of follow-up. According to wPCDAI, 29.0% of patients were in clinical remission, whereas 37%, 13%, and 19% had mild, moderate, and severe disease, respectively. IMPACT-III total score had a poor but significant correlation with degree of mucosal inflammation judged by the SES-CD \( r = -0.285, p < 0.0001 \). Correlation was strong with clinical activity judged by wPCDAI \( r = -0.550, p < 0.0001 \). Patients with higher disease activity had lower total IMPACT-III score, as did the 4 domains (wellbeing, emotional functioning, social functioning, and body image, Table I). Differences across wPCDAI groups were higher for wellbeing and lower for body-image domains (Figure 1).

Patients with perianal disease had lower wellbeing \( p = 0.026 \) and body image \( p = 0.004 \) domain scores. Steroid treatment was associated more with lower emotional functioning score than enteral nutrition \( p = 0.028 \).

**Conclusions:** In this ImageKids cohort, HRQOL was lower in patients with higher disease activity and in those with perianal disease. An awareness of which domains within IMPACT may be differentially affected by various therapies or disease characteristics could help the clinician by focusing interventions (ie, psychological) to address these areas of concern.

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**P114**

**Predictors of clinical response during adalimumab therapy in Crohn’s disease patients: a German non-interventional study**

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**Background:** The Harvey-Bradshaw Index (HBI) is frequently used in daily clinical practice to assess disease activity in patients with Crohn’s disease (CD). The goal of this study was to evaluate therapeutic response and predictors of response in CD patients treated with adalimumab (ADA) for 12 months during routine clinical care.

**Methods:** We analysed data from a large German multicentre observational study of patients with active CD who initiated ADA therapy during routine clinical care. Key outcome measures included mean HBI (scale of 0 to 16; lower scores indicate better health status) and the proportion of patients achieving HBI remission \( \leq 4 \) over 12 months. Stepwise regression analyses were performed to assess the effect of clinically important demographic and disease variables, including smoking status, age, sex, duration of illness, disease severity, and CD-related surgeries, on therapeutic response as assessed by change in the HBI from baseline (BL) to month 12. T-tests were used to assess the change in HBI from BL month 12.

**Results:** Of 1,863 patients in the full analysis set, 611 patients had available data on HBI at BL and month 12. The mean age of the patients at BL (before initiation of ADA) was 37.4 ± 12.7 years; the age at first diagnosis was 27.7 ± 11.5 years; and mean disease duration was 9.7 ± 8.3 years. The majority of patients (63.5%) were female. At BL, the mean HBI was 9.9 ± 5.1. After initiation of ADA treatment, this value fell to 4.3 ± 4.3 at month 3, 4.0 ± 4.2 at month 6, and 4.2 ± 4.3 at month 12 \( p < 0.001 \) for change in HBI from BL to month 12). The remission rate (proportion of patients with HBI \( \leq 4 \)) was 38.3% at month 3, 62.5% at month 6, and 62.8% at month 12. Significant negative predictors for improvement of HBI from BL to month 12 were smoking, older age, and CD-related surgeries before initiation of ADA therapy. Subgroup analyses of HBI values for these predictors are shown in the Table. A high baseline HBI value was also a negative predictor.

**Conclusions:** HBI improvement was observed by month 3 after initiation of ADA treatment, and this effect was maintained throughout the 12-month observation period. Over 60% of ADA-treated patients achieved HBI defined remission by month 12. Smoking, CD-related surgeries before ADA treatment, and older age at BL reduced the response to therapy.

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**P115**

**Standardising assessment and documentation of pouchoscopy**

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**Background:** Systematic endoscopic evaluation of an ileo-anal pouch is important in assessing pouch dysfunction. Endoscopists are often inexperienced in pouchoscopy and tend to report abnormal findings only. However, a systematic approach is important and normal findings may be equally important in the diagnostic or therapeutic process. The aims of this study were to develop a standardised reporting template and review the status of pouchoscopy reports. Secondary aims were to implement this template to standardise pouchoscopy reports and see if the standard of documentation improved as a result.

**Methods:** A group of ileo-anal pouch experts \( n = 4 \) compiled a list of items that should be documented at pouchoscopy. Reports over a period of 3 months were reviewed for their completeness compared with the template. The template was then introduced for 3 months, and reports obtained during that time were analysed.

**Results:** In total, 121 reports, generated between March 2015 and June 2015, were reviewed. The anus and peri-anal area was specifically described in 12% of the reports, rectal cuff in 55%, pouch-anal anastomosis in 37%, pouch body in 98%, pouch inlet in 13%, and pre-pouch ileum in 61%. From August 2015 until November 2015, the template was introduced, and 63 reports were obtained. There was a significant improvement in documentation of the anus and peri-anal area \( (p < 0.0001) \), rectal cuff \( (p = 0.0104) \), pouch-anal anastomosis \( (p = 0.0002) \), and pouch inlet \( (p < 0.0001) \). Overall, there was a significant improvement in documentation 15 out of 22 features.

Sub-analysis to review the improvement of documentation of absence of inflammation, showed a significant improvement in all 3 anatomical sites (rectal cuff \( p = 0.0012 \), pouch body \( p = 0.0004 \), and pre-pouch ileum \( p < 0.0001 \)). In both retrospective and prospective analysis, findings concerning the rectal cuff were reported by endoscopy nurses more often than by consultants \( p < 0.0001 \), and the pouch inlet was documented more often by consultants \( p < 0.0001 \). By introducing the template, documentation by consultants improved for the anus and peri-anal area \( (p = 0.033) \), pouch inlet \( p < 0.0001 \), and pre-pouch ileum \( p = 0.0409 \). Documentation by endoscopy nurses improved for the anus and peri-anal area \( p < 0.0001 \), as well as the pouch-anal anastomosis \( p < 0.0001 \), pouch inlet \( p = 0.0046 \), and pre-pouch ileum \( p = 0.0152 \).

**Conclusions:** The introduction of the template improved documentation of pouchoscopy significantly, including the documentation of normal findings. The template universally improved documentation across different types of endoscopists.