One UC patient (9.1%) had synchronous adenocarcinomas at rectum and descending colon. The histologies of CRCs were as follows; moderately differentiated adenocarcinoma in seven (36.8%), mucinous adenocarcinoma in five (26.3%), poorly differentiated adenocarcinoma in three (15.8%), well differentiated adenocarcinoma in three (15.8%), and signet ring cell carcinoma in one (5.3%). The stage distribution of cancer was as follows; I in one (5.3%), II in seven (36.8%), III in three (15.8%) and IV in eight (42.1%). The cumulative risks of CRC at 10 years after UC, CD, and IBD diagnosis were 0.4%, 0.4%, and 0.4%, respectively. They were 4.9%, 6.6% and 5.5%, respectively after 20 years (Figure 1).

Figure 1. Cumulative risk of colorectal cancers in patients with ulcerative colitis and Crohn’s disease.

Conclusions: The proportion of rectal cancer appears to be high in patients with CD. The risk of CRC in Korean IBD patients seems to be comparable to that of Western IBD patients.

### P650 Entero-urinary fistulas in Crohn’s disease: prevalence and clinical manifestations

C. Taxonera1, I. Fernández-Blanco2, M. Barreiro-de Acosta3, G. Bastida4, A. López-San Román5, O. Merino6, V. García-Sánchez7, J.R. Gisbert8, I. Marin-Jiménez9, P. López-Serrano10, E. Iglesias11, J. Martínez-González5, M. Chaparro8, F. Bermejo11, C. Saro12, L. Pérez-Carazo9, R. Plaza13, D. Olives1, M. Cañas1, J.L. Mendoza1. 1H Clínico San Carlos, IBD Unit, IdiSSC, Madrid, Spain, 2Hospital Moncloa, Madrid, Spain, 3H Clínico de Santiago, Santiago de Compostela, Spain, 4H La Fe, Valencia, Spain, 5H Ramón y Cajal, Madrid, Spain, 6H Cruces, Barakaldo, Spain, 7H Reina Sofia, Córdoba, Spain, 8H La Princesa, CIBERehd, Madrid, Spain, 9H Gregorio Marañón, Madrid, Spain, 10H Alcorcón, Madrid, Spain, 11H Fuenlabrada, Madrid, Spain, 12H de Cabueñes, Gijón, Spain, 13H Infanta Leonor, Madrid, Spain

**Background:** The prevalence of entero-uroinary fistulas (EUFs) in Crohn’s disease (CD) is not well known. The success of medical treatment for EUF has so far been modest, and surgery is the standard treatment. The aim of the study was to investigate the frequency, demographics and clinical manifestations of EUFs.

**Methods:** In this multicentre observational study, a retrospective search in prospectively maintained databases was performed for CD patients with EUF. Patient demographics, sites of the EUFs and presenting symptoms were assessed. EUFs were diagnosed by the presence of clinical symptoms confirmed at surgery or by radiological or endoscopic techniques. We defined remission as the absence of clinical symptoms with a radiological confirmation of fistula closure. Data were centrally monitored.

**Results:** Ninety-seven patients with EUF were identified from among 6081 CD patients from 13 centres. The frequency of EUF was 1.6% (95% CI 1.3–1.9). EUFs were equally frequent in centres up to 350 CD patients (1.4%) compared with larger centres (1.7%, p = 0.63). Prevalence of EUF was significantly higher in males (2.3%) than in females (0.9%, p = 0.001).

Seventy-three out of 97 (75%) patients were male. Mean (SD) age at diagnosis of EUF was 32 (14) years and median disease duration was 22 months (IQR 6–90). CD Montreal phenotype before EUF diagnosis was distributed as following: A1 (9%), A2 (76%), A3 (15%); L1 (42%), L2 (13%), L3 (42%), L1+L4 (2%); B1 (45%), B2 (3%), B3 (52%); p (21%). Fistulas originated from the ileum (64%), colon (23%), rectum (7%), jejunum (2%) and multiple sites (3%). Urinary tract sites were bladder (93%), ureter (6%) and urethra (1%). Thirty-eight patients (39%) showed another type of fistula excluding perianal (entero-enteric, entero-cutaneous, peristomal, blind or entero-vaginal). Patients presented pneumaturia (34%), fecaluria (31%), dysuria (30%), hematuria (15%) and recurrent urinary tract infections (73%). At the last follow-up visit, 93 (96%) patients were in sustained remission. A total of 79 patients (81%) required surgery, and 74 (94%) were in sustained remission (median 101 months, IQR 58–150).

**Conclusions:** In a large cohort the prevalence of EUF in CD was consistently 1.6%. EUF occurred more often in men. EUFs most commonly originated from the ileum, and almost all were enterovesical. EUFs were frequently associated with other type of internal or external fistulas. Surgery induced sustained remission in the majority of patients.

**P651 Association between Crohn’s disease and small bowel cancers: a Danish nationwide population based study**

R.D. Bojesen1, L.B. Riis2, O.H. Nielsen3, T. Jess1. 1Statens Serum Institut, Department of Epidemiology Research, Copenhagen, Denmark, 2Herlev Hospital, University of Copenhagen, Department of Pathology, Herlev, Denmark, 3Herlev Hospital, University of Copenhagen, Department of Gastroenterology, Medical Section, Herlev, Denmark

**Background:** Small bowel cancers (SBC) are rare, with approximately 100 annual cases in Denmark. An association between SBC and Crohn’s disease (CD) was first described in 1956, and a meta-analysis of population based studies has suggested a 27-fold increased relative risk of SBC in CD. However, this mentioned analysis was based on only 13 cases worldwide. We assessed the risk of SBC in a nationwide population-based IBD cohort. Cases were further characterized through review of medical records and pathological re-examination of all resection specimens.

**Methods:** By combining the Danish National Patient Registry (NPR) with The Danish Cancer Registry (DCR) and the Danish Pathology Registry (DPR), we initially identified 147 potential cases of SBC in Danish patients with IBD within the period 1978–2010. Medical records where obtained for 146 cases and were evaluated through manual scrutiny, leaving 40 confirmed cases, of which 24 were adenocarcinomas. Available resection specimens of confirmed adenocarcinomas were re-examined with special focus on adjacent inflammation and dysplasia. The risk of SBC in IBD patients was estimated using standardized incidence ratios (SIR), comparing the observed number of SBCs in IBD cases with the expected number based on national rates adjusted for age, sex, and calendar period.