higher proportion of patients improving (39.5%); however, nearly half of the patients (46.1%) still failed to improve further. In a subgroup of patients (n = 21) who discontinued infliximab while having response but non-remission, half (n = 11) experienced disease flare after median 22 (IQR:12–31) weeks from last infliximab administration, whereas the other half had no disease change or actually improved.

Conclusions: Most patients with response but non-remission after one year of infliximab therapy did not attain remission despite continued long-term infliximab therapy. Considering the growing evidence of the clinical importance of achieving remission (clinically and endoscopically), these patients have an unmet medical need.

P745
Switching between anti-TNF originator and biosimilar in patients with inflammatory bowel disease: Can it be recommended? A systematic review

J.P. Gisbert1-3, M. Chaparro2,3,4
1Hospital Universitario de La Princesa, Gastroenterology Unit, Madrid, Spain, 2Instituto de Investigación Sanitaria Princesa (IIS-IP), Madrid, Spain, 3Universidad Autónoma de Madrid, Madrid, Spain, 4Centro de Investigación Biomédica en Red de Enfermedades Hepáticas y Digestivas (CIBEREHD), Madrid, Spain

Background: It is not known in detail whether it is possible to switch from infliximab reference medicinal product (Remicade®) to biosimilar (CT-P13) in patients with inflammatory bowel disease (IBD) without any detrimental effects on safety and efficacy. Our aim was to review the effectiveness and safety of switching from a reference medicinal product to a biosimilar, focusing on the experience of switching between Remicade® and CT-P13 in patients with IBD.

Methods: Electronic and manual search in PubMed and international conferences (ECCO, UEGW, and DDW) up to September 2017.

Results: We identified 24 studies evaluating the switching between Remicade® and CT-P13 in 1326 IBD patients. Most studies were retrospective and generally included a low number of patients; only one was randomised. Effectiveness was evaluated only by clinical assessment, but not endoscopically. Follow-up ranged from 1.5 to 12 months, being 6–12 months in most studies. Disease control (no disease worsening after switching) was confirmed in most of patients.

Conclusions: The risks of switching from Remicade® to biosimilar CT-P13 seem theoretical and are not supported by the limited real-world safety experience so far. On the contrary, an increasing number of publications have shown that there seems to be no safety or efficacy concerns about switching. Therefore, switching from infliximab originator to biosimilar in patients with IBD may be considered acceptable.

P746
Anthropometric measures in adolescents with inflammatory bowel disease: A population-based study

I. Gnersin1*, L.H. Katz2, S. Daher3, R. Shamir3, A. Assa4
1Rambam Health Care Campus, Haifa, Israel, 2Sheba Medical Center, Gastroenterology, Ramat Gan, Israel, 3IDF Medical Corps, Tel Hashomer, Israel, 4Schneider Children’s Medical Center, Gastroenterology, Petach Tikva, Israel

Background: Growth impairment is common in paediatric inflammatory bowel disease (IBD) patients. Nevertheless, a controversy exists regarding disease impact on final adult height. We investigated the impact of IBD on anthropometric measures, including weight, height and body mass index (BMI), at late adolescence in a cross-sectional, population-based study.

Methods: A total of 1 144 213 Jewish Israeli adolescents who underwent a general health examination from 2002 to 2016 at a median age of 17.1 years (interquartile range 16.9–17.4) were included. IBD cases were stratified into Crohn’s disease (CD) and ulcerative colitis (UC). Patients were also sub-grouped based on age at IBD diagnosis.

Results: Overall, 2372 cases of IBD were identified out of 1 144 213 persons examined (0.2%). CD accounted for 66% of IBD cases. Both UC and CD patients had significantly lower weight and BMI compared with controls. Differences in near-final height were not statistically significant for either disease compared with controls (Females: 162 cm vs. 161.7 cm vs. 161.5 cm, Males: 174 cm vs. 173.7 cm vs. 173.6 cm for controls, UC and CD, respectively). Subgroup analysis showed that patients with CD diagnosed at age< 14 years were significantly shorter than those diagnosed at age ≥14 years (CD: 172.9 cm vs. 173.9 cm for males, 160.5 cm vs. 161.8 cm for females, p < 0.05). The same was true for UC (173.9 cm vs. 173 cm for males, 161.6 cm vs. 160.9 cm for females, p < 0.05).

Conclusions: IBD adolescents were leaner compared with the general population. No overall difference was noted in near-final height. Younger age at diagnosis is associated with slightly (though significantly) reduced near-final height.