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OUTCOMES AFTER USING VEDOLIZUMAB IN PAEDIATRIC INFLAMMATORY BOWEL DISEASE IN A TERTIARY CENTRE, OVER A 3 YEAR PERIOD

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10.1136/flgastro-2021-bspghan.43

Background Vedolizumab has proven efficiency in adults but data in paediatric inflammatory bowel disease (pIBD) is limited. We present the outcome of treatment with vedolizumab in refractory pIBD cohort.

Study Design Retrospective and ongoing prospective review of all patients commenced on Vedolizumab following loss of response to anti-tumour necrosis factor [TNF] between Nov 2017 and Nov 2020.

Aims and Objectives The primary outcome was remission at Week 14 and last follow up (wPCDAI/PUCAI<10) from commencing vedolizumab. The secondary outcomes were to review trend of biochemical makers, surgical interventions, and adverse effects.

Results 11 children received vedolizumab (6[54%] males), mean age at time of diagnosis 12.45(8.34–15.48) with a median(IQR) time from diagnosis of 2.68(1.79–5.28)years; 6 [54%] Crohn's disease [CD] and 5[46%] Ulcerative colitis/IBD Unclassified [UC/IBDU] (table 1).

For CD; 5/6 was treated previously with anti-TNF [40% primary failure, 60% secondary failure], all had colonic disease, 3/6 upper GI involvement and 3/6 perianal disease. One child with Bruton's agammaglobulinemia was anti-TNF naïve when commenced on vedolizumab. All UC children were treated with anti-TNF [40% primary failure, 60% secondary failure], 80% had pan-colitis.

Median age at time of commencing vedolizumab (V0) was 14.99(13.0–17.6). Baseline characteristics at V0; faecal calprotectin(FC) 2851(92–6000), Hb 114(96–146), ESR 22(4–90), albumin 39(27–46) and CRP 16.7(4–39.5). 4/11(36%) required surgery, three of whom had colectomy. 8/11 remained on immunomodulators with vedolizumab. Transient raised transaminases and eczema was reported once and low mood with suboptimal response noted once. 6/11(54%) were in remission 14 weeks from commencing vedolizumab (V14) and 4/11(36%) were excluded. At last follow up from commencing vedolizumab (VF), median years 2.21(0.78–3.43), 3 remained in remission.

In CD cohort, one child had a defunctioning ileostomy and remained in steroid free remission (SFR) at V14 and VF (3.43 years) on vedolizumab monotherapy. One had colectomy (FC-3296 wPCDAI-60), steroid dependency compounded by methotrexate induced interstitial nephritis and vedolizumab was discontinued at VF (2.19 years). Two continue to have active disease at V14 after commencing vedolizumab. One had SFR at V14 and was transitioned at 2 years (FC-2585, wPCDAI-25) on vedolizumab. One with anti-TNF resistant disease, achieved clinical remission 9 months after starting vedolizumab (wPCDAI 2.5, FC 598) before being transitioned.

In UC cohort, two had vedolizumab primary non-response needing subtotal colectomy. One patient with PUCAI 5 at V14 needed regime intensification for low vedolizumab levels but had active disease (PUCAI-25, FC-366) when transitioned at VF (2.06 years). One patient, who achieved remission whilst on steroid at V14, remains in SFR at VF (0.58 years) on concomitant immunomodulation and optimal vedolizumab level at

Abstract P34 Table 1

		Crohn's Disease	Ulcerative Colitis
Completion of vedolizumab induction		4/6	4/5
Median (IQR) follow-up years from V₀		2.76 (0.04–3.43)	2.06 (0.57–3.28)
Remission at 14 weeks	Total [^]	4 (100%)	2 (66.6%)
CD (n=4), UC (n=3)	Steroid free*	2 (50%)	1 (33%)
Remission at last follow up	Total	2 (50%)	1 (33%)
CD (n=4), UC (n=3)	Steroid free	2 (50%)	1 (33%)
PUCAI/PCDAI median (range)	V ₀	37.5 (0–67.5)	40 (30–60)
	V ₁₄	6.25 (5–10)	5 (0–15)
	V _F	25 (0–60)	22.5 (15–25)
Calprotectin median (range)	V ₀	2214.5 (92–6000)	3702 (143–5075)
	V ₁₄	185 (30–4228)	126 (8–244)
	V _F	2332 (31–6000)	862.5 (366–6000)
Weight centile median (range)	V ₀	30 (3–75)	42 (31–99)
	V _F	41 (29–84)	48.5 (54–99)

[^]Total number of patients in remission, with or without concomitant steroid treatment

*Total number of patients in remission, without concomitant steroid treatment

V₁₄ - 14 weeks from time of commencing vedolizumab

V_F - point of last follow up from starting vedolizumab

end of induction (>19). One who was lost to follow-up during COVID, was transitioned on 4 weekly vedolizumab regime.

Conclusion At V14, 54% of patients achieved clinical remission and we see significant improvement with PUCAI/PCDAI scores and faecal calprotectin in both UC and CD cohort. We are continuing this study over a longer period to achieve a larger cohort.

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OUTCOMES IN CHILDREN WITH PRIMARY SCLEROSING CHOLANGITIS OR AUTOIMMUNE HEPATITIS-OVERLAP AND ASSOCIATED INFLAMMATORY BOWEL DISEASE

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10.1136/flgastro-2021-bspghan.44

Background Primary Sclerosing Cholangitis (PSC) and Autoimmune liver disease (autoimmune hepatitis & overlap syndrome (AIHO)) are rare entities. PSC and AIHO have been reported to be associated with IBD.

Aim To study outcomes of children diagnosed with AIHO and PSC who also have a diagnosis of inflammatory bowel disease (IBD). Outcomes included portal hypertension, biochemical remission, survival of native liver and mortality.

Methods This is a retrospective study (2000–2020) of 193 patients diagnosed with AIH. Of these, 23 patients (14M:9F) had diagnosis of either AIHO+IBD or PSC+IBD. None had AIH without overlap. Case notes were examined at intervals of 1,3,5,7 and 10 years. Data included treatment modality, biochemical remission (ALT <50 iu/l), GGT (<40 iu/l), development of portal hypertension (platelet count <120, splenomegaly and varices) and survival of native liver.

Results 23 (12%) patients were identified, of which 14 (60%) had a diagnosis of PSC+ IBD (Crohn's: 6, indeterminate: 7, UC:1). Of the PSC group, 35% had gastric, duodenal and colonic disease with 1 patient undergoing pan-proctocolectomy. All but one were diagnosed with IBD prior to PSC or concomitantly. The remaining 40% patients had AIHO+IBD