Table 1. Baseline characteristics of paediatric patients treated with ustekinumab.

Conclusions: We report on the use of ustekinumab to treat anti-TNF refractory Crohn's disease in 10 paediatric patients. This was well tolerated with no adverse events reported. We found a mean reduction in CRP and significant weight gain at Week 8 which was sustained at Week 16, suggesting clinical benefit. Further studies are needed to establish the safety and efficacy of its use in the paediatric population.

P617

Evaluation of subclinical myocardial damage in patients with inflammatory bowel disease on treatment with biologics

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Background: Patients with inflammatory bowel disease (IBD) have a higher risk of cardiovascular disease (CVD) due to chronic inflammation. It has been suggested that inflammation leads to oxidative stress and to an increase in inflammatory cytokines leading to endothelial dysfunction and atherosclerosis. Biological therapies are the mainstay for the treatment of active IBD and can modify the disease activity and also the risk of CVD. The aim of the study is to assess the subclinical cardiac and vascular damage in IBD patients on treatment with biologics.
Methods: Pulse wave velocity (PWV), global longitudinal strain (GLS), and circulating CD34+ cells were evaluated to estimate subclinical cardiovascular involvement in 16 patients with IBD, before (T0) and after (T1) a 6-months treatment with biologics (infliximab, adalimumab, or vedolizumab). Carotid-femoral PWV was measured by routine methods. GLS was measured by speckle tracking echocardiography. Circulating CD34+ were counted by flow cytometry. In addition, markers of inflammation (ESR, CRP, and fibrinogen) and ejection franction % (EF) were also evaluated.
Results: At T1, no statistically significant differences were detected as regards ESR, PWV, EF with respect to T0; in contrast, some parameters appeared statistically improved when compared with baseline, including CRP ($p = 0.013$), GLS ($p < 0.001$), and CD34+ ($p < 0.001$). The interdependence analysis performed on the mean per cent changes showed a significant correlation between ΔPWV and ΔGLS: as ΔPWV decreases ΔGLS increases, improving ventricular performance.
Conclusions: Patients with IBD have a greater risk of developing CV disease, especially when IBD is biological uncontrolled. Biologics have a favourable effect on inflammatory status and symptoms/biological compensation, but also on CV risk as suggested by favourable change in plasma levels of CRP, circulating levels of CD34+ and GLS values. This study needs to be enhanced and reproduced on larger patients cohort to confirm this preliminary data and to address the question of whether therapy with these drugs may have a role also in favourably modulating CV risk.

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Vedolizumab acute infusion reactions in inflammatory bowel disease patients: results of a multi-centre retrospective observational cohort study

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Background: Vedolizumab is a fully humanised monoclonal IgG1 antibody directed towards α4β7-integrin approved for Crohn's disease and ulcerative colitis treatment. Until now, a systematic follow-up after all vedolizumab infusions is recommended. Clinical trials and post marketing studies have reported infusion reactions ranged from 0.1 to 2.3%, but specific symptoms, circumstances and severity are not always detailed. The main objective was to report systematically the frequency and severity of immediate hypersensitivity reactions (IHR) to vedolizumab in inflammatory bowel disease (IBD) patients.
Methods: We performed a multi-centre systematic retrospective review of IBD patients treated with vedolizumab in 4 French university hospitals (Lyon-Sud, Saint-Etienne, Nancy, and Grenoble). We collected patient's characteristics, symptoms, duration of treatment, concomitant drugs, history of previous IHR to other biologics, anti-drug antibodies and outcomes to identify potential risk factors of drug-induced IHR.
Results: From May 2014 to February 2018, 550 patients received a total of 6459 vedolizumab infusions. In our cohort, 7 acute infusion reactions (0.1%) could be identified but none of them occurred within 2 h of infusion. No severe reaction was reported and vedolizumab was definitely discontinued in only two cases. We failed to identify associated risk factors with the occurrence of IHR especially history of infliximab IHR, immunosuppressant concomitant use or anti-drug antibodies against vedolizumab.
Conclusions: We confirm in this multi-centre study the excellent short-term safety profile of vedolizumab especially the absence of IHR occurring within 2 h of infusion. These data support the uselessness of systematic follow-up of patients after vedolizumab infusion.

P619

Maintenance of efficacy following tofacitinib dose reduction in patients with ulcerative colitis in stable remission

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Background: Tofacitinib is an oral, small-molecule JAK inhibitor approved in several countries for the treatment of ulcerative colitis (UC). Safety and efficacy of tofacitinib 5 and 10 mg twice daily (BID) were evaluated in 2 Phase 3 induction studies (OCTAVE Induction 1 and 2, NCT01465763 and NCT01458951), a 52-week, Phase 3 maintenance study (OCTAVE Sustain, NCT01458574), and an ongoing