level of fecal calprotectin than those with active histological inflammation (107 µg/g vs. 416 µg/g, p = 0.016) (Figure 2).

Using ROC curve, fecal calprotectin <250 µg/g predicted endoscopic remission (MES ≤ 1) with a sensitivity of 67% and specificity of 77% while fecal calprotectin <200 µg/g predicted histological remission with a sensitivity of 71% and specificity of 76%.

Conclusions: Fecal calprotectin levels correlate with both endoscopic and histological activity and are reliable biomarkers in assessing mucosal healing in UC.

P201
Monitoring histological activity in ulcerative colitis: correlation of faecal biomarkers with the Riley Score and the Nancy Index

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Background: Histological healing in ulcerative colitis (UC) may be a better predictor than macroscopic appearance or clinical criteria for time to relapse. Indicators of active mucosal inflammation which are used in the Riley Score or the Nancy index are associated with a two- to threefold increase in the risk of UC relapse during 12 months’ follow-up. However histologic assessment requires invasive endoscopy and gaining of biopsy. Non-invasive surrogates of mucosal healing would help to lower risks, costs and might increase patient acceptance. Fecal biomarkers are frequently used in UC and might be of help in this endeavour. The study aimed to investigate the performance of non-invasive fecal biomarkers compared with the Riley Score and Nancy index in patients with UC.

Methods: Colonoscopy was performed in every patient and a fecal sample was harvested within 72 h. Three biopsies were taken from the macroscopically most inflamed location or random from each colonic segment and Riley Score and Nancy index were calculated. For each patient the highest calculated score was compared with the faecal biomarkers Lactoferrin (LF), Calprotectin (CALPREST -CalP), PMN elastase (PMN-E), S100 calcium-binding protein A12 (S100A12) and Eosinophil-derived Neurotoxin (EDN). It was evaluated if the median levels of the faecal markers differ significantly between the grades 0–4 of the Nancy index.

Results: 50 patients (32 female), mean age 42.9 ± 12.3 years (range 23–67) with diagnosed UC were included. The Riley score and the Nancy index correlated with EDN (r = 0.56; p = .001/ r (49) = 0.45; p = .045; S100A12 (r = 0.33; p = .022/ r (49) = 0.35; p = .015), PMN-e (r = 0.31; p = .028/ r (49) = 0.29; p = .044) and LF (r (49) = 0.45; p = .001/ r (49) = 0.35; p = .015), but not with CalP (p > .05). The median levels of the faecal markers of the Nancy index and the results of the Kruskal–Wallis test are presented in Table 1. LF, EDN and CalP differed significantly between the grades. Post-hoc tests showed that LF differed significantly between the grades 2 and 3 (z = –3.13, p = .001), EDN between the grades 2 and 4 (z = –3.01, p = .016) and S100A12 between the grades 2 and 3 (z = –3.97, p = .000) and 2 and 4 (z = –3.07, p = .013).

Conclusions: The faecal biomarkers LF, EDN, S100A12 and PMN-e were correlated significantly with the Riley and Nancy index, LF, EDN and CalP differed significantly between the grades of the Nancy index. The results support the utility of fecal biomarkers for detecting active histologic inflammation in patients with ulcerative colitis.

P202
Diagnostic accuracy of new non-invasive biomarkers for the evaluation of ulcerative colitis activity

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Background: Nowadays the search for new non-invasive markers of IBD activity continues. Aim: to assess the diagnostic accuracy of non-invasive markers of UC activity - the level of sucralose in the urine and the level of fecal lipocalin 2.

Methods: We prospectively included 80 patients with UC and 20 healthy controls. Mean age in UC was 38.0 ± 1.4 years and in control group–30.1 ± 1.5. We studied as non-invasive markers of colonic permeability – the level of sucralose in the urine using the high-performance liquid chromatography and the indicator of neutrophil activity of the intestine - lipocalin 2 by ELISA in fecal specimens.

Results: Colonic permeability in active UC (1600 [700.8; 2185.6] nmol/l) was increased compared with remission UC (374.4 [267.2;
P204
Phenotypic and treatment characteristics of IBD patients with pseudopolyps in the era of biological treatments. Endoscopic characteristics of pseudopolyps are associated with the use of biological treatment: A multi-centre retrospective study

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Background: Pseudopolyps are encountered during endoscopy in patients with IBD. Aim of the study was to examine the treatment of patients with IBD and pseudopolyps, with special interest in biological agents, with description of patients’ phenotypic characteristics alongside with endoscopic characteristics of pseudopolyps.

Methods: Retrospective study of medical charts and endoscopic records of patients with IBD and pseudopolyps, with report of pseudopolyps at least at one endoscopy for each patient, and followed up from 1/1/2000 till 1/7/2017 at University hospital of Ioanna, University Hospital of Nancy and Mater Dei Hospital. Exclusion criteria were incomplete follow-up. Recording of the medical therapy used for remission during follow-up, alongside with demographics of patients and extent of IBD was performed. Recording of pseudopolyps’ characteristics such as size, number of pseudopolyps and time interval of presentation of pseudopolyps from diagnosis was performed and statistical analysis about correlation of pseudopolyps’ characteristics and the use of biological agents was carried out.

Results: Seventy-nine patients with IBD and pseudopolyps were included at the study. Forty-five patients (56.7%) with UC and Thirty-four patients (43.3%) with CD. The demographic and phenotypic characteristics of patients are presented in Table 1. Twenty-nine patients (36.7%) from the total of the Seventy-nine patients received biological agent based treatment at the end of follow-up. Treatment characteristics of patients are presented in Table 2. The size of pseudopolyps above 1.5 cm (p = 0.001) and the number of pseudopolyps above 10 (p = 0.012) in endoscopy, were associated with biological agent based treatment but not their presence before 12 months from diagnosis (p = 0.419), Table 3.

Conclusions: Patients with pseudopolyps face a high burden of IBD in terms of increased immunosuppression treatment. Endoscopic...