pMayo of 0–1 points and endoscopic Mayo subscore of 0 points at week 52. The time elapsed between the diagnosis and the first biological therapy was assessed in every patient, who was then categorized to groups according to the elapsed time (0–2 years, 2–5 years, 5–10 years etc). Data were collected from five Hungarian IBD centres.

Results: The mean elapsed time between the diagnosis and the start of biological therapy was 7 years. 50.4% of patients started infliximab therapy within 5 years after diagnosis. After induction with infliximab 65.6% of the enrolled patients achieved remission and 34.4% achieved response. After one-year treatment period, the remission and response rates remained 67.7% and 21.8%. 10.6% of patients showed loss of efficacy at one year infliximab therapy. 74.6% of subjects achieved clinical remission at week 14 and remained in remission at week 52. Complete mucosal healing was detected in 31.2% and deep remission in 13.9% of the patients at week 52. Response rates to infliximab therapy at one year were significantly lower compared to rates at week 14 (p = 0.029).

The rate of response, remission and loss of efficacy did not depend on the elapsed time between the diagnosis and the start of biological therapy.

Conclusions: Our results did not reveal an association between the remission rates and the elapsed time between the diagnosis and the first biological therapy in UC.

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The effects of anti-TNF therapy on growth in Scottish children with IBD
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Background: Growth failure is well-recognised in paediatric IBD (PIBD; <18 years). Evidence (usually case series from single or multiple centres) shows that anti-TNF therapies improve linear growth. We aimed to examine if anti-TNF therapy improves growth in a PIBD population-based cohort.

Methods: A retrospective review was performed in all Scottish PIBD centres of children receiving anti-TNF [Infliximab (IFX) and Adalimumab (ADA)] from 2000-2012. Height, weight and Tanner stage were collected at 3 times: 12 months before anti-TNF (T-12), start of anti-TNF (T0) and 12 months after anti-TNF (T+12). Height values were converted into standard deviation scores and height velocity was calculated in cm/year.

Results: Full 12 month growth data was available for 98 PIBD cases (44A, 94 IFX), 58 (59%) males and 90 (92%) Crohn’s disease (CD); 84 (86%) received immunomodulators and 55 (56%) corticosteroids at T0. Median age at diagnosis was 10.3 years. Mean height SDS T-12 was -0.67±1.1, a significant improvement was then seen from T0 -0.82±1.1 to T+12 -0.74±1.1 (p = 0.019). Mean height SDS improved from -0.16±0.38 at T0 to 0.08±0.35 at T+12 (p = 0.001) with height velocity improving from 3.9±2.5 at T0 to 5.0±2.9 (p = 0.003). 52 (53%) were Tanner 1–4; 47 CD, 49 IFX/3 ADA. Mean height SDS improved slightly from T0 -1.2±1.1 to -1.1±1.1 at T+12 (p = 0.31). A height SDS at T0 -0.23±0.33 improved to 0.06±0.40 at T+12 (p = 0.001) and height velocity 3.8±2.3 at T0 improved to 5.4±2.6 at T+12 (p = 0.001). 27 (52%) entered remission with the significant prior decrease in height SDS from T-12 to T0, T-12 -0.92±1.2 to T0 -1.1±1.3, subsequently improving to -0.9±1.2 at T+12 (p = 0.005). Height SDS improved from T0 -0.21±0.32 to 0.23±0.34 at T+12 (p < 0.001) and height velocity from 3.9±2.3 at T0 to 6.3±1.9 at T+12 (p = 0.001). In those who did not achieve remission (n = 25, 48%), no improvement was then seen in height SDS T0 to T+12, mean height SDS or height velocity (p > 0.05).

In ulcerative colitis (UC), no difference in height SDS was seen; for remission (n = 5), T-12 0.17±0.67 to 0.16 at T0 then 0.12±0.85 at T+12 (p = 0.05) whilst for non-remission (n = 3) decreased height SDS at T-12 0.3±1.96, then -0.27 at T0 and -0.44 at T+12 (p = 0.05) was seen. No change was seen in UC height SDS or height velocity was observed at T-12, T0 or T+12 (p > 0.05).

Conclusions: Improvements in height SDS and height velocity at 12 months were seen in those with remission. No improvement in height was seen for UC irrespective of remission; numbers in both groups were small. Further follow up is needed to determine if growth improvement is maintained in those achieving remission.

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The effectiveness of adalimumab maintenance treatment for Crohn’s disease and related prognostic factors: a Japanese single-center study
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Background: Adalimumab has been established as a useful treatment option for patients diagnosed with Crohn’s disease (CD) in Japan. However, very few studies have reported on Japanese patients with CD receiving adalimumab maintenance treatment for more than 52 weeks. Here, we evaluated the effectiveness of adalimumab maintenance treatment in Japanese patients with CD and related prognostic factors.

Methods: We investigated all patients who were treated with adalimumab for luminal CD between October 2010 and March 2013 at the IBD Center, Sapporo Kosei General Hospital. The effectiveness of adalimumab maintenance treatment was evaluated using the sustained treatment success rates, which were estimated using the Kaplan–Meier method. Sustained treatment success was defined as a lack of treatment failure. Treatment failure was defined as follows: (1) discontinuation of adalimumab due to loss of response or side effects; 2) the need for dose escalation due to loss of response; (3) the need for surgery for CD; or (4) the need for hospitalization for CD. Prognostic factors related to the sustained treatment success rates were evaluated using the log-rank test.

Results: A total of 88 patients were included for this retrospective study (39 patients, 39 CD, 49 female, with a mean age of 30.9 years and a mean disease duration of 9.0 years. The mean C-reactive protein level was 2.1 mg/dl. Sixty-one patients had ileocolitis, 15 had ileitis, and 12 had colitis. Furthermore, 29 patients had strictureing disease, 7 had intra-abdominal fistulas, and 43 had perianal disease. Eighteen patients were smokers. Concomitant treatment with azathioprine or 6-mercaptopurine, 5-aminosalicylic acid, elemental diet therapy, and prednisolone was administered in 43, 76, 46, and 43 patients, respectively. Before initiating adalimumab therapy, 35 patients had at least 1 surgery, and 48 patients were naïve to infliximab, while 40 had prior infliximab use. The 1- and 2-year sustained treatment success rates were 58% and 45%, respectively. Colitis type, disease duration of more than 12 years, prior infliximab use, strictureing disease, intra-abdominal fistulas, and concomitant treatment with prednisolone were significant predictors of treatment failure. The 2-year sustained treatment success rates in patients who were naïve to infliximab (71%) and had the disease duration of less than 2 years (76%) were higher compared with other prognostic factors.

Conclusions: Treatment failure was experienced by 55% of Japanese patients with CD receiving adalimumab maintenance treatment over a 2-year period. The effectiveness of