P388
Response to IV steroid therapy in acute severe ulcerative colitis (ASUC) is not altered by admission to a tertiary referral centre: The NHS Lothian experience

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Background: First-line treatment for ASUC with IV steroids is routinely given in UK hospitals. We sought to establish if initial treatment in a tertiary referral centre affected outcome. To this end we examined all admissions with ASUC within Lothian and compared outcomes between those initially treated at the tertiary referral centre: Western General Hospital (WGH) and those treated at the other two acute hospitals in the health trust: Royal Infirmary of Edinburgh (RIE) and St. John’s Hospital (SJH).

We assessed both response to steroids and second-line medical therapy but also the likelihood of requiring surgery during the index admission.

Methods: Admissions to NHS Lothian were identified using the ICD-10 code K51 between November 2013 and November 2016. If a patient was admitted more than once during this time only the first admission was used. 159 patients were included. 105 (105/159; 66.0%) were admitted to WGH, 14 (14/159; 8.8%) were admitted to RIE and 40 (40/159; 25.2%) were admitted to SJH. Female:Male split was 60 (37.7%):99 (62.3%). Average age at admission was 41.7 years (range 16.3–86.75).

Results: 71.4% (75/105) were successfully treated with IV steroids at WGH compared with 63.0% (34/54) who were successfully treated at RIE and SJH (p = 0.364; OR = 1.471). 37.0% (20/54) of patients treated for ASUC at the other hospitals in NHS Lothian required transfer to WGH for further management. There was wide variation in the proportion of ASUC patients referred from the two referring hospitals: 45% (SJH, 18/40) and 14.2% (RIE, 2/14). There was no significant difference in the proportion of patients requiring medical rescue therapy (Infliximab or Ciclosporin) when comparing those admitted to WGH (71.4% (75/105) vs. 60% (30/50) at RIE and SJH). Of those requiring second line medical therapy (Infliximab or Ciclosporin) when comparing those admitted to WGH with 23.8% (25/105) and those admitted to RIE and SJH 33.3% (18/54) (p = 0.1412; OR = 0.625). Of those requiring second line medical therapy 48.0% (12/25) responded in the tertiary centre compared with 50.0% (9/18) in those admitted to other hospitals, and therefore did not require surgery (p = 0.6609; OR = 0.923). At WGH 16.7% (5/30) required surgery after failing IV steroids without being given second line medical therapy. Compared with 10% (2/20) of those transferred from surrounding hospitals (p = 0.8029; OR = 1.8).

Conclusions: In Lothian, although there is no statistical difference in response to IV steroids whether treatment was started in a tertiary referral centre or not, there was a trend towards a greater success at WGH. There was no statistical difference in response to second line medical therapy between the two groups. Although numbers are small there is a trend to patients in the tertiary referral centre being more likely to proceed directly to surgery upon steroid failure. This could be due to the input of the surgical team at an earlier stage at WGH.

P389
Efficacy of once a day multi matrix mesalamine formulation, lialda in patients with active mild to moderate ulcerative colitis after inadequate response to the pH-dependent release mesalamine formulation, asacol

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Background: Background: Hitherto, mesalamine has often been used as a first-line medication for inducing and maintaining remission in patients with mild to moderate active ulcerative colitis (UC). However, currently, there are no validated data for efficacy difference between two mesalamine preparations, namely the Multi Matrix (MMX) mesalamine formulation, Lialda and the pH-dependent release formulation, Asacol. We were interested to evaluate the efficacy of Lialda instead of low dose (2.4 g/day), or high dose (3.6 g/day) Asacol for inducing and maintaining clinical remission in UC patients.

Methods: Methods: In a single-centre prospective setting of consecutive patients with mild to moderate active UC, 40 patients who had shown inadequate response to Asacol for ≥4 weeks of treatment willingly switched from oral Asacol (mean dose 3.4 ± 0.5 g/day; range 2.4–3.6 g/day) to oral Lialda at 4.8 g/day. During the study, no patient received corticosteroid, immunosuppressant or anti-TNF biologics. At entry and week 4, patients’ UC was re-evaluated for determining the clinical response to Lialda. Clinical response was defined as partial Mayo score (pMS) ≤3, while pMS = 0 was defined as remission. Additionally, patients received regular evaluations for adverse side effects.

Results: Results: Among the 40 patients, 16 (40.0%) achieved remission, and 12 (30.0%) achieved clinical response level. The mean pMS fell from 4.3 ± 1.1 at entry to 1.9 ± 1.9 at week 4 (p < 0.01). Regarding the response rate vs. extent of UC, the mean pMS fell from 4.4 ± 1.4 to 1.9 ± 2.0 in patients with total colitis (n = 8, p < 0.05), from 4.3 ± 1.2 to 1.6 ± 1.7 in patients with left-sided colitis (n = 12, p < 0.01) and from 4.2 ± 0.9 to 2.0 ± 2.1 in patients with proctitis (n = 20, p < 0.01). Additionally, 6 of 10 patients (60.0%) who were receiving concomitant mesalamine enema could discontinue after switching to Lialda. Furthermore, the mean pMS in a subgroup of patients on low-dose Asacol (2.4 g) fell from 4.0 ± 0.5 to 2.6 ± 2.0 (n = 8, p < 0.05) and from 4.3 ± 1.2 to 1.7 ± 1.9 in high-dose Asacol (4.8 g) subgroup (n = 32, p < 0.01), reflecting significant efficacy for Lialda at 4.8 g/day in patients who did not respond well to low or high-dose Asacol. No serious adverse event was observed. This is the first study in Japan, which has investigated the clinical efficacy of Lialda in patients who did not respond well to Asacol.

Conclusions: Based on the outcomes of the present investigation, we believe that patients who do not respond well to Asacol may benefit from switching to Lialda. Furthermore, Lialda at 4.8 g/day was not associated with any obvious safety concern.

P390
Methotrexate is not superior to placebo in maintaining remission in patients with ulcerative colitis: results from the MERIT-UC study

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Background: Background: Methotrexate (MTX) is effective in inducing and maintaining remission in patients with Crohn's disease. In the