

strictly related to disease, which may be due to hormonal imbalances and an upregulation of inflammatory cytokines, consequent to disruption of the circadian rhythm. IBD and sleep disorders are entities which overlap and reciprocally enhance each other, needing further studies, including eventual correlation with hormonal imbalance and also multidisciplinary approach.

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Patient's performance and feedback by using home test faecal calprotectin as an objective reported outcome

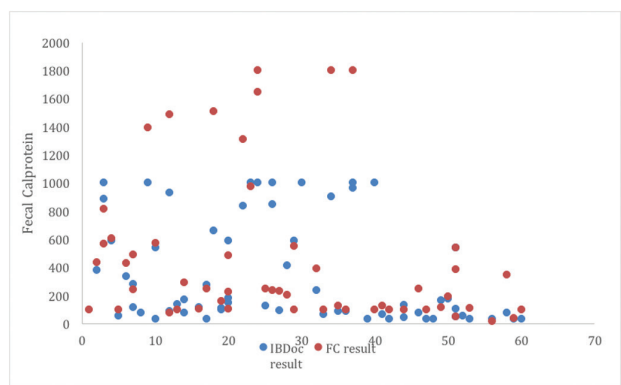
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Background: Inflammatory bowel disease (IBD) causes ulcerations, stricture, and perforation and also carries the risk of colorectal cancer. To reduce long-standing IBD complications, the treatment goal in IBD patients is mucosal healing. Faecal calprotectin (fC) level is a predictive marker of mucosal healing in IBD patients. We aimed to compare the correlation between the smartphone-based IBDoc® home testing system and the traditional professional, laboratory-based methods. Also, would like to explore the patients' performance as well as feedback by using this home test system as an objective patient-reported outcome.

Methods: This was a prospective study. IBD patients were enrolled consecutively at the Out Patient Clinic whenever they have the smartphone that could download the home test software. Faecal calprotectin was assessed by using both the laboratory test (Quantum Blue Calprotectin High Range Rapid Test) and home test (IBDoc) with the same stool sample. The correlation between Quantum Blue test and IBDoc was analysed by the Pearson method. Meanwhile, a questionnaire was evaluated for patients' preference after they performing the test. Patients were asked about their age, sex, the highest level of education they had completed. Their disease status, drug compliance, their experience and expectation, preference of using IBDoc were evaluated.

Results: A total of 51 patients (23 Crohn's disease/27 ulcerative colitis and one indeterminate IBD) with 68 tests, and 49 questionnaires were included. The correlation between Quantum Blue test and IBDoc is $r = 0.776$ ($p < 0.0001$). More than 80% patients were high educated. 96% patients used smartphone for more than 3 years. After the test, 56% patients felt easy to perform the IBDoc. 96% patients felt satisfied to using the IBDoc, and 70% of them preferred to use the home test system for future monitoring if the price is acceptable.



Correlation between the laboratory and home test (IBDoc) faecal calprotectin.

Conclusions: The correlation between Quantum blue test and IBDoc results was good. The use of IBDoc to detect faecal calprotectin is feasible and can be managed by the patients at home. Patients preferred to use the home test system for their disease monitoring and as an objective patient reported outcome.

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Endoscopic follow-up and therapeutic attitude after ileocolonic resection in a nationwide Spanish cohort of Crohn's disease patients: PRACTICROHN study

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Background: Endoscopic recurrence precedes clinical recurrence after ileocolonic resection for Crohn's disease (CD). An ileocolonoscopy within the first year after surgery is recommended to make timely treatment decisions. The aim of our study was to describe the endoscopic monitoring and treatment decisions within the first year after surgery in CD patients operated on between 2007 and 2010.

Methods: PRACTICROHN was a study that included patients aged ≥ 18 years old from 26 Spanish hospitals who underwent CD-related ileocolonic resection with ileocolonic or ileorectal anastomosis between 2007 and 2010. Clinical data were retrospectively collected from clinical charts during 5 years follow-up after surgery. Categorical variables were compared with the χ^2 test or Fisher's exact test.

Results: 314 patients (mean age 40 years [SD 13], 48% men) were analysed, from which 262 (83.4%) underwent colonoscopy, while 52 (16.5%) lacked it. First endoscopy was performed mainly within the first year after surgery (45.5%) mainly as planned monitoring (66.4%). In total, 30.3% of the patients underwent planned endoscopy within first year after surgery. By year, a positive trend was found in the number of both total and "planned" endoscopies carried out (Figure 1).

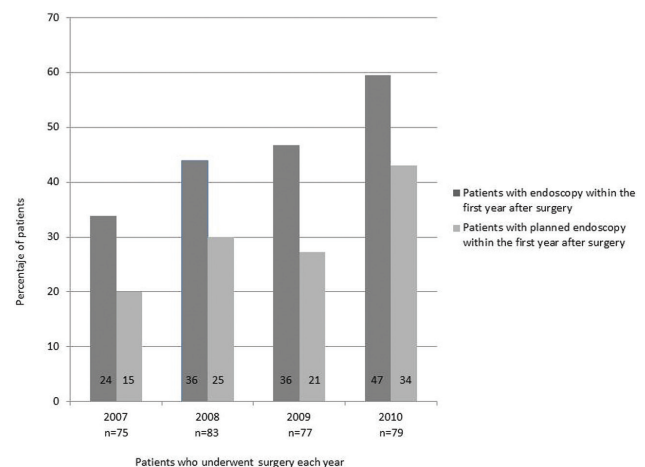


Figure 1. Percentage of patients with endoscopies done or planned the first year after surgery