, steroid-dependent, others (intractable, extra-intestinal manifestations). Evaluation of the clinical response was based on a modified Truelove-Witts clinical activity index (CAI). Short-term clinical response was determined at 6 weeks after the start of IFX therapy. Efficacy of maintenance therapy and safety were also evaluated.

Results: Overall efficacy of induction therapy was 63.0% (remission: 37.0%, improvement: 26.0%). When looking at indications for infliximab administration, efficacies including remission and improvement were 40.0%, 85.7%, 57.1% and 100% for tacrolimus-failure, steroid-refractory, steroid-dependent and the others, respectively. Efficacy of IFX in patients with history of world-class therapy was 41.7%, which was much lower than in those without tacrolimus (80.0%). Among patients who were administered infliximab as maintenance therapy, 6 of 8 patients who achieved remission with induction therapy remained remission. The rest 2 patients, who had relapsed, achieved remission with re-induction therapy or adjustment of administration schedule. As for safety issue, only one patient developed infusion reaction which required discontinuation of the therapy.

Conclusions: Our results suggested that infliximab therapy was safe and effective for induction and maintaining remission of ulcerative colitis refractory to conventional medical treatment, however, its efficacy might be lowered after tacrolimus therapy.

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Effect of infliximab on the level of adhesion molecules in inflammatory bowel disease
L. Lazebnik1, *, O. Boldyreva1, O. Knazyev1, V. Sagynbaeva2. 1Central Research Institute of Gastroenterology, Moscow, Russian Federation, 2Central Scientific Research Institute of Gastroenterology, Moscow, Russian Federation

Background: Intercellular adhesion molecule one are involved not only in the distribution of cells at the periphery but also in the processes of cell interactions in the development of the immune response. In the process of settlement, there are two distinct phases: first phase – the interaction of migrating T cells to the endothelium of postcapillary venules and the second stage – the passage through the endothelium into the parenchyma of the organ. The implementation of these steps are involved adhesins different molecules: L-selectin, E-selectin, P-selectin, sVCAM-1. They cause the migration of cells from the bloodstream into the inflammatory focus, only in the distribution of cells at the periphery but also in the processes of cell interactions in the development of the immune response. The activity of endothelial cells and their involvement in the development of inflammation are not less important than the effect of the inflammatory infiltrate cells.

Aim: To study the effect of infliximab on the level of adhesion molecules in patients with inflammatory bowel disease (IBD).

Methods: We examined 16 patients with IBD receiving infliximab, including 7 patients with ulcerative colitis (UC) and Crohn’s disease in 9 patients (CD). Age of patients ranged from 17 to 68 years, mean age = 40.3. The diagnosis of UC and CD data confirmed the clinical, laboratory, histological, and instrumental methods. Before and after treatment with...