surgery, as compared with 21 of 67 SIFX (31%), patients with IFX metaoptimisation had almost a two-fold chance of being surgery-free at 1 year while not reaching statistical significance (OR: 0.48 [95% CI: 0.16–1.42], p = 0.18). MIFX patients had a three-fold chance to change their medical therapy at 1 year (25%) as compared with SIFX patients (9%) (OR: 3.39 [95% CI: 1.02–11.22], p = 0.05). The 1 year infections rate was greater in MIFX patients (OR: 2.21 [95% CI: 0.61–7.95], p = 0.11).

Conclusions: Our study results suggest that patients with IFX metaoptimisation have a two-fold chance of being surgery-free at 1 year, and a three-fold chance to switch IFX at the one-year follow-up.

P508
Response of hepatitis B vaccination in patients with inflammatory bowel disease; prospective observational study in Korea

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Background: Testing for hepatitis B virus (HBV) serologic markers and appropriate vaccination are required in management of IBD patients. We evaluated the immunogenicity for HBV in IBD patients and response of HBV vaccination those with non-immune state against HBV.

Methods: From May 2014 to August 2016, patients older than 15 years old, diagnosed with IBD, and negative for anti-HBs antibody, anti-HBc antibody, and HBs antigen were prospectively included. Patients who had completed the three-time HBV vaccination received a single booster vaccination, while patients who had not completed vaccinations or had unclear memory received a full series of vaccination. Optimal level of response was defined as serum anti-HBs ≥10 U/ml.

Results: Among 73 patients (28 ulcerative colitis (UC), 45 Crohn’s disease (CD); 49 males, 24 females), 44 patients received the booster vaccination and 29 received the full series vaccination. Optimal response was obtained in 70.5% (53.8% UC, 77.4% CD, p = 0.155) in the booster group, and 89.7% (93.3% UC, 85.7% CD, p = 0.598) in the full vaccination group. Age younger than 26 years (odds ratio [OR], 5.20; 95% confidence interval [CI], 1.05–25.71; p = 0.043) and complete previous vaccination (OR, 0.17; 95% CI 0.03–0.85; p = 0.031) were associated with optimal vaccine response. Complete previous vaccination history (OR, 0.14; 95% CI 0.02–0.82; p = 0.029) was only predictive factor for lower compliance of recommend vaccination.

Conclusions: The response of HBV vaccination was lower in patients older than 26 years and those with complete previous vaccination. As the patients with complete previous vaccination also has poor compliance, serum HBV-titer should be checked more strictly, and full vaccination should be administered in the case with negative response for booster vaccination.

P509
Long-term outcomes in biologic-treated perianal Crohn’s fistula


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Background: Recent consensus group guidelines on management of perianal Crohn’s disease recommend biologic therapy, with anti-biotics and immunomodulatory agents as adjunctive treatments. However, on this gold standard regime, only a third of patients remain in clinical remission at 1 year on maintenance treatment. The aim of this study was to review long-term outcomes of patients treated with biological therapy for perianal Crohn’s fistula at our institution.

Methods: A local database of patients treated at our tertiary institution from 2005 to 2016 was established for patients on biologic (anti-TNF) therapy. Data were extracted from electronic and paper records to include demographic and disease variables, timings and duration of anti-TNF therapy, and other medical and surgical treatment.

Results: Some 236 patients treated with biologic therapy for perianal Crohn’s fistula were identified. Men made-up 53%, median age at diagnosis was 23 years (range 20–35 years) and the majority had A2, L3, B1 disease. Over half (54%) of patients had proctitis. Median time to commencement of anti-TNF therapy was 5 months (range 0–25 months); with a median duration of 4 years once the anti-TNF agent was started. Thirty-eight of 210 (18%) had a healed fistula on magnetic resonance imaging (MRI). One hundred and fifty-eight of 218 (73%) patients suffered failure (toxicity, primary/secondary loss of response) to at least 1 anti-TNF therapy during their treatment. Forty-seven of 148 patients (32%) developed MRI detected collections whilst on anti-TNF therapy, requiring surgical drainage and subsequent treatment escalation (increase/switch in drug therapy). Thirty patients (30 of 236; 13%) underwent proctectomy, usually (22 of 30; 73%) in combination with more extensive resection (e.g. panproctocolectomy).

Conclusions: There is often a considerable delay between presentation with a fistula and anti-TNF therapy induction, the effect of which is currently unknown. Fewer than 20% of patients achieve radiological healing despite long-term treatment with anti-TNF agents. The majority of patients’ fistula recur and 13% ultimately undergo proctectomy.

References

P510
Hypergammaglobulinemia, hypoalbuminemia, and elevated CRP levels are predictors of a secondary loss of response to anti-TNFα therapy in IBD

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Background: We reported earlier (ECCO 2017) that low albumin and high gamma-globulin serum levels were independently associated to secondary loss of response (SLR) in patients with inflammatory