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RAC1 polymorphisms and thiopurine efficacy in children with inflammatory bowel disease
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Introduction: Predictors of thiopurine response may assist in selecting the most appropriate patients for this intervention. A genetic association has been demonstrated between two RAC1 SNPs and ulcerative colitis (UC) (rs10951982 and rs4720672). A different SNP (rs34932801) was recently found to be associated with poorer response to thiopurines in adult Crohn’s disease (CD) patients.

Aim: To determine whether these RAC1 SNPs are associated with thiopurine response in children with IBD.

Methods: 59 children with IBD were enrolled at commencement of thiopurines to this 1-year prospective cohort study [mean age 12.7±4.1 years, 37 males (63%), median disease duration 4.5 months (IQR 0.7–17.4)]. Patients receiving concomitant anti-TNF were excluded. Response to thiopurine treatment was assessed at 4 and 12 months thereafter. Children were genotyped for the RAC1 SNPs rs10951982 and rs4720672 using Real-time PCR TaqMan assays, and for rs34932801 by direct sequencing. The primary outcome was 1-year steroid-free remission without the need for treatment escalation.

Results: There was no association between genotype and disease type. Baseline PGA was similar for all genotypes. At 12 months, 16/41 (39%) Wild Type (WT) and 8/15 (53%) heterozygotes for rs10951982 were in remission (p = 0.38), while 18/45 (40%) WT and 7/12 (58%) heterozygotes for rs4720672 were in remission (p = 0.33); 22/45 (49%) WT and 2/5 (40%) heterozygotes for rs34932801 were in remission (p = 1.0). All 3 homozygotes for the former 2 SNPs were in remission. Conclusion: The three Rac1 SNPs were not found to be associated with 1-year thiopurine response in a prospective study of pediatric IBD.

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Use of thiopurines in Swiss pediatric IBD patients
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Introduction: Thiopurines – Azathioprine (AZA) and 6-Mercaptopurine (6MP) – are commonly used as first-line maintenance therapy in moderate to severe pediatric inflammatory bowel disease (IBD).

Aim: To assess efficacy, tolerance and safety of thiopurines in the treatment of pediatric IBD patients in Switzerland.

Methods: Retrospective and prospective data were collected from 195 pediatric IBD patients enrolled in the pediatric part of the Swiss IBD Cohort Study between November 2006 and August 2013. We assessed efficacy of AZA/6MP to maintain remission, tolerance of these treatments and reasons to stop them.

Results: Hundred-forty-nine patients [91 Crohn’s disease (CD), 50 ulcerative colitis (UC), 8 indeterminate colitis (IC); 84 males, mean age: 13.7 years, range 11.9–15.3] received AZA/6MP at some point of their disease course (74.4%, p < 0.001). Hundred-and-seven subjects (71.8%; 64 CD, 37 UC, 6 IC) are currently treated with AZA (104) or 6MP (3). Maintenance of remission was achieved in 126 subjects (84.6%). Overall, AZA has been stopped in 44 and 6MP in 6 patients. Treatment was stopped because of side effects in 22 subjects (14.8%), including neutropenia, pancreatitis, hepatitis, nausea, fever and hypersensitivity reaction. All of them resolved after cessation of treatment and no serious event was reported. Other reasons to stop AZA/6MP were no/insufficient efficacy in maintaining remission (11), relapse of the disease (8) and patient’s wish (9).

Conclusion: Thiopurines are effective in maintaining remission in pediatric IBD patients and are well tolerated. No serious adverse event was reported and all were reversible. Our results are similar to those reported in the literature.

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The efficacy of infliximab in pediatric patients with steroid-dependent intestinal Behçet’s disease: a single center experience in Japan
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Background: Infliximab (IFX) is a well-tolerated and effective therapy for intestinal Behçet’s disease (BD) refractory to conventional medication in adult patients, but its efficacy in the treatment of pediatric intestinal BD is unknown.

Methods: Pediatric patients with steroid-dependent intestinal BD treated with IFX at Saitama Children’s Medical Center were retrospectively investigated.

Results: A total of 3 patients (1 male, 2 females) aged 5–15 years with steroid-dependent intestinal BD were included in the study. All three patients had been treated with prednisolone, 5-aminosalicylic acid, colchicine, and azathioprine prior to IFX therapy. IFX (5 mg/kg) was infused at weeks 0, 2, and 6 for remission induction in all patients. Two patients were then treated with IFX every 8 weeks as scheduled for maintenance therapy, and the other patient was treated with IFX on demand. The dose of IFX had to be increased to 10 mg/kg for secondary failure in all patients. One patient stopped taking IFX after developing neuro-BD, despite an improvement in intestinal symptoms. One patient was refractory to the increased dose of IFX, and was switched