Results: 201 patients recruited by 19 Spanish gastroenterologists were included. 55.7% were male and mean (SD) age was 38.9 (12.3) years. The mean (SD) disease duration was 8.6 (8.1) years. Most of the patients had disease in the terminal ileum (L1: 42.3%), with a non-structuring, non-penetrating behaviour (B1: 54.7%). Perianal disease was present in 41 (20.4%) patients. 102 patients (50.7%) were in clinical remission. Scenarios E and F were the most preferred (57.3% and 53.7% respectively). The least preferred was scenario A (19.9%). Treatment administered by healthcare personnel (0.155), treatment administered at home (0.485) and subcutaneous treatments (0.053) were considered as the most useful. These scores indicate the value of each characteristic has been perceived by patients from 1 (high) to 0 (low). And the result of the most influence factor was home (0.485) and subcutaneous treatments (0.053). These scores indicate the value of each characteristic has been perceived by patients from 1 (high) to 0 (low). And the result of the most influence factor when choosing a CD therapy is the place where the treatment is administered with an importance of 50.7%.

Conclusions: A validated questionnaire to evaluate patients’ preferences has been applied to CD patients, enabling involvement of the patient in treatment making decisions, which could have the benefit of improving adherence and effectiveness. The results demonstrated that treatment administered at home had the greatest impact on preferences.
the hospital and during their transition back to ambulatory care. Strategies to bridge this gap have not been formally evaluated. These data assess the outcome of inpatient to ambulatory care transition under our current standard of care. The McMaster University/Hamilton Health Sciences IBD Clinic is exploring a formal transition program led by a dedicated IBD nurse practitioner. Our outcomes will be reassessed following introduction of this pilot program.

P310 Toxicity of thiopurines in patients with inflammatory bowel disease: Frequency and risk factors

N. Ben Mustapha 1, A. Labidi 1, M. Serghini 1, M. Fekih 1, J. Boubaker 1, A. Filali 1. 1La Rabta Hospital, Gastroenterology A, Tunis, Tunisia

Background: The aim of our study was to assess safety of thiopurine therapy in inflammatory bowel disease (IBD) patients and to determine risk factors for adverse events (AE) through a retrospective Tunisian cohort.

Methods: We have conducted a retrospective study including IBD patients treated with thiopurines from 2006 and 2012. Epidemiologic, clinical and therapeutic characteristics were abstracted from medical records. Thiopurine-related AE were sought in each patient. Data entry and analysis were performed by ssps version 21.0.

Results: We have collaged 210 patients (98 males and 112 females) of mean age of 29.8 years old (8-62). One hundred sixty-nine patients (80.5%) had Crohn’s disease, 27 (12.9%) had ulcerative colitis and 12 (5.7%) had unclassified colitis. AZT and 6MP were prescribed respectively in 206 (98.1%) and 19 (9%) patients. Indications for thiopurines were mainly as maintenance therapy after severe acute colitis in 79 patients (37.6%), prevention of postoperative recurrence of CD in 51 patients (24.4%) and corticosteroid-dependent (CD) IBD in 37 patients (17.6%). During a mean follow-up period of 28.4 months, digestive intolerance (DI) of AZT was noted in 14 patients after 5 months of treatment leading to a switch to 6MP in 10 patients. Immunoallergic reactions occurred in 8 patients [acute pancreatitis (n = 5), cutaneous rash (n = 3)]. Hematologic toxicity was seen in 25 patients after 20 months (2-80) of treatment: lymphopenia (n = 19), neutropenia (n = 11), anemia (n = 15) and thrombopenia (n = 11). Six patients had hepatic toxicity: cholestasis at 3 times the upper limit of normal (ULN) resulting in a dose reduction in 3 patients. Acute hepatic cytolyis at 3 to 9 times ULN occurred in 4 patients after ruling out a viral origin. Regenerative nodular hyperplasia was seen in only 1 patient. There have been one case of acute myeloid leukemia diagnosed 3 months after AZT onset. In univariate analysis, CD patients had significantly less AE (30% vs 70%, p = 0.008). Patients with corticosteroid-resistance profile had less AE with trend to marginal significance (6% vs 94%, p = 0.08). Patients who had extensive ileal involvement and who were more than 20 years old at disease onset developed (DI) less rapidly (respectively p = 0.06 and p = 0.04). Immunoallergic reactions seem to occur less commonly among patients who had been previously treated with corticosteroids (p = 0.09).

Conclusions: Use of thiopurines in patients with IBD is overall safe. Hematologic and hepatic toxicities are the most common AE. Clinicians should consider these side effects to optimize thiopurine therapy in IBD patients.

P311 Thiopurine metabolite monitoring and allopurinol combination therapy: current utilisation and influence on Australian gastroenterology IBD practice

K.C.P. Sze, W.S.W. Ng, S.J. Connor*. Liverpool Hospital & University of NSW, Dept. of Gastroenterology, Sydney, Australia

Background: Thiopurines (TP) are a mainstay of inflammatory bowel disease (IBD) management. Thiopurine methyltransferase (TPMT) testing and TP metabolites monitoring have been suggested to predict individual variation in TP metabolism and response to therapy. However, prospective data to confirm the clinical benefits of metabolites guided dosing is still limited. Guidelines around TP monitoring are also lacking. This study aims to evaluate current Australian gastroenterologists’ (GEs) practice in TP use for IBD, including TPMT testing, full blood count (FBC) monitoring, TP metabolites testing, allopurinol combination therapy, and how these practices have changed clinical outcomes.

Methods: An anonymous survey was distributed to GEs by email and at various meetings across Australia over a 6 month period.

Results: 168 responses were received, of which 137 were complete. Most respondents (79%) tested TPMT levels, and most but not all tested this prior to initiating TP (89%). The majority still prescribed TP if TPMT levels were intermediate or low (98.4%; 71.3%), and were more likely to exercise caution by reduced dosing (57%; 96.6%) and/or increased frequency of FBC monitoring (34.7%; 73.6%). FBC monitoring intervals upon initiation of TP varied, especially in the 1st month. A vast majority (88%) used TP metabolites, and of these, 80.4% were using the results for metabolite guided dose adjustments to optimize response, not just for non-response to standard dosing. 88% have to wait more than 1 week for metabolite results. Those not testing metabolites cited lack of availability or cost as the main reasons, and almost all of these respondents would use it otherwise. The majority of respondents found that metabolite guided dose adjustments had improved clinical response rates, reduced complication rates (80.6% and 61.2% of respondents respectively), and had altered their clinical practice (79%). Allopurinol combination therapy was prescribed by the majority of respondents (71%), and of these, 83% would use it in "shunters" irrespective of liver function test abnormalities, whilst 36.6% would use it for TP side effects irrespective of metabolite levels.

Conclusions: The vast majority of Australian GEs are using TP metabolite monitoring, or would, were it more readily available. The majority are using metabolite guided dose adjustments with associated subjective improvements in clinical response rates and reduced complication rates. Allopurinol combination therapy is also used by the majority of GEs. Prospective data to confirm what is reflected in current practice and standardized recommendations for TP metabolite monitoring and allopurinol combination therapy are readily awaited.

P312 Thiopurine metabolite testing in inflammatory bowel disease

R. Goldberg1,*, G. Cunningham2, G. Moore1, J. Schulberg2, S. Brown2, W. Connell2, M. Lust1, M. Kamm2, S. Bell2. 1Monash University, Monash Health, Dept. of Gastroenterology, Melbourne, Australia, 2St Vincent’s Hospital & University of Melbourne, Gastroenterology, Melbourne, Australia

Background: The thiopurines are established, cost effective therapies in IBD. However drug toxicity and lack of efficacy are significant problems. The traditional approach has been weight based dosing. More recently thiopurine metabolite testing has been introduced but it is unclear whether achieving a